

Concordia Seminary - Saint Louis

## Scholarly Resources from Concordia Seminary

---

Bachelor of Divinity

Concordia Seminary Scholarship

---

5-1-1949

### Techniques from the Secular Fields of Counseling and Psychotherapy Pertinen to Pastoral Care

Harold Irwin Haas

Concordia Seminary, St. Louis, ir\_haash@csl.edu

Follow this and additional works at: <https://scholar.csl.edu/bdiv>



Part of the [Practical Theology Commons](#)

---

#### Recommended Citation

Haas, Harold Irwin, "Techniques from the Secular Fields of Counseling and Psychotherapy Pertinen to Pastoral Care" (1949). *Bachelor of Divinity*. 307.

<https://scholar.csl.edu/bdiv/307>

This Thesis is brought to you for free and open access by the Concordia Seminary Scholarship at Scholarly Resources from Concordia Seminary. It has been accepted for inclusion in Bachelor of Divinity by an authorized administrator of Scholarly Resources from Concordia Seminary. For more information, please contact [seitzw@csl.edu](mailto:seitzw@csl.edu).

**TECHNIQUES FROM THE SECULAR FIELDS OF COUNSELLING  
AND PSYCHOTHERAPY PERTINENT TO PASTORAL CARE**

**A Thesis presented to the  
Faculty of Concordia Theological Seminary  
in partial fulfillment of the  
requirements for the degree of**

**Bachelor of Divinity**

**by**

**Harold Irwin Haas**

**Concordia Seminary**

**May, 1949**

**Signed by:**

  
A. D. Benning

  
Richard R. Cameron

## TABLE OF CONTENTS

Introduction. . . . .	1
I. Some General Considerations . . . . .	4
II. The Personality and Qualifications of the Therapist . . . . .	12
III. Mental Hygiene, General . . . . .	21
IV. Theories of Counseling and Psychotherapy. . . . .	30
V. The Case History Technique. . . . .	41
VI. The Interview Technique . . . . .	48
VII. Post-Interview Techniques . . . . .	60
VIII. Miscellaneous Considerations. . . . .	65
IX. Conclusions . . . . .	68

## APPENDICES

Appendix A. Sample of the Rogerian Technique . . . . .	70
Appendix B. Sample Case History. . . . .	75
Bibliography. . . . .	78

## INTRODUCTION

Estimates by the best authorities in the field of personal adjustment predict that one out of every twenty-two persons living in the United States of America today will spend some part of his or her life in a mental hospital and that one out of every ten persons will be incapacitated for some period of his or her life because of mental difficulties but not sent to a mental hospital.<sup>1</sup> This is a rather gloomy prognosis for the future mental health of America. It seems to become thoughtful men who occupy places of community leadership to give their attention to this problem.

Of the men who occupy such positions of leadership, perhaps, no one is more vitally interested in the situation than the parish pastor. The very term pastor implies that he is interested in the problems and difficulties of his flock. Few other people have the wide range of contacts with the people who need psychological counseling than the pastor. Certainly no one has better opportunities to establish confidence in people to bring their problems to him than the pastor. The primary interest of the pastor is the spiritual welfare of his parishoners, but just as the clergy has long concerned itself with the material wants of the poor and needy, it ought also to concern itself with those who need help and guidance with their psychological problems. Our Lord Jesus himself sets the example by his interest in the demoniacs<sup>2</sup> and the harlot weighed down with the guilt of her sin.<sup>3</sup> The Savior's first interest was in the souls of

---

1. Herbert A. Carroll, *Mental Hygiene*, p. 16.

2. Matthew 8:28; 9:32; 12:22; 15:22; 17:15; Mark 1:23;

3. John 8:11;

these people, but his concern for their mental welfare cannot be denied. Actually, the spiritual and mental aspects of man are so closely related that any consideration of the spiritual includes a consideration of the mental welfare of man.

### Purpose of the Paper

The problem of mental adjustment is not a superficial one by any means. It is as complex as the mind of the human being itself and far more complex than the most intricate of physical relationships. Thousands of books have been written on the subject of counseling and psychotherapy. Some are good, some bad. Some are based on thorough psychological investigation by competent writers; others are sheer armchair speculation without adequate systematization and verification of theories. It would be impossible for one man to read them all. Therefore, it is not the purpose of this paper to review all the material that has ever been written on the subject of counseling and psychotherapy. Neither is it the purpose of this paper to suggest ways of counseling specific types of cases. Rather, it is the purpose of the author to point out the theories and techniques from the secular fields of counseling and psychotherapy which seem to be pertinent to pastoral care. The author feels that psychological counseling has already reached a point where the ministry can no longer afford to ignore it. This paper, then, is an attempt to systematize some of the better thinking which has been done in the field. It is the author's hope that he may make some small contribution to the field of practical theology by passing on the results of his own investigation in this field.

### Scope and Method of the Paper

Two limitations have been set upon the paper. The first is that it is limited in its subject matter to a discussion of theories and techniques which seem pertinent and useful to the average pastor in his parish. For this reason a discussion of psychiatry and the psychoanalytic technique have been completely omitted. It is the author's opinion that these topics are beyond the scope of his own knowledge and that the methods of psychiatry should be left in the hands of those who are specifically trained in their use. Another group of psychotherapeutic techniques has also been omitted, except as they may be alluded to in passing. These are the techniques known as child therapy, group therapy, drama and release therapy, and alcoholic therapy. They have been omitted because to do justice to any one of them would require a separate paper. A third group of topics, hypnotherapy, psychosomatic medicine, interview recording, psychological testing, and quacks, are briefly discussed in the eighth chapter or elsewhere in the paper for the various reasons mentioned in connection with them.

The second limitation that the author has set upon the paper is that the material presented and the sources quoted be of a sound scientific nature. This has not been an easy task because, as was mentioned before, much of what has been written in the field is of a very dubious nature. In general, the criterion has been that the authors of the sources be recognized men in the field of psychology. Where other sources have been used, such as books by ministers who are not professionally trained psychologists, it was because the nature of the material was obviously not questionable. The purpose of using these sources was to make a closer tie between counseling theory and the actual pastoral situation.

## I. Some General Considerations

The definition of counseling and psychotherapy which one accepts depends largely upon his approach to the subject. A precise definition which would be acceptable to everyone working in the field would probably be either impossible to obtain or else so long and wordy as to be useless. This is illustrated by the various approaches taken by the different schools of psychology. The Clinical Psychologist thinks in terms of the work done with extremely neurotic and psychotic individuals. His goal is to bring the patient to a point where he can face life and its problems in a realistic and self-satisfying manner. The school of Mental Hygiene places the greater emphasis on the prevention of maladjustment through counseling rather than cure. The Vocational and Educational counselor sees as his task the guidance of his clients into employment or an educational curriculum where they will achieve the greatest happiness and satisfaction while at the same time utilizing efficiently their best abilities.

This paper will not attempt to formulate an exact definition for the field of counseling and psychotherapy. It is the author's opinion that a good definition for this paper would probably include all the points included in the usual textbook definitions. In addition, the points raised by the spiritual considerations which the pastor finds important in deal-

ing with people would be added.

The role of the pastor as a counselor will, no doubt, be comprised of several things. We wish to consider here what seems to be the three most important of these. First of all he will be a source of advice, understanding, sympathy, and friendliness to the people who look to him as their spiritual leader. His aim will be to help his people develop a sound, practical philosophy of life based on the great truths of Holy Scripture. Secondly, the pastor will function as a personal counselor who uses, among others, some or all of the several techniques mentioned in this paper, and his growing experience in dealing with people to help those who come to him for counsel for one reason or another. These are the people whom we normally classify as being cases of casuistry. They include cases of marriage counseling, work with delinquents, therapy with the less severe forms of neuroses which are so common among people in America today, and other types too numerous to mention. The pastor will also function in a third way as a diagnostician who can recognize early signs of serious maladjustment in his parishioners, and if he cannot help them himself, refer them to competent professional counselors who he is sure will not jeopardize their Christian faith. In this respect, he may find that, "Guidance is like the work of the physician in making a diagnosis."<sup>1</sup> To this end, he will also wish to equip himself to recognize the manifestations of maladjustment.

Many people working in the field of counseling and psychotherapy today feel that no one should be permitted to undertake counseling unless they have received a high degree of specific, professional training. In view of the great number of quacks operating as consultants this may be a par-

---

1. John M. Brewer, "The Relation Between Guidance and Instruction", Frontier Thinking in Guidance, p.43.



tially valid claim. There are certain aspects and techniques of psychotherapy which the pastor has no more right to "dabble" in than he has to "dabble" in the field of medicine. But, if the pastor will limit his aims and functioning to the definition proposed by Brewer, he will have no fear of overstepping his bounds. "His job is to help individuals and groups to do what they ought to do, to wish to do what they ought to do, and to develop satisfaction in making their own right decisions, based on self knowledge and intelligence."<sup>2</sup> The author has defined his own aims as a counselor in the following list:

1. To help people find a satisfying relation to their God which is in agreement with the scriptural teachings concerning God.
2. To help people clarify their life's goals, particularly the relation of these goals to their Christian faith.
3. To help people realize their own personal capabilities and limitations.
4. To help people clarify their relation as Christians to their spouse, family, and society.
5. To help young people select achievable and satisfying vocational goals.

The pastor who has done widespread reading in the literature of counseling and psychotherapy is bound sooner or later to come to the conclusion that psychology has nothing new to offer that he has not already known before. This, in a certain sense, is a legitimate observation. Actually, there is probably no phenomenon described in the literature of psychology which cannot be read between the lines of scripture. There could be no greater master of the principles of applied psychology than Jesus Christ.

---

2. Brewer, *ibid.*, p. 45.

However, since the pastor does not have the attributes of the Godhead which Christ had, he must turn to other sources for his knowledge of human nature. One of these sources is psychology. Given enough experience the pastor could probably do just as good a job of counseling without turning to Psychology for help. But, the pastor cannot afford to wait through twenty years of his ministry before he is seasoned enough by experience to begin counseling. The wise thing then seems to be to use whatever sources are available as helps to better pastoral care of his people. The chief value of psychology, in this respect, seems to be to systematize man's knowledge about himself and point out to the pastor guideposts in his dealing with human beings. Psychology cannot tell us everything we might wish to know about human nature, nor is it always right in its conclusions, but it would be foolish to cast it aside entirely for these reasons. Psychology must be tempered with a thorough study of Scripture, and good common sense. Then it can act as a catalyst to speed up the seasoning process which otherwise would have to be left to experience in terms of sheer length of time and number of experiences in dealing with people. The pastor who spends a part of his time reading the best material in psychology will find himself becoming alert to aspects of human behavior which otherwise might have taken years to come to his awareness. Psychology, in this sense, is descriptive. It describes types of people, types of problems, types of maladjustment. One caution must be noted here, however. While psychology offers descriptions of people, their problems, their emotions, and their ways of reacting to types of situations, these descriptions are always general. They can never be applied directly to one individual from the textbook or case history. Great harm can be done

by the person who goes about categorizing on the basis of the written description. We never find clear cut cases of any one psychological phenomena in actual life. People are always combinations of many psychological phenomena, and in this sense, systematization is really a danger and a hindrance.

### The Value of Counseling

What the value of the type of counseling discussed in this paper will be will depend largely upon how well and extensively it is used. It is in order, however, to point out the places where the material here presented seems to be applicable. As has already been mentioned, there is a diagnostic phase of counseling in which the pastor will serve only as one who recognizes the presence or beginnings of maladjustment and refers the patient to a competent specialist. However, the pastor will also use his knowledge of counseling and psychotherapy with less severe problems. He will find it invaluable in his dealing with cases of casuistry. The child who has become delinquent and involved with the police will come into his study and need expert counsel. The unwed mother will require extremely careful consideration from the point of view of the many psychological factors involved, if her personality is not to be permanently warped. Strife between parents and children are often a very delicate problem because the pastor is usually placed in a situation where both parties appeal to him as their champion. Both may seem to be in the right, and the pastor finds himself in a quandry. Marriage relations problems are very similar to this also. If the pastor sides with one party too soon, even though that party may actually be in the right, the other party may be alienated in

such a manner that he or she can no longer be reached with Christian counsel. The problems in which the pastor can exercise his knowledge of human nature derived from the study of the techniques of counseling and psychotherapy are countless. Counseling and psychotherapy is not offered to the pastor as a panacea for all the problems that come to his attention, but it can give him invaluable insight into these problems and help him to carry out his office of a pastor in a more effective and efficient manner.

