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### What are the Contrasting Contributions to the Problem of Guilt in Pastoral Counseling of Client-Centered Therapy and Reality Therapy

Marc Kluender

Concordia Seminary, St. Louis, [ir\\_kluenderm@csl.edu](mailto:ir_kluenderm@csl.edu)

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WHAT ARE THE CONTRASTING CONTRIBUTIONS  
TO THE PROBLEM OF GUILT IN PASTORAL COUNSELING  
OF CLIENT-CENTERED THERAPY AND REALITY THERAPY?

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A Research Paper Presented to the Faculty  
of Concordia Seminary, St. Louis,  
Department of Practical Theology  
in partial fulfillment of the  
requirements of the fourth year

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by

Marc Kluender

May 1967

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Approved by:

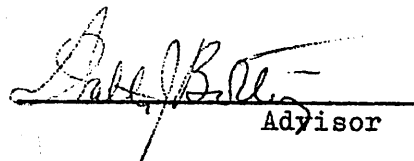
  
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Advisor

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## CHAPTER I

### INTRODUCTION

This research paper is an investigation of the following question: What are the contrasting contributions to the problem of guilt in pastoral counseling of client-centered therapy and reality therapy? It is important for the reader to know why the area of guilt was chosen for study. First of all, guilt is a universal problem of mankind. Paul Tournier says, "It is abundantly clear that no man lives free of guilt. Guilt is universal."<sup>1</sup> This does not mean that modern man is constantly asking about his guilt. To the contrary one psychiatrist has said:

Our parishioners and maybe our own inner feelings have convinced us long ago that our age is an age of emotional upheaval. What is puzzling in this situation is our relative insensitivity to guilt as part of our troubled existence. We no longer think of ourselves as a guilt-ridden people.<sup>2</sup>

It is the professional therapist who is more aware of the scope of the problem. The theologian Adolph Koberle says:

Both pastoral care and psychotherapy confirm the fact that the experience of guilt is an elementary fact of human life. Even in cases where a person has had no church instruction or connection whatsoever, despair over some elementary sin or failure in life can erupt so violently that it can no longer be repressed or pushed aside.<sup>3</sup>

A second reason for choosing the area of guilt is its importance to the pastoral counselor. The pastoral ministry has had a longer and deeper familiarity with the burden of guilt under which modern man lives than has any other helping profession.<sup>4</sup> The root of guilt, in pastoral experience, is found in a disruption of man's

fellowship with God. This disruption is expressed in man's relationships to his neighbor and his attitude to the rest of creation. These are perverted when his fellowship with God has been destroyed.<sup>5</sup> It is exactly this disrupted relationship with God which makes guilt a primary concern for the pastor as counselor.

A third and probably the most important reason for choosing the area of guilt is the controversial tension between the practices of the Christian and the secular therapists. The tension exists because the Christian and secular therapists handle different aspects of guilt. One pastoral counselor feels that classical psychotherapy is not only too narrow in scope but that it stops short at insight and an intellectual understanding of the problem of guilt. This same author feels that psychotherapists and clinical psychologists need to learn more from the theological side of the issue.<sup>6</sup> Some psychiatrists, however, contend that guilt is a neurotic problem of psychological dimensions within man himself and that he does not need to turn to God.<sup>7</sup> At times the secular and Christian therapists have attacked each other in their handling of guilt. Paul Tournier summarizes this problem:

It is a very common idea that the two camps are opposed most especially on the question of guilt. I must therefore attempt to elucidate this issue. I have just shown that the psychoanalysts' objections are aimed at moralism and not at the Christian revelation as such. But from their side theologians often accuse psychologists of denying sin and guilt and thereby of undermining the foundations of morality and of Christian doctrine.<sup>8</sup>

The tension then exists between theologians who feel that psychiatrists have no technique to deal with real guilt before God but

only subjective guilt feelings, and on the other hand, psychiatrists who accuse ministers of adding unnecessarily to the burden of guilt by being judgmental because their office demands they denounce sin. It is through fear of being judged that many people go the psycho-therapist rather than to the clergyman.

Guilt is therefore a religious problem which interests theologians and a psychological problem which interests secular therapists. More important is that it is a human problem, a form of suffering peculiar to man, and therefore a valid concern of the pastor as counselor.<sup>9</sup>

The broad scope of the problem of guilt makes it necessary to limit our discussion. For this purpose we have chosen just two therapists, namely Carl Rogers and William Glasser. Their respective therapies are client-centered (Rogers) and reality therapy (Glasser). Carl Rogers is a psychologist who first presented his therapy in 1942 in his book Counseling and Psychotherapy. William Glasser is a psychiatrist who first presented his therapy to the public in 1965 in his book Reality Therapy.

These two therapies were chosen because they have been applied to pastoral counseling in the area of guilt. Howard Clinebell's new book Basic Types of Pastoral Counseling uses Reality Therapy as a major resource in the chapter "Confrontational Counseling." This chapter deals extensively with the problem of guilt. Carroll Wise in his book Pastoral Counseling: Its Theory and Practice applies the Rogerian approach to pastoral counseling.<sup>10</sup> In this book Wise has a section on the problem of handling guilt. Therefore, this

paper uses Clinebell's book as an example of using reality therapy for the problem of guilt in pastoral counseling and Wise's book as a parallel example of the use of client-centered therapy for the same problem.

It is from Clinebell's Basic Types of Pastoral Counseling that the idea of contrasting client-centered and reality therapy was formed. Clinebell has a revised model for pastoral counseling which employs a number of understandings from reality therapy. The old model for pastoral counseling described by Clinebell is based on many client-centered Rogerian ideas.<sup>11</sup>

Clinebell's new model for pastoral counseling is based on many other therapists besides William Glasser. Reality therapy was chosen from among these because the author was able to attend a full day institute at Washington University (April 12, 1967) in which reality therapy was explained and demonstrated by William Glasser in person. This institute made it possible to gather extensive notes on a therapy which is fairly new and unknown.

Carl Rogers was chosen for different reasons. First of all, he is a well-known therapist whose writings are fairly prolific. Through Rogers' three major texts (primarily his two recent texts) and a number of periodicals this author was able to summarize the thought of client-centered therapy. Secondly, Rogers has written for Pastoral Psychology and is on their Editorial Advisory Board. From this relationship and his articles Carl Rogers has concerned himself with pastoral counseling. For these reasons Rogerian therapy has been contrasted to reality therapy in the area of guilt.

Personal concerns of the author are also involved in choosing these two particular therapists. Many of Carl Rogers' therapeutic concepts have played decisive roles in the approach of pastors to counseling. Other pastors have been very polemical toward insight and client-centered counseling. Guilt is an excellent area in which to face these issues. On the other hand, William Glasser's therapy has attracted ministers with such words as "responsible behavior" and "value judgments." These and other terms by Glasser have significance in the area of guilt. It would be helpful to know if Glasser means the same thing by these words as the pastor. For these reasons the author is personally interested in this study.

This paper will have three major sections. The second chapter will define the terminology and the scope of the problem. A detailed discussion of the concerns and contributions of secular and Christian therapists to the problem of guilt is also presented. Chapter three follows by summarizing client-centered therapy and then applying it to the problem of guilt through the insights of Carroll Wise. Chapter four summarizes reality therapy and applies it to the problem of guilt through the writings in pastoral counseling of Howard Clinebell. Finally, the summary chapter points to the areas of agreement and disagreement in the application of these therapies to the problem of guilt and raises some questions for further study.



FOOTNOTES

CHAPTER I

<sup>1</sup>Paul Tournier, Guilt and Grace (New York: Harper and Row, 1962), p. 152.

<sup>2</sup>LeRoy Aden, "Distortions of a Sense of Guilt," Pastoral Psychology, XV (February 1964), 16.

<sup>3</sup>Adolph Koberle, "The Problem of Guilt," Pastoral Psychology, VIII (December 1957), 34.

<sup>4</sup>Quoted in Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 223.

<sup>5</sup>Gustaf Wingren, Creation and Law (Philadelphia: Muhlenberg Press, 1961), p. 175.

<sup>6</sup>David Belgum, Guilt: Where Religion and Psychology Meet (Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1963), pp. 3, 137.

<sup>7</sup>Shirley B. Page, "Some Further Observations on Sin and Sickness," The Journal of Pastoral Care, XIII (Fall 1959), 153.

<sup>8</sup>Tournier, p. 128.

<sup>9</sup>Ibid., p. 213.

<sup>10</sup>Clinebell, p. 274.

<sup>11</sup>Ibid., pp. 27-28.

## CHAPTER II

### AN UNDERSTANDING: THE SCOPE OF THE PROBLEM OF GUILT

#### THE SECULAR THERAPIST'S CONCERNS WITH GUILT

In order to clarify the problem of guilt this paper separates the concerns of a secular therapist from a Christian therapist. The first section defines the contributions and concerns of a secular therapist in the problem of guilt.

