Concordia Theological Monthly

Volume 32 Article 15

3-1-1961

Casework Therapy and the Clergy

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In addition to the usual social work services, the social service department of our agency makes available to clergymen casework therapy for parishioners who present problems which seemingly do not respond to pastoral counseling. Helping many people with varied problems during the last four years, therapy has here demonstrated its usefulness as an adjunct to pastoral counseling.

A number of clergymen have shown interest in gaining a better understanding of the casework therapy process. An equal number have indicated some uneasiness in their relationship with social workers who practice casework therapy.

To clarify the role which therapy may legitimately play in the church three issues must be considered. An attempt will, therefore, be made: (1) to define casework therapy; (2) to discuss why, in some cases, theologians have good reason to be uneasy while working with some social workers; and (3) to develop some rules to help pastors (who may wish to refer a patient for therapy) determine which social workers should be avoided.

I

Perhaps we can best define casework therapy by starting with a description of the dynamics of emotional disturbance. A person is faced with a problem which usually involves some conflict with his environment and the strong emotions of fear, hatred, anger, jealousy, etc., and which becomes too painful to live with. He, therefore, is forced to get rid of it, to deny it exists, to bury it. In other words, through the use of some mental mechanism it is "forgotten." But the fact that it is no longer "remembered" does not mean the buried and painful problem no longer exists. It remains and will produce some kind of symptomatic thoughts and behavior which express them. If these thoughts and behavior adversely affect the person or the community, the person will need special help to understand the cause of his present behavior and to face his real problem. Therapists know that, since the individual escaped unbearable pain by covering up his problem in the first place, he cannot do this alone. In fact, he will *resist* facing the painful thought or experience. To help the person overcome this resistance and face his real problem is the therapist's aim and responsibility. By this process the individual will, hopefully, master the problem or learn to live with it in a socially acceptable manner.

The story of the fox who longed for grapes contains one of the simplest examples of the way in which a person by the use of one of the mental mechanisms can fool himself by covering up an unbearable experience. Unable to reach the grapes, the fox denied his desire for them by asserting that he really didn't like grapes. If the "fox" can nevertheless lead a productive and useful life, his rationalization in itself is not a sign of emotional disturbance.

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Of course, by continually reassuring himself and his friends about his dislike for grapes he may bore them to tears. However, if the jolt his vanity received when he was unable to reach the grapes, or if his frustration prompts him to kick his baby brother or steal cars or have babies out of wedlock, he will be in need of special help. His delinquent and otherwise troublesome behavior is a symptom of his real problem. Should a therapist work merely with these symptoms, the individual may give up stealing and fighting only to turn to fire-setting. "Success" with symptoms is much like the success one gains by plugging up the surface hole of a lawn mole. He merely digs another some distance away.

Symptoms are here understood as that expressed behavior which results when a painful experience is excluded from consciousness.

Symptomatic behavior is not necessarily detrimental. Many people with serious mental illness may be better off living with their symptoms. Most "normal" people exhibit symptoms which, when they do not interfere with ordinary activity, need concern no one. However, "healthy" people whose symptoms cripple their lives so that their behavior becomes detrimental to society, need help.

Different schools of psychology do not agree on the manner in which people "forget" painful thoughts and experiences nor on the way in which symptoms develop. However, they do agree that this process, called repression, does occur. The process has been described in this way:

> The conflict is shut off from normal access to the conscious and is preserved with its emotional content in the unconscious; it is forgotten, "it is disassociated" from the essential consciousness, without at the same time being destroyed and made to cease its underground activity.[2]

But the fact of repression obviously seems to be easily verifiable in anyone's general experience. Practically, it may be taken for granted that all of us have in some measure become acquainted with repression, perhaps in its coarser forms: I mean we have given some evidence of "repression" of the claims of certain innate powers, which have never been completely satisfied on the one hand, or completely rejected on the other, the implication being that these powers have never been remolded into a more precious metal but remain in the secret recesses in all their crudeness. In our dealing with people we have, perchance, had the experience at times when it seemed as if a subterranean world opens up in their inner being; a world which gives one the impression that it is kept secret not only from others but also from the person himself. It may be a closed-in bitterness, some jealousy, or a desire for revenge which escapes in an unguarded moment; or some basic innate characteristic gushing forth, betraying deepfelt grievance and repressed depravity. Not a word need be expressed; it may very well be simply a gesture or a look by a person in an unguarded moment, who himself at the time feels free from observation and for this reason can afford to ease up on the strenuous watchfulness which he, often unconsciously, must maintain over his own vital, robust, sensual but repressed drives of one kind or another. That such a postponed and probably half-forgotten arrangement between the moral ego and nagging wishes and drives of another kind can make

[2] Arvid Runestam, *Psychoanalysis and Christianity* (Rock Island: Augustana Press, 1958), p. 31.

