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Pastoral Counseling: Its History, Theory and Procedure

Melvin C. Williams

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PASTORAL COUNSELING
ITS HISTORY, THEORY AND PROCEDURE

A Research Paper
Presented to
the Faculty of
Western Evangelical Seminary

In Partial Fulfillment
of the Requirements for the Degree
Master of Divinity

by
Melvin C. Williams

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CHAPTER I

IMPORTANCE AND PROCEDURE OF THE STUDY

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IMPORTANCE AND PROCEDURE OF THE STUDY

This study represented an attempt to incorporate, synthesize and condense the necessary foundational information from the field of pastoral counseling to enable the writer to function effectively in his role as pastor-counselor until further information and training can be secured.

I. IMPORTANCE OF PASTORAL COUNSELING

The man in the community who represents God and religion is the first one to whom the troubled turn. Statistics bear this out. Forty-two percent of those who sought help for their problems of one kind or another turned to the clergyman, according to a University of Michigan study in 1960.¹ This study also showed that fifty-four percent of the Protestants who attend church at least once a week went to a minister when they sought personal help.²

There may be several reasons why people go first to the minister: the small fee, if any; the lack of any other person they know personally; the reluctance to discuss intimate problems with a total stranger; the conviction that the minister, above others, will help them to do the right thing; or just the traditional dependence upon the "man of God" in the community as a universal sociological phenomenon of mankind. But for

¹Howard J. Clinebell, Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 43.

²Ibid.

whatever reason they come to him, the implications for the minister's thorough training in pastoral counseling is obvious.

"Some feel that not every pastor can be a counselor. One might also say that not every pastor can be a preacher. Yet he must preach. So also he must counsel."³ "The counseling ministry is not an isolated service of the pastor."⁴ Wayne E. Oates tersely sums up the situation in this way:

The pastor, regardless of his training, does not enjoy the privilege of electing whether or not he will counsel with his people. They inevitably bring their problems to him for his best guidance and wisest care. He cannot avoid this if he stays in the pastoral ministry. His choice is not between counseling or not counseling, but between counseling in a disciplined and skilled way and counseling in an undisciplined and unskilled way.⁵

II. PROCEDURE OF THE STUDY

This study of pastoral counseling began by giving the history of the subject as a distinct branch of psychology, showing its split from traditional schools.

Next, and closely related to the former section, a study of the basics of counseling theory was undertaken and these findings summarized. Here, basic schools of counseling psychology were examined and compared

³William E. Hulme, How To Start Counseling (Nashville: Abingdon Press, 1955), p. 8.

⁴Ibid., p. 13.

⁵Wayne E. Oates (ed.), An Introduction to Pastoral Counseling (Nashville: Broadman Press, 1959), p. vi.

along with their implications as related to pastoral counseling in particular.

Thirdly, the last major section of the study involved the actual methodology of pastoral counseling; namely, how a pastor deals with the specialized counseling problems of individuals as the occasion demands.

III. DEFINITION OF TERMS

Pastoral Counseling

Pastoral counseling is more than the simple application of psychological principles to the suffering person. Russell L. Dicks seeks to make a distinction between the approaches of the psychologist and of the pastor:

Psychology studies the behavior of people, whereas religion provides the hope for these same people regardless of their behavior. Psychology focuses upon human relationships as they are while religion inspires and motivates people to change and improve their condition. Supported by psychology and religion the pastor moves into the arena of relationships and becomes an active participant.⁶

Pastoral Care

One may regard pastoral counseling as having essentially the same functions as that which William A. Clebsch and Charles R. Jackle refer to as pastoral care. This consists of "helping acts, done by representative Christian persons, directed toward the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of

⁶Russell L. Dicks, Principles and Practices of Pastoral Care (New Jersey: Prentice-Hall, Inc., 1963), pp. 17-18.

Ultimate meanings and concerns."⁷

Counseling as Psychotherapy

Counseling is really a form of psychotherapy. J. C. Coleman quotes F. Alexander as saying:

Everyone who tries to console a despondent friend or calm down a panicky child in a sense practices psychotherapy. He tries by psychological means to restore the disturbed emotional equilibrium of another person...Methodical psychotherapy to a large degree is nothing but a systematic, conscious application of methods by which we influence our fellow men in our daily life. The most important difference is that intuitive knowledge is replaced by well-established general principles of psychodynamics.⁸

⁷Clinebell, op. cit., p. 38.

⁸James C. Coleman, Abnormal Psychology and Modern Life (Scott, Foresman and Company, 1964), pp. 563-564.

CHAPTER II

HISTORY OF PASTORAL COUNSELING

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HISTORY OF PASTORAL COUNSELING

I. OUR ANCIENT TRADITION

The minister of today is linked to a rich heritage. Clinebell says:

When a minister counsels with troubled persons, he is walking in the footsteps of a long line of sensitive, dedicated pastors stretching back through the centuries of Christian history to a young carpenter whose words and touch brought healing to troubled persons in the first century...he is part of a counseling tradition which is the most ancient of any profession.⁹

Biblical Examples of Counseling

Moses and Samuel are but two Old Testament personalities who were recognized as men to whom the people could go with personal problems. We read that the people stood about Moses all day long for counsel. (Exodus 18). Samuel traveled on a circuit, hearing controversies, giving judgments, teaching, and counseling as the need arose.

Christ was the ideal counselor. He knew exactly the needs and problems of everyone by divine omniscience. The Apostle Paul is another New Testament counselor. Paul, through his letters, advised various people in the churches how to deal with the knotty problems of primitive Christianity.

The Church Fathers

The church fathers contributed much to our store of knowledge in pastoral counseling. Chrysostom's Treatise on the Priesthood and Ambrose

⁹Clinebell, loc. cit.

of Milan's Three Books on the Duties of the Clergy have helpful material for the would-be counselor.

Reformed Thought

Martin Luther helped to extend our knowledge of pastoral counseling. His contribution was his rejection of priestly authority and emphasis upon a scriptural approach to problems. The reformers in general abandoned the confessional as a sacrament and caused the emergence of the pastor. "The doctrine of the priesthood of believers gave every Christian a duty and a right to exercise special care not only for his own spiritual welfare, but for that of his brother as well."¹⁰

The Puritan Age in England featured such men as Richard Baxter and Jeremy Taylor. They brought fruitful advances to the pastoral counseling art as well. "Empathy was employed, listening, keeping confidences, nonjudgmental acceptance, and quiet optimism."¹¹

II. MODERN PASTORAL APPROACHES

Nineteenth Century America

During the nineteenth century such men as Horace Bushnell and Washington Gladden added their insights to pastoral counseling by "laying down a good foundation for a scientific approach to counseling."¹² Bushnell's understanding of personality formation in childhood and

¹⁰Oates, op. cit., p. 10.

¹¹Ibid., p. 12.

¹²Ibid., p. 13.

Gladden's observations on the mental and physical health relationship were precursors of our modern psychological approach to pastoral counseling.

In the latter half of the nineteenth century and the early part of the twentieth, much scientific interest was focused upon the psychology of religion and religious experience. Starbuck's The Psychology of Religion (1899) and William James' The Varieties of Religious Experience (1902) were but two on this subject. Soon courses on psychology of religion were being introduced into seminary curricula all over the country.

Twentieth Century Advances

The first real "break-through" in the field of pastoral counseling came in 1938 when John Sutherland Bonnell published Pastoral Psychiatry. "It was one of the first books giving exclusive attention to the work of the pastor as a counselor."¹³

The first systematic study of counseling was written by Rollo May in 1939 entitled The Art of Counseling. "His counseling approach was based upon the new understanding of personality resulting from the work of Freud, Jung, Rank, Adler, and Kunkel."¹⁴ It was followed by the well-known works of Dicks (1944), Hiltner (1949), and Wise (1951).

The first attempt to give pastors actual clinical experience in "the study of the soul in health and disease" (as Henry Drummond called pastoral counseling in 1893), actually took place in 1923 when a physician,

¹³Ibid., p. 15.

¹⁴Ibid.

Dr. William Keller of Cincinnati offered some clinical experience for a limited number of seminary students during the summer months.

"In 1925, the Rev. Anton T. Boisen, a Congregational minister, following an emotional illness, became the first full-time Protestant chaplain in a state mental hospital in America."¹⁵ He worked together with Dr. Cabot, M. D. in the clinical training of theological students by taking them into the Worcester State Hospital in Massachusetts for this experience. "It was his (Boisen's) work that gave rise to the Council for Clinical Training,"¹⁶ which was incorporated in 1930 with Dr. Cabot as its first president and Dr. Guiles (one of the earliest students of the training program) as its director. Boisen is the first pioneer of clinical pastoral training.

Russell L. Dicks "in 1933 went to the Massachusetts General Hospital as chaplain by appointment by Dr. Cabot's prestige and with his financial support."¹⁷ Dicks' contribution to clinical pastoral training was to supply the movement with its first real literature. His book, "The Art of Ministering to the Sick (1936) became the spearhead book for clinical pastoral education."¹⁸

Dicks, with his interest and background with the physically suffering and old line medicine emphasized clinical work in the general hospital. "Ever since then clinical pastoral education has followed

¹⁵Dicks, op. cit., p. 19.

¹⁶William E. Hulme, Counseling and Theology (Philadelphia: Muhlenberg Press, 1956), p. 3.

¹⁷Dicks, op. cit., p. 20.

¹⁸Ibid.

these two main streams of thought. Each made its contribution."¹⁹

III. BASIC LITERATURE ON PASTORAL COUNSELING

Pastor's Basic Bibliography

Vast literature resources and adequate clinical training are available today for the minister's disposal. Wayne E. Oates lists a bibliography containing books as supplying "a minimum knowledge of basic works" on pastoral counseling and "allied disciplines on the subject of counseling."²⁰ This bibliography is listed in the Appendix under Pastor's Basic Bibliography. (See Appendix A)

Christian Workers' Basic Bibliography

The lecture of John W. Drakeford, one of the guest seminary professors at a symposium on Pastoral Counseling is recorded and edited by Wayne Oates in his book An Introduction to Pastoral Counseling.²¹ In this lecture Professor Drakeford lists books which "could form the basis for a vocational religious worker's library."²² He believes these books should be made available in church libraries for training all church leaders in counseling. This bibliography is listed in the Appendix under the title, "Christian Worker's Bibliography." (See Appendix A)

¹⁹Ibid., p. 21

²⁰Wayne E. Oates, Protestant Pastoral Counseling (Philadelphia: The Westminster Press, 1962), p. 12.

²¹Ibid., p. 13.

²²Oates, An Introduction to Pastoral Counseling, pp. 185-200.

CHAPTER III

COUNSELING THEORY

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COUNSELING THEORY

Introduction

Before the study of actual counseling techniques is undertaken the student senses the need for a theoretical basis upon which to proceed. Indeed, all literature on the subject of counseling technique has a certain bias, slant, viewpoint or theoretical predisposition whether or not the author of that material acknowledges it.

Here is a summary of the major theoretical foundations upon which the superstructure of counseling technique is built. There were two sources upon which the writer confesses heavy dependence for the bulk of information. These sources, namely Therapeutic Psychology by Brammer and Shostrom, chapter two in particular entitled "Theoretical Foundations of Therapeutic Psychology"²³ and Buford Stefflre's volume entitled, Theories of Counseling²⁴ give the student a good overview and philosophical orientation. This orientation enables the pastor to identify with a certain school and method which suits his own personality and theology.

There are, according to Brammer and Shostrom, only two major approaches to counseling: the dynamically oriented theories and the behavioral approaches.²⁵ The authors call these approaches "the two

²³Lawrence M. Brammer and Everett L. Shostrom, Therapeutic Psychology (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1960).

²⁴Buford Stefflre, Theories of Counseling (New York: McGraw-Hill, 1965).

²⁵Brammer & Shostrom, p. 27.

historical bases for psychological counseling theory."²⁶

The dynamically oriented approaches include the psychoanalytic and the self-theory approaches. They stress the emotional aspects of personality and attempt to understand the unconscious bases for behaving. These theories rest upon the supposition that our behavior is more emotionally than rationally induced. "The dynamically oriented therapist seeks to elicit 'feelings' about the problem and thus to remove emotional obstacles to learning and 'lift the repression'."²⁷ When this is done the client will be able to once again use more rational approaches to problem-solving. Mental processes are understood through inference by behavior observation.

The behavioristic approaches include learning theory contributions, field theorists or gestaltists, trait and factor approaches, and process research. "The behavioristic approaches stress relearning more adaptive problem-solving modes of response through the use of rewards, punishments and information."²⁸ Mental processes are understood by objective study of client behavior and the learning process in particular in contrast to the dynamic theorists' emphasis upon inferential information. "The primary concern of the behaviorists is how behavior was acquired and how it can be changed."²⁹

²⁶Ibid., p. 26.

²⁷Ibid., p. 27.

²⁸Ibid., pp. 26, 27.

²⁹Ibid., p. 42.

The writer feels Brammer and Shostrom's classification is in general agreement with other theorists' and is broadly inclusive for all systems. These theories of counseling will now be considered in detail.

I. PSYCHOANALYTIC APPROACH

The psychoanalytic approach is based mainly upon the work of Sigmund Freud although "later students of Freud such as Adler, Jung, and Rank not only modified, but also abandoned many of his basic postulates."³⁰

Levels of Consciousness

Since Freud is the father of psychoanalysis, a brief description of his work is necessary. Following is a condensed summary.