A secular therapist's first concern is a proper definition of guilt. Guilt may refer to a fact, but more often a secular therapist refers it to a feeling. When we turn to the dictionary of psychology we find that secular therapists define the term from a purely subjective point of view: "Sense of wrong-doing, as an emotional attitude generally involving emotional conflict, arising out of real or imagined contravention of moral or social standards, in act or thought."<sup>1</sup> To the secular therapist guilt is not a theological dogma, but a lived experience. Guilt is subjective and defined in purely subjective terms. The secular therapist is concerned with guilt feelings as experienced by the client. The secular therapist defines the origin of guilt, deals only with unconscious guilt, distinguishes neurotic guilt from others, defines compulsive and distorted guilt, relates guilt to anxiety, separates subjective from objective guilt and clarifies lack of guilt. These distinctive contributions are discussed more fully in this first section of the chapter.

One area of study for the secular therapists is the origin of guilt. Guilt is not necessarily a response to a contemporary situation but rather may have deep roots in an experience which is long since past. Psychological studies have proved that the sense of guilt in later years can not be understood thoroughly until the emotional experiences during the earliest years are also understood.

Psychoanalysis, in the narrow sense of the word developed by Sigmund Freud, holds the conviction that all guilt conflicts can be traced back to sexual disorders and derangements:<sup>2</sup>

Anxiety begins in the infant in the fear of losing the loved object (his mother's breast) through its own aggressiveness. With the birth of the Super-ego the anxiety acquires a special quality which turns it into guilt feelings. The Super-ego can make the child feel that it is bad.<sup>3</sup>

This Super-ego is born because parents and teachers cannot always be with the child. Hence nature provides the mind with an innate process of introjecting or internalizing the commands and prohibitions of parents and teachers. This whole process is related to a human's need for love:

We must, however, try to understand whence these feelings of guilt spring. You are acquainted with Freud's explanation: according to him, feelings of guilt are the result of social constraint. The feelings are born in the mind of the child when his parents scold him, and are nothing other than the fear of losing the love of parents who have become suddenly hostile. No one today contests the reality of this mechanism, nor the importance of Freud's discovery, which only confirms what the Bible had already told us--how much the human being needs to feel loved.<sup>4</sup>

Any Freudian explanation for the origin of guilt must make a clear distinction between conscious and unconscious guilt feelings. Conscious guilt is that of which one is aware. But a great deal of

guilt one is not able to face, so it is pushed into the area of unawareness. This is called unconscious guilt. The psychiatrist Hoffman clarifies unconscious guilt:

It may be described as a vast repository of hidden or repressed wishes, impulses, fears and strivings. These, because they have been forbidden or condemned by significant adult figures during the individual's infancy or early childhood, must be hidden, buried or repressed in the unconscious. Here they are not readily available to the consciousness and the individual is not directly aware of their existence. Nor can he bring them into awareness by a simple act of will; there are forces of resistance which prevent that.<sup>5</sup>

Unconscious guilt can find expression in what is known as neurotic guilt. In Freudian terms neurotic guilt is described this way:

If the forbidden impulse is distorted it can apparently fool the super-ego and pass by it. Such distortions are substitute expressions which, by means of complicated processes such as allusions, analogies and symbols, reach consciousness. However, the super-ego was not really fooled. The forbidden character of the impulse was recognized and guilt feelings are the result. Only these guilt feelings appear in consciousness separated from their true source. They are unintelligible and isolated phenomena in consciousness.<sup>6</sup>

In genuine guilt a person has overcome his infantile conflicts and is able to have a relatively more objective look at reality. In contrast the person with neurotic guilt misuses reality for the repetition of unconscious patterns acquired in early childhood.

The Freudian understanding of neurotic guilt leads to the implication that guilt may become a desirable and even vital characteristic to some individuals because of their psychological make-up. A person can come to have a compulsive need to feel guilty and condemned. The neurotic person is far from eager to get rid of his guilt feelings. In fact he often insists on his guilt and vigorously

resists every attempt to be absolved of it.

A distorted sense of guilt is present in many forms of neurotic guilt. The individuals may show every sign of distress, speaking of their great guilt and deploring it; and yet may be unable to point to anything of apparently great consequences which they have done. They do not place the responsibility elsewhere, but are assured they are guilty and deserve to be punished. Ironically, they are unable to tell what they have done to deserve such condemnation. Such people are said to be rather familiar figures in the Roman Catholic confessional. Such are represented in the wretched penitents, known to ministers and psychiatrists, who come confessing crimes they never committed or displaying a degree of guilt feelings tremendously in excess of that which could be justified by the nature of the transgression they describe. This distorted sense of guilt feeling can go to great extremes. The following example of projection illustrates this:

Mr. B. was a professional man. For about two months he had been violently accusing his wife of infidelity until the situation had become dangerous. Every day for a fortnight I allowed him to tell me all the evidence he had on his wife's infidelity . . . the projection tendency was soon laid bare. For no less than three years he had an adulterous affair with a woman. The guilt tendencies with their associated guilt-feelings were repressed and projected upon his wife.<sup>7</sup>

The psychiatrist Karen Horney, somewhat in contrast to Freud's proposal of the origin of guilt conflicts in sexual disorders, sees neurotic guilt feelings as indicating an underlying anxiety: "Because of the great amount of anxiety in neurosis the neurotic is inclined more often than the normal individual to cover up anxiety

with guilt feelings."<sup>8</sup> Horney does recognize the intense guilt feelings in a neurotic person and the power they exert on his personality.

The Christian writer Sherrill describes the relationship of guilt to anxiety and hostility as developed by Horney. This approach sees the sense of guilt arising out of malignant human relationships:

Guilt, anxiety and hostility are so bound together, and each breeds so much more of its own kind, that often there is great difficulty in knowing where the primary problem lies, so that a man and his associates are often honestly deluded as to the nature of the fundamental underlying moral issue.

.....  
Thus anxiety and guilt are regarded in clinical work as being intimately associated, so much that when anxiety exists a sense of guilt is inferred. Similarly hostility and guilt are found in clinical experience to be closely associated: for example, hate impulses may suggest the existence of both anxiety and guilt, the hate impulses being a cover for both.<sup>9</sup>

In summary guilt, anxiety and hostility appear to be related to each other in such a way that when one of the trio appears a therapist is prepared to expect the others.

The lack of guilt in the "psychopathic personality" is another area of contribution by secular therapy. The psychopathic person is described as one who is emotionally immature, who does not learn by experience such as other people ordinarily do, and who appears to accept no responsibility for his own acts. He appears to have no sense of right and wrong and no sense of guilt or remorse. Secular therapy maintains that the psychopath has no guilt since there is no reason for guilt as he views the situation.<sup>11</sup>

This has not been an extensive study of the contributions of secular therapy to guilt. It has only outlined the basic problem.

Only the therapists Horney and Freud were used for the definitions of guilt. Other noted therapists have discussed guilt (Adler, Jung) but the two chosen were somewhat in tension. Freud was used also because of his initial contributions to the field and Horney because he was related to theology by Lewis Sherrill in Guilt and Redemption. The areas covered were for the purpose of defining terms in the rest of the paper.

## THE CHRISTIAN THERAPIST'S CONCERNS WITH GUILT

To the Christian therapist guilt has two dimensions. First of all, it has an objective sense. Guilt is the disrupted relationship between man and God. It involves the divine "No" to man's sin-determined and selfishly oriented existence. The second aspect of guilt to the Christian therapist is its subjective side. Guilt before God is expressed in man's relationships to his neighbor and his attitude to the rest of creation. The subjective side involves appropriate conscious guilt feelings and anxiety about these relationships. Those guilt feelings result from deeds done that are harmful to oneself, to society, and consequently to one's relationship to God. This will be the two dimensional definition for theological guilt in this paper.