> a person nervous and insecure in the course of his life is sufficiently exemplified. [pp. 40, 41]

In the excellent book, *What, Then, Is Man?*, a definition and list of the more common mental mechanisms are presented, of which repression is one. Mental mechanisms are described as

> certain processes of thought in which everyone indulges, but one needs to be able to recognize an exaggeration which is causing trouble or may be the symptom of a severe emotional illness or psychosis.
>
> Mental mechanisms are those methods by which persons strive to protect the personality, satisfy its emotional needs, solve conflicting tendencies, maintain the self-image, and alleviate anxiety. They help to preserve self-esteem by an unconscious denial of unacceptable thoughts or tendencies. They are not indulged in deliberately but are unconscious reactions to certain situations.[3]

Listed are the commonest types: repression, sublimation, rationalization, compensation, symbolization, displacement, projection, identification, escape, reaction formation, and conversion.

Examples may help to clarify the process. An elderly lady living in a home for the aged complains she is unhappy because she hates the food the home serves and is starving to death. An analysis of its food service indicates her complaint is not valid. She does not recognize her real problem. However, in therapy she eventually can discuss anger at the son who made her leave her home. With continued therapy she finally understands that she cannot live alone. Now, her group home becomes her "real" home. She no longer needs to use her supposed dislike of its food as a means to cover up her anger against her son. After she faced and resolved this anger, she experienced better mental health.

Another woman complains that she must divorce her husband because he no longer loves her. Though she appreciates that he is a good breadwinner and loves his four children, she finds something obnoxious about him and, because "we are not matched," she believes divorce to be the only solution to her problem. In the course of therapy, she states, "He's just like my father." Obviously, no marriage can succeed if a woman identifies her husband with her father. With some help this woman expressed her emotional problem, which centered in her father, and which she had never resolved as a little girl. After enough of this conflict was resolved, she had less need to fight her husband (the angry little girl against her cruel father), and she was able to use her energy more profitably in being a wife to her husband.

These two cases offer evidence that if people who are engaging in symptomatic behavior are to regain their mental health, they must be helped to recognize the "lie" in their lives. Through the use of a relationship fostered by special professional techniques, learned in graduate school, a properly trained professional social worker recognizes symptomatic behavior, and through the casework therapy process helps the individual: (1) to recognize this "lie" as a symptom or cover-up for his real problem, and (2) to give up this symptom and come to grips with his real problem.

Any healthy person can learn these techniques in accredited schools of social work. Professional competence, however, requires,

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[3] *What, Then, Is Man?* (St. Louis: Concordia Publishing House, 1958), p. 142.

in addition to these two or three years of academic training, 1,300 to 2,000 hours of actual experience in an accredited agency together with several additional years of supervised experience.

It seems safe, therefore, to conclude that people suffer from mental and emotional problems which often can be treated with some degree of success only by people with professional training and experience. Properly practiced, social work and psychiatry can, therefore, be useful adjuncts in caring for the souls of individuals.

II

If this is true, why have parish pastors and theologians become uneasy when working with some social workers who practice therapy?

Three cases will illustrate the reason for their uneasiness.

Case 1 — A well-to-do middle-aged couple with three half-grown children decides that severe family stresses have made a divorce unavoidable. Communicants of a Lutheran congregation and contributing 10% of their income to church purposes, the father holds a responsible job, and the mother actively serves both her church and her community. A secular psychiatrist (with no belief in God, as he publicly states) discusses with this couple their verbalized and real inadequacies. Talking over their incompatibilities with him, they gain some self-knowledge. The three also discuss the probability of divorce and the possibility that the couple may stay together.

After coming face to face with their problems, this couple decides that a continuance of their marriage is not possible.

Because he knows that these people took a spiritual vow before God to remain together for better or for worse and that their three children must also be seriously considered, their pastor becomes upset by this general plan.

The minister faces a dilemma: he cannot accept the "evil" solution under discussion by the psychiatrist and this couple, but he also knows that in spite of his own efforts this Christian family seems to be sinking into hopeless despair.