The psychoanalytic concepts of levels of awareness are significant contributions to the psychoanalytic approach. The conscious level consists of those ideas of which the individual is not aware at the moment but which can be recalled. The unconscious level consists of those memories and ideas which the individual has forgotten and cannot remember. Freud conceived of the unconscious as making up the bulk of the personality and of having a powerful influence on behavior.³¹ (See Appendix B entitled, "Psychoanalytic Conception of Personality Structure.")

Freud's View of Man

Freud, the founder of psychoanalysis, saw man as possessing instinctual energy which is expressed through the two fundamental tendencies of sex and aggression.³² The sex tendency,

³⁰Ibid., p. 29.

³¹Ibid., p. 28.

³²Jane Warters, Techniques of Counseling (New York: McGraw-Hill Book Company, 1954), p. 387.

described as the life or love instinct, is called the libido and "is expressed through primitive, biological, sexual impulses directed toward the external world of people and things and often revealed is strong self-preservative patterns."³³

The destructive instinct (or aggression tendency) may be expressed outwardly through overt aggression or turned inward through self-injury or self-punishment. As a result of internal or external pressure it may be repressed and cause regression to primary levels of activity.³⁴

Steffire says "the...Freudian school...gives central importance to the sexual drives, the instinct of aggression, and the significance of biological needs and emerges with a different nature of man than do the non-libido schools which emphasize the primary needs of the human self and place the instincts in a secondary position (of importance).³⁵ Evil is seen not only as something done by man, but something natural to him."³⁶

1. Man is born with structural limitations...imposed by... parents. Within these restrictions, however, there is great latitude. Both heredity and environment are considered important factors.

2. Man is both animalistic and human simultaneously. Psychoanalytically man is animalistic, but with something added. Man has developed distinctly human qualities. Courage, honor, devotion, loyalty are essentially human qualities.

3. Man's behavior is seen as being determined. Man is only to a limited extent master of his fate. He is shaped, goaded, and bent to follow lines of conduct that gratify his basic biological needs, instincts, and instinct derivatives.

³³Ibid.

³⁴Ibid.

³⁵Steffire, p. 92.

³⁶Ibid., p. 256.

4. Man's behavior is partly determined by unconscious processes that are motivational and goal-directed in nature. He wishes, wants, fears and abhors things of which he is consciously unaware.

Every act has a double meaning: a commonplace, realistic meaning and a symbolic meaning, stemming from unconscious and repressed urges that can best be understood in terms of analysis and insight.

There is great importance in understanding childhood when emotional experiences tend to be the strongest and consequently traumas may be experienced which shape the child's character.³⁷

Psychoanalytic View of Maladjustment

Jane Warters explains the psychoanalytic view of maladjustment in this way.

Repression and regression are central concepts in orthodox Freudian theory. The individual early comes to accept the reality principle. He learns that, to escape censure or punishment, he must adjust to the demands of others. He may adjust by pushing the unacceptable or forbidden impulses into the unconscious. This is repression. Or he may adjust by using a form of response which has adjustive efficiency at an earlier age but which is no longer effective or appropriate in a given situation. This is regression.

By constantly threatening to escape into consciousness, the repressed material creates anxiety, which is a vague, objectless sense of fear, dread, or foreboding.

To cope with his anxieties, the individual develops such (ego defense) mechanisms as rationalizations (giving "good" reasons for the real ones); projection (attributing to another person or thing the blame for one's own deficiencies or failures); displacement (directing toward one person or thing the feeling aroused by another); reaction formation (expressing an unwanted feeling, thought or desire in some form other than the real one); retreat through shyness, day dreams, physical withdrawal and the like; sublimation

³⁷Ibid., pp. 92-95.

(substituting achievement of an acceptable goal or desire for an unacceptable one); and compensation (seeking superiority in one area to make up for inferiority in another).³⁸

Counselor's Role in Psychoanalysis

Stefflre tells us one of the counselor's roles is "to engender an atmosphere of security in which the client is able to discuss the most intimate matters with feelings of trust and confidence."³⁹

Also, the counselor is to "keep the client at the job of producing material and actively attempting to uncover repressed or conflicting information."⁴⁰

Stefflre also adds: "One of the essential aims (then) of any psychoanalytically oriented theory is to reduce the anxiety of the client to manageable limits in order for the ego to function in a more discriminating and effective manner."⁴¹

Brammer and Shostrom say: One therapeutic task is to help the client become more aware of his style of handling unconscious wishes and anxieties and to find more socially approved, as well as personally satisfying ways of resolving tensions...also helping the client to know and utilize in a mature way his psychic energies, and of becoming more aware of distorted behaviors that result from threatening unconscious impulses. Helping the client to become more aware of his unconscious feelings tends to result in more spontaneity, rationality, and other values implicit in the mature personality.⁴²

Limitations of the Psychoanalytic Approach

As a therapeutic method, psychoanalysis is very limited due to

³⁸Warters, op. cit., pp. 387, 388.

³⁹Stefflre, op. cit., pp. 105-106.

⁴⁰Ibid., p. 106.

⁴¹Ibid., p. 98.

⁴²Brammer & Shostrom, op. cit., p. 31.

the vast amount of training required for the therapist, the large amount of money necessary for the treatments (\$20.00+ an hour), and the length of time required (two to five years) for completion of therapy.

Significance of Psychoanalytic Approach for Pastoral Counseling

The insights of the psychoanalytic theorists can help the pastor greatly in his preaching, his teaching and his counseling ministries by reminding him that development and growth gaps from early childhood or childhood traumas may be responsible for inappropriate behavior. The pastor will understand that much of his parishioners' behavior is directed by involuntary and unconscious factors and may be as puzzling and mysterious to them as it is to others. The pastor will become more understanding of those who are in difficulties and problems and will seek to understand why the person is ill-adjusted. He will probe into the life history of the individual, realizing no present problem is without a history of causation. He will help people to understand themselves better rather than condemn them for lack of spirituality either as individuals or as a group. His sermons will convey compassion and understanding rather than censure.

II. SELF-THEORY APPROACH

The chief advocate or proponent of the self-theory is Carl Rogers. His theory of psychotherapy is not new in its totality. Rogers confesses heavy indebtedness to Freud, Rank and the gestaltists.⁴³ This

⁴³ Carl R. Rogers, Client-Centered Therapy (Boston: Houghton Mifflin Company, 1951), p. 4.

form of therapy or counseling is unique in that it is the complete opposite to the most common practices of counseling up until that time, namely, advice-giving and analytical methods. The pure non-directive counselor gives no advice and does not analyze or diagnose the client. He prescribes no "correct" courses of action or solutions to his problems.

Client Centered Therapy's Conception of Man

The central focus of non-directive counseling is the belief in the dignity and worth of each individual.

Other core features are the belief that each man should have the right to his own opinions and thoughts and that each man should be in control of his own destiny with the right to pursue his own interests in his own way as long as he does not trample upon the rights of others. The individual is encouraged to be an independent, self-directing person.⁴⁴

Man is Trustworthy

Rogers views man as basically good and trustworthy.

Such words as trustworthy, reliable, constructive or good describe characteristics which seem inherent in man...hate, cruelty, deceit and stupidity (are seen) as arising out of a defensiveness which alienates man from his inherent nature...Roger's conception contrasts sharply with the view of many (not all) psychoanalysts who see man as basically irrational, and that all his impulses, if not controlled, will lead to the destruction of others and self.⁴⁵

In this regard we quote Rogers:

⁴⁴Stefflre, op. cit., p. 32.

⁴⁵Ibid., p. 36.

Man's behavior is exquisitely rational, moving with subtle and ordered complexity toward the goals his organism is endeavoring to achieve. The tragedy for most of us is that our defenses keep us from being aware of this rationality, so that we are consciously moving in one direction, while organismically we are moving in another.⁴⁶

"The client-centered theorists posit a fundamentally "reliable," "constructive," and "good" man. They say that when nature takes its course good results are to be obtained, for human beings are to be trusted."⁴⁷

The Self-concept

Rogers' twelfth of nineteen propositions on personality theory states "most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self."⁴⁸

Everyone has this self-image or self-concept. It consists of "the individual's perception of himself alone and himself in relation to other persons and objects of his environment together with the values attached to these perceptions."⁴⁹ This self-concept determines the ways in which we should behave. In short, it is what we really think of ourselves in relation to everything and everyone else.

The source of this self-concept "stems from direct experience and the values and concepts of parents which are incorporated as if directly

⁴⁶Ibid.

⁴⁷Ibid., p. 259.

⁴⁸Rogers, op. cit., p. 507.

⁴⁹Stefflre, op. cit., p. 40.

experienced."⁵⁰

Rogersian Explanation of Maladjustment

According to proposition XIV, maladjustment exists because the organism is denying to awareness sensory and visceral experiences and refusing to organize them into the gestalt (whole) of the self-structure.⁵¹

(See Appendix C)

When a person cannot accept certain data because it is inconsistent with the self-image, the client experiences "threat" and anxiety is its symptom. The client then attempts to reduce anxiety by distortion or denial (called defense mechanisms).⁵²

When a person is not acting in accord with his self-image we might say he is maladjusted in the sense that, his awareness of threat and anxiety and his consequent defensiveness are high...Conversely, when a person's concept of self is in relative harmony with his perceived experience and he feels he is acting in accordance with his values, ideals and past experiences, we might say he has good adjustment.⁵³ (See Appendix D entitled "Maladjustment and Adjustment from the Self-Theorists' Viewpoint")

When there is a close matching of awareness and experience the person is said to be in a state of "congruence" and his behavior is said to be "integrated."

To Rogers, all aberrant behavior is unnatural and is a result of

⁵⁰Brammer & Shostrom, op. cit., p. 37.

⁵¹Rogers, op. cit., p. 510.

⁵²Brammer & Shostrom, op. cit., p. 38.

⁵³Ibid.

"defensive" behavior. Hogan defines defensiveness as "a form of behavior which follows upon the perception of threat to the configuration of the self."⁵⁴

The Counselor's Role in the Self-Theory Approach

To the self-theorist the counselor's role is to create the conditions of relationship to the client in which the process of therapy may commence. A paraphrased explanation of these conditions for therapy are given by Stefflre. He says, (quoting from Rogers) "The therapeutic process will occur to the extent that:

1. The client and therapist are in contact with one another.
2. The client is in a state of incongruence, being vulnerable and anxious.
3. The therapist is congruent in the relationship.
4. The therapist experiences unconditional positive regard toward the client.
5. The therapist experiences empathic understanding of the client's internal frame of reference.
6. The client perceives, to at least a minimal degree, the therapist's unconditional positive regard for him and the therapist's empathic understanding of his internal frame of reference.⁵⁵

It is interesting to note here that conditions three to five are attitudes Jesus told His followers to possess. They should be normal attitudes for Christians to have.

Significance of Client-Centered Approach for Pastoral Counseling

This approach is considered a real "breakthrough" in psycho-

⁵⁴Rogers, op. cit., p. 182.

⁵⁵Stefflre, op. cit., p. 49.

therapy because of the little necessity for elaborate training. Some even suggest that clinical psychological training tends to harm the client-centered method because of a tendency to concentrate upon analytical data rather than the client's feelings.

The therapist with little training can do wonders with this method for certain problems. It is especially amenable to a pastoral or church workers' context because of its emphasis upon understanding and acceptance which are taught by the church.

Limitations of Client-Centered Therapy

Although Rogers believes this method can help a little with almost any kind of problem he admits some types of problems can be helped more readily.

Clinebell suggests that the types of persons which can profit most by this method are those:

...whose main need is for emotional catharsis...or whose need is to think through a situational problem. This method is useful (only) with intelligent, verbal, young or middle-aged neurotics who are motivated to get help...my experience has been that a majority of those who come for pastoral counseling cannot be given help by an unmodified Rogerian approach. Their defenses are too ingenious, their personalities are too rigid, limited or ossified...the relative passive stance required for the minister to assume does not always fit their personalities.⁵⁶

Rogers admits that clients possessing the following characteristics are more difficult to counsel with his method (or any method of psycho-

⁵⁶Clinebell, op. cit., pp. 30-31.

therapy):

1. Communicate only about externals and are unable to communicate self.
2. Neither recognize nor own feelings and personal meanings.
3. Have rigid personality constructs and think of them as fact rather than constructs.
4. Avoid close and personally communicative relationships which are constructed as dangerous.
5. Either do not recognize problems or perceive them as external to the self.⁵⁷

Another obvious limitation of client-centered counseling is the problem of time. "Emotional problems usually require a number of interviews before we see significant change."⁵⁸

III. EXISTENTIAL PSYCHOTHERAPY

Existential therapy is classed with the dynamic theories by virtue of its focusing upon "the problem of the human situation experienced by the individual."⁵⁹ The dynamic theories focus upon the inner processes of the client as inferred by his behavior.

Man is viewed as being essentially free. Man is conscious of himself as a self, has the ability to be reflective and to question his own existence. He is aware that he can do something about his problems through his choices. Man's freedom to choose con-

⁵⁷Stefflre, op. cit., pp. 73-74.

⁵⁸Ibid., p. 71.

⁵⁹Coleman, op. cit., p. 593.

fronts him with the responsibility for being (i.e. deciding what to "become", or what kind of person he shall be.⁶⁰

Aim of Existential Counseling

This form of psychotherapy aims at helping the individual to work out a meaningful and fulfilling self-definition and way of life. The client is helped to focus upon the "aspects of his life-style which are causing symptoms and make changes in the direction of self-actualization and a fuller experience of his existence."⁶¹ The counselor uses questions concerning the meaning and purpose of the client's existence to induce a confrontation or challenge.