From the Christian view the facts of the client's past can not be changed, but the meaning of these facts can be changed through the Christian experience of forgiveness. It is here that we see the gulf between the secular therapist's treatment of guilt and that of religion. The secular therapist is little concerned, if at all, with conscious guilt feelings. He has no therapy for such feelings because the secular therapist is interested in unconscious guilt feelings and their manifestations as neurotic, psychotic and delinquent behavior. Paul Tournier describes psychoanalysis:

It does not seem to me that psychoanalysis "eliminates" guilt. It does not eliminate it but shifts it. Thus, for example, a man is no longer ashamed of his sexual instinct, but he is ashamed of having been ashamed of it. This means that the former guilt was concerned with a taboo while the second was far more genuine, for it involved sincerity in regard to himself.<sup>12</sup>



The Christian therapist must ultimately be concerned about the removal of conscious guilt through confession and absolution:

In pastoral care our challenge is to help guilt mature, that is, to help neurotic guilt develop into an awareness of the genuine guilt behind it so that one no longer needs the defense of neurotic guilt. It is to help unconscious guilt to come into consciousness, where it can be faced by the increase of our courage. It is to help psychological guilt to grow to the dimension of religious guilt. Only when guilt has reached its religious height has the Gospel any relevance for it.<sup>13</sup>

The question of a structured confessional is also a problem for the Christian therapist. Is the structured confession relevant to modern man? Some therapists see an underlying problem:

Whether we restore the confessional or not, it seems crystal clear that if Protestantism is to survive with any significance it will need to find more adequate ways of dealing with guilt than it has found so far.<sup>14</sup>

The psychiatrist Paul Tournier is a spokesman for the confessional:

For the cleric confession is a ceremony, an occasion set aside for that purpose, in which the penitent as well as the cleric know that they are proceeding to a solemn act. I take care not to disown the religious and even psychological value of this solemnity, which many church-people need.<sup>15</sup>

The value of the confessional is beyond the purpose of this paper. The only point to be made is that the Christian therapist, in contrast to the secular therapist, when handling guilt will need to face this problem and the questions that it raises.

It is the Christian therapist who sees a relationship between God and man in the question of guilt rather than just a relationship between man and community or man and his own past experiences:

In fact, the guilt toward oneself of the Jung school is indeed at the same time a guilt toward God, since it is a refusal to accept oneself as God wishes us to be; and the guilt toward others of Martin Buber is also a guilt toward God since it is a refusal of the divine order of human relationships.<sup>16</sup>

The Christian therapist does not see a separation in these relationships. The choice is not that man must relate either to God his Creator or to his fellowman; it is rather an inseparable "both/and" situation.

The Christian therapist's concerns which we have highlighted are the Christian view of the removal of guilt, the structured setting of the confessional and the relationship between God and man in guilt.

This section of the paper will finally stress four points of contention between secular and Christian therapists. The four points discussed are responsibility, moralism, the potential of man, and forgiveness. These particular areas were chosen because they relate specifically to the therapies of Carl Rogers and William Glasser. Responsibility and moralism are components of reality therapy. The potential of man will relate to client-centered therapy. Forgiveness will relate to both therapies. There are other points of contention not discussed because they are beyond the scope of this paper.

In this generation behavior is often attributed to environment, heredity, faulty training and the lack of need gratification. A few Christian authors have attributed this problem to secular psychotherapists:

In fact the terms "sin" and responsibility are left out of the terminology of a large number of secular psychotherapists. It becomes difficult to speak of a moral problem or of responsibility to society.<sup>17</sup>

On the other hand some therapists believe that unconscious motivation does not relieve the individual of responsibility. Freud

emphasized that unconscious attitudes brought into consciousness would maintain control over behavior. A psychiatrist explains it:

Psychiatrists do not, as has been alleged, say to their patients, in effect, "Go ahead and sin some more since you are not really responsible for your behavior. It's the fault of your unconscious and you can't control that." Psychiatrists do, in effect, say to their patients: "There are operating in your unconscious forces which have largely determined this behavior which has led you to seek psychiatric help. While you are not fully responsible for what you have already done, you are responsible for learning why you had to do this. Armed with this knowledge you will no longer need to repeat such foolish and painful behavior."<sup>18</sup>

Moralism in relation to guilt is another controversial issue. The task of the psychotherapist is to reduce the intolerance of the super-ego, that is, the intensity of the guilt feeling. In contrast, some theologians allegedly aim to increase the "conviction of sin" by stimulating guilt factors. The psychotherapist is against the stimulation of guilt feeling, which may create neurosis:

The reason for his failure to condemn is that the psychiatrist knows that if he begins to moralize in his dealings with his patient, the patient will immediately identify him--the psychiatrist--with significant authoritarian figures in his past, figures whose moral authority that patient has already rejected.<sup>19</sup>

Some ministers are "advice givers" and thereby become a conscience for other men. In such cases a minister may ignore the psychological roots of a sense of guilt and only deal with the religious or moral problem. Thereby the client's neurotic guilt increases when the clergyman denounces his actions.

Christian and secular therapists also disagree over the native potential of man. This is a special tension in the healing of guilt:

Religion can go along with psychotherapy concerning the importance of recognizing and facing the reality of evil in the depths of the soul. What disturbs theologians is the conviction

of some psychotherapists that this dark element is potentially productive, not ultimately destructive. There would seem to be a difference between the psychotherapeutic and the Christian way of dealing with guilt. The assumption of Christian confession and absolution is that only God can remove guilt, whereas psychotherapy finds the answer in the relieving and transformation of painful experiences.<sup>20</sup>

Secular therapists view man through psychological processes and Christian therapists describe man in theological terms.

A final point of contention is forgiveness. The psychiatrist Ellis polemicizes:

Giving anyone a sense of sin, guilt or self-blame is the worst possible way to help him to be an emotionally sound and adequately socialized individual . . . . If . . . we can teach our patients . . . that even though human beings can be held quite accountable or responsible for their misdeeds, no one is ever to blame for anything, human morality will be significantly improved . . . . The concept of sin is the direct and indirect cause of virtually all neurotic disturbance. The sooner psychotherapists forthrightly begin to attack it the better their patients will be.<sup>21</sup>

A second group of secular therapists have a different view:

There are psychotherapists within and outside the sphere of the Christian faith who declare with profound reverence that it is precisely at this point, where the authority of absolution is concerned, that the Christian pastor has a function to perform that goes far beyond what is pertinent or possible to psychotherapy.<sup>22</sup>

The Christian therapists are also divergent in their views:

I will go further: an unbelieving patient in the consulting room of an equally unbelieving psychotherapist may go through exactly the same experience, through the same emotion of confessing what he knows he is guilty of and may feel the same relief.<sup>23</sup>

Another view is:

What we have said is that psychiatry began with an attitude toward forgiveness different from that taken by the church. Its use of the term "acceptance" does not designate what the church means by forgiveness.<sup>24</sup>

The reason for presenting these issues is to set a framework for their application to the therapies of Carl Rogers and William Glasser. With this understanding of the problem of guilt, its limits, terminology and points of contention, this paper will summarize client-centered and reality therapy and apply them to the problem of guilt in the writings of two pastoral counselors.

FOOTNOTES

CHAPTER II

<sup>1</sup>Quoted in John G. McKenzie, Guilt: Its Meaning and Significance (Nashville: Abingdon Press, 1962), p. 22.

<sup>2</sup>Adolph Koberle, "The Problem of Guilt," Pastoral Psychology, VIII (December 1957), 35.

<sup>3</sup>McKenzie, p. 122.

<sup>4</sup>Paul Tournier, Guilt and Grace (New York: Harper and Row, 1962), p. 63.

<sup>5</sup>Jay Hoffman, "Guilt Feelings and Psychiatry," The Journal of Pastoral Care, VI (Summer 1952), 44.

<sup>6</sup>Ibid., VI, 47.

<sup>7</sup>McKenzie, pp. 25-26.

<sup>8</sup>Karen Horney, The Neurotic Personality of Our Time (New York: W. W. Norton & Company, Inc., 1937), p. 235.

<sup>9</sup>Lewis Joseph Sherrill, Guilt and Redemption (Richmond: John Knox Press, 1957), pp. 77 & 130.

<sup>10</sup>McKenzie, pp. 43-44.

<sup>11</sup>Leon Salzman, "Guilt, Responsibility and the Unconscious," Pastoral Psychology, XV (November 1964), 23.

<sup>12</sup>Tournier, p. 129.

<sup>13</sup>William E. Hulme, "The Nature of Spiritual Illness," Concordia Theological Monthly, XXXIII (February 1962), 72.

<sup>14</sup>William Klassen, The Forgiving Community (Philadelphia: The Westminster Press, 1966), p. 220.

<sup>15</sup>Tournier, p. 199.

FOOTNOTES

CHAPTER II

<sup>16</sup>Ibid., p. 67.

<sup>17</sup>David Belgum, Guilt: Where Religion and Psychology Meet (Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1963), p. 38.

<sup>18</sup>Hoffman, VI, 50.

<sup>19</sup>Ibid., VI, 51.

<sup>20</sup>Shirley B. Page, "Some Further Observations on Sin and Sickness," The Journal of Pastoral Care, XIII (Fall 1959), 133.

<sup>21</sup>Quoted in Klassen, p. 205.

<sup>22</sup>Koberle, VIII, 35.

<sup>23</sup>Tournier, p. 200.

<sup>24</sup>Klassen, p. 212.