Equally disturbing is his feeling that this husband and wife are more comfortable with their psychiatrist, who states he is not putting them under moral stress during therapy, than they are with the pastor.

Case 2 — An unmarried mother seeks help from her minister. Sympathetically he counsels her that she has done an evil thing and encourages her to ask forgiveness.

This counsel upsets the girl, who finds more solace, she thinks, at a secular agency. In a conversation sometime later the social worker indicates to her pastor that this girl had been in conflict with her mother and through casework therapy had been helped to resolve this conflict. To accomplish this, the social worker indicated that during casework therapy no moral stress had been put on this unmarried mother.

When the clergyman asked why the girl did not want to return to discuss her trouble with him, the social worker also intimated that the girl felt more comfortable with her than with the minister because by not exerting moral pressure she was more loving and understanding. The minister said he felt the social worker was too easy on the girl.

The social worker recommended that the girl continue to experience with her pastor

and parents the same lack of moral pressure which had been successful during casework therapy. She warned the minister that if he made a moral issue of the fact that this girl is an unmarried mother, she might become upset and not want to see him. She also counseled that the unmarried mother should not be subjected to the high moral standards under which she lived before getting into trouble.

Case 3—A 16-year-old boy goes to court for car theft. After several casework interviews in which no moral pressure was placed on the boy, his probation officer, in the presence of the boy and his parents, recommends that the parents relax their moral demands on this boy and do not insist on church and Bible class attendance. He expresses this idea in such a way that the boy later tells his parents and minister, "Only my probation officer understands me."

It is evident from these three case histories, to which we shall return later, that the psychiatrist, social worker, and probation officer did not put moral pressure on these people during therapy.

Because they felt that these professional people might destroy or tend to lower the moral standards of their parishioners, the clergymen involved in these cases, however, were critical.

Typical of many other clergymen, they gained an impression that social workers and the "bag of tricks" used in casework therapy must be essentially evil because these techniques seem to "stand for nothing." A careful analysis must be made to try to understand why this impression has come about. An event which took place at a regional conference for social workers and clergymen may offer a clue. There a social worker quite frankly stated that a large church had engaged him as a group worker, since his professional training had taught him "to love people more than a person who had not benefited from social work training." Challenged, he finally admitted that through training he had learned to be "less judgmental" and "more accepting." When a minister probed to determine in what way the social worker was more accepting and less judgmental, the latter cited as example his ability to accept the immoral behavior of an unmarried mother without putting any moral pressure on her. The ministers took exception to his conclusion that this made him more "loving" than an individual who constructively criticized this girl for her behavior. The question quite naturally followed, "Who displays greater love—the pastor who helps the unmarried mother live up to moral standards or the social worker who relaxes all moral demands while helping her to try to understand why she needed to have a baby out of wedlock."

The fact that the social worker, who appeared to be preaching a way of life devoid of moral standards, could not clarify his position seemed to indicate to the clergymen an unhappy and significant confusion about fundamentals in the mind of the social worker. In turn the social worker was subtly or unknowingly indicating that because the clergy stand for a way of life which makes moral demands of people he was "more loving" than they. The ministers present had little doubt that the social worker's seemingly amoral philosophy stemmed from his professional training in secular social work.

Obviously an examination of this secular training seems in order. As a part of his

professional training the social worker learned that successfully to carry out the casework and group work therapy process certain principles are important. Father F. P. Beistek of Loyola University School of Chicago has stated seven principles, generally accepted by the social work profession, as basic tools to effect the therapeutic process. They are necessary to help maintain the proper relationship between the therapist and his client, as he helps the client with his resistance to discussing his "buried problem." They are acceptance, permissiveness, controlled emotional involvement, individualization, nonjudgmental attitude, client self-determination, and confidentiality.

A brief description of each would include the following: *Acceptance* — The therapist accepts a person's problem no matter what it is. *Permissiveness* — Without reservation the therapist allows a client to think about his problem in any manner he chooses. *Controlled emotional involvement* — The therapist does not personally respond to the problem with anger, tears, disinterest, or disgust. *Individualization* — The therapist sees each person's problem as the unique experience of a unique person. *Nonjudgmental attitude* — The therapist possesses the emotional ability to discuss his client's problem without judging him or his actions. *Client self-determination* — The therapist recognizes his client's inalienable right finally to dispose of his problem without direction from the therapist (except in instances in which the client may jeopardize his own or the life of others). *Confidentiality* — The therapist keeps confidential information gained during therapy.