The relationship which is established between the two interacting human beings called the "encounter" is also important. Oddly enough, no standard procedure is given in order to initiate this process.

Limitations of Existential Therapy

This form of therapy has often been criticized for its lack of scientific and systematic grounding as well as its lack of clarity and completeness. The varying approaches and emphases of its different proponents prevent use of it as a tested method.

Significance of Existential Therapy for the Pastoral Counselor

The literature of existential therapy with its emphasis upon the predicament of modern man with the breakdown of traditional faith, the

⁶⁰Ibid.

⁶¹Ibid., p. 594.

depersonalization of man in our mass culture and the loss of meaning in human existence can help the pastor immeasurably to understand and relate to the urban masses of our cities, those to whom many pastors may directly minister.

IV. PHENOMENOLOGICAL THEORISTS

"The Pepinskis who wrote a history of counseling trends include this school in the non-directive, self-theory or client-centered group."⁶² Recent books have alluded much to this school of psychology. It falls logically into the dynamically oriented general framework because the focus is upon the subjective processes within the individual. "Reality for the individual is the phenomenological field as perceived and experienced by him and his behavior is a product of the field as perceived at the moment of action."⁶³

To really know a person, ...the counselor must know how the individual views his environment and himself. The term "internal frame of reference" has come into common use in counseling, thus the phenomenological approach places a premium upon the empathic skill of the psychotherapist.⁶⁴

V. BEHAVIORISM: LEARNING THEORY CONTRIBUTIONS

Behavioristic psychology represents a radical change in psychological research and methodology. Conclusions are based upon objective

⁶²Brammer & Shostrom, op. cit., p. 36.

⁶³Stefflre, op. cit., p. 396.

⁶⁴Brammer & Shostrom, op. cit., p. 40.

study of client behavior and the learning process in particular rather than basing conclusions upon mere inferences about mental processes from deduction or theoretical presuppositions. Behavioristic psychology is often called objective or experimental psychology because "it is based upon observables, avoiding subjectivity and intuition which characterized former psychological approaches."⁶⁵ The emphasis of this group of theorists is on behavior; "how it was acquired and how it can be changed."⁶⁶ Gestaltists are included here also because they stress learning and systematic behavior observation.

Although there are many names associated with behavioristic psychology, there are three outstanding ones whose work was foundational and upon which subsequent theory was built, especially learning theory. These men are Pavlov, Thorndike, and Watson.

Thorndike's Reinforcement

Thorndike's work (1898, 1911, 1932), along with Ebbinghaus (1885), Bryan and Harter (1877, 1899) was the first on the subject of learning theory. We owe to Thorndike the basic theory of "reinforcement" used by behaviorists up to the present time.

Thorndike demonstrated the crucial importance of rewards and punishments in the learning process, particularly his statement of the "law of effect"... Thorndike proposed that learning occurred because

⁶⁵Stefflre, op. cit., p. 140.

⁶⁶Brammer & Shostrom, op. cit., p. 42.

responses that were accompanied by or resulted in a satisfying state were "stamped in" (or reinforced) and consequently were more likely to be repeated in the future.⁶⁷

"The same responses also 'generalize' to other types of responses which are similar to the learned pattern."⁶⁸ Response patterns which are not repeated (or reinforced) periodically tend to be "extinguished", that is, disappear.

Pavlov's "Conditioning"

We owe to Ivan Pavlov the theories of conditioning from which current behavioristic learning theories stem.⁶⁹

Pavlov (1927) demonstrated that the simultaneous presentation of an unconditioned stimulus (meat paste) and a conditioned stimulus (sound of a tuning fork) would eventually result in the conditioned stimulus eliciting the response (salivation) which previously could only have been elicited by the unconditioned stimulus. This phenomenon, known as conditioning, together with Thorndike's research on the law of effect became the basis of an objective psychology dealing only with observables.⁷⁰

Pavlov gave behavioristic psychology its empirical (experimental) roots.

Watson's "Behaviorism"

To John B. Watson (1913, 1919) we owe the vigorous objective

⁶⁷Stefflre, loc. cit.

⁶⁸Brammer & Shostrom, op. cit., p. 43.

⁶⁹Stefflre, loc. cit.

⁷⁰Ibid.

approach to behavior based on conditioning. "Watson demanded objective scientific evidence for elucidating psychological theories."⁷¹ Much of Watson's methodological behaviorism underlies current American psychological theories. "Most current behavior theories have their empirical roots in Pavlovian studies in conditioning and Thorndikian studies of reinforcement and have their methodological roots in the objectivity advocated by Watson."⁷²

Mechanics of Learning Theory

There are many variations and degrees of emphasis among the learning theorists, but all seem to have certain factors in common. "All these investigators start with the assumption that the person has drives."⁷³

A drive is defined as a strong stimulus that impels the individual to act and may be classified as primary or secondary. Primary drives are physiological in nature and include sex and aggression. Secondary drives are learned drives such as fear and guilt.⁷⁴

They are acquired through social learnings. There is a vast heirarchy of these secondary motives. These drives and motives propel the individual toward goals. There are cues which are indicators that determine when and where the individual will act. Examples of cues are the smell of food or smoke, or the sound of a bell. Response patterns

⁷¹Ibid., p. 141.

⁷²Ibid.

⁷³Brammer & Shostrom, loc. cit.

⁷⁴Warters, op. cit., p. 397.

which reduce the drive are strengthened or reinforced.

The reinforcement may be a primary reward such as food that satisfies a physiological drive. Or it may be a secondary reward, such as praise, social status, belongingness, relief from anxiety, and the like.⁷⁵

The process of substituting one stimulus for another to get the same response, or of getting a different response for the same stimulus is called "reconditioning".

Extinction of Learned Maladaptive Responses

"Anxiety, as a learned or acquired emotional reaction to an originally neutral stimulus, may be weakened or extinguished when the response is made to occur without any primary reinforcement."⁷⁶ That is, when the painful or noxious stimulus no longer accompanies the response, the anxiety will disappear.

Guthrie (1952) says there are three ways of presenting a stimulus or cue that are likely to lead to extinction of a learned response, such as anxiety, to that stimulus:

Adaption or desensitization. Presenting the stimulus at a very weak strength so that it will not be strong enough to actually elicit the response. (Like bringing a dog which is feared from a distance, closer and closer to a young boy until he is no longer afraid.)

Inhibitory conditioning or internal inhibition. Presenting the anxiety-producing cues in sufficient strength to elicit the anxiety

⁷⁵Ibid.

⁷⁶Stefflre, op. cit., p. 160.

response. These cues are either continuously presented or are presented for periods of time, without any additional primary reinforcement, but with only brief periods of rest interspersed between their presentation. (The organism will become so tired of the anxiety he will cease to respond.)

Counterconditioning. This involves the presentation of the anxiety cue in sufficient strength to elicit the anxiety response but when the organism is making some other response that is incompatible with the anxiety response. (Showing a feared rabbit to a boy when he is eating.)

Behavioral Determinism

A presupposition of behaviorism is that all behavior has certain determinants, many in early childhood. Behavior is merely a function of its antecedents. Consequently, behavior is according to law. The theory follows that these laws which determine behavior are potentially discoverable by studying the relationships between antecedents and behavior. "Once all these laws of behavior are available human behavior can be predicted, and to the extent to which the antecedents can be manipulated and controlled, human behavior is potentially controllable."⁷⁷

Behavioristic Learning Theory's View of Man

As already alluded to above, man is deterministically inclined. His behavior is determined by his early learning. He is pictured practically as an automaton, with very little allowance for personal choice

⁷⁷Ibid., p. 142.

and is at the mercy of his early experiences. His behavior can be predicted once his behavioral antecedents are known. Behavioristic psychology is also notoriously athiestic, not taking into account anything which is not empirically verifiable. A "hard core" behavioristic psychologist would probably not recognize a "soul" or other theological or religious entities. They do believe something can be done for the client through counseling, however. "Drive-satisfaction" is stressed by some behaviorists to the detriment of all moral and spiritual values.

Role of the Counselor in Behavioristic Theory

"To change behavior in psychotherapy, then, the counselor sets up conditions which interfere with present behaviors and which teach the client new ways of responding to his environment."⁷⁸

Counselor permissiveness and acceptance enable the client to feel secure and to learn more personally rewarding behavior in the place of maladaptive defenses. Pleasure experienced from smoother interpersonal relationships appears to have a reinforcing effect on the new behavior.⁷⁹

The counselor's attitude of acceptance alone seems to be helpful in supplying positive reinforcements and positive expectancies.

"The client may be taught skills which he may use to achieve expected rewards. For example a failing student may need (and be taught) improved study methods."⁸⁰

While it is assumed that certain determinants or

⁷⁸Brammer & Shostrom, loc. cit.

⁷⁹Ibid., p. 44.

⁸⁰Ibid., p. 45.

antecedents do lead to certain behavior or a particular consequent, it is always further assumed that changes in the antecedents, that is additional antecedents, may lead to changes in the consequences.⁸¹

The significance of this statement is that the counselor or therapist with his acceptance and understanding becomes an antecedent to adjustive adaptive behavior. This is consistent with the theory.

Counseling from the viewpoint of the learning theorist, then, is an opportunity for relearning maladaptive behavior. Stefflre says, "Counseling or therapy can be seen as a learning process through which the individual acquires an ability to speak to himself in appropriate ways so as to control his own behavior."⁸² "The extinction of the client's anxieties in his relationship with the counselor may...well be seen to some extent as a direct reconditioning experience."⁸³

Limitations of Learning Theory

Critics of learning theory feel that the human personality is too complex to draw accurate conclusions from the study of lower organisms. "Theories based upon simple models have little applicability to complex human processes."⁸⁴ The Self-theory group complain that Learning-theorists stress the process of learning rather than focusing on the client who is doing the learning.

⁸¹ Stefflre, loc. cit.

⁸² Ibid., p. 146.

⁸³ Ibid., p. 168.

⁸⁴ Brammer & Shostrom, op. cit., p. 46.

Another very cogent argument is that conclusions based upon empirically verifiable data are limited by the apparatus and method of testing. In other words, a very important behavior determinant may be left out or overlooked because there is no laboratory apparatus available for detecting its presence.

Significance of Learning Theory for the Pastoral Counselor

The emphasis of this group upon early behavior determinants is good. This insight will help the pastor to have a good educational program in his church for children as well as adults. He will likely be more concerned about his own home atmosphere for rearing his children as well as holding classes for his young marrieds on the subject. He will be anxious to counsel any couple having friction and difficulties in the home.

Also, the pastor can use the principle of reinforcement to his advantage by associating pleasant, satisfying things with church attendance. He will recognize that many unpleasant anxieties may be associated with the very thought of religion, a preacher, or church and the pastor will take no personal offense when these problems are encountered.

VI. FIELD THEORIES

The field theorists emphasize learning as a change of perception. Field theory was developed under the leadership of Kurt Lewin who used a mathematical model to account for the psychological "field" of the person.

Behavior is viewed from the frame of reference of the

behavior. The forces directly producing his reactions are consciously experienced as restlessness or urges toward particular goals. They can be inferred by others...from the movements he makes toward or away from objects and situations.

The individual's behavior is determined essentially by the value of the goal objects in his life-space (his psychological environment). This is the principle of valence. Valences are determined by the kinds of needs that the objects reacted to fulfill for the individual ...they are positive or negative in keeping with whether the objects meet his present needs or threaten him with harm or injury.⁸⁵

The environment is differentiated into the psychological and the objective. The psychological (termed "life-space") includes the individual's needs, past experiences, potentialities to action, and the behavior possibilities perceived by him. The objective environment (termed "foreign hull of the life-space") are the possibilities not perceived or not recognized by him and therefore not a part of his psychological environment. The objective environment nevertheless does exert an influence or affect.

Gestaltists

The gestaltist group stresses the influence of the "field", that is, surrounding forces in the environment on the organism. Among field theories gestalt psychology has the more formalized approach. The gestalt approach was introduced to the United States from Europe.

It is radically different from Behavioristic movements because it de-emphasizes minute analysis of behavior...leading to an atomistic approach and

⁸⁵Warters, op. cit., p. 393.

stresses, instead, the dynamic organization of whole units of behavior.⁸⁶

Two principle contributions to counseling theory have been made by the gestalt psychology theorists: the principles of perceptual organization and the phenomenon of insightful learning. This group believes that psychological organization of a person tends to move in the direction of "wholes" or a "good gestalt." "This means that the person tends to organize his perceptions simply and completely in order to reduce tensions arising from a state of disorganization."⁸⁷ This is demonstrated by showing a person an incomplete drawing of a familiar object and observing that he tends to complete the details to make it a meaningful figure.

Some of the gestaltist contributions concerning perception are important. One proposition states that "how a person behaves is a function of the state of his perceptual field at the moment."⁸⁸ Also, "the client's values and goals influence perception"⁸⁹ (people see what they are looking for or what they are trained to see). Two other propositions are valuable: that "the ego and self-systems selectively determine what is perceived and experiencing threat affects the range

⁸⁶Brammer & Shostrom, op. cit., p. 461.

⁸⁷Ibid., p. 47.

⁸⁸Ibid., p. 48.