### Definition of Terms

As one peruses the literature in the field of counseling and psychotherapy he is bound to come upon words which are new to him or old words which are used in a new context. This is a necessary result of the scientific method. New words are coined to describe and differentiate newly discovered phenomena. Old words must be used in a new context, especially when a science is in its infancy, in order to form a common means of communication. This was especially true in psychology where so much of the subject matter had already been named but unsystematized.<sup>3</sup> Therefore it seems advisable to include at this point the meanings of several words as they are used in this paper.

The words patient, client, and counselee are taken to be synonymous. They include anyone who comes to the counselor for help and whom he undertakes to counsel, whether in a formal interview situation or in less formal situations.

Counseling denotes any effort on the part of the counselor to bring

3. H. G. Hull, Mathematico Deductive Theory of Rote Learning, p.9.

about a change in his client. This includes the giving of advice, attempts to change basic attitudes, and direct commands in regard to ethical actions. The counselor or therapist is anyone who attempts to bring about such change knowingly and for a purpose.

The word clinical is not used in its medical sense, indicating the use of drugs and other medical devices. It is, however, the psychological counterpart of the medical use of the word clinic. It indicates a concerted effort to bring about a change which is considered to leave the client in a better position than he was before.

The words adjustment and maladjustment indicate a state of being. The adjusted person is one who is reacting in an adequate and satisfying manner to the demands of his environment. The maladjusted individual is a person who for some reason is not operating at his peak efficiency, whether in terms of occupation, social contacts, or self-appraisal. The terms are really the ends of a continuum which is descriptive of human behavior.

The word conscience is used in its theological sense. "Conscience is not a special faculty of the soul. Neither is it something parallel to intellection, feeling, or volition, for it involves all these things. It is the whole mind of man functioning in the realm of the moral."<sup>4</sup>

A syndrome is a group of symptoms of maladjustment which taken together provide a basis for a descriptive term which can be applied in a number of cases. In this sense the various "complexes", long famous terms in psychology, are syndromes.

Reality refers to the manner in which the individual meets life sit-

---

4. A. D. Mattson, Christian Ethics, p. 118.

nations. If he is capable of meeting unpleasant situations honestly and without self-deception, we say he is realistic. If, in the face of personal threat, he employs self-deception, refuses to face the issue, or refuses to admit to himself the nature of the situation, we describe him as being unrealistic. The term is also employed in the literature to describe psychotic patients who have no knowledge of where they are or why.

Neurotic is a term that has been misconstrued by the general public. Practically every known abnormal psychological phenomenon has been labeled as neurotic at some time or other. In this paper, it is used only in its technical sense to denote a way of meeting life situations which is not as adequate or effective as it might be and which often causes in the client severe mental apprehension which he is aware of but unable to control. Two quotations from Maslow will help clarify this.<sup>6,7.</sup>

The personality of the person with neurotic symptoms should not be considered as completely different from the personality of a healthy person. All individuals with neurosis show strength, health, and normal functioning in many respects. Thus to all intents and purposes they behave in a healthy fashion; it is only in certain other situations that they show severe disturbances.

Neurotic symptoms are not to be considered as foreign bodies within an individual's psyche but rather are closely inter-related with vital needs, with aims in life, and with attempts at solving problems.

Motivation is considered to be any state of affairs which puts an individual into action. The primary motivating factors of hunger, sex, thirst, heat, cold and so forth are often called drives or instincts. A secondary set of motivators are such things as fear, anger, love, and desire for approval.

---

6. A. H. Maslow and B. Mittelmann, Principles of Abnormal Psychology, p.12  
 7. Ibid. p. 11.

## II. The Personality and Qualifications of the Therapist

"The PERSONAL EQUATION is all-important in counseling," says Rollo May, one of the most effective and well qualified counselor of the day, in his book "The Art of Counseling".<sup>1</sup> By the personal equation he means the personality of the therapist as it meets with and influences the personality of the counselee in a manner which is roughly analagous to a mathematical formula. For in this meeting of two personalities in the counseling situation we find a vast and intricate interplay of the many factors which go to make up the personality of each. May goes on to say,<sup>2</sup> ". . . the counselor can work only through him-self, and it is therefore essential that this self be an effective instrument."

Strictly speaking the theologian cannot accept these words on their face value because they omit entirely a consideration of the role that God plays in the counseling process. But, if we will understand these words to mean only that the pastor must have such a personality that he does not hinder the counseling process, then these words become pertinent. It hardly seems necessary to state that the first requisite of this personality is that he be a Christian. As in every other phase

1. Rollo May, The Art of Counseling, p. 165.

2. Ibid.

of the ministry this is the first and foremost consideration. The next most important requisite is that the pastor be thoroughly steeped in theology, especially pastoral theology. The latter is something which is very likely to be overlooked by the pastor who is caught by a fancy for psychology. But, a thorough knowledge of pastoral theology and intimate contact with his people are essential to effective counseling. The order in which we place the rest of the attributes of a good therapist are not important.

### Self Insight

Self insight is not an innate virtue. It is a thing which can be learned and cultivated. If the pastor does not understand himself he cannot hope to understand and help solve the problems of others. Nor is this the worst feature of a lack of self knowledge on the part of the therapist. There is always the great danger that he will project his own feelings and worries into the counselee and the last state of that man will be worse than the first. The Pastor must be aware of and capable of accepting his own shortcomings. He must through introspection know the reasons for his own fears, worries and anxieties. Not only must he be able to identify and accept them, but he must be aware of the conditions which are likely to arouse them and do his best to control them so that at the least they will not arise during the counseling situation. In this respect the following quotation from Groves is pertinent,<sup>5</sup> "The greater danger comes when the counselor himself takes a dislike to the client. Unless he can free himself and throw aside the

---

5. Ernest R. Groves and Catherine Groves, Dynamic Mental Hygiene, p.355.



emotional barrier which is certain to distort whatever else the client says, he is obligated to suggest that the problem be carried elsewhere." We should extend this to include any type of emotional antipathy which the pastor may feel toward a parishoner. This is especially likely to happen when bizarre sex feelings and practises are confessed to the pastor. He is likely to have an emotional reaction which will entirely destroy his counseling ability at least for a time. If he cannot overcome these emotional feelings, he can tactfully suggest that the individual talk his problem over with a neighboring pastor. Then the two pastors can work as a team.

#### Sensitivity to People

It is extremely important that the therapist have a genuine interest in people and their problems. For the pastor, this love for people can only come through personal Christian growth. Unless he can really find in himself a desire to help people with their mental conflicts it is difficult to see how any counselor can do an efficient job of counseling. This sensitivity to the needs and personal problems of individuals should not be confused with sympathy. Sympathy is a subjective feeling with an emotional flavor. It is not to be condemned, although the counselor must continually be on his guard to make sure that sympathy does not cloud the real issue in a problem. It is possible that the best intended sympathy with a client may arouse in the client a feeling of self pity which is certainly not a desirable goal in counseling. The client must learn to face his problems with courage and determination. Sympathy from the counselor may prevent this desirable reaction.

Sensitivity to people also implies a knowledge of the problems of human beings. The pastor who is acutely aware of the problems of people is the man who is on the lookout for problem causing situations, who looks beyond the surface and sees the unrest, discontent, the fears and worries that lie in the hearts of his parishoners. He realizes that he cannot solve all their problems. He has no cure-all that can bring paradise on earth, but he also knows that if he can bring the Peace of God to his people through faith in Christ Jesus, the load of human mental discomfort will be immeasurably lightened. The pastor, however, must train himself not only to be aware of these problems that are common to all people but to see the particular problems that are troubling specific individuals. He must prepare himself with a knowledge of these problems and their causes before the individual comes to his study with bitter tears in his eyes. Often he will want to subtly suggest a friendly chat in the study or make a pastoral call when he feels that a particular person is about to be crushed by his problems. An ounce of prevention is worth a pound of cure. As a conclusion to this topic the words of John Sutherland Bonnell to a young minister seem especially fitting,<sup>5</sup>

Your attitude, your sympathetic understanding of people, your compassion for those in trouble, your quiet, earnest faith in God, and, above all else, your own inner assurance that comes not through intellectual belief in the truth of Christianity, but from an experience in your own life of its power, - these are the things that speak to people and that either convince them or leave them cold and doubting.

---

5. John Sutherland Bonnell, Psychology for Pastor and People, p. 50.

### The Non-Judgemental Attitude

The world of counseling and psychotherapy seems to be afire with the concept of the non-judgemental attitude. It has been hailed as something new and revolutionary when in reality it was exemplified by Jesus in all his dealings with repentant sinners. The words, "Neither do I condemn thee: go, and sin no more." spoken by Jesus to the harlot taken in her sin are typical of this attitude. The true non-judgemental attitude has been somewhat perverted by modern psychotherapy because of the conflict with ethical considerations, but two quotations from Carroll and May will serve both to illustrate further what is meant and give us a basis for critical evaluation:<sup>7,8</sup>

The therapist is never a moralist in the sense in which the term is customarily used. He never blames the patient, no matter how serious his offense may have been. He is not even interested in persuading the patient to conform to the accepted code of moral and social behavior as an end in itself. Rather, he is interested in giving the patient an opportunity to think through the implications for his own happiness and success which are involved in running counter to group standards. His goal is to help the patient to develop those patterns of behavior which will be most satisfying for him now and in the future.

This brings us to the matter of moral judgments in counseling. It is clear, first from a Christian point of view, that no one has a right to judge another human being; the command, "judge not", is incontrovertible, particularly since it was given a dynamic by Jesus' own life. . . . But as pointed out above it is precisely the religious counselor who finds it most difficult not to condemn . . . The Freudians therefore contend that the therapist should be ethically neutral, which cuts religious people out. This does not solve the problem, however; the therapist cannot be ethically neutral; such is one of the delusions of Freudianism. The therapist - in our case the counselor - must presuppose some kind of ethical meaning, and if

7. Herbert A. Carroll, Mental Hygiene, p. 283.

8. Rollo May, Op. cit., p. 176.

he refuses to do so consciously he is still doing so unconsciously, just as Freud presupposes hedonistic, deterministic ethics.

The only way out is the way of true religion, in which the counselor learns to esteem and appreciate other persons without condemning them. It is the way of understanding, of 'unprejudiced objectivity'; it is the way of empathy.

In the first statement we see a typical example of the type of thinking going on in the greater part of counseling circles. We will meet it again in Roger's permissive technique. This kind of attitude is based on a "relativistic" view of ethics. The pastor is, indeed, not interested in persuading the patient to conform to the accepted code of moral and social behavior as "an end in itself", but he is very much interested in persuading him to conform to the Christian code of ethics as a God pleasing way of life. The pastor cannot ignore the rightness or wrongness of the actions of people. He cannot give them the impression that it makes no difference whether they live immoral lives. The real point in the non-judgmental attitude has been missed by such writers. The quotation by Rogers is better oriented to the true situation. Here the counselor is seen as very definitely taking a stand on moral issues but not condemning the client who has already shown his knowledge of the wrongness of his actions by the act of confessing his sin. The counselor is seen as calmly accepting the fact that the deed is done and cannot be altered. When the patient finds that he is not going to be denounced or castigated the way is opened for a frank appraisal of the situation and a solution to be formulated. He then speaks of forgiveness of sins through faith in Jesus Christ to a conscience laden with sin and guilt.

### Attitude Toward Sex Problems

In view of the above, a consideration of the pastor's attitude toward sex problems seems pertinent. If the high estimates made by experts in the field of marriage counseling are true even in part, the pastor who has the confidence of his people can expect numerous cases of casuistry involving sex problems. This aspect of human nature seems to hold more fruitful ground for mental conflict than any other. Again we must say that we cannot see how any counselor can expect to help people with this type of problem unless his own sex life is both satisfactory and satisfying. Rollo May brings this to our attention when he says,<sup>9</sup>

What are the results of the failure to solve the sex problem in the work of the religious counselor? First, he or she is clearly unfitted to advise others in the area of sex. The counselor must be on guard against forcing his own maladjustments upon others, and if his own sex problem is inadequately handled he must step very cautiously in that area of his counseling.