Helping to maintain morals as a part of his lifework and his deepest convictions, the clergyman naturally grows uneasy at the apparent lack of moral principle on the part of the casework therapist using these seven principles. He believes that, if mankind is going to live within some kind of moral structure, all men must judge immoral behavior. Should the permissive attitude of the therapist pervade life, mankind, the clergyman feels, would be involved in a full moral breakdown. When the therapist talks about his own controlled emotional involvement during therapy sessions, the clergyman asks warily, "Can we have any moral standards at all if people do not tell others how they stand on moral issues? Certainly no intelligent person can develop a philosophy demanding no moral judgments and make it his way of life!" He continues, "These apparently immoral principles may be all right in their place, but do we know where that place is?" The properly trained, experienced caseworkers can put these principles in their rightful place. Let us see how.

Covering up an experience because it is painful, the client will resist returning to face his pain. Since he has found a way to "kid himself," the client cannot be objective, and this is the core of his difficulty. At this point the therapist's objectivity must be taken for granted. The therapist aims to help his client overcome this resistance and gain the ability objectively to view his problem. A "battle" ensues. ***But this battle is not between what the therapist stands for and what the client stands for. The therapist dare not let the client battle him personally.*** The battle must focus on the client's resistance to facing up to his real problem. To keep the client from making this a personal struggle between

himself and the therapist, a special relationship must be maintained. This relationship, effective because the therapist employs the seven basic principles of therapy, enables the client and his therapist to focus their attention on the client's resistance. If the therapist destroys this relationship by violating one of these seven principles for any reason whatsoever, a personal struggle between the therapist and his client will ensue. Both will lose their objectivity and be unable usefully to discuss the critical resistance. The case is lost.

Once the client faces his real pain, the therapeutic process is no longer of any use to the client. Now an individual, probably crying because of his real "hurt," confronts the therapist. If agency policy or personal conviction prevent him from giving the client the additional help he still needs, he must refer his client to someone else. The therapeutic process has served its whole purpose.

The therapist no longer cares about remaining identified with or helping the patient overcome his resistance. With resistance eliminated, the special relationship used in the therapeutic process no longer needs to be safeguarded. In fact, as soon as the client sees the problem, the special relationship must be discarded.

Like the gardener, who uses a hoe to destroy weeds, or the surgeon, who uses a knife to remove a cancer, so the competent therapist uses the tools of his trade to combat emotional and mental illness. The gardener puts his hoe away at the end of the day. The surgeon places his knife in the sterilizer after an operation. When he has helped the client to overcome his resistance to unpleasant and painful experiences, the therapist lays aside his seven professional tools, which made the therapy process possible.

It is obvious then that just as the hoe and the knife are neither moral nor immoral, so also the therapeutic process is neither moral nor immoral. Therapy, properly handled, does not preach anything.

Equally important are the following observations: because a casework therapist (making rightful use of his tools) for treatment purposes does not exert moral pressure, it does not follow that he wishes to lower or otherwise alter the moral standards of his patient. Nor is he himself necessarily without moral standards. Nor does he necessarily condone his client's immoral life.

A careful review of the three cases presented in the first part of the article indicates that in the first the psychiatrist properly used his tools. The psychiatrist did not preach a way of life. Not he, but the couple itself had to make the decision as to whether or not to seek a divorce and break the Moral Law. The negative qualities of their marital relationship had now been exposed and made known to them and could be made available by the couple to their minister. The psychiatrist did not determine the manner in which the couple finally chose to deal with their guilt.

Case 2, however, clearly reveals why the clergyman, who dealt with it, became uneasy and concerned. In this instance the social worker made good use of her therapy tools to help her client recognize that she had a baby out of wedlock because of her poor relationship with her mother. To help her client overcome her resistance the social worker was properly permissive, nonjudgmental, etc. However, when the client's resistance had been overcome and the

girl had a better understanding of her behavior, the social worker, quite obviously, did not dismiss the tools of permissiveness and a nonjudgmental approach. *This is the heart of the problem.*

This girl had sinned; she had perpetrated an evil deed. The whole sordid relationship with her mother was the result of evil. The mother provoked her child to wrath, and the child responded in kind. The social worker was able to help both the mother and daughter see their part in this. Assessing greater or smaller responsibility to the daughter or the mother does not change the fact that both are guilty, that they did evil, and that they need the forgiveness of their sins. At this point they do not need the permissive and nonjudgmental approach of a social worker who feels they should not experience moral pressure because they couldn't help what happened; they need the Law and the Gospel, preached in Christian love to resolve guilt. They need to experience the joy of forgiveness which comes from God.