⁸⁹Ibid.

and quality of perception."⁹⁰ Also, "perception is a function of time since exposure must be long enough to allow sensory organs to function adequately."⁹¹

Here, a process of searching for solutions leads to a restructuring of the field, or reshuffling of relationships, which in turn, often results in a sudden solution. Past experiences are seen in a different manner and events stand in a different relationship to one another.⁹²

The gestaltist "incubation period" or necessary time to allow the sensory organs to function adequately is an important concept. Insight cannot often be rushed. It seems to be spontaneous and sudden when it comes.

Lewin's Theory and Gestaltists Applied to Counseling

In Lewin's writings he emphasizes that "change in the individual's concepts, perceptions, and sentiments requires change in his culture or a new set of values from his point of view."⁹³ The client will not accept a new set of values, and re-education will not be achieved unless they are experienced by the individual as freely chosen. The counselor must, therefore, create an atmosphere of spontaneity and freedom of choice.⁹⁴ "Helping the individual to make the barriers within his personality more permeable"⁹⁵ is a task of the counselor from the gestaltist point of view.

⁹⁰Ibid.

⁹¹Ibid.

⁹²Ibid., p. 49.

⁹³Warters, op. cit., p. 394.

⁹⁴Ibid.

⁹⁵Brammer & Shostrom, op. cit., p. 47.

Another task is to help the individual keep goals within reasonable grasp in order to reduce the frustration. In other words, helping them to develop a realistic level of aspiration. This is all involved in "increasing the life-space of the client so he has more flexibility in living."⁹⁶ "Insight is achieved by helping the client to review his past experiences, to arrange them for clear observation, to search actively for new solutions, and then wait for perceptual organizations to take place."⁹⁷

Limitations of Field Theory and Gestalt Counseling

The primary limitation to field theory and gestalt counseling approaches is in setting the conditions whereby perceptual changes and insight are accomplished. How intellectual understanding of one's feelings and thought processes can be translated into insight is yet unclear to those in the field.

Significance of Field Theory and Gestalt Psychology to the Pastoral Counselor

The pastor will attempt in his preaching to emphasize religious goals for his people which are reasonably within grasp so as not to lead them to spiritual frustration. He will not attempt to coerce or force the non-Christian to accept a new value system realizing rather that he must create in the preaching and counseling context an atmosphere of freedom of choice and spontaneity. He will not force the client to do what the pastor tells him because this would not necessarily change the client's

⁹⁶Ibid., pp. 47,48.

⁹⁷Ibid., p. 49.

outlook at all. He will be patient with those who "can't see religion" or "haven't any faith," realizing that results may be occurring beneath the surface during the "incubation periods" or between the times when he hears the word preached or is counseled privately.

VII. TRAIT AND FACTOR APPROACH

The trait and factor approach to personality and counseling must also be discussed here. It is classed with the behavioristic approaches to personality because of its objective methodology and testing emphasis.

The trait-factor type of counseling is mainly employed in educational and vocational counseling. "(It) is based on an early German and French concept of personality which states that man is an organization of patterns and capabilities."⁹⁸

Some of the assumptions of the trait-factor theorists are that the person's organized, unique pattern of capabilities and potentialities are identifiable by objective tests, and that these objective tests should be developed by research so as to be capable of validation without regard to the research worker's point of view.⁹⁹ Complete objectivity is the goal here. It is further assumed that "these human capacities are stable, at least after the late adolescent period when maturity is achieved,"¹⁰⁰ and that diagnosis (by student and counselor) should precede choice of or assignment to or placement in work tasks or in curricula.

⁹⁸Steffire, op. cit., p. 193.

⁹⁹Ibid., p. 194.

¹⁰⁰Ibid.

It is assumed that each individual is capable of and seeks to identify cognitively his own capabilities and to organize and maintain his daily life in order to utilize these capabilities in reasonably satisfying ways of living at work and at home.¹⁰¹

This approach has a long history of attempts to classify people into dominant character types and to describe them in terms of test scores along various trait dimensions such as "abilities (verbal, numerical, memory, spatial, etc.), interests and values, attitudes and temperament. Social traits and adjustment types are included also."¹⁰²

Goal of Trait-Factor Counseling

The task of the trait-factor type of counseling is to aid the individual in successive approximations of self-understanding and self-management by means of helping him to assess his assets and liabilities in relation to the requirements of progressively changing life goals and his vocational career.¹⁰³

Role of the Counselor

The counselor acts as an informer and a helper to the client.

Stefflre says his role is

...to help the individual learn to understand and to apply to his own self information, arrived at through psychometric means, vocational information, and case study in the context of his whole perception of himself as a unique individual.¹⁰⁴

The client must know not only what skills he has but which ones are re-

¹⁰¹Ibid., p. 195.

¹⁰²Brammer & Shostrom, op. cit., p. 50.

¹⁰³Stefflre, op. cit., p. 198.

¹⁰⁴Ibid., p. 199.

quired for what his interests are. The counselor assists in this knowledge. The life style of the client and life fulfillment are also factors which are considered, not just the choice of a career for the client.

Limitations of the Trait-Factor Approach

One objection to this approach is that a mere cataloguing of facts has very limited value. An individual is more than the sum of all the tests given.

Another cogent objection is that tests may show accurately the present capacities and abilities of an individual, but even a person's I.Q. can change radically under certain conditions. The individual may be suffering from emotional difficulties at the time of testing which will affect the results but at a later time may improve for instance after the individual has decided to follow a lesser career than which he is capable.

Significance of Trait-Factor Approach to Pastoral Counseling

The pastor will take into account certain limitations and abilities in his church workers and will not require of them more than they are capable. The pastor will not insist in his preaching or counseling that his young people should all enter the "spiritual" careers such as becoming a minister or missionary. He will urge them to enter professions compatible with their interests, gifts and abilities. The good pastor will refer his parishioners to counseling centers and services when vocational or educational decisions need to be made. He will respect the

legitimate contributions which this psychological emphasis offers.

VIII. PROCESS RESEARCH

This last counseling school or system examined in the study of theory is called "process research" because the emphasis is upon the counseling process itself. The aim is to determine by the analytic approach "which procedure will work best for accomplishing the particular goal with the particular type of client in the particular type of institutional setting."¹⁰⁵ This approach differs from being simply eclectic. It is more empirical. Much study is made of the counseling interview to determine which factors improve communication between the counselor and client. These researchers are concerned with counselor attitude and technique apart from personality or learning theory.

IX. ELEMENTS OF AGREEMENT BETWEEN ALL COUNSELING THEORIES

There are ten common elements listed by Steffire between four schools of theoretical thought in counseling.¹⁰⁶ The schools are the psychoanalytic, the behavioristic, the client-centered and trait-factor. These elements are really broad enough in their scope to include all the approaches already discussed in this study.

Flexibility

The experienced counselor must be able to adapt his style to the unique character of the client and the relationship at any one time.

¹⁰⁵Brammer & Shostrom, op. cit., p. 52.

¹⁰⁶Steffire, op. cit., pp. 273-277.

Motivation

Theories seem to agree that the clients who want counseling are more apt to profit from it than those who do not. Motivation seems to be a "necessary condition for behavior change and counseling success."¹⁰⁷

Relationship

All theories are agreed that the client-counselor relationship is the most important element and plays the most crucial role in counseling.

Respect

Necessity for respect for the individuality, humanness and complexity of the client is shared by all counselors. "This respect for others grows with self-respect and the appreciation for the command to love others as you love yourself. From self-understanding and self-acceptance comes understanding and acceptance of others."¹⁰⁸

Communication

All theories agree that client and counselor must communicate, both on a verbal and non-verbal level, through symbolizations or plain speaking. All theories have something to say about this problem. Tone of voice, body gestures and word choices should all communicate something.

Learning

In the counseling situation "the client learns in some way more

¹⁰⁷Ibid., p. 273.

¹⁰⁸Ibid. p. 274.

about himself and his world and, therefore, performs better."¹⁰⁹ The explanation for why he learns varies, but all agree that it happens.

Direction

The counselor does direct the client. It "is now more frequently seen as an omnipresent aspect of all counseling."¹¹⁰ Client-centered groups have resisted this view, but are realizing that by his responses --if only a grunt or an "I see"--do positively reinforce effective statements of the client.

Support

The very interest the counselor shows in the client says to him, "You are worthy of my time and attention." He also supports such concepts as "you will be able to cope with your decisions, crises and problems you face," by acting them out in the counseling situation. But whether consciously or unconsciously, incidentally or deliberately and directly, it is nevertheless being done when counseling is done.

Rewards

The client is rewarded by the counselor for his presence and for his good behavior. There is actually a mutually rewarding interaction between them and the counselor needs to recognize its importance.

¹⁰⁹ Ibid.

¹¹⁰ Ibid., p. 275.

Purposes

All counseling theories have as a purpose that of helping the client to become

...a free, informed, responsible person conscious of himself -- his strengths and weaknesses, his sicknesses and health -- and capable of viewing the world unblinking and unafraid; capable too of making decisions for himself in harmony with his unique nature and at least minimal societal requirements.¹¹¹

Summary

Successful counseling is best accomplished by attending to these similarities. The core activity in all counseling is helping the client to find his identity in a culture that, like the human condition itself, is both baffling and beautiful.¹¹²

¹¹¹Ibid., p. 276.

¹¹²Ibid.

CHAPTER IV

SPECIALIZED COUNSELING AREAS

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SPECIALIZED COUNSELING AREAS

Introduction

Every pastor, because of his position as shepherd of the flock, is expected by his people to be able to function effectively in certain situations. It is necessary that the pastor be prepared beforehand so as to meet these occasions confidently and efficiently. "(Here) are fourteen different situations (listed by Dicks) in which every pastor needs training, insight and skill."¹¹³ He lists them as:

The Dying	Pre-marital Guidance (Counseling)
The Grief Sufferer	Marriage Counseling
The Physically Ill	The Alcoholic
The Shut-in	The Relative of the Alcoholic
The Older Person	The Anxiety Sufferer
The Evangelistic Call	The Depressive
The Routine Call	The Unwed Mother

He lists as "special cases"

- The Dope Addict
- The Homosexual
- The Sterile Couple

This list of specialized counseling situations is not exhaustive; they are simply the most common which the pastor encounters. Nevertheless this listing served as a guide for study and a starting place for specialized research.

I. THE DYING PERSON

One of the most common pastoral experiences is to call at the

¹¹³Dicks, op. cit., p. 30.

bedside of a dying person. There will always be a need for the pastor to minister in this capacity.

Pastor's Responsibility to the Dying

In order to be of help to the dying, a minister must know what his denomination teaches about death, the afterlife, and immortality because the dying person needs assurance by the pastor from a doctrinal standpoint.

One responsibility of the pastor to the dying person includes making every effort to be present at the actual time of death.¹¹⁴ Dying is lonely business. The dying patient is fortunate who, when awaking is reassured by the presence of his pastor. "His prayer commending the loved one to the care of God, and the benediction which closes such a prayer eases the rupture between man's time and eternity."¹¹⁵ At this time only religious hope is meaningful. The pastor will do everything possible to impart religious assurance to the dying.

The pastor permits the patient to talk as he wishes to, chats with him as he desires, prays as prayer is welcomed, lends strength to the patient's ebbing strength. Gradually the doors of faith are opened, patiently the paths of faith are trod, the realities of God become more real, the presence of God more supportive until the transition from life to death is one of ease.¹¹⁶

¹¹⁴Ibid., p. 31.

¹¹⁵Ibid.

¹¹⁶Ibid.

The Need for Honesty with Everyone

The minister must not hide information from the dying. Whether or not he volunteers to tell the patient of his terminal condition depends upon the believer's wishes. The pastor can tactfully indicate a serious condition if he feels the straightforward prognosis would be too shocking and detrimental to the patient. But never should the pastor ever deny the truth to the patient who sincerely wants it.

Calling on a Dying Unbeliever

Usually a relative asks the pastor to visit a certain person with the hope of inspiring saving faith in the dying individual.

"When atheism exists, the pastor looks for some personal experiences that have precipitated this attitude."¹¹⁷ He may establish rapport through a discussion of this. "It is commonly accepted that they (atheists) almost always change their attitude before dying."¹¹⁸ The pastor can only be kind and hopeful until the end. Even if there is some resistance, the pastor can ask the patient to allow him to pray.

The Dying Baby

The pastor's responsibility in the case of a dying baby is with the parents. They may feel the child should be baptized (in old-line liturgical churches especially) or "blessed" by the pastor. A prayer committing the infant to God's care is in order.

¹¹⁷ Carl J. Scherzer, Ministering to the Dying (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963), p. 88.

¹¹⁸ Ibid.

After a child has expired, the pastor may quote comforting passages from scripture and say a prayer.

The Dying Child

Children become very apprehensive about death. Many six to nine-year-olds are very afraid of death and talk about it to nurses when they get sick. This may be caused by intense emotional displays by adults. Comfort may be brought by quoting a stanza of "Jesus Loves Me," a familiar Sunday School song they usually know.

The Dying Youth

The strong will to live usually keeps the youth from thinking about death. They may not resign themselves to death until the very end, if at all.

Youth is a time when temptations are very strong and most teens have at some time been disobedient, harbored evil or erotic thoughts and may feel strong guilt or fear. The pastor must be especially alert to statements indicating these.

It is imperative that the pastor have privacy when ministering to the youth in case there may be a desire for confession. The pastor may suggest communion if the illness is prolonged.