In the second place, the religious worker with an unsolved sex problem may make emotional attachments which are harmful to the persons with whom he or she works. Particularly is this true if the individual is specifically trying to 'sublimate' in these other persons.

Not only will the pastor come upon problems involving delinquent children and adults involved in fornication, but he will be asked to give advice in the form of instruction regarding matters of sex-life and marriage. Because of this he owes it to himself and the people with whom he deals to inform himself thoroughly on the matter through books.

---

9. Rollo May, op. cit. p. 172.

Only in this way can he solve his own sex problems and give the needed advice correctly and unemotionally.

In conclusion let us emphasize again the need for the religious counselor to gravely consider the importance of his own personality in the dynamics of the counseling process. "As the motto has it, 'The physician furnishes the conditions - God works the cure!'"<sup>10</sup> If the pastor's personality is such that it does not furnish a suitable instrument through which the Holy Spirit may work, he ought either to make a serious effort to change his personality in respect to its deficiencies or else give up the counseling aspects of the ministry entirely. At this point a warning by Knight Dunlap seems in order,

It is often alleged, as an excuse for the burgeoning of psychotherapeutic quackery, that there is a dearth of competent advisors to whom persons can apply, and that something should be done for the sufferers, however incompetently, than that nothing should be done. With this principle we sharply disagree. It is born upon us constantly that much more damage is done by mishandling than neglect. In the majority of cases it is far better for the patient to<sup>11</sup> have nothing done to him, unless something right is done.

There is no reason to suppose that the average pastor can do nothing to alter the personality with which he meets the counselee. We do not advocate a hypocritical show of interest where none is present, but we feel that a genuine love for people can be cultivated. The pastor may not have at his finger tips all the knowledges of psychotherapy, but by diligent study and living close to his people he can grasp a knowledge of the better techniques of psychotherapy and counseling and avoid the pitfalls of incompetency. This will involve a realistic appraisal of

10. Rollo May, *op. cit.*, p. 162.

11. Knight Dunlap, Research in Methods of Adjustment, p. 22.

his own abilities as a counselor, the willingness to send clients to fellow pastors at times, and the ability to admit failure with some of his counselees.

III. Social History, 1940-1945

In an effort to understand the social history of the church in a more complete manner, the researcher will attempt to provide the background of church activities and relationships. The church is held responsible for the following activities and programs which will serve to assist in the social history. The specific investigation and collection of all records of the church to present social history will be made. The researcher will attempt to identify and to describe the church's social history, which is the purpose of this chapter. The church is held responsible for the following activities and programs which will serve to assist in the social history, and this to assist in the social history.

Identification of Social History

There is no attempt to identify the various types of social history which are held up as a model or criterion by which to judge the church's social history. The social history is held responsible for the following activities and programs which will serve to assist in the social history. The social history is held responsible for the following activities and programs which will serve to assist in the social history.

In an effort to identify the social history of the church, the researcher will attempt to provide the background of church activities and relationships.

### III. Mental Hygiene, General

As we pointed out earlier in this paper, mental hygiene is a phase of counseling and psychotherapy which endeavors to prevent the occurrence of mental disorder and maladjustment. Emphasis is laid upon prevention rather than cure. The following definition from Morgan will serve to orient us to our subject: "The scientific investigation and application of all measures which aim to prevent mental disorder and to enable the individual to function smoothly and to associate normally with others."<sup>1</sup> The phrase, scientific investigation, in this definition is of interest to us for it is the purpose of this chapter to outline, first, the various types of mental illness, and then to point out the place of mental hygiene in the pastoral situation.

#### Classification of Mental Disorders

Before we can attempt to outline the various types of mental disorder we must set up some norm or criterion by which we may define abnormal mental behavior. The most commonly used criterion of normality is that of the statistical norm. The normal person statistically is the one who is near the average for the group. It can be seen from this that by such a criterion normality depends upon group customs and the

---

1. John J. B. Morgan, The Psychology of Abnormal People, p. 35.



specific culture pattern of a given group. For example, in America it is considered very poor mental adjustment for an individual to place the blame for a failure upon anyone but himself. In various European cultures, notably Russia, on the other hand, it is not considered amiss for a person to put the blame for his failures upon the someone else, the weather, or other uncontrollable conditions. Such attitudes toward life have serious effects upon the psychic stability of individuals as well as defining what is normal. This statistical criterion is used most frequently by the layman to determine normality. When an individual begins to depart from the accepted modes of behavior, we begin to suspect his mental adjustment. As long as people conform fairly closely to the group norms we may classify them as eccentric, but we would hardly take them to a mental institution for examination. However, according to this norm any eccentricity is symptomatic of abnormality. The far reaching implications of such a definition can be seen. As long as it used merely to differentiate mental adjustment it serves well, but there is always the danger that it may also set ethical norms. This matter of setting norms should be seriously considered by the pastor.

A more pragmatic definition for normalcy is the pathological view. Morgan writes: "According to this second view anyone is normal who has no unusual condition serious enough to be considered morbid."<sup>2</sup> What is actually used as a criterion of normalcy in the practise of mental hygiene and clinical psychology is a combination of these two. In the first place, the original norms are based upon an informal, statistical survey of the total population. These norms have never actually been

---

2. Ibid. p. 10.

set down on paper. We take for granted that what the majority does is correct. Abnormality is defined by the average population. However, the norms are also influenced by a pathological criterion in that not every deviation from the average can be considered abnormal enough to warrant treatment. Hence, psychotherapy limits itself to treating and attempting to prevent such adjustments as are grossly or morbidly different from the average or group standard. Taken in this sense the pastor can have little criticism to offer, as long as the norms are not allowed to carry over into the field of ethics. With these, then, as our norms we may outline the various classes of mental disorder.

Classification of mental disorders have been made from several points of view. In one type, the classification is made on the basis of the severity of the disorder. These classifications range from mild neurosis to extreme psychoses. In a second type of classification, the ease of diagnosis forms the basis for differentiating. In a third type, the classification is made on the basis of whether there is a known organic cause or not. The classification below is a combination of the last two and is adapted from J.B.Morgan. The classification begins with those types which are most easily diagnosed, and proceeds to those which are more difficult to place and at the same time goes from those with a definitely known organic cause to those of a functional nature in which there is no known physical cause.<sup>3</sup>

1. Feeble-mindedness. This condition is diagnosed by means of standardized intelligence tests. It arises from a great variety of causes: heredity, birth injury, malnutrition in infancy or in the prenatal state, glandular disturbances, diseases of the nervous system,

---

3. Ibid. pp. 20 ff.

or actual physical injury to the brain.

2. Neurosyphilis. This mental disorder is a result of the infection of the nervous system by syphilis. The most damaging form is known as paresis which involves a deterioration of the brain with corresponding dementia. It can be diagnosed only by laboratory tests.

3. Physical injuries to the nervous system. These are caused by destruction of the nervous system due either to disease or physical injury. They are purely a medical problem.

4. Old age deterioration. This is commonly called senility. It is caused by neural degeneration (not diseased) or a blood clot in the brain resulting from hardening of the arteries (arteriosclerosis).

5. Mental disorder resulting from poisons. These are called toxic psychoses and are caused either by poisons generated within the organism or taken in from the outside. The most common are: alcohol, opium, morphine, cocaine, metallic poisoning, and gases.

6. The epilepsies. The exact origin of these is not known. They are characterized by gross convulsions, called epileptic fits, (grand mal epilepsy) or by momentary lack of consciousness not easily discernible (petit mal epilepsy).

7. The schizophrenoses. (Dementia praecox) There are four sub-groups in this classification.

- a. Simple schizophrenia in which the patient apparently recedes into himself to the point that he has lost contact with reality.
- b. Hebephrenic Schizophrenia has the above seclusion manifestations with the additional factor of emotional deterioration and hallucinations.
- c. Catatonic schizophrenia characterized by alternating periods of partial adjustment to reality and intense stupor.
- d. Paranoid schizophrenia in which the patient builds elaborate systems of rational defense and projects his troubles on others often in a rather violent manner.

8. Manic-depressive psychoses. These are patients who oscillate between wild excitement and emotional depression.

9. True paranoia. The essential symptom of paranoia is delusions of persecution. These delusions may be systematized or unsystematized, irrational, bizarre, self-accusing, persecutorial, grandiose or hypochondriacal.

10. The Neuroses. These may also be divided into four sub-groups.

- a. Psychasthenia which is characterized by fears, obsessions and compulsions, usually not grounded in fact.

- b. Neurasthenia (most commonly called nervous breakdown) which is characterized by complaints of weakness, fatigue, and inability to carry out necessary activities.
- c. Hysteria. In hysteria the patient escapes his difficulty by the development of symptoms of physical disease which are difficult to detect from organically caused symptoms.
- d. Anxiety neuroses. These are the chronic worriers. They are characterized by inability to function properly due to concern about situations which either do not exist or do not warrant undue concern.

11. Psychopathic personalities. Persons who fall into this group are apparently normal except that they are unable to make moral and social adjustments and often engage in criminal activities. They include kleptomaniacs, habitual criminals and sex perverts.

#### Mental Hygiene and the Pastor

The above classification is extremely sketchy, and the pastor is advised to read extensively in the literature to acquaint himself with the general syndromes and specific symptoms by which patients are classified. However, the classification listed does serve as an orientation to the problem. In the course of a lifetime, the pastor is bound to meet people that fall into most of these various groups. It is important that he be able to recognize and differentiate the first nine (feeble-mindedness - paranoia). This type of case is beyond his abilities as a therapist and should be referred immediately to an institution where the patient can be given the necessary medical and physical attention and the best forms of psychiatric care. In a mental institution the patient is protected from the damage which may be done by a society in which he cannot adjust himself, and society is protected from him should he become aggressive.

The last statement suggests the problem of group twelve, psychopathic

personalities. It is debatable as to what extent these people can be held responsible for their actions. Unfortunately, our civil laws are not of such a nature that society can be protected from them. Under the present parole systems, effective in most states, these people are released after varying terms of imprisonment and are then free to resume their vicious activities. The only manner in which they can be permanently removed from society is under an insanity law. However, these are of such a nature that they cannot be brought to bear in many cases because the individual ordinarily acts in a normal manner a great part of the time even though he is a menace to society. Should the pastor come across such persons in his work it is difficult to advise what to do. Apparently the only thing which can change these people is a complete change of life style. Conversion to Christianity might be the answer, but the trouble is that such persons do not usually allow themselves into situations where the Holy Spirit may work in their hearts through the Gospel. Some of them have been helped by a very deep type of therapy, but this too is usually not brought to bear, at least not until they have been apprehended by the law several times. The pastor who is engaged in institutional work will sometimes have an opportunity to help these people if he can establish a friendly relation with them, but often they will not be open to his advances.

The group in the above classification that will fall into the realm of the parish pastor's work will be group ten, the Psychoneurotics. It is important that we emphasize again that these classifications are extremely crude. It is doubtful that one could ever find a pure case of any type of abnormality. This is especially true in the psychoses and

neuroses. Symptoms from one type will be evident in cases classified as another. In fact, there is not even a clear cut line between the psychoses and the neuroses. (Some writers feel that the psychoses are only extreme forms of neuroses.) The usual manner for differentiating is on the basis of what is called reality-testing. If an individual apparently is not aware of who he is, or where he is or why he is there, he is classified as psychotic and should be referred to an institution immediately. On the other hand, many neurotics exhibit psychotic symptoms such as delusions of persecution. These symptoms, however, are usually not as extreme or of as bizarre a nature in the neurotic. Within the neuroses themselves there is also no clear cut line as to what constitutes a psychasthenic or neurasthenic and so forth. The usual classification is made upon the basis of the symptoms outlined above.

It should be pointed out that the person who is extremely neurotic is as much in need of good psychiatric care as the psychotic. With such cases, the pastor should only serve as one who refers the patient to more competent sources. However, there is a very great multitude of people who are mildly neurotic, and these are people whom the pastor can help. They are the chronic worriers in his congregation, the personalities who think they are not well liked by others (a delusion of persecution which may cause the complaint to become a fact), those who actually do not fit well into social life, and the potential delinquent. The following is a paraphrase of a description of the neurotic by Knight Dunlap. The neurotic is "abnormally introspective". He examines himself, his friends and associates, but this examination is always ego centered. His disorder is important to him because it annoys him not because it hurts others.