## CHAPTER III

### AN APPLICATION OF THE CLIENT-CENTERED APPROACH TO THE PROBLEM OF GUILT

#### CARL ROGERS: A SUMMARY

In the last decade Carl Rogers had a great impact on pastoral counseling. Pastoral counselors like Seward Hiltner and Carroll Wise based their early books on Rogerian principles. This chapter will summarize Carl Rogers' method and discuss its relationship to the potential of man. The final section will apply client-centered therapy to the problem of guilt in pastoral counseling.

Relationship in the counseling situation is of primary importance to Carl Rogers. In his early professional career he asked the question, "How can I treat, or cure, or change this person?" Today his question is, "How can I provide a relationship which this person can use for his own personal growth?"<sup>1</sup>

The client's expectations play an important part in this relationship. Rogers says that a tentative, ambivalent, fearful feeling is probably most characteristic of all clients whether they have any knowledge of therapy or not. The client may expect the counselor to be a parental figure who will shield him, a psychic surgeon who will probe the root of his problem, or an advice giver who can be proved wrong. One client explained some of her feelings:

Somehow or other I seemed to expect that what you said would give me a lead, but most of the time it didn't. You seemed to see it my way every time. Now that is wonderful, but if you understand me all that well what need is there for words?<sup>2</sup>



The therapist's attitude is the most important factor in developing this relationship. The therapist must be seen as trustworthy and "dependably real." He must have positive attitudes of liking, caring and warmth for the client. The therapist must be a strong enough personality to let the client be himself. He should be able to step into the client's private world of feeling and personal meanings so completely that he loses all desire to evaluate or judge. The therapist must meet this person in the process of becoming and not be bound by his own or the client's past.

It was only through experience that Rogers developed a client-centered relationship in therapy. He realized that the client is the one who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried: "It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of the movement in the process."<sup>3</sup>

Rogerian client-centered therapy operates on certain major premises. Absolute honesty toward one's feelings is essential. Client-centered therapy can not be a trick or a tool. It is not a subtle way of guiding a client while pretending to let him guide himself. To be effective it must be genuine. Rogers adds that in his experience, "the counselor who tries to use a 'method' is doomed to be unsuccessful unless this method is genuinely in line with his own attitudes."<sup>4</sup> To create a psychological climate in which the client feels that kind of warmth, understanding, and freedom from attack in which he may drop his defensiveness, and explore and reorganize

his life-style, is far more subtle than simply "reflecting." It calls for a total sensitivity to the client in his own perspective and the communication of this kind of acceptance and understanding.<sup>5</sup> If the counselor's feeling conveys an attitude of subtle approval or disapproval, direction or guidance, then all the "reflection of feelings" in the world would still fall short of implementing a deeply client-centered orientation.<sup>6</sup>

This honesty toward feeling applies also to the counselor. It has been found that personal change is facilitated when the psychotherapist is what he is, when in the relationship with his client he is genuine and without "front" or facade, openly revealing the feelings and attitudes which at the moment are flowing in him.<sup>7</sup>

Rogers says:

It is only in this way that the relationship can have reality, and reality seems deeply important as a first condition. It is only by providing the genuine reality which is in me, that the other person can successfully seek for the reality in him. I have found this to be true even when the attitudes I feel are not the attitudes with which I am pleased, or attitudes which seem conducive to a good relationship. It seems extremely important to be real.<sup>8</sup>

A second major premise of client-centered therapy is unconditional acceptance of the client. The fact that responses may be put in a non-directive form does not prevent them from being experienced as denial or rejection. The counselor must permit himself to understand and accept another:

Our first reaction to most of the statements which we hear from other people is an immediate evaluation or judgment, rather than an understanding of it. When someone expresses some feeling or attitude or belief, our tendency is, almost immediately, to feel "That's right"; or "That's stupid"; "That's abnormal"; "That's unreasonable"; "That's correct";

"That's not nice." Very rarely do we permit ourselves to understand precisely what the meaning of his statement is to him.<sup>9</sup>

Carl Rogers applies this premise of his therapy to the pastor.

Rogers recognizes the tension between being a fully acceptant client-centered counselor who relinquishes all moral judgments and at the same time being an authority on moral matters who reminds individuals of their moral obligations:

Pastor L. is sitting in his study one morning when a knock on the door brings Mrs. Smith into the room . . . . "Yesterday I found out my husband has been carrying on with another woman. At first I couldn't believe it, but now I don't know what to do." Pastor L. may . . . respond to her as a counselor . . . or he may feel obligated to utter some words of moral evaluation, in this case disapproval of the husband's behavior . . . . The question Pastor L. must ask himself before responding to Mrs. Smith's upset condition is: "What can I do that will be most helpful to Mrs. Smith?" . . . If Pastor L. is to act in a manner which will be most consistent with his most inclusive role of helping others to become whole persons . . . . Would it be most helpful to make some moral judgment . . . or would the most helpful be . . . to see the world as Mrs. Smith perceives it by saying, "This comes as a devastating blow to you, is that it"? In this way he opens up to her the opportunity of being accepted and understood in her present confusion and distress.<sup>10</sup>

Acceptance does not mean much until it involves understanding.

Rogers admits:

It is only as I understand the feelings and thoughts which seem so horrible to you, or so weak, or so sentimental, or so bizarre, it is only as I see them as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening crannies of your inner and often buried experience. This freedom is an important condition of the inner relationships. There is implied here the freedom to explore oneself at both conscious and unconscious levels.<sup>11</sup>

Acceptance means a warm regard for the client as a person of unconditional self-worth--of value no matter what his condition, his behavior, or his feelings. It works in the direction of permitting

the person to experience fully and in awareness, all of his reactions including his feelings and emotions. As this occurs the individual feels a positive liking for himself, a genuine appreciation of himself as a total functioning unit. Rogers records the response of a client to this unconditional acceptance:

The counselor was not startled or shocked. I was telling him all these things about myself which did not fit into my picture of a graduate student, a teacher, a sound person. He responded with complete acceptance and a warm interest without heavy emotional overtones . . . . I can remember an organic feeling of relaxation. I did not have to keep up the struggle to cover up and hide this shameful person.<sup>12</sup>

Another principle of client-centered therapy is that the client's values come from the self rather than from others. All judgments, all evaluations, all change in evaluation are left to the client. In early therapy the person is largely living by values he has introjected from others. An example is, "I should never be angry at anyone." (because my parents and church regard anger as wrong) "To recognize that 'I am the one who chooses' and 'I am the one who determines the value of an experience for me' is both an invigorating and frightening realization."<sup>13</sup>

The core of difficulty as Rogers sees it is that people despise themselves and regard themselves as unloveable and worthless. A basic attitude in client-centered therapy is the fundamental belief in the worth, dignity and significance of each individual:

This section is the story--greatly abbreviated--of one client's discovery that the deeper she dug within herself, the less she had to fear; that instead of finding something terribly wrong within herself, she gradually uncovered a core of self which wanted neither to reward or punish others, a self without hate, a self which was deeply socialized. Do we dare to generalize from this type of experience that if we cut through deeply

enough to our organismic nature, that we find that man is a positive and social animal? That is the suggestion from our clinical experience.<sup>14</sup>

Rogers feels that the client-centered approach is not just a technique by which we manipulate people to our own goal. The therapist is to participate completely in the patient's communication. The therapist tries to understand the patient's feelings, and through reflection follows the patient's line of thought. The counselor says in effect:

To be of assistance to you I will put aside myself--the self or ordinary interaction--and enter into your world of perception as completely as I am able. I will become, in a sense, another self for you, an alter ego of your own attitudes and feelings.<sup>15</sup>

Perhaps it would summarize the point being made to say that by use of client-centered techniques, a person can implement his respect for others only so far as that respect is an integral part of his personality make-up; consequently, the person whose operational philosophy has already moved in the direction of feeling a deep respect for the significance and worth of each person is more readily able to assimilate client-centered techniques which help him to express this feeling.<sup>16</sup>

Carl Rogers himself believes that a counselor's philosophy of life is basic to his practicing therapy:

In our judgment another valuable phase of student preparation is the opportunity to consider and formulate one's own basic philosophy. The person who is to carry on therapy needs security within himself, and this may come in part from having thought through some of the basic questions regarding human life.<sup>17</sup>

Rogers' concept of man is basic to his philosophy and a point of contention between secular and Christian therapists: "I have

little sympathy with the rather prevalent concept that man is basically irrational and that his impulses if not controlled will lead to the destruction of others."<sup>18</sup> Again Rogers says: "Gradually my experience has forced me to conclude that the individual has within himself the capacity and the tendency, latent if not evident, to move forward toward maturity."<sup>19</sup>

To the accusation that Rogers is simply an optimist, he responds:

Let me bring in one further aspect of my thinking. It disturbs me to be thought of as an optimist. My whole professional experience has been with the dark and often sordid side of life, and I know better than most, the incredibly destructive behavior of which man is capable. Yet that same professional experience has forced upon me the realization that man, when you know him deeply, in his worst and most troubled states, is not evil or demonic . . . . When we are able to free the individual from defenses . . . we do not need to ask who will control his aggressive impulses; for as he becomes more open to all of his impulses, his need to be liked by others and his tendency to give affection will be as strong as his impulses to strike out or to seize for himself.<sup>20</sup>

A Christian theologian's response to Rogers' view of man is:

If there is any optimism in Rogers' interpretation of man, it is his assumption that the single individual who has experienced the power of acceptance can fend for himself in an estranged world without a continuing community of confession, education, witness, and life together.<sup>21</sup>

Rogers would not use a traditional term such as sin to describe the human predicament because it has a moralistic connotation, but this does not diminish the human predicament. According to Rogers the human predicament develops when the individual lives by introjected values from others and thereby lacks self-love and worth. The saving event is the empathy and unconditional positive regard by the counselor which leads to a growing resolution of the predicament:

As the incongruent individual senses that he is prized and valued by another person who is at one with himself, who enters his internal frame of reference with understanding positive regard, he is freed to begin to value himself positively, become aware of his lost self, experience himself more fully, and be himself more completely.<sup>22</sup>

The resolution of the human predicament in Rogers is not the same as in the Christian tradition:

Religion, especially the Protestant Christian tradition, has permeated our culture with the concept that man is basically sinful, and only by some miracle can his sinful nature be negated.

. . . . .  
There is one deep learning which is perhaps basic to all of the things I have said thus far. It has been forced upon me by more than twenty-five years of trying to be helpful to individuals in personal distress. It is simply this. It has been my experience that persons have a basically positive direction.<sup>23</sup>

## THE APPLICATION TO GUILT BY WISE

The application of client-centered therapy to the problem of guilt is found in Carroll Wise's book, Pastoral Counseling, Its Theory and Practice.<sup>24</sup> Wise himself admits that there is a similarity between the approach of Rogers and that presented in his book.<sup>25</sup> This book is not necessarily the approach of Carroll Wise today, but it does give us a representative approach from the pastoral counseling field which employs the Rogerian method in the problem of guilt.

Carroll Wise draws on the insights of other therapies besides Rogers', especially for the distinctions of guilt. First of all, Wise makes the distinction between objective guilt and subjective guilt.<sup>26</sup> He uses theological guilt as one example of objective guilt. "If the Ten Commandments are accepted as the law of God, then anyone who breaks one of them is objectively guilty of having broken a law of God."<sup>27</sup> Wise points out that the very situation which brings people to the counselor is an objective guilt from life experiences, which have placed a judgment on the client. Wise distinguishes guilt feelings from objective guilt. He speaks of guilt feelings over a real situation (murder) or distorted guilt feeling with no corresponding occurrence in life.

Wise also distinguishes between real and neurotic guilt. Neurotic guilt feelings are exaggerated beyond the act confessed or with no relation to an experience from life. Real guilt results from breaking a fundamental law or severely injuring oneself or



another person. Wise relates to the Freudian idea that neurotic guilt can be understood in terms of the person's early training. The example he gives is intense guilt over attending a movie on Sunday because of early training.

Wise also makes the Freudian distinction between conscious and unconscious guilt. He refers to repressed feelings of guilt over an act committed or awareness of the act without being aware of the feelings. He then explains that guilt may not result from an act but from the feelings or impulses of a person. In Freudian terms he explains this process: "the conscience of the person is condemning the impulses of the person and where the ego is more or less blocked in giving full reign either to the conscience or the impulses."<sup>28</sup>

Although Wise uses Freudian terminology, in actual therapy he applies the client-centered approach. The counselor's role is seen as one of unconditional acceptance of the client. To the problem of intense guilt over an insignificant problem, Wise comments: "The minister should accept and understand these feelings."<sup>29</sup> To another case of inappropriate guilt Wise advises, "It is far better to accept his feelings as they are, permitting him whatever freedom he can accept to look back into his problem."<sup>30</sup> In another case Wise explains the counselor's role as offering help "through the process of acceptance, clarification and release."<sup>31</sup> He explains this further: "A person with a feeling of guilt needs to find full release for feeling through communication of it to another person in an atmosphere of acceptance and understanding."<sup>32</sup>

Secondly, the counselor follows the client-centered approach by making no judgments on the guilt. "The counselor dealing with either objective guilt or feelings of guilt, needs to be entirely free from condemning or condoning attitudes."<sup>33</sup> Earlier, Wise comments that God himself pronounces judgment in the processes of life, and the task of the ministers is to help people interpret and gain insight into their own experiences.<sup>34</sup>

Thirdly, the counselor's role in guilt cases is to reflect feelings. "Through the process of acceptance, clarification and release the counselor helps the person to discover the underlying motivation for his difficulty."<sup>35</sup> In another place Wise adds, "There needs to be a full and free sense of acceptance and understanding of his circumstances with responses that indicate these attitudes."<sup>36</sup>

A final point of contact with client-centered therapy is that the counselor holds the patient in positive regard:

The counselor is a mediator of the grace of God through a living relationship . . . . The grace of God lies in the real fact that he has created within human personality powers which if properly used will result in the healing of personality and a more creative way of life.<sup>37</sup>

Later Wise adds, "Through the process of acceptance, clarification, and release the counselor helps the person to . . . give a fuller measure of release to the positive aspects of personality."<sup>38</sup>

The client's role in handling guilt also has many Rogerian points of contact in Wise's book. First of all, Wise feels that insight and self-evaluation are important for the guilt-ridden client:

It is only as a person is able to relate his feelings of guilt

to the situation out of which they arose, to evaluate that situation, and to make what changes he feels he should make in his attitudes and actions, that guilt is released.<sup>39</sup>

Secondly, the client makes his own decisions about the guilt. "The person needs to be given freedom to hold on to his feelings or give them up as he is ready and able."<sup>40</sup> Finally Wise follows Rogers by relating the good life to removal of inner conflicts:

The individual knows that he has been forgiven because inwardly he is able to forgive others and because his life is changed. . . . He is able to love because obstacles to love have been removed and he is inwardly free to love.<sup>41</sup>

Wise relates the process of forgiveness (the release from guilt) to Rogerian ideas. Forgiveness is not something the counselor pronounces nor does he give people forgiveness. "The counselor is a mediator of the grace of God through a living relationship."<sup>42</sup>

If an individual has a feeling of guilt as a result of resentment toward one of his parents, he will not be able to give up that feeling completely until he has found release for his resentment . . . . Premature efforts to impart a sense of forgiveness will only push the problem deeper . . . . If the experiences which make for guilt are real processes within the life of the person then the experiences which lead to release of guilt must also be real processes . . . . The release from guilt does involve full and conscious facing of the situation out of which the guilt grew; it involves repentance in the sense of a change in attitudes and behavior; it involves also an insight into those realities within oneself and in his relationships with other people and with God which makes such a change possible . . . . His sense of assurance does not rest on any verbal pronouncement by the pastor, but rather on a profound sense of the reality within himself.<sup>43</sup>

Acceptance plays a large part:

Basic to the experience of forgiveness is the experience of being accepted . . . . Counseling does not seek to bring a sense of forgiveness in one overpowering experience, but it rather seeks to help the individual work out the attitudes that are creating guilt.<sup>44</sup>

Release from guilt comes through full communication of the life

experience to another in an atmosphere of acceptance and through a realistic handling of the guilt situation.<sup>45</sup>

Wise does not believe in structured confessional practices:

Theological interpretations of guilt and forgiveness have been mistakenly translated into a technique for the release of guilt without taking into account the dynamic processes involved. . . . The weakness of much of our traditional religious approach to the problem of guilt lies in the fact that we have dealt with all types of guilt in the same fashion.<sup>46</sup>

"What we have been doing in this volume is to outline a procedure for hearing confessions on the basis of the realities of human experience rather than on the basis of conformation to ritualistic requirements."<sup>47</sup>

Wise comments on the nature of man earlier in this volume:

The pastor who accepts the interpretation that man is inherently sinful and depraved will necessarily respond differently from the pastor who believes that there is a curative, creative, redemptive force inherent in man. The pastor's religious interpretation of man will of necessity involve himself and his own problems and will be a strong factor in determining what he communicates to others.<sup>48</sup>

Wise, at least from his section on handling guilt, sees the second interpretation of the nature of man as determinative. From this understanding of man he has developed his handling of guilt based on a Freudian understanding of guilt feelings and a Rogerian therapy to implement the release from guilt. This therapy has stressed unconditional acceptance by the counselor, client-centered resolution of the guilt and forgiveness through life processes rather than a verbal pronouncement.