However, if we look at the recommendations, made by the social worker after therapy had accomplished its objective, we find she still promoted a nonjudgmental and permissive philosophy. She did not dismiss the tools which helped her to effect therapy. She recommended to the pastor that he should, without assessing moral responsibility, view this whole incident as she had done in therapy and subtly implied this would make him more "loving and understanding." She even recommended placing less moral stress on the girl than had been put on her before she got into trouble.

At this point does it not seem to any Christian, and especially to a minister, that if the social worker insists on a nonjudgmental and permissive approach, she ignores the moral aspect of the girl's sin? Of course, no Christian social worker will admit to this. Love for the person, she will argue, prompts her to want to continue to be permissive and nonjudgmental. She rests her case on the fact that clinical experience has proved the usefulness of being permissive and nonjudgmental in therapy.

But this is not the whole story. To carry over into life these attitudes, useful in therapy, result in a partial, if not total, disintegration of all moral standards. When therapy has been successfully concluded in the sense that the client has confronted and accepted his real problem, which is always sin in one form or another, out of Christian love the client should be given the advantage of having the Law and Gospel applied to his life and this particular problem. The therapist, on the basis of her ability and agency policy, must decide if she will undertake this or if this task should be referred to someone else. But the Law, the antithesis of a permissive and nonjudgmental attitude, must be applied together with the Gospel and dare not be forgotten.

While confusion about these matters does exist, it need not. The principles are simple and clear. The adoption of a permissive and nonjudgmental attitude in order to effect therapy certainly does not conflict with the Christian faith. Outside of therapy only a nonpermissive and proper judgmental attitude is Christian. Of course, in no instance will the social worker force a course of action onto his client. The client has the right to decide what his final destiny will be. The social worker is ob-

ligated to make certain that the client understands the alternate courses of action open to him and might even want to recommend one of them.

There is, therefore, a time for the proper use of therapy in the lives of people. There is also a time when it is of no use. However, therapy, a human tool designed for a specific and limited use, can never — in spite of what some clients and therapists may desire — achieve the final salvation of any person. When therapy is finished, the special and effective principles which make therapy successful are no longer useful to the client.

The probation officer of Case 3 also misused his tools. He promoted the permissive and nonjudgmental principles, effective in therapy, as a way of life for his client. Evidently the probation officer felt that because he accepted (in the clinical sense) this boy's behavior during therapy, there no longer need be any concern about the specific sin of stealing a car nor any pressure, in the healthy sense, to live a moral life according to the wishes of his parents and pastor.

It is also obvious that the group worker (previously referred to) who addressed a gathering of pastors was confused about the use of the tools of his professional training. He actually claimed that because people can at times be helped by not exerting moral pressure — as he had learned in a school of social work — he was more loving than other people who, lacking professional training, exerted moral pressure. This is false. It is true that the therapist has a special contribution to make because of his training and experience in helping people with buried problems. Unless the minister has this same special training, he will not be able to help in this way. This does not mean, however, that either the pastor or the therapist loves the client more than the other.

Properly using his tools, the therapist has a unique part to play in helping people with problems. However, what about the social worker who does not dismiss his therapy tools, but uses them in all aspects of living, as this group worker apparently was doing? What are the results of such an error? When this mistake is made, all of life is converted into a therapy session. To such a "therapist" the doctrines of sin and grace lose their fundamental value; nothing is absolutely right or wrong; "the therapist" is unable to take sides, especially on moral issues; the doctrine of original sin no longer functions in the mind of the "therapist"; all evil and sin — now called "problems" of the client — are not to be judged for what they are, but to be understood in the light of possible social or emotional factors. In Christian terms the "therapist" is permissive and nonjudgmental toward the world, the flesh, and the devil. Because he is capable of accepting it, the "therapist" unconsciously "loves" sin. As a result, "he helps a client feel more comfortable in his sin," and he gently insists that people, especially ministers, must learn to "accept" the "problem" in their parishioners in order to be truly "loving."