The Elderly Who Are Dying

The reaction the elderly will make to impending death depends upon the spouses' sufficiency, the patient's beliefs, finances, dependent children and the type of medication being given them. These things need

to be taken into consideration.

The pastor should not expect the older person to thank him or express gratitude for his visit. The elderly do not always think to do this.

The pastor who calls upon the aged must be patient. He may have to listen to the same story every time he visits. They forget what they have already told someone.

II. THE GRIEF SUFFERER

Grief Defined

Russell L. Dicks defines grief as "any broken interpersonal relationship."¹¹⁹ This means that grief may be experienced by parents whose child goes off to kindergarten the first day, or when a son or daughter goes away to college or military service. When children marry there may be grief and certainly when divorce occurs it is common. Death elicits grief from loved ones. Loss of job, amputations, and illness are other causes. Since grief is such a common experience and will be encountered by the pastor very frequently, it should be understood by him.

Grief is an emotion and is dealt with in the way any emotion is; namely, it "can be expressed, repressed, or suppressed."¹²⁰ It is also a normal emotion. Well-meaning friends or relatives often try to help the grief sufferer by attempting to divert their attention by turning them to

¹¹⁹Dicks, loc. cit.

¹²⁰C. Charles Bachman, Ministering to the Grief Sufferer (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964), p. 13.

entertainment, or convincing them they are "carrying on" too much or just keeping them busy to take their minds off the thought. "This tendency to cover up or cover over or channelize the thinking of the bereaved seldom meets with success because it tends to deny outlet to a perfectly normal emotional response."¹²¹

Treating Grief

Studies have been undertaken in an attempt to understand the nature and extent of grief. Notable is the work of Dr. Erich Lindemann summarized in his article: "Symptomology and Management of Acute Grief."

He found "it is necessary for the grief sufferer to work through the loss step by step until the sufferer is free from the bondage of the deceased and can lead an independent life." Lindemann affirmed that "no one ever escapes this process of grief work or is ever free until he does work through the grief."¹²²

(Lindemann) eventually concluded that each person suffering from grief needs from six to ten hours of somebody's listening time to overcome his grief feelings after a death. If he does not get that time, his melancholy will continue and sometimes he will remain ill.¹²³

Normal Physical Reactions to Grief

For the person who is informed of a sudden unexpected death in the family there is often a physical reaction.

The initial shock is frequently followed by such physical symptoms as queasiness in the stomach, sharp pain in the abdomen, pounding or throbbing in the

¹²¹Ibid.

¹²²Ibid., p. 9.

¹²³Dicks, op. cit., pp. 32,33.

head, the cottony feeling in the mouth, the loss of awareness of surroundings and palpitation of the heart.¹²⁴

Sighing, feeling empty, and loss of appetite are common. "The fog of unreality is the most common characteristic."¹²⁵

Normal Psychological Reactions to Grief

The grief sufferer has been known to exhibit high agitation, increase in highly random activities, talkitiveness, and a lack of meaning in the routine affairs of normal day-to-day activity.

Sometimes the grief sufferer is afraid to give in to the emotion because they fear they will become mentally ill and suffer a nervous breakdown. Actually the opposite is true. The breakdowns occur when the individual tries to be stoic. "Giving vent to tears and emotion is the best mental health insurance."¹²⁶

Some grief victims go to great length to avert the reality of loss. Some employ compulsive rituals such as setting the table with an empty plate, keeping the room exactly as it was before death, visiting the cemetery, or engaging in some psychic communion with the dead. All these reactions may be experienced before the individual accepts the reality of the loss.

¹²⁴Bachmann, op. cit., pp. 15,16.

¹²⁵Ibid., p. 16.

¹²⁶Ibid., p. 18.

Handling Grief Constructively

There are ten needs which the grief sufferer has which must be satisfied in order to "work their way out" of their distress. These needs are listed by Bachmann and are as follows:

1. Feelings need to be expressed. The grief sufferer must feel free to feel the hurt and be able to express this openly and unashamedly before someone who understands.
2. Facts need to be faced. The loss of the individual will have to be accommodated eventually in the daily existence of the family, minus one.
3. Pain and loss need to be accepted. This need not be immediately. From three to six months may be necessary, and is considered a normal period for acceptance of the idea of the loss.
4. The need for assimilation of the fact of loss in daily living. To be oneself again, to rejoin groups and interact with life is necessary. Resumption of old duties quickly is advised; assuming new duties too fast is not advised. Some throw themselves into incessant activity to blunt the pain. This is wrong.
5. Need for protective layers. Those from closely knit families are able to make a more rapid recovery. Strong solidarity within the ethnic, social or cultural group provides the necessary insulation and support for lessening the blow while not making light of it. Substitutes for the loss, such as family, friends, relatives, helping specialists and the community at large make the loss more manageable. The pastor is one of the helping specialists.

6. The need to verbalize feelings. The pastor needs to listen to the recital of events, to rehearse the last moments, to review past accomplishments, discover those facts that have meaning for the person, and provide the atmosphere for this release. All these are necessary steps in the process of verbalization by the grief sufferer.

7. The need to explore alternative courses of action. The pastor can be of great help in working out with the grieving a workable plan for the future. Do not choose for him or push, but follow each course of action to its logical outcome and let them choose.

8. The need for community: Grief Anonymous. The pastor should encourage the people in his church who have worked through their own grief to form a group which would act as buffers - that would help fellow grief sufferers build bridges of new relationship. They would contact the sufferer within the first week after the loss and keep in touch until the pain is over.

9. Need for relatedness. Grief sufferers are in need of relatedness to other grief sufferers and to the community at large. The individual needs to find some useful purpose, cause, or relationship to which he can give himself. This involves an act of will or commitment. A new meaning for one's existence begins with the recognition that there are tasks to be done, new goals to reach, new patterns to be established, new roles to be played.

10. A need to be needed. The individual who can find a place of importance or an occupation or role in which he is needed will see rapid recovery from grief. The grief sufferer needs to assume a respected and

responsible position. This will bring new enthusiasm for life and something to live for.¹²⁷

Destructive Ways of Handling Grief

Bachmann also lists three destructive ways people handle grief. The pastor should be alert to these symptoms.

1. Overactivity. Throwing oneself with utter abandonment into the stream of things.

2. Taking on physical symptoms. The common symptoms are in the category known as psychosomatic disorders. They may be markedly similar to the symptoms of such diseases as arthritis, rheumatism, colitis, and especially ulcerative colitis.

3. Withdrawal from social relationships. The avoidance of any activity in which the deceased had participated or which they shared together is symptomatic.¹²⁸

Potential Danger Signals in Grief Reactions

1. When someone feels he is no longer of value as a person
2. When he acts in a manner inconsistent with his usual behavior
3. When he makes veiled threats at self-destruction
4. When he makes dramatic gestures through superficial attempts
5. When he exhibits antisocial behavior
6. When excessive hostility is demonstrated
7. When he engages in excessive drinking
8. When he is extremely moody
9. When he withdraws completely and no longer interacts with others

¹²⁷Ibid., pp. 46-51.

¹²⁸Ibid., pp. 53-54.

10. When he is fleeing reality by sudden decisions to fly to remote places.¹²⁹

When these symptoms are evident, the pastor should help the family to take responsibility or, in consultation with members of the family, persuade the person to accept other professional help voluntarily.

III. THE PHYSICALLY ILL

Introduction

Ministering to the physically ill is a very common form of pastoral ministry. Here also, the pastor needs to know the specific needs of the person suffering in this manner.

The physically ill usually are in a hospital situation.

Within the period of illness there are clearly defined crises points that must be kept in mind. Each has its peculiar problems and calls for discernment. Crises areas include Pre-surgical Care, Accepting Physical Handicaps, Protracted Convalescence, and Serious Illness.¹³⁰

Pre-surgical care. There is more than mere physical discomfort to deal with. There is uncertainty, wondering if he did the correct thing in submitting to an operation. A surgical operation is an act of faith. The patient must trust the doctor, the anesthetist, the hospital equipment, and the sustaining power of God. Every patient prays to the best of his ability before surgery. At this time the pastor's quiet calm and unhurried visit brings new hope and confidence to the patient.

¹²⁹Ibid., pp. 55-56.

¹³⁰Dicks, loc. cit.

Accepting physical handicaps. After illness or injury, the doctor will often require limited activity. A feeling of rejection and uselessness may overtake the patient. Getting the patient to accept his condition is the goal.

Protracted convalescence. At this crisis, time and boredom wear heavily on the patient. They depress, rob one of hope, undermine confidence. Knowing this, the pastor can help restore hope and rebuild confidence.

Serious illness. This condition is discussed above under the topic of "Ministering to the Dying."

IV. THE SHUT-IN

Definition

The shut-in is defined as "one whose activity is limited to house, wheel chair or bed."¹³¹

The Problem

Although radio and television have helped immensely, the shut-in finds time moving very slowly and meaninglessly. "Even when they have radio, television, books, handiwork, they miss companionship."¹³² They feel they have no purpose for living.

The pastor's calls to the shut-in should be disciplined con-

¹³¹Dicks, op. cit., p. 34.

¹³²Ibid.

versation; he should seek to probe the inner thoughts of the parishioner. The pastor can stimulate reflective thinking by discussing books, ideas or articles of interest.

The shut-in should be encouraged to engage in a program of self-education and self-help and to use his time constructively even to the point of rehabilitation. The pastor should not be content until purpose can be found for such a person. The pastor's patience, imagination and dedication may be tested by these people more than any others.

V. THE SENIOR CITIZEN

The Problem

Medical science is progressing more rapidly all the time. In the last few months heart transplants have been successfully accomplished. Years are being added to life with the average life expectancy rising each year.

Large housing developments and luxury apartments with special facilities are being built expressly to meet the needs of senior citizens.

Growing old brings problems not encountered at other ages in life. "Income, health, housing, companionship, attitude or outlook (philosophical and psychological) are the major problems of senior citizens."¹³³

Role of the Church to the Aging

J. P. Brown in his book, Counseling with Senior Citizens, tells us

¹³³
Ibid., p. 35.

The role of religion in the aging process is three-fold: 1) to acknowledge the spiritual contributions of retirees, 2) to make church membership meaningful for senior citizens, and 3) to guide retirees toward personal adjustment.¹³⁴

Through religious motivation, added zest enters their striving as they are included in the fellowship of believers with an opportunity to fulfill their highest potentialities. A background of good religion is adequate to guide retirees through periods of adjustment.

A church program which ministers to the needs of the senior citizens should do four things for them: 1) nourish their faith, 2) involve them in activities that will be gratifying, 3) provide opportunities for fellowship through creative recreation, and 4) make available all the resources of the community for their welfare. A well-balanced program for senior citizens should include arts and crafts, study, recreation, and social services. If all these factors are considered by the pastor and adopted by the church, there will be fewer counseling problems.

Emotional Factors in Aging

Emotional problems overtake the senior citizens because of

...impaired physical and mental facilities combined with an additional loss of self-esteem a sense of uselessness with resulting loneliness, depression, rejection, and finally, the loss of friends and relatives heightening the thought of death.¹³⁵

The minister will be especially alert to these feeling when counseling

¹³⁴J. Paul Brown, Counseling With Senior Citizens (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964), p. 16.

¹³⁵Ibid., p. 68.

with the aged.

VI. THE EVANGELISTIC CALL

Introduction

Although traditionally evangelism has been done by mass or group methods in evangelical churches, there is a swing today to personal, individual methods. Even to the casual observer the "sawdust trial" and camp meeting emotionalism approaches to evangelism are seen to be waning. One of the newest and most effective approaches to evangelism is the evangelistic call.

Methods of Securing Prospects

The pastor may secure contacts for evangelistic calling through his own church members who say their neighbors, friends, relatives or acquaintances may be interested in a call from him.

Many pastors have special cards in the pews with an appropriate place upon it to mark if persons desire the pastor to call explaining the gospel to them. Again, some pastors announce at the conclusion of their sermon for those who have made or wish to make a decision for Christ to state their desire by handing him a card as they leave the sanctuary. Some have the people place the card in the offering plate as it passes.¹³⁶

R. L. Dicks, departing somewhat from the traditional idea, defines the evangelistic call as any call for any purpose upon someone who is not in the fellowship of the Church with a view to reaching them for Christ.¹³⁷

¹³⁶Eternity, "Is the Altar Call a 'Sacred Cow'?", January, 1968.

¹³⁷Dicks, op. cit., p. 36.

This may at first involve helping that person in their time of distress; whether in sickness, convalescence, dying, suffering, grief, marriage problems, etc. Once Christian concern has been demonstrated, then the person is ready to listen to the message. But all is part of evangelism. R. L. Dicks says, "If a call is made upon a non-parishioner it is an evangelistic call whether or not the church, Christ, God or commitment is ever mentioned."¹³⁸

The Rev. Delamarter of the Free Methodist Church denomination has an excellent detailed program for personal evangelism which involves calling in homes by appointment in the same way as an insurance man would do. Literature available on this method is entitled "Salvation by Appointment." Many will respond readily to the gospel message in the privacy of their own homes who would never walk down the church aisle to make a decision. Person-to-person evangelism is as scriptural as mass evangelism.

VII. THE ROUTINE CALL

Introduction

The routine call is sometimes termed "visitation" in church circles. The word "visitation" however, often gives the wrong connotation. It connotes a light, impersonal, somewhat superficial and pleasant contact at a person's home. Although this may describe exactly what is involved in many cases, the pastor must not gloss over feelings and ignore the

¹³⁸Dicks, op. cit., p. 37.

anxieties of those he visits.