An attitude of "self pity" and preoccupation with his own "happiness" are characteristic of these people. People who are not interested in how happy he is are incredibly cruel to the neurotic, and because of his self-observation he has extremely erroneous notions about himself. There is a tendency for him to cling to opinions once they are obtained, and he often deceives the counselor, not because he is dishonest, but because he deceives himself. The neurotic is often extremely suggestible. His confidence in the examiner makes him extremely vulnerable to suggestion so he is likely to tell the examiner what the examiner indicates he wants to be told.<sup>4</sup>

#### Mental Hygiene and the Pastor

We began this chapter with the statement that the aim of mental hygiene is to prevent maladjustment before it occurs. This should be uppermost in every pastor's mind. He will want to be on the lookout at all times for people who show any kind of behavior which seems to indicate that everything is not going well. By personal counseling in his study, by pastoral visits, by skillful use of his various organizations (group therapy), and plain warmth and friendliness he will attempt to prevent maladjustment. At the same time he will use every method at his disposal to help his people when maladjustment is evident. This is the second part of our original definition, the application of those measures which will enable the person to function smoothly. Rollo May points out that most personality disorders are due to a tension within the individual.<sup>5</sup> A

4. Knight Dunlap, Research in Methods of Adjustment, p. 14.

5. Rollo May, The Art of Counseling, p. 28.

reduction in this tension can only be brought about by giving the individual basic courage through faith in Jesus Christ. The actual etiology of the tension is not the result of a single or simple cause. This is a Freudian bogeyman.<sup>6</sup> Actually there is a multitude of intricately entwined causes, typical of these causes are: lack of parental love, sibling rivalry, lack of social acceptance, and uncontrollable environmental factors. In the final analysis, what they all amount to is separation from God. Therefore the only possible cure for such a situation which is available to the pastor is the Gospel. There are other philosophies and other methods of psychotherapy which can achieve the same results if one is not concerned with the spiritual implications of a soul, but for the pastor the Gospel is his most effective tool in helping people. This does not deny the advisability of attempting to bring the client to an insight into the causes of his problem. It does not throw aside the value of a search into the history of the problem. It merely places the Gospel into its proper place of preëminence.

---

6. Dunlap, op. cit. p. 16.



#### IV. Theories of Counseling and Psychotherapy

This chapter will be devoted to a brief discussion of the three major theories of counseling and psychotherapy. There is a great deal of controversy going on at the present time as to which theory is the best. The proponents of each have criticized the others and pointed out what they believe to be the advantages of their own system. If a counselor accepts any one of the theories for exclusive use, it will make a great deal of difference in the manner in which he does his counseling. Unquestionably, none of the systems is perfect, and common sense dictates that the alert counselor will not limit himself to one type of approach. In this chapter we will state briefly the basic ideas of each theory. The greater portion of the chapter will be devoted to an expansion of the Rogarian technique because certain aspects of it seem to the author to be most adaptable to pastoral counseling. We will try to point out the fallacies and limitations of each theory also.

##### Authoritarian Counseling

The authoritarian theory implies precisely what its name suggests, that is, the use of authority in the counseling situation. Its basic attitude is that people who need counseling are not in a position to make

their own decisions and therefore the counselor should make his decisions for him.

This type of counseling is typified in a statement by Beck:

Suggestion is another element of support. Here the therapist who has come to be recognized by the patient as a strong reliable person suggests to the patient either directly or by implication that he is not hopeless, misunderstood and alone, but is in the capable hands of an interested person, can get well, and can adjust to his environment.<sup>1</sup>

This type of counseling relies heavily upon the use of various types of tests to analyze the need of the client and give indications of where to direct him. The use of such tests by the pastor is, of course, limited because the pastor usually does not have the technical knowledge necessary to administer and evaluate them, nor does he have the time to score and interpret them. There are a few tests on the market which can be given, scored, and interpreted with a minimum of effort, but in general they are not too reliable. Testing is a technical skill which the average pastor will not have time to master.

The proponents of this theory state that their techniques "may be described as supportive, interpretive, and functional".<sup>2</sup> In these three techniques they rely mainly upon an appeal to positive drives. They urge the client to live better, work harder and quarrel less. On the surface this seems very commendable. However, the critics of the theory point out that it lacks good motivation. To tell a person to live better is one thing. To get him actually to live differently is quite another. This is analagous to the use of the Law and Gospel. The Law may tell a person how, or how not to live, but it cannot provide real motivation for that is

---

1. Bertram H. Beck, Short-term Therapy in an Authoritative Setting, p.67.

2. Ibid. p. 68.

the function of the Gospel. It seems to the author that an authoritative type of counseling could conceivably be used with the Gospel as motivation, but other approaches are better suited to such use of the Gospel.

Another major criticism which has been leveled at this theory is that the client becomes too dependent upon the counselor. It is what the Freudians call transference, and the problem is how to get the client to take upon himself the responsibility for making decisions once the counselor has assumed the role of a strong, dependable father-figure. This problem is inherent in every counseling situation, but this and the client centered technique seem to be especially prone to it. It is obvious that people must be made to make their own decisions, and the pastor especially cannot afford to have large numbers of people relying on him to make their decisions for them.

#### The Permissive Technique

The permissive technique was developed by Carl Rogers at the University of Chicago and has had widespread effects upon the theory of counseling. It has aroused considerable controversy, but at the same time has had remarkable success wherever it has been used. The technique is also known as the Rogerian Technique and Non-directive Therapy.

The essential idea behind permissive counseling is that the counselor be entirely passive in the counseling situation. It is based on the premise that every person has the ability within himself to get well mentally under the right conditions. These conditions are specified as a situation in which he is completely accepted. This is really an extension of the non-judgemental attitude. With this as an orientation to our subject, we can

look at the theory more closely.

Rogers maintains that his method of counseling can be more helpful than the traditional methods because not so much training is required. It is designed primarily for use by formally trained counselors, but it can be adapted for use by others without specific training when conditions demand counseling, but there is no trained counselor available. In regard to this Rogers says:

It is common-place knowledge that social workers, chaplains, clergymen, and college professors are called on to deal with problems of personal adjustment that they have not regarded as their primary responsibility. These workers feel themselves doubtfully equipped to assist in the solution of personal problems. In a great many instances, however, other resources for dealing with them are limited or nonexistent.<sup>3</sup>

Recognizing this situation he goes on to say that such untrained people also cannot use the traditional counseling techniques for several reasons.<sup>4</sup> For one thing, the other types of counseling demand technical training and a wide background of counseling experience under supervision. The counselor using these other methods must be capable of making and giving a diagnosis of the patients problem. Not only must the counselor be extremely sure that his diagnosis is the correct one, but he must know exactly at what point this diagnosis may be given to the patient. Rogers remarks: "Serious harm may be done to an individual by giving him prematurely an interpretation of his behavior which he is not prepared to accept."<sup>5</sup> That harm necessarily results when an untrained counselor attempts to use other methods of counseling is very debatable. The pastor who picks out and uses only those aspects of the other techniques which he is sure he

---

3. Carl R. Rogers, "Tools for the Guidance Worker", Frontier Thinking in Guidance, p. 106.

4. Ibid. p. 107.

5. Ibid. p. 108.

can handle safely should not be condemned. The authoritarian and client-centered techniques have much to offer that is not dependent upon specific training. For example, the pastor will often find it necessary to assume the authoritarian counselors attitude when his client is involved in ethical matters. Much depends upon how he handles the situation. If the pastor allows God to be his source of authority, he will not go beyond the bounds of good counseling. It is only when he assumes authority upon his own initiative and becomes personally vindictive that he treads upon dangerous ground.

In regard to the theory behind permissive counseling, we should note again that Rogers makes two basic assumptions. These are:

1. that each person has a right to make his own decisions and to refuse aid if he wishes.
2. that most individuals have an enormous capacity for adaptation and readjustment i.e. drive for positive health, growth and maturity. 6

The last assumption explains why the permissive technique limits its clientele to those persons who have a fair measure of reality, who are conscious of their need for help, and who have sufficient intellect to think through their problems. Thus the Rogerian technique is not used with psychotics, the mentally deficient, and those who are not aware of their maladjusted manner of living.

Before going further, we should pause also to consider what Rogers means when he says that the average individual is able to get well by himself under the right conditions. The author is convinced that such a theory does not impinge upon that portion of our theology which states

---

6. Ibid.

that man is by nature depraved and incapable of saving himself. The latter applies only to spiritual matters. The individual cannot bring himself to a right relation with his God by his own efforts. This, however, does not state that he cannot change his attitudes toward life so that he ceases to be a chronic worrier, or the subject of inferiority feelings, or the object of persecution feelings. Such mental attitudes can be changed without the influence of the Holy Ghost. This is evidenced by the successful results of secular therapy in cases where the teachings of Christianity are never brought to bear. On the other hand, the theory fails to take into account the fact that such changes of attitude and personality can be greatly aided in this type of counseling with the addition of the Gospel of Jesus Christ. Such an addition to the Rogerian technique, if it is adhered to strictly, is, however, precluded by the nature of the technique itself as will be seen in the next section.

The primary aim of the permissive technique is to release the positive drives for health and growth which Rogers has assumed. The counselee is to be freed so that he can go on maturing from the point where conflict, or circumstance, or doubt has halted him. "It is this strength within the individual, not the strength within the counselor upon which we must rely", says Rogers.<sup>7</sup> In order to accomplish the release of this strength several attitudes are necessary: "The technique can be boiled down to certain basic attitudes. If adopted by the counselor, they bring about a startling release of the individual growth potentiality and assist the person to become more independent, more responsible, more capable of managing his life problems satisfactorily".<sup>8</sup>

7. *Ibid.* p. 112.

8. *Ibid.* p. 114.

The first of these techniques or attitudes is genuine acceptance and willingness to understand: "This does not mean approval of the client, nor an uncontrolled sympathy with him. It means a deep and tolerant acceptance of him as a person different from the counselor, and an acceptance of his right to be different."<sup>9</sup> The second attitude is labeled permissiveness: "Every expression of attitude is permitted - none demanded. The client is free to say anything, discuss any attitude, to bring to the surface all his repressed antagonisms, his guilty feelings, his doubts, his confusions, and to reveal also the very tentative positive impulses which he discovers within himself."<sup>10</sup> The third attitude is a "... conviction by the counselor that the client is capable of being responsible for his own life, and capable of managing that life in a manner which will give him reasonable satisfaction".<sup>11</sup>

In order to bring these attitudes to bear upon the client Rogers demands that his counselors do not "probe, analyze, interpret, suggest or coerce".<sup>12</sup> He maintains that the justification for such counseling without a diagnosis (cf. chapter VII) is that it works so well. However, with the counselor limited in this manner it becomes necessary to point out just what the role of the counselor is in this technique. The counselor is to do only two things in the counseling situation. In order to understand them, the reader must picture to himself the counseling situation as it is supposed to exist in the Rogerian method. The counseling is always carried out in an interview situation with only the counselor and coun-

---

9. Ibid.

10. Ibid.

11. Ibid.

12. Ibid., p. 115.

see present. The interview takes place in soundproof office and is allowed to last only from a half to one hour. Records are made of the entire conversation that occurs so that it can be reviewed later by the counselor. The first technique is that of mirroring.<sup>13</sup> In this technique the counselor simply rephrases what the counselee says in a manner which will not give the counselee a knowledge of the counselor's feelings in the matter. For example, if the counselee should say, "Life isn't worth living", the counselor would reply in a rather non-committal manner, "You feel that life has lost its value". By a series of rephrasings such as this an attempt is made to draw the client out and have him express himself. Between interviews, and on the basis of the recordings, the counselor decides which areas should be especially rephrased in the next interview. Otherwise he neglects to say anything if a subject is brought up. This technique tends to leave moments of silence in the conversation, but this is considered good. Rogers makes the statement that this technique "runs counter to the counselor's entire previous experience."<sup>14</sup> What it amounts to in the last analysis is being a good listener. The second technique, called simple acceptance, is merely a matter of replying to the subject's statements with simple affirmative words like, "Yes", "Yes, I see", "hm-hm", "I think I understand.". Rogers says that phonograph records reveal that this type of reply is used best when the client is delving most deeply into himself and painfully bringing out significant insights.<sup>15</sup> Again, it is really a matter of being a good listener, the technique of all good counseling.