FOOTNOTES

CHAPTER III

<sup>1</sup>Carl R. Rogers, On Becoming a Person (Boston: Houghton Mifflin Company, 1961), p. 32. Hereafter referred to as OBP.

<sup>2</sup>Carl R. Rogers, Client-Centered Therapy (Cambridge, Massachusetts: The Riverside Press, 1951), p. 89. Hereafter referred to as CCT.

<sup>3</sup>Rogers, OBP, pp. 11-12.

<sup>4</sup>Rogers, CCT, p. 19.

<sup>5</sup>Carl R. Rogers and Russel J. Becker, "A Basic Orientation for Counseling," Pastoral Psychology, I (February 1950), 27.

<sup>6</sup>Ibid., I, 27.

<sup>7</sup>Rogers, OBP, p. 61.

<sup>8</sup>Ibid., p. 33.

<sup>9</sup>Ibid., p. 18.

<sup>10</sup>Rogers and Becker, I, 32.

<sup>11</sup>Rogers, OBP, p. 34.

<sup>12</sup>Rogers, CCT, p. 38.

<sup>13</sup>Rogers, OBP, p. 122.

<sup>14</sup>Ibid., p. 103.

<sup>15</sup>Rogers, CCT, p. 35.

<sup>16</sup>Ibid., pp. 21-22.

<sup>17</sup>Ibid., p. 437.

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<sup>18</sup> Bernard M. Loomer, Walter M. Horton, and Hans Hofmann, "Reinhold Niebuhr and Carl R. Rogers," Pastoral Psychology, IX (June 1958), 28.

<sup>19</sup> Rogers, OBP, p. 35.

<sup>20</sup> Loomer, Horton, and Hofmann, IX, 27-28.

<sup>21</sup> Thomas C. Oden, Kerygma and Counseling (Philadelphia: The Westminster Press, 1966), p. 113.

<sup>22</sup> Ibid., p. 95.

<sup>23</sup> Rogers, OBP, pp. 91 & 26.

<sup>24</sup> Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 274.

<sup>25</sup> Carroll A. Wise, Pastoral Counseling: Its Theory and Practice (New York: Harper & Brothers, 1951), p. 225.

<sup>26</sup> Ibid., p. 89.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid., p. 93.

<sup>29</sup> Ibid., p. 91.

<sup>30</sup> Ibid., p. 92.

<sup>31</sup> Ibid., p. 97.

<sup>32</sup> Ibid., p. 94.

<sup>33</sup> Ibid., pp. 94-95.

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<sup>34</sup>Ibid., p. 89.

<sup>35</sup>Ibid., p. 97.

<sup>36</sup>Ibid., p. 95.

<sup>37</sup>Ibid., p. 97.

<sup>38</sup>Ibid.

<sup>39</sup>Ibid., pp. 93-94.

<sup>40</sup>Ibid., p. 95.

<sup>41</sup>Ibid., pp. 96-97.

<sup>42</sup>Ibid., p. 97.

<sup>43</sup>Ibid., pp. 95-96.

<sup>44</sup>Ibid., p. 155.

<sup>45</sup>Ibid., p. 95.

<sup>46</sup>Ibid., p. 94.

<sup>47</sup>Ibid., p. 156.

<sup>48</sup>Ibid., p. 9.

## CHAPTER IV

### AN APPLICATION OF REALITY THERAPY TO THE PROBLEM OF GUILT

#### WILLIAM GLASSER: A SUMMARY

Reality therapy is a relatively new therapeutic method developed by William Glasser in the 1960's. Since his therapy is fairly new, it is elaborated in only one book, Reality Therapy. To supplement this understanding of reality therapy the author was able to attend an institute led by William Glasser at which reality therapy was explained and demonstrated.

Reality therapy does not accept the idea of mental illness. It is simply a matter of responsible versus irresponsible behavior. From Glasser's standpoint, all that needs to be diagnosed is whether the patient is suffering from irresponsibility, no matter with what behavior he expresses it, or from an organic illness.<sup>1</sup>

The relationship in reality therapy places emphasis on direction by the therapist. It emphasizes confrontation as well as responsive listening. In this confrontation the accent is on behavior and not insight. Glasser feels insight alone does not change behavior but only provides opportunities for excuses. The therapist gives the client complete freedom to discuss any subject matter, but the therapist never lets the client avoid reality nor does he give up on the client when his attempts at confrontation are ineffective. Glasser's understanding of responsibility in a therapeutic relationship has been compared to pastoral care: "His emphasis on responsibility is



indigenous to pastoral therapy where it grows out of the theological concept of man as paradoxically in need of help and yet responsible for himself in his predicament."<sup>2</sup> The client in this relationship is expected to concentrate on what he does rather than what he feels.

Reality therapy operates with certain major premises. Underlying these principles is a definition of reality. Reality is what most of the people are thinking at the present time in any particular area. These people may be thinking incorrectly. Glasser maintains that if the whole society is crazy then one has a crazy reality as under Nazism.<sup>3</sup>

The first principle of reality therapy is that people have needs, but the majority of people do not know how to fulfill their needs. Glasser says that the basic need is a need for identity. Identity is defined as feeling separate from others and yet worth something in relation to others.<sup>4</sup> There are two pathways to finding identity: the pathway of love and the pathway of worth.

Glasser points out that all identities are not good. People from all avenues of success follow wrong pathways to identity. They do not actually choose this wrong pathway, but rather it seems to be the only pathway available. Glasser assumes that when an identity causes one to suffer, then it is time for therapy. Helping people to see the need to love and be loved and the need to feel that one is worthwhile to himself and others is the basis of reality therapy. At the same time the individual must feel enough self worth to develop tolerance for those who think differently than he does.

Another premise of reality therapy is a major concern for the morality of behavior. Glasser does not believe that morality of behavior is confronted in conventional therapy. "Necessarily accompanying the conviction that mental illness exists, conventional psychiatry scrupulously avoids the problem of morality, that is, whether the patient's behavior is right or wrong."<sup>5</sup> Glasser then explains his new therapy:

1. Because we do not accept the concept of mental illness, the patient cannot become involved with us as a mentally ill person who has no responsibility for his behavior.
2. Working in the present and toward the future, we do not get involved with the patient's history because we can neither change what happened to him nor accept the fact that he is limited by his past.
3. We relate to the patients themselves, not as transference figures.
4. We do not look for unconscious conflicts or the reasons for them. A patient cannot become involved with us by excusing his behavior on the basis of unconscious motivations.<sup>6</sup>

A final principle of reality therapy is the need for responsible living in all clients. "Responsibility, a concept basic to Reality Therapy, is here defined as the ability to fulfill one's needs, and to do so in a way that does not deprive others of the ability to fulfill their needs."<sup>7</sup> All people need a good relationship with a responsible person because people with unsatisfactory relationships are lonely and without identity. Some give up associating with other people and leave this world for a world of their own.

The principles of reality therapy involve six steps. These steps are not meant to be rigidly followed nor are they always in

the same order. The points are enumerated here in the order they were presented in the lecture by Glasser. Reality therapy is a series of principles not techniques. The therapist develops his own techniques.

The first step is for the counselor to deal with the personal and be personally involved. To achieve this involvement the counselor must relate how he has overcome his problems and found successful pathways to love and self worth. The conventional therapist remains as impersonal and objective as possible and does not become involved with the client as a separate person. In contrast the counselor in reality therapy must become so involved with the patient that the patient can begin to see his own behavior as unrealistic. The therapist must reject the behavior which is unrealistic but still accept the patient and maintain his involvement with him.

A second step is to deal with behavior rather than insight into feelings. Conventional psychotherapy, even in superficial counseling, emphasizes that if the patient is to change he must gain understanding and insight into his unconscious mind. Reality therapy differs:

In Reality Therapy we emphasize behavior; we do not depend upon insight to change attitudes because in many cases it never will. Once we become involved with a patient and teach him new ways of behavior his attitude will change regardless of whether or not he understands his old ways, and then his new attitude will help promote further behavioral change. What starts the process, however, is an initial change in behavior, and it is toward this that the therapist must work.<sup>8</sup>

In reality therapy the counselor does not ask how the client feels.

The usual question is "What are you doing?" not "Why are you doing it?"