Routine calling is that which is done without reference to any special need of the parishioner, nor any request that the pastor come. "Even though pastors neglect this type of calling, it is as important as any the minister does."¹³⁹

Purpose of Routine Calling

The routine call makes contact, builds confidence, establishes a relationship, and opens doors.

The routine call often brings out trouble that is not known to the minister before he calls. One study showed that the routine call turned up crisis material in approximately thirty percent of the calls and sometimes as high as forty.¹⁴⁰

An informal routine call is often the beginning of a series of counseling sessions wherein the parishioner receives great help and is strengthened in his faith. The routine call then gains rapport for future ministry to the person(s).

When to Start Routine Calling

After a pastor arrives in a new church, his introductory calling should be first upon the seriously ill both physically and mentally, the recently bereaved, the alcoholics, the shut-ins, and others needing early attention. Then early in the second week he should call upon the official board members, officers of the women's society, the youth groups, the key

¹³⁹Ibid.

¹⁴⁰Ibid., p. 38.

leaders in the Sunday School. "After these calls he is ready to start his routine calling. Some pastors follow the practice of stating simply and briefly to the congregation their calling plan the first Sunday in the pulpit."¹⁴¹ Dicks tells us, "Routine calling is the cornerstone of good pastoral care."¹⁴²

VIII. PRE-MARITAL GUIDANCE

When a couple comes to the pastor to be married by him and the pastor requires them to attend pre-marital counseling sessions, they are often surprised by this requirement. But almost all engaged couples desire all the help they can find to make their marriage successful and will want to attend the sessions. "The pastor who performs many weddings should have an established class of instruction for those about to be married."¹⁴³ Those who are recently married but who missed the instruction class could also be included in the class.

Pre-marital Instruction Class

A class for engaged couples should be offered which is similar to the instruction a pastor would give to the individual couple.

A physician may be used if one is available to discuss the subject of planned parenthood but he should not be asked to discuss sexual

¹⁴¹Ibid., p. 39.

¹⁴²Ibid.

¹⁴³Ibid., p. 42.

relations as few doctors communicate well on this subject.¹⁴⁴ A younger and inexperienced pastor may want to arrange for a more mature man to substitute for him at this area of the instruction.

A lawyer could lecture on the legal aspects of marriage which probably have never been considered by the couple. "The necessity for a marriage license; a joint bank account; the joint ownership of property; legal aspects of adopting children; the need for a will; insurance beneficiaries are all important (considerations)."¹⁴⁵

A banker could discuss finances and money management. An insurance man will give important information just for a chance to sell their commodity. Lectures by architects and other professionals or specialists could be profitably engaged.

Of course the pastor speaks authoritatively in his own field, that of relating religion and God to the success of the home. It is here that he has been trained and where the people expect him to give them the most guidance. The pastor will show how Christ and their faith ties all the other areas together harmoniously.

Personal Interview Type Pre-marital Counseling

Classes are helpful and have their advantages, but many pastors choose to meet personally with the couple. It is more personal and will provide more interaction. This is true counseling in that it involves the

¹⁴⁴Ibid., pp. 42-43.

¹⁴⁵Wayne E. Oates, Premarital Care and Counseling (Nashville, Tennessee: Broadman Press, 1958), p. 33.

feelings of the couple.

Pre-marital educative counseling. Clinebell favors "educative counseling" for pre-marital purposes. It is his way of giving counseling-oriented education and can also be used for prebaptismal and church membership counseling as well as other areas. Following are some methods outlined by Clinebell.

1. As in other counseling, relate warmly, acceptingly and feelingly so that a sturdy relationship will grow.
2. Provide structure by asking low-threat, open-ended questions beginning with general informational queries about positive aspects of their relationship.
3. Do everything possible to remove the sense of threat, so they will feel free to reveal needs and worries.
4. Gradually become aware of the couple's learning readiness i.e. their degree of awareness of needs related to their marriage.
5. ...open up various key topics briefly, watching for interested responses which may indicate awareness of need. Here are some of the areas which often produce fruitful dialogue: money, budgets, in-laws, housing plans, family planning, parenthood, special needs of men and women, conceptions of roles, improving communication, dealing with differences, influences of family backgrounds, first year adjustments, mutual sex satisfaction, meeting crises, the reciprocity of sexual and ego needs, the role of religion in enriching family life.
6. When a flicker of interest appears in a couple's responses, concentrate discussion on that area for awhile encouraging them to examine it and seek to communicate needed information.
7. Discussion should focus on present feelings and current problems in addition to anticipated future problems.
8. Several sessions (a minimum of three) should be spent with each couple to establish rapport and become consolidated between sessions.

9. A line-by-line discussion of the wedding ceremony allays anxieties about their parts in it and provides an ideal entree to a discussion of its profound meaning.¹⁴⁶

Goals of educative counseling.

1. Reducing their anxieties about the mechanics of the wedding.
2. Giving them some guidelines for the early adjustment stages of marriage.
3. Strengthening their sense of adventure, rapture, and joy.
4. Undergirding or strengthening their sense of adequacy and helping to make it at least slightly more realistic.
5. Setting an example for them of openness of communication on such taboo subjects as sex and anger.
6. Introducing them to the "language of relationships."
(Ruel Howe)
7. Supplying them with whatever information they may desire relative to achieving a satisfying, growing relationship.
8. Giving them a "juicy taste" of a somewhat deeper level of communication than they have hitherto experienced.
9. Helping them sense the wonder of the presence of the God of love.
10. Helping them experience the difference between "holy matrimony" and just getting married.
11. Making oneself emotionally available so they may use the relationship for more extended counseling before or after the ceremony.¹⁴⁷

Pre-marital Tests, Inventories, and Books

There are three areas in which a pastor can suggest tests for good

¹⁴⁶Clinebell, op. cit., pp. 197-202.

¹⁴⁷Ibid.

marital adjustment. They are 1) sexual knowledge, 2) compatibility and, 3) personality.

The sex knowledge inventories determine the person's basic knowledge in the sexual sphere. The compatibility tests determine the similarities and differences between the man and woman to be married. The personality tests are devised to test the personality and temperament of the individuals. Most of the latter test must be administered by a professional. It must be added here that some do not believe in ministers giving tests at all.

Books can be used effectively and should be suggested at the start of the pre-marital interviews. They can aid greatly in the understanding of marital harmony.

IX. MARRIAGE COUNSELING

Introduction

The American home is facing a crisis. There are so many divorces, broken homes, and unhappily married couples that thoughtful people are becoming alarmed. No one is sure exactly why there are so many problems, but certainly the economic and social liberation of women since World War II has made an impact. Women now demand financial, vocational and sexual equality with men whereas perhaps their mothers had to tolerate male domination in these areas.

What is a Happy Marriage?

Some couples have resigned themselves to the fact that marriage happiness is impossible. Others are striving for an impossible ideal.

R. L. Dicks calls marriage

...the joining of the wills and desires of two people in companionship, communication, concern, and affection so that the feelings they share overflow into the lives of their children and others they meet. It is a permissive relationship, not held together by force, threat or pressure.¹⁴⁸

Frequent Causes of Dissatisfaction

Narramore quotes the results of a study by sociologists Judson and Mary Landis who questioned four hundred and nine couples about their marriage adjustments. The percentage agreeing that they had reached a mutually satisfactory adjustment in certain areas was as follows:

Sex relations (lowest rate of adjustment) 63%; management of children, 71%; social activities, 72%; religion, 76%; management of income, 77%; in-law relations, 77%; mutual friends (highest rate of adjustment), 82%.¹⁴⁹

This study is perhaps characteristic of the average family situation, indicating where the problems are most likely to occur.

Goals in Marriage Counseling

Most modern approaches to marriage counseling do not make "keeping the family together" the superlative of marriage counseling. The reason for this is found in recent studies which indicate that conflict in the home is more harmful to husband, wife, children and everyone involved than separation and dividing the home.¹⁵⁰ In one study at a

¹⁴⁸Dicks, op. cit., p. 44.

¹⁴⁹Clyde M. Narramore, The Psychology of Counseling (Grand Rapids: Zondervan Publishing House, 1960), p. 198.

¹⁵⁰Dicks, loc. cit.

counseling center, "seventy percent of the teenagers treated for emotional disturbances were living in homes where there was conflict and where the parents were living together."¹⁵¹

The general goal of counseling, then, is "to help the couple involved to work out solutions to their problems to the advantage of each one, both interpersonally and legally."¹⁵² Many times the minister must make a choice between the wholeness or salvation of the individual or the maintenance of a social institution with all values drained from it.

Charles William Stewart gives us these goals in marriage counseling.

1. Marriage counseling is limited to current problems in relationships between marriage partners. The past, nor the personality is pushed into. The counselor is concerned with how the partners understand their relationship to one another.
2. The counselor helps the couple to begin to communicate feelings to one another again. He creates an attitude of trust and freedom.
3. The counselor helps the couple to adjust to certain situations in the marriage which cannot be changed, including each other's character traits.
4. The counselor helps the couple to play down personal goals and to work toward ones which are mutually set. Love grows in such an atmosphere of mutuality, when the other is valued as much or even more than the self.
5. The counselor aids each partner to understand the other and his role in marriage, such as giving him opportunity to adjust to what the mate and the marriage demand

¹⁵¹Ibid.

¹⁵²William Charles Stewart, The Minister as Marriage Counselor (Nashville: Abingdon Press, 1961), p. 81.

of him.¹⁵³

Narramore or any dynamically oriented counselor would probably place more emphasis upon the expression and release of strong emotions as a goal of counseling than Stewart does here.

The Pastor as a Marriage Counselor

Some counseling authorities believe a minister should not do marriage counseling at all if he can help it because his other role as minister prevents people from venting feelings. His parishioners may be afraid of what the pastor will think of them. These authorities also state the minister does not have sufficient training, skills and time for this service. R. L. Dicks says, "Whenever possible...the local pastor would do well to refer couples to the professionally trained marriage counselor."¹⁵⁴

Of course, more often than not, the pastor is the only one in the community to whom a couple can go, so he must simply do the best he can. All the training he can get on the subject will help immensely.

X. THE ALCOHOLIC

Introduction

Alcoholism is a very serious sickness which is trapping more victims every year. It is "the most stubborn and resistive illness which

¹⁵³Ibid., p. 82.

¹⁵⁴Dicks, p. 43.

we see, surpassed in difficulty only by drug addiction."¹⁵⁵ "There are an estimated eight million known alcoholics in America (and) their numbers are increasing by 450,000 each year."¹⁵⁶

The National Safety Council says fifty percent of all traffic deaths are caused by drinking drivers...Twenty thousand persons die and four hundred thousand are injured annually in accidents caused by drinking drivers.

A survey of divorce cases in court reveals that sixty percent of all divorces have drinking in their background, and seventy-five percent of all crimes are committed by those under the influence of alcohol.¹⁵⁷

Alcoholism Defined

The World Health Organization Subcommittee defines alcoholics as:

...those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance, or an interference with their bodily or mental health, their interpersonal relations and their smooth social and economic functioning, or who show prodromal signs of such developments. They therefore require treatment.¹⁵⁸

The Journal of the American Medical Association completing a series of articles on alcoholism divides alcoholics into two groups: primary alcoholics, who become slaves to ethyl alcohol because of addiction, and secondary alcoholics, those who at first drink compulsively because of personal problems or for physical reasons.¹⁵⁹

¹⁵⁵Ibid., p. 45.

¹⁵⁶Jerry G. Dunn, God is for the Alcoholic (Chicago: Moody Press, 1965), p. 18.

¹⁵⁷Ibid.

¹⁵⁸Thomas J. Shipp, Helping the Alcoholic and His Family (New Jersey: Prentice-Hall, Inc., 1963), p. 67.

¹⁵⁹Dunn, op. cit., p. 14.

The Seven Steps Down

Dunn lists seven typical steps toward alcoholism:¹⁶⁰

1. Social drinking. The liquor industry spends four hundred million dollars a year in advertising to give drinking a respectable image and a model for so-called "gracious living." "Seventy percent of adult males and fifty-eight percent of the adult females drink in this country."¹⁶¹

2. Dependent drinking. Nearly synonymous with habit drinking, dependent drinking is done when no occasion demands it.

3. Prealcoholic phase. The individual begins to gulp his drinks hastily, to drink on the sly. This individual's craving for drink causes the "alcoholic personality." He begins to lie to conceal his drinking. Lying and deceit become a way of life to him to keep his family and his employer from knowing he is drinking more and more.

4. Problem drinking. He begins to lose control of his drinking habits at this point. He can control himself when he starts drinking, but cannot stop when he wants to. He begins to go on weekend drunks. He misses work, becomes undependable, misses appointments.

5. Alcoholism. This is a sudden and marked change from problem drinking. He can no longer control either the time he starts nor the time he stops. His whole life is centered around one thing - getting another drink. He no longer maintains a normal life. He will probably lose his job. Jails, hospitals and rehabilitation centers may become commonplace.

¹⁶⁰Ibid., pp. 22-43.

¹⁶¹Ibid., p. 48.

He becomes dependent upon others.

6. Chronic alcoholism. This step is a gradual change from alcoholism. His family and friends have turned against him. He is alone. His self-respect is all gone. He goes on long periods of intoxication finally ending with delerium tremens.