13. Ibid. p. 115.

14. Ibid. p. 116.

15. Ibid. p. 118.



The users of this permissive technique state that this type of counseling follows a definite pattern.<sup>16</sup> First there is a catharsis and release as the patient pours out his conflict after he finds that it is safe to express feelings that were repressed before. Next comes a period of self-understanding and insight. The expression leads to the self-understanding. Sometimes this is expression in words but more often only in changed reactions and attitudes. Lastly there comes a reorientation to goals and actions in which the patient makes new decisions and plans and actually carries them out.

The Rogerian technique has been criticized on the grounds that it is limited to a very small proportion of the people who need psychotherapy. This is true and recognized by its proponents. Fortunately, the group with which it can be used best is the same type of group with which the pastor will find that he has to deal most. The author feels that the general aspects of this technique can be used very effectively by the pastor and for that reason he refers his readers to "Counseling and Psychotherapy" by Carl R. Rogers.<sup>17</sup> The author is inclined to accept at its face value Rogers' statement:

The experience we have had with these counseling methods causes us to say with the greatest conviction that individuals can reorient their lives, can and do choose to live in a more satisfactory fashion, can markedly improve their personal and social relationships, their marital adjustments, and their educational and vocational purposes, even where they have been destructive or unsatisfactory.<sup>18</sup>

In appendix B excerpts from a phonographically recorded series of interviews are given to illustrate this section.

16. Ibid.

17. Carl R. Rogers, Counseling and Psychotherapy.

18. Rogers, op. cit., p. 124.

### Client Centered Counseling

Client Centered counseling occupies a more or less middle ground position between authoritarian and permissive theory. It is comparable to child-centeredness philosophy. The aim, as in other theories, is for the counselee to react more adequately to his environment. It is like the authoritarian technique in that it uses past history and test results to make a diagnosis. On the basis of this and all the information which can be gleaned during the interview the counselor attempts to interpret with the counselee the cause and status quo of his trouble. Rather than the counselor telling the client what he should do, the counselor interacts with him to the end that a change in attitudes and personality may be brought about. In both of these respects, the use of past history and interaction, the client centered technique differs from the Rogerian technique. On the other hand, in its emphasis upon the counselor being a good listener and attempting to draw the client out in regard to his problems this technique is similar to the permissive technique. In addition, there is in this technique the opportunity for the counselee, with the aid of the therapist, to come upon the solution to his problems under his own initiative. He is not limited to solutions decided for him by the counselor, and in this way client centered counseling differs from authoritarian counseling.

It seems to the author that in actual practise the counseling done by the pastor will come closest to this last type of therapy. A well thought out combination of the three is to be recommended. A large amount of space was devoted to the Rogerian technique in this paper because it is a technique which the author feels his readers should be acquainted

with and because it differs so radically from the other two. The concept of permissiveness is comparatively recent in counseling theory. It promises excellent results if tempered with a consideration of the factors present in the counseling situation. The author would not advise limiting one's work to this type of technique because there are times in counseling when the therapist is forced to use authority, as, for example, when dealing with delinquent children. On the other hand the tendency seems to be for most pastors to be too authoritarian in their approach to people. We tend to be givers of advice rather than good listeners. Rather than helping the person with problems to find insight into himself, we tend to give pat solutions.

## VI. The Case History Technique

The value of the case history technique varies, depending upon how thorough it is made and what use is made of it. In large schools and among social workers and psychologists, it is possible to make extensive case histories of each individual. These agencies and people have the time, and usually assistants, to help with the writing of the history and gathering of the material. The time that the pastor can spend with this type of work, however, is usually limited. On the other hand, the case history is a counseling tool which can be used profitably by the pastor. Its chief value lies in the fact that the writing up of a case history, especially when it follows a set outline, brings to the counselor's attention and forces him to think about certain aspects of a problem which might otherwise escape his notice or be forgotten. In addition, it lays before him in visual form the data from a client. Thus it aids in organizing the pertinent factors of a case into a tentative statement of the causes of the problem.

The case history, however, can also be abused. It is common in many schools to keep on file ponderous, cumulative case histories which are seldom used. If the pastor is going to write case histories only to let them lie forgotten in a file somewhere, he might better use his time in

in more profitable ways. Another consideration in regard to the use of case histories is that they must not be allowed to become too rigid. As soon as the case history becomes merely a matter of form instead of leading to clear thinking and rigorous analysis, it has lost its value. Case histories do not save work; they make it. Another pitfall in the case history technique is that the counselor may limit himself to only superficial data regarding the client. For example, facts about size of family and age of parents are of no importance when compared with the child's emotional relations to brothers, sisters and parents. The counselor must find the dynamic force of such apparently superficial facts in the life of his client. The case history outline presented in this paper is designed to help the pastor avoid these pitfalls. It is oriented to an attempt to create sound analysis and clear cut thinking. Variations of the sample are advised; they will depend upon particular circumstances. One other warning is in order. Case histories, like all of counseling, are confidential matters. The pastor should take every safeguard against their getting into the hands of anyone but other trustworthy counselors. The writer likes the idea of one pastor who has directed that upon his death the first duty of his survivors will be to burn completely his confidential file. The sample case history outline presented below is an adaptation upon one used by Dr. Nathan Kohn, Jr. of Washington University, St. Louis, Missouri. To the writer's knowledge, it has not yet been published, but it is similar in many respects to the type of case history used by many counselors.

## A Sample Case History Outline

Date:

Name:

Address:

Tel. No.

### I. REFERRAL (Secured before seeing the individual involved.)

- A. Where the person comes from.
- B. Reason why the referral came to you.
- C. Statement of the problem by the referring agent.

### II. COLLECTION OF DATA

- A. All previous data available.
  1. parents
  2. siblings
  3. school
  4. community
- B. Client's statement of the problem. (May not agree with B above)
- C. Orientation process. (Depends on the problem)
  1. obtaining the necessary facts
  2. remember the interview is for the client not the counselor
- D. Collection of other data.
  1. Physical examination
  2. Psychometrics
  3. Conference with parents, relatives, school authorities, etc.

### III. CLIENT'S EXPRESSION OF NEXT STEPS

- A. The client's restatement of the problem after counseling has started (cf. II B).
- B. The client's views on what he feels should be done.

### IV. STEPS OF THE COUNSELOR

- A. Analysis
- B. Synthesis
- C. Diagnosis
- D. Prognosis
- E. Recommendations for further counseling.

### Discussion of the Case History Outline

The discussion of the outline here given will attempt to point out what the writer has in mind to be put in each subheading.

In Appendix C an actual case history worked up by the author is presented. Date, Name, Address and Telephone Number need no comment. They are included simply for quick reference and to distinguish one case history from another. The first major topic, Referral, is inclined to be rather rigid. It is meant to include not only those cases which come directly by referral from an agency, such as the school, the community social worker, or a relative, but also other cases where the pastor knows beforehand something about the nature of the problem. During the course of his ministry in a particular congregation, the pastor will gradually learn which of his people need help with their problems and something about the problems. At least for some of these people he will want to start a case history before they come to him for help, or before he feels it is time to approach them with counseling on his own initiative. Part A, Where the person comes from, is designed for those cases in which the clients are not regular members of the congregation. It is really a memorandum for future recall of the case. Part B, Reason why the referral came to you, is meant to define why the problem is in the hands of the pastor and not some other agency. Of course, with congregation members this may be self evident; it is because the counselor is their pastor. In some cases, however, even congregation members will go first to another counseling agency and then be referred to the pastor by it. The statement of the problem by the referring agent, Part C, is important because often

it will not even resemble the story the client tells (II B), and the client will be so convincing in his story, which he often actually believes himself, that the pastor is inclined to be carried away by it. Usually there is some basis for both versions, and it is part of the counselor's task to unravel truth from fiction on both sides so that the problem may be clearly seen.

The second major topic, Collection of Data, is designed for use after the first interview has taken place. Much of Part A can sometimes be noted down before the first interview and will be of aid in the interview, but often it will have to be gathered during the interview from the client himself. As we pointed out earlier, the mere collection of facts at this point is not what we are seeking. We want to know what the dynamics of the counselee's relation to his parents, siblings, school and community are. These are the things that will give us insight into the causes and status of the problem. Part B, Client's statement of the problem, is an extension of this search for the dynamics of the problem. It will enable us to see more clearly what the real problem is, what the client thinks his problem is, how he is reacting to it and what the possible alternatives are. Part C, Orientation process, is really just a reminder that while we want to get the pertinent facts operating in the case, we must be careful that the interview remains the client's interview and that we cannot push things too far, especially in the first interview. We will have much more to say about this in the next chapter. (This subheading presupposes that the pastor is making some of his case history notation during the interview). Part D, Collection of other data, is definitely limited to the period after the first interview. If the pastor feels



that the health of the patient is an important factor in a particular case, he may wish to refer the client to a competent medical or eye doctor before continuing counseling. If he feels that part of the problem is low intelligence, he will want to see the report from an intelligence test. This can often be gotten from the school. If the pastor suspects that his counselee is a borderline psychotic, a Rorschach or Wechsler-Bellevue test will be of immediate importance. It is advisable to go to almost any length to secure such an examination with suspected psychotics because the incidence of recovery for these disorders is in a high, direct ratio with the duration of the disorder. Conference, with parents, friends or relatives can bring forth valuable information which the client is unable to give for one reason or another. However, caution must be taken by the pastor in approaching others for information. In the first place, counseling is a confidential matter, and the counselor cannot afford to give away the secret that a person is mentally disturbed. In general, the counselor should approach only people whom he knows are already aware of the problem; otherwise, he must be extremely subtle and guarded when he speaks to others about a particular case. A second caution must be taken, and that is that he check information obtained in this way for its validity. Information from parents about children, and husband about wife is likely to be well meant but fallacious.

In the third major heading, Client's Expression of Next Steps, we are really confusing the interview with the case history. Actually the information is obtained in the interview. However, it is important that the counselor note down any changes in the client's story or attitudes. This is called "movement" in counseling parlance. Even during the first

interview the pastor will see changes in his patient. At first this will take the form of clearer insight into his situation on the part of the patient. Later it will be a definite insight into the causes of his troubles and finally a realistic approach to the solution of them. This part of the outline serves to keep the pastor informed of how the case is progressing as well as indicate what is to be undertaken next.

The discussion of the fourth major topic, Steps of the Counselor, will be undertaken in Chapter VIII after a discussion of the interview technique. The writer feels that this outline for a case history can be made to serve well in the average pastoral counseling situation. If properly used it should lead to a better understanding and hence more efficient counseling of the individual case. Beck has this to say about the value of the case history:

The necessity of having adequate historical information about a patient before making a psychiatric decision would appear unquestionable. It is not possible, for instance, to make an adequate psychiatric evaluation of a problem presented by a patient without an understanding of the social and personal relationships which will explain his present behavior. It is not sufficient to have merely an account of the present symptomatology, for this is all but useless without an understanding of the dynamics of the problem. When an attempt is made to work with a patient solely on the basis of the problem as he can see it, both the patient and the therapist are left floundering around in the dark.<sup>19</sup>

---

19. Bertram H. Beck, Short Term Therapy in an Authoritative Setting, p. 20.

## VII. The Interview Technique

Counseling and psychotherapy ordinarily takes place in the setting of personal contact between the therapist and the client. This personal contact, however, may be of two types. It can be an informal situation in which the counselee is not aware that counseling is taking place, or it can be a formal interview in which both parties are aware that one person needs help and the other is there to give it. The former type of counseling in its broadest sense takes place whenever the pastor is carrying out the work of his pastoral office. His work with young people and other groups within the church is counseling for he is attempting in some manner to change their attitudes and lives toward a better way of living. Counseling may take place when the pastor stops on the street for a chat with a congregation member or pauses to throw a ball with a youngster. Here he is bringing the forces of his office and his personality to bear in a manner which will, no matter how indiscernable, have an effect upon his parishoner. The other type of personal contact in counseling, the interview, is more of a technique, and we wish to discuss it in this chapter for that reason. Before we go on, however, it is well to note that the effectiveness and accessibility of people to the interview technique depends in a large measure upon the success with which the pastor

has carried out the more informal type of counseling. This idea is brought out very clearly by Rollo May:

The MINISTER has a somewhat different situation in regard to the setting up of a counseling program, and in some ways even more favorable. He has an entree into the hearths of many families, and is, practically as well as ideally the confidant of persons of all ages. The sensitive minister can make the pastoral visit an excellent opportunity for specific counseling. But he will need here so to direct the conversation that it not be wasted on incidentals but pierce to the heart of the problems of the individuals concerned. The pastoral visit can lead to individuals concerned. The pastoral visit can lead to individuals calling on the minister with their problems, which is a more advantageous setup for counseling.<sup>1</sup>

The point of this is that if the pastor has built up the confidence of his people in him as one who is there to help and capable of giving real aid, he will have laid the groundwork for interview counseling. This is actually a means of making contact with the people in the congregation who need counseling. However, there are always people who need counseling but do not simply "happen in" to the pastor's study. There are other ways to make these other contacts. As one May suggests: "I have found it useful to make an announcement that one has certain 'counseling hours' in which he will be in the office accessible to all who wish to consult him. This puts a professional touch to the matter and disseminates the idea that one is prepared to do counseling."<sup>2</sup> The writer believes that despite the average pastor's extremely busy schedule of activities, he should set aside, perhaps one evening and part of an afternoon, for counseling, and make it known to his congregation that he will always be available for consultation during those periods except in rare emergencies. However, if the pastor does announce such a schedule, he

1. May, *op. cit.*, p. 125.

2. *Ibid.*, p. 125.

will do more harm than good if he does not keep to it. The most effective means of advertising that a counselor may receive is by word of mouth of those he has counseled. One person will say to another, "Pastor S \_\_\_\_\_ has helped me a lot. You should go in and see him." This type of contact making is built up over months and even years. The counselor should exhibit a readiness to be seen, but not appear too eager. In general, he should not suggest that a person come to see him about a problem for then the person will feel that he is coming on the counselor's initiative and not his own. This may ruin the interview before it is even started, for the transformation of personality occurs only when the individual himself is in readiness for it. The immediate initiative should usually come from the counselee rather than the counselor.<sup>3</sup>

### Establishing Rapport

We come now to the interview proper. Our first concern here is the establishing of rapport with the counselee. The word rapport is a French word and means a situation in which both the counselor and counselee feel at ease. It is a sort of sympathetic harmony in which each feels inclined to speak freely and without tension. Rapport is a rather intangible state, but the counselor learns to quickly feel at what point it has been established. Unless rapport is established, it is almost useless to continue the interview for the tension between counselor and counselee will be such that nothing can be accomplished. (Rapport is also called "empathy" and "einführung" in the literature.)

3. Ibid. p. 126.

The shaking of hands can be an excellent first step in the establishing of rapport by the counselor. It can convince the other person of warm, genuine friendliness on the part of the counselor. Rapport depends on each person's being at ease, and the best way to assist the counselee in this regard is for the counselor to be at ease himself and show it. Both the counselor and counselee should sit comfortably to take advantage of the psychological effect of relaxation. The room in which counseling takes place should be pleasant and free from outside disturbances. This is one reason why in many cases a study in the church is better than one in the parsonage. In addition to reducing outside disturbances, it also gives the counselee assurance that no one may hear the conversation beside the pastor himself. This assurance of privacy is important to the establishment of rapport.

At the beginning of the interview the counselor must appear both sensitive to the client's problems and at the same time strong and capable. The sensitivity must not appear too obvious, or the client may get the idea that it is not genuine. The counselor can offset this tendency to be oversolicitous by an air of robustness aided by a hearty voice and a good sense of humor. One of the greatest barriers to rapport among pastors is the professional manner. If the pastor greets the counselee with an attitude that says, "I'm the pastor and this is just another case for me", the interview is strangled before it begins. If he assumes a pietistical air and acts in what the army calls a "Holy-Joe" attitude the result will be the same. The point is that the pastor must appear to be a human being before he is a pastor, "One can certainly be a man as well

as a minister, and it is the man that counts in counseling.<sup>4</sup>

Establishing rapport in the counseling interview necessarily leads to a mutual acceptance between counselor and counslee. In fact, mutual acceptance is a part of rapport. It means that each person feels capable of confiding in the other. The counselor, of course, withholds any tendency to confide his own problems in the counslee, but he uses this subjective feeling as a signal to denote to himself that rapport has been established and that he may now go ahead with the actual counseling. Bonnell says this about the subject:

Empathy is established only when a willingness to help meets with a willingness to be helped. It is established quickly when the consultant gives himself trustingly to the counselor and comes immediately to the heart of the problem. If, however, the visitor is suspicious or undecided as to whether the counselor should hear his story, or is afraid that he will censure or blame him, there may be considerable difficulty in establishing the sympathetic atmosphere in which the problem may hopefully be dealt with.

At this vital point the minister has a decided advantage over all other therapists. In many cases the people who come to him have already heard him preach on more than one occasion and have had the opportunity of studying him and deciding whether or not they wish to confide in him. If his attitude toward human frailty and sin is compassionate and understanding, if he expresses no harsh and censorious judgements, they will be drawn to him. His recognized character as a Christian minister and his intimate relationship with his parishioners, which might be likened to that of a father with his children, are conducive to inspiring in them a feeling of friendliness, respect, and confidence which is the indispensable condition of a successful interview.<sup>5</sup>

#### The Art of Listening

It is at this point, when rapport and mutual acceptance has been established, that the counselor must above all else become a good listener.

4. Ibid., p. 129.

5. John Sutherland Bonnell, op. cit., p. 58.

Since the interview is for the counselee it is self-evident that he should do most of the talking. He is present in order to pour forth his problems and difficulties, but if the counselor insist on dominating the conversation, this healthful outpouring will be effectively damned. The art of being a good listener concept has been carried to its ultimate extreme by the Rogerian technique, and its value is seen in the remarkable results obtained by the permissive counselors who are supposed to do absolutely nothing but listen in an understanding manner.

In addition to the counselor being a good listener, it is also important that the part of the conversation which he does add be conducive to more talking by the client. In this, the Rogerians have again carried the technique to its ultimate. By their mirroring technique and simple acceptance technique, they tend to draw the client out. During the course of this out-pouring, patients often state things that the counselor knows are not true. In such cases, Knight Dunlap states that the counselor must, "v. . believe implicitly the statements of the patient - even when these are obviously erroneous. To maintain confidence, corrections must come from the patient. Steering must be done carefully."<sup>6</sup> In addition to this, the patient must also be protected against committing himself too early in the game.<sup>7</sup> If a critical point is reached too soon, he must be steered away for a time. This is because if the counselee bares his soul too soon, as it were, he may in later reflection upon the interview feel that he was duped into telling things he did not wish to tell, or the realization of things which were repressed before may be too great a shock for him. For

---

6. Dunlap, *op. cit.* p. 19.

7. *Ibid.* p. 20.



this reason formal questioning may have to be abandoned entirely, and a more permissive type of technique adopted.

### Sigmasts in Counseling

The counselor who is truly sensitive to people will find many things in the counseling interview which give him a key to understanding the nature and causes of the problem with which he is dealing. Although the term would probably be frowned upon in orthodox psychology, this technique can best be described as a sort of character reading. The counselor takes from the actions and manner of his client certain indications of which areas are particularly painful to the patient, how he feels about certain aspects of the problem, and what the emotional nature of these things are.

Rollo May has this to say about the subject:

Everything about the person adds its stroke to the painting of his personality picture. Nothing, not even the smallest movement or change in expression, is meaningless or accidental; the inner personality is continually expressing itself in voice and gesture and dress, and the only question is the counselor's ability to perceive these expressions and sense something of their meaning.

However, one word of warning is in order here, "HYPOTHESES ABOUT AN INDIVIDUAL'S PERSONALITY PATTERN ARE TO BE MADE ONLY FROM A CONSTELLATION OF MANY DIFFERENT FACTORS."<sup>9</sup> Jumping to erroneous conclusions is one of the greatest dangers in the interview technique.

The approach of the counsellee gives the counselor a first glimpse into his character. A firm, steady step indicates courage; a hesitant step tells the counselor that the individual has to renew his resolution at every step and that there is a general desire to withdraw from the inter-

8. May, op. cit., p. 101.

9. Ibid., p. 102., (Capitals our's)

view. The manner of shaking hands has long been considered a significant expression of attitude and character. It can be interpreted in much the same manner as the approach to the counselor described above. The counselor should be on the lookout for the overly enthusiastic, hand-pumping, hand-shake which can be a sign of some deep inferiority feeling. The significance of dress is important. It is not true that "clothes make the man," but it is true that details of attire give important hints about the attitudes of the person wearing the clothing. Slovenly dress, the need of a haircut, dirty fingernails and so forth tell their own story, but the counselor should also look for those persons whose dress is too meticulous and who are too fussy about matters that do not warrant such attention. Such meticulousness often indicates a compulsion type of neurosis in which the individual pays an unnatural attention to unimportant detail. The person who dresses gaudily tells us that he or she is bidding for our attention. The person who dresses more carefully for the interview than the pastor knows he ordinarily dresses tells us that he has been anticipating the interview and is concerned about it. The pastor should be aware that such primping by women and young girls may indicate an interest in the counselor, and it is important that he read correctly this signpost in order to avoid the subjective element of attraction in the interview. Many an interview series has been prolonged simply because the counselee had a "crush" on the counselor. The distances the counselee stays from the counselor often have meaning. The client who takes the chair farthest from the counselor indicates an emotional barrier to the establishment of rapport. Signs of nervousness in the counselee are not difficult to interpret. These often take the form of continual crossing and recrossing of

the legs, finger-nail biting, grasping the arms of the chair tightly, or other forms of physical tenseness. The disappearances of these signs will usually come with the establishment of rapport. However, these signs together with changes in facial expression should be watched for as the interview continues. They will indicate when areas involving painful emotional content have been touched upon. Depending upon the situation, the counselor will either attempt to go into these more thoroughly or put them off to a more opportune time.

### Problem Definition, Movement, and Reclarification

It is important in the interview technique that not too much time be spent upon inconsequential things. These may serve well at the beginning of the interview to help establish rapport, but time must not be wasted. Otherwise, the counselee will get the idea that the interviewer has gained nothing for him, and since he is inclined to avoid the interview anyway he may never return for counseling.

One method of getting to the actual problem of the client is called problem definition. Here the counselor simply asks the client to tell him his difficulty. Since the client has come to the interview for help and has thus confessed his need for counseling, this ordinarily will not cause an emotional barrier. If it does, however, the therapist must get at the problem in a more subtle manner. This can often best be accomplished by using the permissive technique. As the counselor continues to rephrase and reply with words showing that he understands the patient's problem, it is found that suddenly the patient states his difficulty, often practically blurting it out as if an enormous dam had suddenly given

way. It is just prior to this point that many times long periods of silence will occur in the interview. These are not bad, and as long as the counselor does not feel that rapport is being lost they should be allowed. It is a rather strange feeling when the silence runs into a minute or more, but the counselor should be aware that the moment at which he breaks the silence may have been just the moment when the client would have mustered enough courage to reveal some really significant factor.

The counselor should always be prepared to recognize when it occurs what is called movement in counseling and psychotherapy. Movement refers to the changing aspects of the counseling situation. It is first of all a noticeable increase in rapport. The counselor has the feeling that the problem is really gaining direction. The problem itself becomes clearer. The patient is able to face his problem less emotionally. He gains insight into the causes of his difficulty and recognizes erroneous views which he has held before. The alternatives of action become more clear and even though they may be unpleasant the client is able to appraise them realistically and talk about them freely. Confession is usually one of the first signs of movement. By itself it is not enough, but must be supplemented with decisions to change and changed attitudes on the part of the counselee.

After a certain amount of movement has taken place, it becomes necessary to reclarify the problem. The counselor may ask for a restatement of the problem, but usually it comes as a natural result of the movement. After the first movement and reclarification has taken place, the following interviews will really be a series of movements and reclarifications.

### Limiting the Interview

The interview must be limited in two ways: the amount of time to be spent in each interview and the number of interviews to be given each client. There are no definite rules to be followed for either of these questions. In general among counselors one-half hour to an hour is considered an optimal time to be spent in each interview. This allows enough time for the interview to make progress and yet does not let it run so long that it becomes tedious to the counselor or counselee. The counselor should endeavor to make some progress in each interview, but the amount will vary from one interview to another. It may be that several interviews will go by with only a minimum amount of progress evident. This does not necessarily mean that nothing is happening within the client for it often happens that movement occurs very suddenly and at the least expected time.