A third step toward involvement is to deal with the present and not the past. If the therapist deals with the present, it gives the client hope that he can change:

It may be interesting to talk about past errors with friends or family, but it is a waste of time to discuss them with the therapist. The present, the right now is the critical task, not the easy job of recounting historical irresponsibility and looking for excuses. Why become involved with the irresponsible person he was? We want to become involved with the responsible person we know he can be.<sup>9</sup>

The fourth step in reality therapy is for the client to make a value judgment about his behavior. People come to therapy suffering because they behave in ways that do not fulfill their needs, and they ask if their behavior is wrong. The therapist's job is to face this question, confront them with their total behavior and get them to judge the quality of what they are doing. Glasser feels that most people at this point "preach," but that never changes anything:

We have found that unless they judge their own behavior, they will not change. We do not claim that we have discovered the key to universal right or that we are experts in ethics. We do believe, however, that to the best of our ability as responsible human beings, we must help our patients arrive at some decision concerning the moral quality of their behavior.<sup>10</sup>

People must decide if what they are doing is best for them against a background familiar to them. "We don't cram our values down their throats, but we certainly must make them cram their own values down their throat. If they don't have any values, I wait until they get some. I refuse to preach."<sup>11</sup> In the case with a narcotic addict in a detention center who "just wanted to get out and get loaded,"

Glasser responded:

If you realize that you'll probably get caught again and again and spend a great deal of time in jail, that's all right with me. Just behave well so that you can get out of this detention center quicker and get loaded that much sooner . . . . If I had preached, yelled or lectured, she could have maintained her previous position.<sup>12</sup>

The fifth step in reality therapy is a commitment towards a plan. Existing without commitments is impossible. At first one makes commitments to others close to him and finally to himself. The important part of this step is to keep the client's commitment in relation to his capabilities. If too much is required too soon, the client can not fulfill it. The therapist must learn to know how much commitment the client can take and to make an imaginative plan with the client that fulfills his needs.

An important step towards a commitment to a plan is what Glasser calls, "No Excuses." He distinguishes between punishment and discipline. The client wants punishment because pain is better than nothing. The basis of discipline is "no excuses." The therapist does not punish, reject, lecture, or ask what went wrong, but rather:

You did not do what you said you would. When is it going to happen? I am not interested in what went wrong or why it didn't work. All I want to know is does you word mean anything? If you did not mean what you said, I will not reject you.<sup>13</sup>

Glasser says the client will reject the counselor for not caring about him if the counselor accepts his excuse:

The therapist who accepts excuses, ignores reality, or allows the patient to blame his present unhappiness on a parent or on an emotional disturbance can usually make his patient feel good temporarily at the price of evading responsibility.<sup>14</sup>

An emotionally strong therapist is needed to practice reality

therapy. The therapist needs strength to lead a responsible life himself, to stand up to patients who live irresponsibly, and to point out reality to them no matter how hard they struggle against it. The client must not be allowed to deny the existence of the real world and fulfill his needs by living in a world of his own making. Therefore Glasser rejects the idea that anyone who behaves and thinks in a way unacceptable to the majority of society is mentally ill or, in popular terms, "sick." Rather, Glasser maintains, he is just irresponsible. In the same light he rejects psychiatric labels, such as neurosis or psychosis as labels which only separate the client more from society. In contrast, Glasser feels the client only has been unsuccessful in fulfilling his needs.

Important to the therapy of William Glasser is a concern for morality:

We believe that almost all behavior which leads to fulfilling our needs within the bounds of reality is right, or good, or moral behavior, according to the following definition: When a man acts in such a way that he gives and receives love, and feels worthwhile to himself and others, his behavior is right or moral.<sup>15</sup>

This concern for morality becomes complex in Glasser's therapy. In a session with a homosexual Glasser recalled:

Recently he told me of a sexual urge for a married woman with whom he had once had a brief affair, which encouraged me in my belief that he can eventually lead a heterosexual life. I did not discourage his pursuit of this woman even though it is morally unsound.<sup>16</sup>

A second important issue to Glasser is responsible living. His concern is responsibility in the present not the past:

Dr. Glasser is not saying that patients are responsible for what has happened in the past; instead he is saying that they

have not been, and are not now, living responsibly . . . . Thus the concept of responsibility, far from implying or stressing the evil in man is rather one which sees and builds upon his potentialities for good; and it is therefore decidedly optimistic and hopeful rather than cynical or pessimistic.<sup>17</sup>

When asked how he relates the question of responsibility to the past when the client has guilt about past actions, Glasser responded:

I kind of follow Mowrer here. If there is excessive guilt it usually has something to do with the present. I don't give a lot of credence to past guilt when nothing in the present seems to indicate it is there . . . . Forgiveness is a concept I do not understand. No human being has a right to forgive another. In a more religious type of community this might be different. If a person says, "The chaplain forgave me, will you, Dr. Glasser?" I respond, "That's not my job. I'm not interested in your past. I'm only interested in your present."<sup>18</sup>

These responses were made by William Glasser at an institute on reality therapy at Washington University, April 12, 1967. The quote is reconstructed from notes. Since Glasser follows Mowrer on the question of guilt and forgiveness, a quote from Mowrer has been added for clarification:

This incident set me thinking about the logic and psychology of forgiveness in general. How can another, either in a religious or purely personal setting forgive us? The misdeed, the sin is ours; and who would presume and whom would we ask to remove this responsibility? If we have erred, do we not wish to make restitution, instead of being "excused"?<sup>19</sup>

Another author raises questions about Mowrer's approach:

What Mowrer has to say about confession and restitution has psychological value. What he has to say about sin and forgiveness is not only shallow and unknowledgeable but actually dangerous . . . . Our greatest danger in listening to Mowrer is to be misled into the simplicistic definition of sin that he offers us. According to him, it would seem that every petty violation is sin. The deeper level of sin as estrangement and disobedience toward God, in prideful rebellion against God, is not grasped . . . . He (Mowrer) prefers that we talk about sin rather than sickness, urging Protestant churches to

reconsider the institution of confession, stress restitution and reform not forgiveness . . . . Surely forgiveness has never been understood as undoing the past or as allowing someone to get off easy. It is precisely because no violation of justice can be allowed that Christ needed to suffer.<sup>20</sup>

In a review of Reality Therapy this same limitation (lack of understanding the concept of sin) is applied to Glasser: "Glasser, like Freud, lacks a concept of sin -- and hence of self -- and his therapy is limited by this limitation."<sup>21</sup>



## THE APPLICATION TO GUILT BY CLINEBELL

In Howard Clinebell's new book Basic Types of Pastoral Counseling he assumes that, "pastoral counseling needs to revise its basic model . . . . I found myself forced to modify my Rogerian-psychoanalytic assumptions and methods in order to meet the obvious needs of parishioner-counselees."<sup>22</sup> The new thrusts in psychotherapy which Clinebell believes have relevance to pastoral counseling include reality therapy by William Glasser. Clinebell's chapter on confrontational counseling which deals with guilt applies reality therapy most directly to pastoral counseling. It is for these reasons that we have chosen Clinebell's book as an application of reality therapy to the problem of guilt.

Like Carroll Wise, Clinebell draws on Freudian understandings to describe guilt. First, he distinguishes objective from subjective guilt. "Objectively, appropriate guilt is the result of actual damage to persons; subjectively it stems from the misuse of that degree of inner freedom one possesses."<sup>23</sup> Clinebell also defines neurotic guilt feelings: "produced by the immature side of conscience . . . . Neurotic guilt results from breaking internalized parental prohibition."<sup>24</sup>

The role of the counselor as seen by Clinebell is one of confrontation. Therapy is not client-centered but is rather more directive as in reality therapy. "The counselor who is always accepting and permissive and never acceptingly confronting, is unwittingly guilty of 'cruel kindness.'"<sup>25</sup> The counselor's role is to confront

the client in a very direct manner about his irresponsible behavior. People do not change until they experience pain in their present adjustment. Confrontation exposes them to the pain which is resulting from their irresponsible behavior: "The heart of confrontational counseling is facilitating a counselee's encounter with reality which he has been avoiding (which produces his guilt) and helping him to live with that reality."<sup>26</sup>

Direct confrontation also demands personal involvement by the counselor. This principle maintains that if confrontation takes place with a "holier-than-thou" attitude on the part of the counselor, the client can only respond defensively. The counselor must open his life to the troubled client by describing his own struggles with guilt. This is not a gimmick to elicit confession from the client. It grows out of an empathetic feeling of mutual problems between the counselor and client. Clinebell gives his reasons for stressing personal involvement: "Somehow the minister must 'depedestalize' himself in the eyes of the counselee. He must let the person know that, in a fundamental sense, he is 'in the same boat;' he too is under judgment and in need of grace."<sup>27</sup>

Confrontational counseling emphasizes present behavior rather than insight into the past. This is especially true with young clients who need to develop strength in controlling their own behavior. Clinebell affirms: "The permissive, insight-oriented counseling approach may be effective with guilt-and anxiety-loaded psychoneurotics but it usually fails miserably with those who have character problems."<sup>28</sup> Clinebell gives an example:

A girl of seventeen came to her pastor to discuss her sexual activity. Her father was an emotionally nonresident commuter. Although she consciously felt little or no guilt about her activities, she was fearful of getting caught. If the minister had responded to her reports of promiscuity in a passive or permissive way, she would have interpreted this as more of the weak detached permissiveness of her father. She needed more acceptance than she was getting at home, but not more permissiveness! On the contrary, what she needed was for the minister to be both an accepting and a firm father-figure from whom she could gain strength in controlling her own behavior and in relation to whom she could establish her own constructive limits.<sup>29</sup>

The emphasis on present behavior demands the client live responsibly now. Clinebell gives his reasons for this attitude: "A direct, confrontational, action-oriented counseling approach enables the person to break out of his guilt paralysis and begin to function more responsibly."<sup>30</sup>

Although Clinebell does stress confrontation and responsible living, he also sees the need for acceptance. Clinebell quotes Glasser on this: "The therapist must reject the behavior which is unrealistic but still accept the patient and maintain his involvement with him."<sup>31</sup> If acceptance is equated with permissiveness then Clinebell has some reservations: "Permissiveness on the other hand, makes such a person feel that the therapist is indifferent or does not expect much from him. This hurts his already shaky self-esteem."<sup>32</sup> Acceptance does not imply a non-directive or client-centered approach. The client becomes more accepting of himself as he identifies with the less rigid, more accepting value structure and conscience of the therapist. Again Clinebell has drawn on Glasser when he stresses that acceptance is the key to confrontation: "A person will be more apt to experience self-confrontation (the most

effective kind) if he knows the truth is spoken in love. Otherwise he will usually become defensive."<sup>33</sup>

The client himself has responsibilities in confrontational counseling. He must face the irresponsibility of his behavior.

Clinebell writes:

A middle-aged man discussed with his pastor the affair he was having with his secretary. Instead of exploring the inner conflicts which undoubtedly contributed to the man's behavior, the minister firmly helped him face the destructive consequences of his irresponsible behavior for himself, his children and his wife.<sup>34</sup>

The client must also make satisfactory plans for the future.

Clinebell develops this point from Glasser and applies it to guilt:

"Many troubled people do not feel there is any future for them.

Awakening such a person's constructive dreams for the future can be decisive in helping him break from the unconstructive patterns of the past."<sup>35</sup>

Clinebell's method for the release of appropriate guilt is a five stage process of confrontation, confession, forgiveness, restitution and reconciliation. Clinebell's general attitude is to keep traditional confession and absolution, but it must be built on a meaningful counseling experience:

Hearing confession and serving as a channel of God's forgiveness (as representative of the church and its heritage) are priestly as well as pastoral functions. The implications of this are often overlooked in pastoral counseling.<sup>36</sup>

Some guilt feelings can only be overcome in psychotherapy.

Clinebell agrees that guilt flowing from deep unconscious neurotic conflicts can not be overcome by confession alone. On the other hand Clinebell feels protestant pastoral counselors have not taken

guilt as seriously as its destructive effect warrants: "Having rejected legalistic moralism as sub-Christian, we have failed to discover acceptable methods of resolving guilt."<sup>37</sup> Clinebell gives his reasons for the lack of confession and absolution:

In Christian heritage the ministry of reconciling has enabled persons to renew a right relationship with God and with neighbor by utilizing two interdependent modes -- discipline (a fraternal word of correction, a pastoral admonition or sterner church discipline) and forgiveness (confession, penance and absolution). Within Protestantism this has fallen into neglect, as a result of an overreaction to sterile moralism. This neglect has been reinforced by permissive counseling theories. As a result a considerable segment of Christendom has been virtually deprived of this ministry of pastoral reconciliation "at a time when alienation is at the root of much human woe and anxiety."<sup>38</sup>

In summary Clinebell is eclectic in his approach to the problem of guilt. His basic source is reality therapy, stressing confrontation and restitution through responsible living now. At the same time he would like to keep the traditional means of pastoral reconciliation through a formal confession and spoken absolution. He also draws on Freudian understandings of unconscious and neurotic guilt and the need for psychotherapy in such cases. Much of his understanding is based on the presupposition that the minister is a symbol of values for his community, and therefore he is compelled by his office to confront guilt directly.

FOOTNOTES

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<sup>1</sup>William Glasser, Reality Therapy (New York: Harper & Row, 1965), pp. 48-49.

<sup>2</sup>William E. Hulme, "Reviews of Current Books--Reality Therapy by William Glasser," Pastoral Psychology, XVII (October 1966), 63.

<sup>3</sup>Notes from the Reality Therapy Institute, Washington University, St. Louis, Missouri. April 12, 1967. Hereafter referred to as Institute.

<sup>4</sup>Institute

<sup>5</sup>Glasser, p. 43.

<sup>6</sup>Ibid., p. 44.

<sup>7</sup>Ibid., p. 13.

<sup>8</sup>Ibid., p. 51.

<sup>9</sup>Ibid., p. 32.

<sup>10</sup>Ibid., p. 56.

<sup>11</sup>Institute

<sup>12</sup>Institute

<sup>13</sup>Institute

<sup>14</sup>Glasser, p. xvii.

<sup>15</sup>Ibid., p. 57.

<sup>16</sup>Ibid., p. 152.

<sup>17</sup>Ibid., p. xxi.

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<sup>18</sup>Institute

<sup>19</sup>O. Hobart Mowrer, The Crisis in Psychiatry and Religion (Princeton, N. J.: D. Van Nostrand Company, Inc., 1961), p. 196.

<sup>20</sup>William Klassen, The Forgiving Community (Philadelphia: The Westminster Press, 1966), pp. 218-219.

<sup>21</sup>Hulme, XVII, 64.

<sup>22</sup>Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 7.

<sup>23</sup>Ibid., p. 224.

<sup>24</sup>Ibid.

<sup>25</sup>Ibid., p. 226.

<sup>26</sup>Ibid., p. 231.

<sup>27</sup>Ibid., p. 230.

<sup>28</sup>Quoted in Ibid., p. 236.

<sup>29</sup>Quoted in Ibid., p. 236.

<sup>30</sup>Ibid., p. 229.

<sup>31</sup>Quoted in Ibid., p. 237.

<sup>32</sup>Ibid., p. 238.

<sup>33</sup>Ibid., p. 227.

<sup>34</sup>Ibid., p. 225.

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<sup>35</sup>Ibid., pp. 238-239.

<sup>36</sup>Ibid., p. 227.

<sup>37</sup>Ibid., p. 224.

<sup>38</sup>Ibid., p. 223.



## CHAPTER V

### SUMMARY

Principles common to both client-centered and reality therapy are used by the pastoral counselor for problems of guilt. Both Wise and Clinebell stress the distinction between genuine guilt and neurotic guilt and the need for different approaches for these two types of guilt. Both therapies stress the need for love (acceptance) toward the client and the development of self worth by the client as he struggles with inappropriate guilt. Both pastoral counselors stress the need for a strong therapist in control of his own emotions and able to cope with the client's emotions. Each therapy demands the client make a value judgment of his "guilty" behavior from within himself.

Differences in the approach to the removal of guilt are also apparent. Both therapies use acceptance in guilt problems, but Wise (applying Rogers) means an unconditional acceptance in a client-centered setting. In this case the client makes his own decision about his guilt only when he is ready. Clinebell (applying Glasser) means acceptance of the client within the context of confrontation. The therapist confronts the client with his irresponsible behavior which has resulted in guilt. A second difference is the role of the therapist. Wise follows Rogers' therapy in which the therapist is client-centered, becoming an alter-ego for the client in order to understand his guilt. Clinebell follows Glasser and stresses the therapist's personal involvement by opening his life to the client

and describing his own struggles with guilt. A third difference is the basic emphasis of the therapy session. Wise stresses the client's need for insight and an understanding of the basis of his guilt. Clinebell stresses confronting and changing present irresponsible behavior as a step towards the removal of guilt. They also differ on the final resolution of guilt. Wise sees guilt removed through the life processes of the therapy session. Clinebell maintains the need for a verbal pronouncement for the removal of guilt in the religious context of confession and absolution.

In order for the pastoral counselor to understand and use client-centered and reality therapy in cases of guilt, further questions should be studied:

1. Since Carl Rogers and William Glasser have an optimistic view of man and an unclear concept of sin, does application of their methods to guilt imply that the pastoral counselor must accept their same presuppositions?
2. Does an eclectic use of these therapies by pastors handling guilt destroy their effectiveness?
3. If these therapies can only be adequately learned in a supervised clinical setting, is it possible for the pastor to use client-centered and reality therapy for guilt problems without such training?
4. Can a secular therapist remove objective guilt before God in a secular counseling session?
5. What is a Scriptural understanding of guilt? In the same line: What do theologians inclusively imply by objective real guilt before God?
6. Does a Christian understanding of forgiveness allow for the removal of guilt through human processes without a spoken pronouncement?

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