7. Organic deterioration. He no longer cares how he looks. His eyes are bleary, his face perpetually bloated and flushed. He no longer tries to hold a job. He will work for a few dollars to get a room and some alcohol. Walking is difficult and his hands tremble. He lives on hand-outs. Cirrhosis of the liver, nervous and gastric disorders are common as well as malnutrition and mental deterioration.

Counseling the Alcoholic

The first presupposition in effective counseling of alcoholics is that they come willingly desiring help. "Nothing can be done for the alcoholic until he wants to be reached."¹⁶² "The alcoholic must reach a crisis point in his life before he will be open to guidance and help."¹⁶³ He must, in the language of the rescue mission, "hit bottom." It may be the jolt of losing his job, his wife, or may be a bout with the delerium tremens. When the alcoholic is at the bottom and has come to the place where he does not want to take another drink, then he can be helped to break the drinking cycle.

To help the alcoholic overcome his addiction:

¹⁶²Ibid., p. 40.

¹⁶³Ibid., p. 41.

1. Encourage him in his desire to stop (drinking).
2. Help him to face his problem.
3. Provide him with medical care so that he can have the help modern medicine can give him. See that he gets a complete physical check-up.
4. Help him to understand that he cannot overcome alcohol addiction by himself.
5. Introduce him to the power of God.
6. Teach him to keep in daily touch with God's power.¹⁶⁴

XI. THE RELATIVE OF THE ALCOHOLIC

Introduction

The spouse, immediate family and relatives suffer as intensely in some respects as the alcoholic himself. Doctor Shipp has some good suggestions for how the minister can help the alcoholic's family. Here are some of them.¹⁶⁵

1. Help them face their problem. Give the family support until the alcoholic is willing to accept help and treatment.
2. Help them become acquainted with the facts about alcoholism.
3. Get them in touch with someone who has experienced a similar problem.
4. They should be made to understand that they may be too emotionally involved and too close to their problem to be helpful. They need outside help.
5. The alcoholic's family must lead him to stop drinking for personal and selfish reasons.
6. The family should not be too disappointed if a relapse should occur

¹⁶⁴Ibid., p. 55.

¹⁶⁵Shipp, op. cit., pp. 133-136.

after treatment has been started.

7. Non-alcoholic members of the family may request the minister to make their decisions for them. Help them reach decisions which are their own and follow through with them.
8. It does not help the alcoholic to ridicule, scold, preach, threaten, or to remind of failures. It only leads to trouble to fuss and argue with the alcoholic while under the influence of alcohol.
9. The family should be involved in the treatment method. They will be more cooperative and won't be jealous.
10. Anyone trying to help the alcoholic should be careful not to give the impression that he is better than the alcoholic.
11. It does not help to hide or pour out the liquor.
12. The family should look at themselves. They too can be victims of self-pity, selfishness, dishonesty, immaturity, and self-centeredness.
13. The family should understand that it does not help the alcoholic to cover up, make excuses, assume his responsibilities, give him money, and treat him like a baby.

Shipp also lists some things which the family can do which will be helpful to the alcoholic's recovery if sobriety is achieved:¹⁶⁶

1. Be consistent as possible.
2. Maintain as happy and joyful an outlook as possible.
3. Do not keep going back over yesterday's troubles and throwing them up to him.

¹⁶⁶Ibid., p. 136.

4. Don't question him about drinking.
5. Do not make sport or tell stories about his bad days. Leave this to the alcoholic.
6. Help him find something that will fill his leisure time.
7. Support him in whatever treatment he desires.
8. See that he eats regularly and the right kind of food.
9. Help and encourage him to find a hobby.
10. Do not push, but take it easy. Time will take care of many things.
11. Support him in his work with Alcoholics Anonymous.
12. Become active in Alanon or Alateen (organizations affiliated with Alcoholics Anonymous).
12. Develop and strengthen your own spiritual life.

All these suggestions for the minister and the family should prove to be helpful in the recovery of the alcoholic.

XII. THE ANXIETY SUFFERER

Introduction

Every psychological system has an explanation to account for and a method of dealing with anxiety. Since this subject has already been dealt with indirectly in discussing counseling theories, the purpose here is to merely suggest some broad guidelines.

Definition of Anxiety

Anxiety is defined as a "state of emotional tension characterized by apprehension and fearfulness; psychic pain."¹⁶⁷

¹⁶⁷Coleman, op. cit., p. 657.

Symptoms of Anxiety

Coleman describes the symptoms of neurotic anxiety reaction in this way:

There is a relatively constant state of tension, restlessness, and diffuse uneasiness. The individual exhibits generalized irritability, has difficulty concentrating, and suffers from insomnia. Usually he has difficulty making decisions and dreads the possibility that he may make a mistake. There may be mild nausea, loss of appetite, and some loss of weight. He may have heart palpitations for no apparent reason, and there may be cardiovascular changes such as elevated blood pressure and an increased pulse rate. In essence the individual is suffering from a chronic state of alarm and mobilization.¹⁶⁸

Anxiety is a factor underlying all neuroses. The description above is that of directly experienced anxiety and hence is said to be "free floating" anxiety. "In other neurotic reactions, the anxiety is ameliorated by the development of phobias, compulsions and other defensive reactions."¹⁶⁹ Irrational fears (water, height, closed places, etc.) and obsession-compulsion reactions (an overpowering compulsion to strike someone, continual hand-washings, a feeling of necessity to step on every sidewalk crack, returning several times to see if you locked the house door, etc.) are but two typical neurotic defenses for reducing anxiety.

"Normal" Anxiety

Ernest Bruder says: "Anxiety is a phenomenon that everyone experiences. It is peculiarly human."¹⁷⁰

¹⁶⁸Ibid., p. 196.

¹⁶⁹Ibid.

¹⁷⁰Ernest E. Bruder, Ministering to Deeply Troubled People (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963), p. 71.

Again, Coleman tells us:

In our present highly disturbed world many of us feel uneasy a good deal of the time and may even experience mild anxiety attacks. Similarly, severe financial reverses, loss of employment and other acute stresses may activate rather severe but perfectly normal anxiety reactions. Thus, it is not anxiety per se but the type of stress situation eliciting it that determines its normality or abnormality.¹⁷¹

Coleman tells us there are five kinds of situations which are likely to augment anxiety in one who is predisposed to this reaction.¹⁷²

1. Threats to status or goals. Perhaps the necessity of assuming adult responsibilities, meeting demands for achievement, and competing with others in the face of underlying feelings of inadequacy and inferiority.
2. Threatened breakthrough of dangerous desires. Sometimes hostility or sexual desires may threaten to break through the individual's defenses into consciousness or even into behavior which would lead to serious self-devaluation or would endanger his relationship with others.
3. Anxiety-arousing decisions. Business, marital, social, financial decisions with far-reaching implications may precipitate anxiety.
4. Reactivation of prior trauma. Stresses which reopen earlier personality wounds such as bad parent relationship in childhood may revive dormant but not forgotten attitudes against a new job foreman or supervisor.
5. Guilt and fear of punishment. Occasionally anxiety reactions develop as an aftermath of behavior which arouses acute guilt feelings and fear of punishment such as a hunting accident, extramarital affair, etc.

¹⁷¹Coleman, op. cit., p. 197.

¹⁷²Ibid., pp. 197-200.

The Minister's Role with Anxious People

With neurotic anxiety, the pastor would do well to refer these people to therapists with deeper psychological insights than the pastor possesses. "You must listen to them for two or three hours spread over as many weeks; if there is no improvement: refer. Refer to the local physician and follow through with him. Ask permission to call the physician."¹⁷³

For those who are anxious about guilt and fear of punishment, but who are not neurotic, the pastor can supply the needed assurance that we have a Savior who forgave those in deepest sin and will forgive them completely too. The pastor may be able to help the individual talk out the best course of action when he is deadlocked by anxious indecision, assuring him of God's blessing upon it providing it is not selfishly motivated.

As far as dealing with anxiety associated with threat to status, the pastor can help the believer to only be concerned about Christian ideals of status such as honesty, integrity, truthfulness, service, etc. Anyone can achieve satisfactory status as a Christian.

XIII. THE DEPRESSIVE

Introduction

Depression is the most common type of mental disturbance, hence the pastor will be dealing with this problem frequently.

Definition

¹⁷³Dicks, op. cit., p. 49.

Neurotic depressive reaction is "an extreme and abnormally prolonged dejection and discouragement following some environmental setback."¹⁷⁴ It is another of the defense reactions which is used by the organism to deal with anxiety.

Symptoms of Depression

The symptoms of depression are:

- 1) Tearfulness or crying (found also in anxiety)
- 2) Loss of appetite, loss of sleep, loss of weight
- 3) Slowness or sluggishness of speech
- 4) Rapid onset of the condition. If a person reports he has "always felt this way" he is an anxiety sufferer, although some depressions go on for several years.
- 5) Self-deprecation which may involve suicidal reference. Do not hesitate to inquire if a depressed person feels life is not worthwhile and whether he has thoughts of self destruction. You need not fear that this will suggest suicide to him.
- 6) Loss in sex interest
- 7) References to the unpardonable sin
- 8) There is no known situation to account for his feelings, such as recent grief experience
- 9) Previous similar experience¹⁷⁵

Sometimes when the patient alternates between depression and elation his condition is known as a manic-depressive reaction.

The Pastor's Role with the Depressed

The minister can be of great help to the family and counselee by assuring them that the depressed or elated person will recover. These persons always get well. He should, however, work closely with a physician, and not

¹⁷⁴Coleman, op. cit., p. 196.

¹⁷⁵Dicks, op. cit., p. 50.

personally assume the responsibility for the welfare of such a person.¹⁷⁶

Both depression and elation are treated with tranquilizers and in extreme instances with electric or insulin shock.

The pastor's very attitude toward persons with emotional and mental problems can be a real example to others in overcoming ancient superstitions and fears concerning them. He can set the family at ease, assuring them that this problem is an illness and is no more a disgrace than contracting measles or tuberculosis.

XIV. THE UNWED MOTHER

Introduction

Providing the pastor has an attitude of concern and sympathy for the young lady who has allowed herself to become victim of unwed pregnancy, he can be of great help to the girl and to her family.

Pastor's Role with the Unwed Mother

The pregnant girl, especially if she has had good moral upbringing, will have severe guilt. Here, the pastor can be of service in helping the girl confess her guilt and receive the assurance of forgiveness. His understanding and acceptance will do much to alleviate the sense of separation from God. "Guilt must work its way out, however, and the pastor should not err by giving hasty reassurance that God forgives her."¹⁷⁷

¹⁷⁶Ibid., p. 51.

¹⁷⁷Ibid., p. 53.

Secondly, the pastor can render a valuable service to the girl and her family by helping them shape up a plan for her care.

Thirdly, the pastor will need to help the family accept the situation. They often feel too disgraced to continue in the life of the church. They may even be afraid to face the pastor.

The Four Alternatives for the Unwed Mother

There are four ways to handle the problem of the unwed mother: (1) abortion; (2) marriage; (3) rearing the child out of wedlock by the mother or relative; (4) placing the child for adoption.¹⁷⁸

As for abortion, it is illegal in the United States and extremely dangerous and costly besides. The minister should discourage this alternative.

Marriage is advised only if it was already intended and if the father is a worthy, responsible individual who is anxious to get married without being pressured into it. But if the couple is not in love and are incompatible, then marriage is not a recommended solution to the problem.

Another alternative, raising the child out of wedlock by the mother or relative, places a stigma upon both the mother and child even though it is raised by the mother's parents or relatives. The community rarely accepts the child upon his own merit and the mother is all but ostracized from the time her pregnancy is obvious until she dies or moves away.

¹⁷⁸Ibid., p. 51.

The fourth solution, that of placing the child up for adoption "is by all odds the best solution to the problem."¹⁷⁹ In this way the mother can start a new life again, only wiser this time. She need not go through life stigmatized by her mistake.

The baby also will fare well since the agencies only allow the child to be given to a couple who are able to give it love, care and an education.

The expectant mother should be advised by the pastor to go to a home wherever possible such as Florence Crittenton or Salvation Army home.

XV. THE HOMOSEXUAL

Introduction

Every large city has its homosexual world with its rendezvous, events, parties and "celebrities". This world has its own language, its own literature, group ways, and code of conduct. These people are above all to be most pitied. Here again, the pastor's attitude toward these people will determine whether or not he can be of any help to them. If he says from the pulpit, "Hangin's too good for this trash" or some such statement, his opportunity for being a redemptive instrument to those with this problem is forfeited.

Definition of Homosexuality

According to Narramore:

The term "homosexual" designates individuals who

¹⁷⁹Ibid., p. 52.

identify themselves as such, and whose patterns of sexual desires and overt behavior are predominately or exclusively directed toward members of their own sex. A homosexual is inordinately attracted by and sexually stimulated by those of his own sex and not especially attracted physically to the opposite sex.¹⁸⁰

Causes of Homosexuality

"Research indicates that the following situations contribute to this deviation: (1) dominant mother; (2) weak father; (3) overindulgent mother; (4) cruel father; (5) initial sex experiences; (6) glandular causes; and (7) genetic causes."¹⁸¹

Dominant mother. This mother may cause the boy to fear women in general. She may rival her son for the father's affections. She may have desired a daughter and may try subconsciously to fulfill the place of a daughter.

Weak father. When a dominant mother is paired with a weak father, the likelihood of rearing homosexual boys is further intensified. When the boy cannot identify with his father because of the father's weakness, the boy loses respect for his father and for his own sex and becomes a candidate for deviation.