The subject of the number of interviews that should be given and their frequency also needs attention. Most counseling authorities seem to be agreed on the fact that interviews should be held about once a week and not more than twice a week. This will, of course, depend on the availability of both the counselor and counselee to make appointments. It will also depend upon the severity of the mental disturbance. Individuals who are extremely disturbed may need the supportive effect of the interview more than once a week. However, too much dependance upon the counselor must be guarded against by the pastor. The aim of counseling is to make the individual independent and capable of managing his own affairs. Eventually the counselor must take steps to break the bonds which have arisen between himself and the counselee as the result of the establishment

of rapport and mutual acceptance. This is usually done by breaking the interview series. If the patient resists the counselor's suggestion that the interviews be terminated, the counselor must use the next interviews to give the patient insight into the advisability and necessity of his being independent. Usually, however, when counseling has resulted in good adjustment, the counselee himself breaks the interview series as a part of his new found ability to adjust and cope with the problems of his life. In conclusion, the practise followed by May seems good:

How many periods of consultation should the counselor plan to hold in a given case? This varies, of course. Many times one consultation is all that is practicable. But in every case where it is desired to penetrate somewhat deeply into the personality pattern, in instances, for example, of distinct personality difficulties, it is advisable to plan arbitrarily for a series of interviews. The plan I customarily follow consists of six interviews lasting one hour each, spaced at two a week. An appointment is made for a definite hour, rather than leaving it simply as a matter of 'dropping in next week.' This period of three weeks gives both parties - particularly the counselee - time to reflect on the insights discovered in each successive interview; and by reason of the assimilative and selective processes of the unconsciousness, the counseling takes up at a deeper level each time.<sup>10</sup>

---

10. May, Op. cit. p. 118.

VIII. Post-Interview Techniques

We return now to a discussion of Part IV, Steps of the Counselor, in the sample case history outline (p. 42). This discussion was left until this point so that it might be made in the light of the Interview Technique chapter upon which it is based. The use of this technique in conjunction with the Interview Techniques can immeasurably increase the effectiveness of the latter in interviews subsequent to the one upon which this technique is used. The technique under consideration is designed to make more meaningful the factors discovered in the interview. (An example of this part of the case history outline is given in Appendix C).

Analysis

E. G. Williamson defines analysis as "the collection from a variety of sources of data which provide for an adequate understanding" of the client.<sup>1</sup> It is really a complete summarization of all the facts at hand, both from the interview and from other sources. It is also a breakdown of the data into its component parts so that they may be viewed and evaluated separately as to their dynamic force in the problem. The coun-

---

1. E. G. Williamson, How to Counsel Students, p. 57.

selor should write them out completely, objectively, simply and with directness. Care must be taken to avoid personal bias and to recognize first impressions as such so that they may not be confused with fact. The analyst must distinguish meticulously between facts discovered and interpretations based upon these facts made at the time of their presentation. When the analysis has been correctly and thoroughly made there will be left merely a list of objective facts.

### Synthesis

Once the facts in a case have been broken down as in the above step they must be put back together or synthesized. In this step the counselor rearranges the data he has gathered into tentative patterns. Only the pertinent factors are retained, and attention is given to organizing these remaining factors into dynamically related groups. Thus, for example, the counselor will synthesize the pertinent facts concerning a client's family relationship so that they will show the force of the family constellation in the client's problem. Some of these same facts concerning the family constellation will again be used in laying out the dynamics of the client's relationship to friends, perhaps. After a number of such dynamic constellations have been synthesized, they may then be put together into a total pattern to explain the client's condition. Ordinarily there will be more than one such total synthesis possible, since each of several smaller dynamic relationships may be given emphasis as the cause of the maladjustment. Only subsequent interviews with further insight will bring out which was the correct synthesis, but the tentative explanations will direct the course of the following interviews so that valuable time will not be wasted



in investigating unimportant areas of the patient's life. It is to be recommended that an analysis and synthesis, or several syntheses, be made after each interview. It is also to be recommended that although this work can be done in the mind of the counselor it is better to write it out so that it may later be reviewed and more easily evaluated.

### Diagnosis

After the counselor has made several syntheses of the pertinent data and the interviews have continued, it will become apparent where the cause of the malady lies. The counselor is then in a position to make a diagnosis. This is really another form of the total synthesis except that this time he is quite certain within himself that he knows the true cause of the maladjustment and can now definitely embark upon a plan of cure. A statement by Otto Rank bears this point out: "In each separate case it is necessary to create, as it were, a theory and technique made for the occasion without trying to carry over this individual solution to the next case."<sup>3</sup>

For the pastor, the general plan of cure will be the application of the Law and Gospel to the life of the individual. However, such a statement is really an oversimplification of the matter. In the first place such use of the Law and Gospel comes only from long experience in dealing with people and their problems. There is no cut and dried formula for when one should use the Law and when the Gospel. Such a decision can come only with the personal knowledge of each individual case. If the patient is unaware that his basic problem is separation from God, then the Law must be employed as a conditioning agent just as in the sermon. If

---

3. Otto Rank, Will Therapy, p.6.

the person is already weighed down with the guilt of sin and sees that he must come closer to God, then the Law can only harm and the comfort of the Gospel must be brought to bear. But these are only two cases at the ends of a continuum. In between lie all the cases which can only be decided upon the basis of the particular case itself. In addition, there is the whole problem of extra spiritual therapies to be considered. These must be integrated oftentimes with the use of the Law and Gospel. For example, when it is decided that a child should be placed in a foster-home because of the family situation, care must be taken that this foster-home is not only a suitable environment for the child but also that it will supply his spiritual wants and needs. Or again, in the case of the chronic worrier it is not enough to tell him that it is wrong to worry and that he should cast all his cares upon the Lord. He must be brought to a knowledge of the fact that God has already taken care of him in the past as well as the fact that many of the things he worries about do not really merit such attention on his part. This plan of cure then must combine both secular therapy with the Gospel of Jesus Christ and each case will have to be diagnosed and plans formulated for therapy on its own unique factors.

#### Prognosis and Recommendations

It is customary for the counselor in psychotherapy just as for the doctor in medicine to make a prognosis or a statement of the future course of the maladjustment. This is usually made up of statements as to what will happen if the client adopts certain alternative modes of behavior

and what will happen if he does not. The prognosis usually states each major alternative open to the patient and what its results will be if adopted by the patient. Here the pastor meets with one uncontrollable variable which the secular counselor does not. The counselor, of course, can only predict as to the results of psychotherapy within a certain margin of error. The human factor makes absolute prediction impossible. But the pastor must also take into account the power of God's word. He can say definitely that if the patient will permit the Holy Spirit to work in his heart the desired change of life style will be accomplished. But, he cannot say in advance what sort of reception the patient will give the Gospel, and there is thus added to the uncertainty of his prognosis the human factor of resistance to the Holy Ghost with which the secular counselor does not concern himself. The best that the pastor can do is give Christian counsel to the best of his ability and pray earnestly for his counseles.

### IX. Miscellaneous Considerations

In the following paragraphs the author wishes to call attention to and discuss briefly several miscellaneous techniques and considerations which seem important but for which the nature of this paper does not allow a lengthy presentation.

The first of these is psychiatry. As mentioned elsewhere in this paper, psychiatry is a very specialized form of psychotherapy which the pastor will do well to leave alone. One of the techniques used by the psychiatrist is the analytic couch. The purpose of the couch is to bring out by free association the deeply repressed contents of the psyche. There is great controversy as to the exact nature of this subconscious psyche, but one thing is certain, that is, that the human mind has an ability to push out of awareness certain unpleasant and disagreeable past events which, if brought back to awareness, can cause reactions which are extremely dangerous to the mental balance of the patient. The pastor who attempts to delve into this phenomena treads on dangerous ground. He is likely to do far more harm than good. In addition, before suggesting such treatment to patients he ought to be certain he can recommend them to a Christian psychiatrist. The latter are practically impossible to find.

The subject of hypnosis warrants the same warning as the foregoing. There seems to be a strong attraction for the unspecialized counselor to experiment with this phenomenon. The best we can say about it is that even science which has attempted to investigate the phenomenon is not in accord as to its nature and possible implications. Hypnosis is another technique which should be left in the hands of the professional counselor. The author knows of one young pastor who caused a great amount of harm by experimenting upon his parishioners with hypnosis.

The pastor ought also to be aware of the large amount of quackery which passes for psychotherapy in our country. The American Psychological Association is attempting to outlaw these ill trained pseudo-psychologists, and in many states such laws have been passed. The pastor will want to be on his guard against joining the ranks of these quacks. He is unwittingly likely to do this if he attempts to handle cases that are beyond his capacity or uses techniques taken from unreliable sources. The pastor should never hesitate to refer a case elsewhere if he is inclined to think that he cannot handle it. At the same time he should beware of referring his parishioners to counselors who are not qualified to counsel. Steiner suggests that before anyone visits a mental consultant the consultant should be investigated in regard to his academic education, what professional organization he belongs to, the degrees he holds, and what experience he has had in counseling.<sup>1</sup> In addition, the pastor must also consider what effect such a counselor will have upon the moral and spiritual life of his patient.

---

1. Lee R. Steiner, "Where do people take their trouble?" p. 147.

A last technique to be mentioned is that of interview recording. In this day when many parishes are purchasing tape recording machines for use in the Sunday School and other places, the pastor ought to be aware of the potential use of such a machine in counseling. If interviews can be reviewed after the client has left, it is often possible for the pastor to get a clearer picture of what has gone on in the interview. He can see better what areas future interviews must investigate and catch things that slipped past him in the actual interview. The permissive counselors make great use of recording devices. They are especially valuable in cases where the client is disturbed by the pastor taking notes during the interview.

## I. Conclusions

Several techniques from the secular field of counseling and psychotherapy offer the pastor valuable aid in the pastoral care of his parishioners and others who are referred to him for counseling. Counseling and Psychotherapy are not presented as a panacea for all his problems. There is no substitute for genuine sympathetic and understanding interest in human beings nor for the sanctified common sense and wisdom which comes from pastoral experience, but these techniques can aid the pastor in getting a better understanding of the people with whom he has to deal and make his counseling more effective,

This paper has attempted to point out only those techniques from the secular fields of counseling and psychotherapy which seem both pertinent to and feasible for pastoral care. There has been no attempt made to suggest courses of action with particular types of problems. That is beyond the scope of this paper. The paper, therefore, as all the literature on counseling and psychotherapy must do, leaves the pastor somewhat up in the air in regard to its subject matter. We can only suggest helpful techniques to be used in counseling, we cannot prescribe how any particular case, or even type of case, can be handled. For example, in a

case of marriage counseling where two married people are about to break up their marriage, it is impossible to say whether they should be seen by the pastor separately or together, whether he should use the Law with one or both parties, and so forth. Each case must be treated as a distinctly different problem, and for that reason any paper on counseling and psychotherapy must limit itself to possible techniques or else treat endless varieties of hypothetical cases.

In closing, the writer wishes to state that the material presented in this paper is based predominantly upon book information and very little upon actual experience. He suggests that his readers go on to absorb as much as they can from books on the subject, but that they also be very cautious in their counseling until they have behind them a wealth of experience. For as Carroll says, "Psychotherapy is not a science, it is an art. Although many of the techniques used are based upon scientific investigations, their success in actual practise depends upon the skill of the practitioner which comes only from long experience."<sup>1</sup>

---

1. Herbert A. Carroll, op. cit., p. 281.



Appendix A. A Sample of the Rogerian Technique\*

First Interview

Saturday the first.

C1. Well, now we were so concerned yesterday about these various aspects of whether or not we were to go ahead with it, that I don't know that I have as clear a picture as I'd like to have of what's on your mind, so go ahead and tell me.

S1. Well, as accurately as I can convey the idea, I would term it a blocking which has manifestations in several fields.

C2. H-hm.

S2. The - in my earlier childhood the symptom of blocking which was emphasized on my consciousness most was in speech. I developed a speech impediment along about the sixth grade. Then, as I matured, I noticed a blocking in sexual situations. However, not - not in the voyeuristic situation, only in an intercourse situation; oftentimes I had difficulty there. Also an unpleasant tight feeling in the lower abdomen, as if, to use an analogy, there were some sort of a cold, hard axe or some other such thing pressing against the libido in such a way as to block it.