The blasphemous and disastrous outcome of this philosophy is that the "therapist" becomes completely self-righteous. One can imagine that even on Judgment Day he will want quietly and confidently to hold up his hand to stop the proceedings and to direct God not to take action until he, the "therapist," can correctly judge the situation. With condescension he will want

to thank Christ for His effort on the cross. The "therapist" will feel prompted to say to Him, "We know you meant well, but you couldn't have fully loved and understood the human heart! You may dispose, as you will, of those who did not respond to my effort in treatment, but those who did must be judged in the light of my special love and understanding!"

Because of these attitudes clergymen have looked with suspicion on the work of many therapists, especially those who confuse the proper use of their therapy tools, look at each other and say, "When, oh, when will these uninformed ministers turn to us for help?"

The question may be asked: Can all social workers do therapy? The answer is no. As a matter of fact, there are professional people, including psychiatrists, who are convinced that social workers should not do therapy at all. They believe that social workers should only give counsel and advice, since in manipulating the environment and in making the best use of welfare services many clients in our complex community need the help of a trained person. Moreover, many social workers make excellent teachers, who are also needed to train students to render these vital services, which can be performed without casework therapy.

However, one special point must be made — *all social workers who have graduated from an accredited school of social work have come in contact with the principles behind casework therapy and made them a part of their training and everyday experience.* If they have not had adequate training in the proper use of these principles they will inevitably misuse them. Their views of moral standards will be distorted. In many ways the world seeks to banish the fundamental doctrine of original sin. Surely it can find no better way than to assert that genuine love is permissive and nonjudgmental and to relax moral demands.

III

Pastors who may wish to refer a patient for casework therapy will appreciate having some rules to help them determine which social workers should be avoided. Probably the easiest way to guide such clergymen is to list first the kinds of social workers and psychiatrists who may be used safely.

Such a list would probably look something like this:

First choice — the competent Christian psychiatrist who is known to make proper use of his therapy tools and counsels spiritually or refers his patient to the patient's pastor.

Second choice — the competent Christian social worker who makes proper use of his therapy tools and who counsels spiritually or, if this is not within the function of his agency, refers his client to the client's pastor.

Third choice — the competent psychiatrist, even though he may not be a Christian, who makes proper use of his therapy tools and then refers his patient to his pastor for spiritual counseling.

Fourth choice — the competent social worker, even though he may not be a Christian, who makes proper use of his therapy tools and refers his clients to the clients' pastor for spiritual counseling.

To be avoided are the social worker and psychiatrist who misuse the principles be-

hind the therapy process by regarding them as decisive in determining a way of life. When this mistake occurs, from the viewpoint of helpfulness to the client, it is immaterial whether the clinician is Christian or not. In fact, the real tragedy of the Christian social worker, who unknowingly misuses these tools, is that he may be using them in the name of Christ while serving the devil. Obviously, psychiatrists who encourage their patients for any reason whatsoever to leave the church should never be consulted.

The crucial question is: what criteria can be used to determine in which category the social worker or psychiatrist belongs?

If a pastor refers a parishioner to a psychiatrist or social worker, he should stay very much in the case by having periodic talks with the clinician and his parishioner. If it becomes evident during these talks that the therapist works with any of the following ideas, he should not be used again:

1. Morals are a matter of degree.
2. Religion is a neurotic aid.
3. The thought of sin implies that a person is unnecessarily punishing himself.
4. All guilt is a result of a person's life experiences.
5. People should not be judgmental because judgmental attitudes create neuroses in others.
6. The more permissive a social worker is, the more loving he is.

Because the eternal welfare of his parishioner is at stake and because of the clergyman's deeper knowledge of the human heart, he should make every effort always to remain in control of the situation, to invite discussion with the psychiatrist, and if necessary, to challenge him on religious and moral issues or to recommend that the parishioner seek the services of a more competent therapist.

Summary: Clergymen are seeking help from professional social workers who are capable of providing casework therapy for difficult problems which do not seem to respond to pastoral counseling. When trained social workers make adequate use of the principles of casework, people are helped to give up symptomatic behavior and experience better mental health. Therapy does not "preach" them toward any religious goal. Final decisions concerning the material brought forth by therapy are left to the client and to whomever he might go for further help. Competent therapists do not wish to alter or lower the moral structure of any client.

Some pastors have become uneasy with some social workers. This happens when social workers use the principles effective for providing therapy as a way of life. When this occurs, the social worker's moral standards become distorted, and it is no longer safe to confront a parishioner with him.

The pastor, who shares with clinicians information about what happens in therapy sessions, will soon know which social workers and psychiatrists to employ and which to avoid.

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