C3. H-hm.

S3. Now another interesting angle there, this negative feeling was at first referred to my chest. There was a sort of a dull, cold ache there. I'd get cold hands and have an increase in heartbeat at certain times, in certain situations where I was blocked. And then that feeling began to

go down, as it were. That's the best way I can describe it, I mean, I guess actually - I mean, that's the way I referred the feeling, as traveling downward.

G4. M-hm. And does it cause you more distress than it used to, or is that no different?

S4. I hardly know what to say there. I used to be very distressed about my speech, although that's not as bad as it was. I used to, uh - I used to be a very bad - a very bad stutterer, uh - then I sort of - sort of - sort of got my mind off of it and more or less forced myself to ignore it and to go ahead anyway, even though it was a terrific tension for me to go into certain situations.

G5. M-hm, M-hm.

G1. The counselor by this very broad kind of opening question makes it easy for the client to discuss his problem in any way he wishes. Note that S1, 2, and 3 are all in response to this one question.

S1, 2, 3, 4, . . . This sequence of client statements is a classical example of a neurotic's description of his problems. The bizarre physical symptoms, the feeling of tension are typical. As the case progresses, the reader will wish to compare the problems as at first presented with the real problems which cause the basic difficulty.

G4. Here is a moderately directive question, limiting the client to a specified area for discussion. However, the question is distinctly a response to the feeling of distress Mr. Bryan has been expressing, rather than to the intellectual content. It might have been better for the counselor to simply recognize the material expressed, in some such statement as, "You've noticed a real change in these symptoms?"

Second Interview

Tuesday the fourth.

G92. Well, how are things today?

S92. Well, I noticed something that I was rather looking for - a

sort of reactionary movement over the week end, since the interview. It would almost seem as if the neurosis were resisting the change and seeking to augment itself, because it had been monkeyed with -

C93. (Laugh) Things were really worse?

S93. Yes. I was very restless. Matter of fact, I kept roaming around from night club to night club all week end, and I'd come home late - say about four or five, and then my parents would want me to get up in the morning - say, "What are you lying around all the time for - is something wrong with you?" - all that sort of thing. So I'm sort of worn out.

C94. You feel that part of that is due to the fact that some part of yourself is probably resisting change?

S94. Resisting any change. That's right.

C95. What makes you feel that?

S95. Oh, just a hunch. It's sort of deduction. I mean, if a part of me - if a major part of my energies want to be that way - well, we see the analogy anywhere we look . . . . .

S92. Notice how Mr. Bryan tends to externalize his problem, regarding the neurosis as something outside of himself, for which he does not take full responsibility.

C94. This is a type of response which occurs several times in this interview. The client has been saying, "My neurosis has been resisting change and has been making trouble for me." The counselor recognized this feeling, but adds a slight edge of interpretation to his response, pointing out that the neurosis is "some part of yourself" rather than something external, as the client has been picturing it. Repetition of this technique brings difficulty.

C95. This question is a dubious type of directive response. A pause would probably have elicited further attitudes from the client.

Eighth Interview

C591. Well, it sounds as though today you're feeling pretty sure of your own progress and you certainly have taken a lot of steps in the direction of progress.

S591. Well, it isn't just only today - it's been - I mean since our last meeting there's been a steady improvement.

C592. Oh, yes.

S592. When I have felt the negatives coming on, I've done something about it.

C593. M-hm.

S593. And in the act of doing something about it, I've actually felt the improvement taking place. Even in the act of dialing a phone number to make a business contact, I can feel the surge of improvement that I wouldn't have felt if I hadn't actually done the act.

C594. M-hm.

S594. Does that sound pretty sound to you?

C595. Yes, it does.

S595. Well, I feel that this is a technique that can be depended upon. It isn't the involuntary sort of improvement that I used to have.

C596. And it can be depended upon in large measure because you're the one that selected the road and you're the one that decided that's where you're going to go.

S596. Yes. I feel good about that. I feel that I was working for myself, and you gave me some signposts, of course, but I feel that I made the decisions, and I don't think that you feel that I detract from you when I say that.

C597. No, not at all. Matter of fact, it's my deepest conviction

that I can't help you - I can't help anybody, but I can sometimes create an atmosphere where the person can help themselves.

---

8591. The client will not let the counselor, even by unintentional implication, give the notion that this change is temporary.

8596. This interesting comment constitutes strong justification for the type of structure which has been given throughout the counseling relationship. Here Mr. Bryan gives some inkling of what the structure has meant to him. It is, of course, doubly interesting when one thinks of the earlier passages in regard to these same decisions. The reader has but to recall the way in which he has dreaded making these decisions, his feeling that he was too helpless to make them, his desire for the counselor to settle some of the issues for him. But all this is now in the past. The fact that the counselor has held firmly to a sound counseling relationship has enabled the client to make these choices himself. Now, having made them, he has a basis of self-confidence which no one can take away.

---

\* These are quoted excerpts from a complete case history given by Carl R. Rogers in "Psychotherapy and Counseling" (pp. 259-437). The account was recorded phonographically and transcribed to paper to give a word for word account of a typical counseling situation. The excerpts presented here are designed to demonstrate the material presented in regard to the Rogerian Technique in Chapter V. Notice that each excerpt is followed with comments by Rogers.

Appendix B. A Sample Case History\*

Date: 6/17

Name: A \_\_\_\_\_

Address: 3 \_\_\_\_\_ W. 4<sup>th</sup> St., N.Y., N.Y.

Tel. No.: PL \_\_\_\_\_

I. Referral

- A. By the Rev. \_\_\_\_\_
- B. Because counselor is in charge of the youth program.
- C. Problem: 1. Child is a behavior problem in Sunday School, Released Time School and Boy Scouts.  
2. Child is also a behavior problem at home and in public school.

II. Collection of Data

- A. Previous data:
  1. \_\_\_\_\_ is a boy aged 13.
    - one sister living at home; fights with her continually
    - occasionally truant from school - mother has been writing excuses; therefore not yet involved with authorities
    - some petite thievery; not yet apprehended by police
    - enuretic; ashamed of this among other youngsters - sent home from summer camp the year previous because of enuresis
- B. Client's Statement of the Problem:
  - doesn't know why he acts as he does
  - doesn't feel his behavior at church and in school is any worse than that of the rest of his associates
- C. Orientation:
  1. Home: -physically poor in a "poor neighborhood"  
-emotionally unstable; lacks real affection and attention
  2. Parents: - Mother assumes a very sanctimonious air - can't see why A \_\_\_\_\_ acts as he does - pretends to be the perfect mother - nags continually  
-Father extremely strict with children - allows no noise in home because he sleeps days - drinks but not heavily
  3. Siblings: -Two married sisters - A \_\_\_\_\_ enjoys companionship of one in a man to man relationship.  
-One sister living home (unmarried) - she is also an adjustment problem - very sickly hence she gets what little affection the parents give
  4. Associates: - a group of boys his own age - entire group involved in petite thievery and vagrancy (breaking school windows and stealing from candy stores)

- 5. School: occasional truancy
  - low grades, but teachers feel he has ability to do much better, which he has done at times
  - not considered a major behavior problem
- 6. Economic Status: low income bracket family - just above subsistence level

D. Other Data:

- 1. Physical: -apparently no extreme organic illness
  - probably slightly undernourished
  - no physical cause for enuresis can be found
- 2. Psychometrics: - no test scores available
  - probably average I.Q. or better

III. Client's Expression of Next Steps

- Asked to be allowed back into Boy Scout troupe from which he had been expelled - promise of good behavior
- had been told he would not be confirmed with the rest of his age group because he had missed too much work - when offered opportunity to meet in special classes with counselor, A \_\_\_\_\_ seized upon opportunity and is doing fine work.

IV. Analysis

- enuresis with attendant feelings of guilt and shame
- lack of affection and attention at home
- must spend time in the streets because of father's unwillingness to have noise in the home
- sibling rivalry with sister
- petty thievery and vagrancy
- truancy from school
- poor behavior in church groups
- low grades and poor behavior in school
- association with delinquents
- low economic status
- average intelligence
- health fair

V. Synthesis - Lack of affection and love at home leading to enuresis - attention shown sister cause of hostile attitude toward her - both accentuating poor behavior - associates causing occasional truancy and delinquency in a spontaneous group expression of hostility toward authoritative agencies (also low grades) - low income status accentuating above somewhat.

VI. Diagnosis - A \_\_\_\_\_ is a boy of normal intelligence with extreme feelings of lack of security. This lack of security in the home is caus-

ing a belligerent attitude toward his sister and parents, and a bad case of enuresis. The fact that he is enuretic and this is known among his companions who ridicule him about it leads to a desire to gain prestige with the group. As a result of this desire to gain prestige, A \_\_\_\_\_ always goes just a little beyond the others in misbehavior in an attempt to build group respect. This accounts for his misbehavior in the church groups and at school, his delinquency, low grades and apparent contempt for authority.

## VII. Prognosis

1. Secular: The real counseling here should be done with the parents. Until A \_\_\_\_\_ finds a source of affection and wantedness, it is doubtful if he will improve. If such a source of affection can be laid open to him improvement will probably follow. This will also probably clear up his enuresis, the hostility toward his sister, and the extreme lengths to which he goes to get group respect. It is doubtful whether all of the school, church, and home behavior problems can be done away with unless he is completely removed from his environment since the environment is conducive to this type of behavior even among children with an adequate home life.
2. Spiritual: Every effort must be made to keep A \_\_\_\_\_ with the church. If he can be kept with the church a few more years he will probably grow up to be a useful member of society and a good church worker. At the present time his conception of Christianity is a mass of material which must be learned like school-work is learned. If this attitude can be replaced with a sound understanding of the fact that God wants him and the level of his feeling of wantedness increased by such knowledge, this will help in a large measure to overcome his lack of security.

## VIII. Recommendations:

- that counseling be carried on with the parents - if they cannot be brought to a more genuine, affectionate attitude toward A \_\_\_\_\_, it would probably be best to place him in a foster home. If this is done, care must be taken to make sure that he will receive adequate spiritual care also.
- that less attention be paid to his conduct in church to take away the effect of these actions as attention getters.
- that he be encouraged and praised where praise is due by the people who are in authority over him.
- that the special confirmation classes be continued until he catches up with the class.

\* This case history was written by the author from an actual case. The synthesis was written after several contacts had been made with the counsellee. It is not typical in every sense, but it shows what the author has in mind as the write-up of the case history.



## Bibliography

- Beck, Bertram, Short Term Therapy in an Authoritative Setting, Family Service Association of America, New York, 1946.
- Bonnell, John Sutherland, Psychology for Pastor and People, Harper and Brothers Publishers, New York, 1948.
- Brewer, John M., "The Relationship Between Guidance and Instruction", Frontier Thinking in Guidance, Science Research Associates, New York, 1945.
- Carroll, Herbert A., Mental Hygiene, Prontiss Hall Inc., New York, 1947.
- Dunlap, Knight, Research in Methods of Adjustment, University of California Press, Los Angeles, 1941.
- Groves, Ernest R., and Groves, Catherine, Dynamic Mental Hygiene, Stackpole and Sons, Harrisburgh, Penn., 1946.
- Hill, H.G., Mathematico Deductive Theory of Rote Learning, Yale Press, Cambridge, Mass. 1941.
- Maslow, A.H., Principles of Abnormal Psychology, Harper and Brothers Publishers, New York, 1941.
- Mattson, A.D., Christian Ethics, Augustana Book Concern, Rock Island, Illinois, 1947.
- May, Rollo, The Art of Counseling, Abingdon-Cokesbury Press, New York, 1939.
- Morgan, J.B., The Psychology of Abnormal People, Longmans, Green and Company, New York, 1945.
- Rank, Otto, Will Therapy, Alfred A. Knopf, New York, 1936.
- Rogers, Carl R., "Tools for the Guidance Worker", Frontier Thinking in Guidance, Science Research Associates, New York, 1945.
- Rogers, Carl R., Counseling and Psychotherapy, Houghton Mifflin Co. New York, 1942.
- Steiner, Lee R., Where Do People Take Their Troubles, Houghton Mifflin Co. New York, 1942.
- Williamson, E.G., How to Counsel Students, McGraw-Hill Book Company, New York, 1945.