Overindulgent mother. This mother spoils her son - often in the absence of the father from the home or when the husband is a very passive, recessive one, or when marital relations are strained. She tries to make her son a substitute for a husband. She psychologically seduces him.

¹⁸⁰Clyde M. Narramore, The Psychology of Counseling (Grand Rapids: Zondervan Publishing House, 1960), p. 214.

¹⁸¹Ibid., pp. 216-218.

The romantic association between them becomes so pronounced and generalized that the thought of heterosexual relations in marriage seems repugnant - "that would be like having sex relations with mother." The heterosexual door being closed, the door is open to homosexuality.

Cruel father. When a father is cruel and arbitrary, often beating his children while drunk, his son may come to fear competition with men. If the boy cannot earn close wholesome relationships with men as a man, he may try to break into the male circle by letting them do as they please with him.

Girls sometimes become homosexual also, when they cannot see themselves in the role of their abused mothers and generalize all their hatred and fear of their fathers to all men. Girls who engage in these practices often are victims of lack of love.

Initial sex experiences. Being exposed to seduction or attack by an older man or woman who is a pervert may arouse sexual desires and anxieties before the child is old enough to interpret and cope with them.

Normal childhood sexual experimentation, which is rarely harmful to them, may be handled in such a way by parents so as to foster guilt, anxiety, shame or disgust with themselves and actually promote devious sexuality. A parent can prevent this through wise handling and quiet discussion.

Glandular differences. Attempts have been made to attribute homosexuality simply to a chemical inbalance in the body, but so far no evidence has been conclusive. Sexual power and sexual vitality are affected by the glands, but sexual direction seems to be psychological.

Genetic factors. Proof that homosexuality is "in the genes" or that "people are born that way" is yet forthcoming. Certain studies can be cited which indicate sexual perversion to be somewhat predictable in some cases when given access to the family history. But still the evidence is lacking to prove it is a genetical predisposition rather than a psychological one which is at fault. Some homosexuals think they were "born that way" because the influences which turned them that way came so early and gradually.

Pastoral Role with Homosexuals

Narramore suggests several ways a pastor can help people with the homosexual problem.¹⁸²

1. Pastors must accept homosexuals as human being who need help.
2. Help the counselee to see that he is not a homosexual by nature, but one whose life experiences and other factors have turned him to unnatural patterns.
3. The counselor will use basic techniques of counseling much as he would any other problem.
4. Realize the value of complete discussion. This brings needed relief. When the counselee is able to see his problem in its true perspective and to seek out the basic causes, the homosexual impulses begin to lose their hold.
5. Encourage new and different friendships with well-adjusted Christians rather than with those who would encourage devious tendencies.
6. The counselor should be aware of referral possibilities such as psychologists, psychiatrists, endocrinologists. Yet do not minimize your own effectiveness as a Christian counselor.
7. A counselor should allow a long time for rehabilitation.
8. Make sure the counselee has had a genuine experience of conversion, then help him to establish a strong plan of spiritual development. Allow for occasional regression, but point up his progress and improvement too.

¹⁸²Ibid., pp. 229-230.

XVI. THE DOPE ADDICT

Introduction

The problem of the drug addict has not seriously come to the attention of the ministry until recently because it was not until fairly recent times that the practice of drug addiction had become so widespread.

Who Becomes Addicted?

Studies of addicted persons admitted to the Federal narcotic hospitals indicate that most addicts have mental or emotional disorders. A few are found to be neurotic, and a few psychotic. Most fall into the sociopathic personality disorder category - a disorder formerly called psychopathic personality.¹⁸³

In general, people who take narcotic drugs to the point of addiction do so to relieve pain: physical, emotional, or both. Physical pain may be severe burning of the skin. Emotional pain may be anxiety, tension, depression, loneliness, futility, or boredom.

Most addicts who come to the hospital (where the author is Chaplain Director, The U.S. Health Service Hospital, Fort Worth, Texas) come from disorganized, uneducated Negro and Latin-American families...There is a frequently observed pattern: the father is unstable, often weak and inconsistent. He may have been an alcoholic or addict himself, may have travelled a lot and not been home much of the time, may have abandoned the family, leaving the wife to take full responsibility for the children.¹⁸⁴

The mother of the addict usually also fits into a pattern.

She usually is overindulgent and rejecting in an

¹⁸³Tommie L. Duncan, Understanding and Helping the Narcotic Addict (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1965), p. 25.

¹⁸⁴Ibid., p. 26.

inconsistent sort of way. Sometimes the mother is too (emotionally) disturbed to care for the child and it was reared by a relative...The person rearing the child is often psychologically deprived and turns to the child for affection. The child, recognizing these needs in "Mom" and other adults as weak spots, plays upon them to get his own wishes...His anxiety over being unwanted lowers his tolerance for frustration, and he will feel that he must always have immediate gratification.¹⁸⁵

Can the Addict Be Cured?

A person's returning to drugs depends upon several variables: his ability to work, to gain employment, to sustain relationships with people who are stable drug-free individuals, his emotional status, and his desire to remain off drugs...Some of these factors are the responsibility of the addict himself. Other factors which influence him, for example, are community attitudes, family, job opportunities, and the like.¹⁸⁶

What Can the Minister Do?

Addicts generally do not contact ministers for help. An addiction hospital chaplain reported questioning two hundred consecutive patients if they had ever consulted a minister about their addiction problem and not a single one answered in the affirmative.¹⁸⁷

According to Duncan, the minister should observe the following:¹⁸⁸

Listen, don't lecture. He already knows the evils of narcotics.

Listen for facts about him and his problem.

Don't flout knowledge of slang jargon. The goal is to encourage the

¹⁸⁵Ibid.

¹⁸⁶Ibid., p. 65.

¹⁸⁷Ibid., p. 66.

¹⁸⁸Ibid., pp. 79-85.

addict to become "square" (like us), not for the minister to become "hip" and use the language of the addict.

Don't depend on instantaneous spiritual healings. Ministers must not disregard medical knowledge in favor of purely religious procedure in the treatment of narcotic addiction. This places God in an unfair position. Withdrawl seizures from a heavy barbiturate habit can be fatal. The minister must face this responsibility.

Utilize the family. The family should be involved in the treatment process if at all possible. The minister should think of himself as a bridge-builder.

Professional referrals. The pastor should not hesitate to enlist the services of professionally trained persons in the community to assist in the total rehabilitation of the addict and the family.

Insist upon medical treatment. No meaningful therapeutic counseling can be done while the addict is controlled by drugs. First he must be withdrawn from his physical dependence upon narcotic drugs. The minister must become directive and insist upon this. The addict has difficulty making good decisions and probably won't make this one alone.

The most effective treatment for narcotic drug addiction is available at one of the two federal narcotic hospitals located at Fort Worth, Texas and Lexington, Kentucky.

Other Groups to Help Narcotic Addicts

Narcotics Anonymous. This agency was organized in 1948 and is patterned after Alcoholics Anonymous. They have not met with the success of Alcoholics Anonymous, however.

Alcoholics Anonymous. This group usually welcomes the addict as another powerless, enslaved person.

Teen Challenge. Founded by Dave Wilkerson, an Assembly of God minister, the philosophy of this group is that "it is impossible to cure a drug addict without God."¹⁸⁹ It is a combination of spiritual and job therapy. Centers exist in five cities in the United States and one in Toronto, Ontario, Canada.

Synanon. The founder, Charles Dederich, a former alcoholic, started this group in 1958 when several addicts began visiting Mr. Dederich for companionship. The purpose of the group is to "bring about moral regeneration through the process of education."¹⁹⁰ The education is described as providing a situation in which people can learn to live. Everyone has work responsibilities and they all pull together. Especially unique are the sessions where everyone is allowed to air his feelings about everyone and everything. Absolute honesty and frankness are urged.

This group began in Santa Monica, California and now has four other centers.

The Narcotics Committee of East Harlem Parish. The East Harlem Protestant Parish furnishes, in addition to facilities for corporate worship, this parish service for narcotics addicts. Organized in 1956 it is a store front where professional workers administer help to narcotics addicts in the form of recreational, social, psychiatric, medical and

¹⁸⁹Ibid., p. 110.

¹⁹⁰Ibid., p. 114.

legal services.¹⁹¹ Job help is given after withdrawal and rehabilitation are provided.

To summarize, then, the pastor should be familiar with the work of all these groups because what works with one person might not work with another.

XVII. THE CHILDLESS COUPLE

Introduction

There was a time when childlessness was associated in the minds of much of the populous with punishment for sin or at least God's will with which one should not tamper. Today, although there has been much enlightenment and information on this subject in recent years, still "infertility often results in serious domestic conflicts...private misunderstandings...infidelity and divorce."¹⁹² It can spoil a couple's relationship with each other and ruin their spiritual life as well if not handled well by the pastor. "Marriage and family counseling is, therefore, a highly significant function in the pastoral care of the childless couple."¹⁹³

Definition of "Childless Couple"

The sterile or 'childless couple' refers to those who, over a prolonged period of time, unsuccessfully seek conception and are thus involuntarily childless...The American Society for the Study of Sterility considers infertility to be a problem when no pregnancy has occurred following a year of coitus without contraception.¹⁹⁴

¹⁹¹Ibid., p. 120.

¹⁹²William T. Bassett, Counseling the Childless Couple (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963), p. 42.

¹⁹³Ibid.

¹⁹⁴Ibid., p. 15.

Reasons for Infertility

Environmental factors. Climate, occupation and residence can be factors in infertility for either man or woman.

Voluntary factors. Some people undergo sterilization voluntarily to keep from endangering the woman's life or simply to prevent further childbirth. The operation is relatively simple for men but quite involved for women.

Emotional factors. Bassett says, concerning the emotional factors in sterility:

The first and second most frequent causes of psychogenic sterility are unconscious fear and conscious or unconscious chronic anxieties...Some physicians regard negative emotions as contributing factors in seventy-five percent of infertile marriages.¹⁹⁵

Counseling the Childless Couple

"So great are the medical achievements that realistic hope is currently offered to at least fifty percent of the childless couples who seek and secure medical aid."¹⁹⁶

Bassett lists some guidelines for ministering to childless couples.¹⁹⁷

The pastor should first learn the parental desires of the couple who are childless after two or more years of marriage.

The initial tasks of the pastor who ministers to the sterile

¹⁹⁵Ibid., p. 68.

¹⁹⁶Ibid., p. 16.

¹⁹⁷Ibid., p. 120.

and childless couple are: (1) to promote communication; (2) to correct their theological misconception of God's will and purposes of marriage; (3) to explore their emotional roots of self-diagnosis; (4) to reassure them realistically and (5) to refer them to their family physician.

During the comprehensive diagnosis period (hospital tests), the pastor supports the childless couple by meeting their needs for emotional release, information, reassurance, and patience.

CHAPTER V

SUMMARY AND CONCLUSIONS

CHAPTER V

SUMMARY AND CONCLUSIONS

I. SUMMARY

The purpose of this research paper was to gain an understanding of the theoretical foundations upon which counseling methods are built. It was found, however, that counseling theory came about in a rather progressive manner. Therefore a study of the historical roots of pastoral counseling was also undertaken and the findings included in this study.

Once the history of pastoral counseling was known as well as contemporary counseling theory, the way was cleared for the practical application of counseling theory to the most common problems encountered in the ministry. This subject comprises one-half of the paper.

In Chapter I the importance of pastoral counseling was shown, the procedure the study would follow, and the definition of terms.

In Chapter II the history of pastoral counseling was given, showing its rich heritage from the early church, the Reformation and the nineteenth and twentieth centuries.

Chapter III concerns counseling theories and comprises a major part of the paper. First the Dynamic Theories were given from the psychoanalytic, client-centered, existential and phenomenological schools of thought. Then the Behavioristic Theories were discussed. These were the Learning Theorists contributions, Field Theorists (Gestaltists),

Trait and Factor Theorists, and Process research. Finally, a list of common elements was given wherein all theories agree.

Chapter IV features specialized counseling areas. Discussed here are seventeen problem areas most often encountered by the pastor. Essential basic information is given for future guidance to the minister. The problem areas dealt with are: the dying, the grief sufferer, the physically ill, the shut-in, the older person, the evangelistic call, the routine call, premarital guidance, marriage counseling, the alcoholic, the relative of the alcoholic, the anxiety sufferer, the depressive, the unwed mother. The dope addict, the homosexual and the childless couple are also included under "special cases" which are becoming more common today.

Chapter V featured the Summary and Conclusions drawn from the study.

II. CONCLUSIONS

1. Pastoral counseling is as ancient as any profession today.
2. Pastoral counseling developed slowly down through history without developing much literature for successors to use.
3. Pastoral counseling was considered by the ancients a "gift of the Spirit." This also accounts for a scarcity of early literature.
4. Pastoral counseling came of age with the beginning of clinical pastoral training in the early nineteen hundreds and the scientific approach to counseling in general and mental hospitals.
5. All counseling theories emphasize the relationship between the

counselor and counselee more than the theoretical or methodological orientation of the counselor.

6. The church minister has the most natural entree' of any of the helping professions to people whom he desires to help.

7. The counseling method the pastor uses will depend upon the specific needs of the client and the specific gifts and skills of the pastor with the particular methods.

8. The pastor's knowledge of psychology and all its allied disciplines such as physiology, neurology, endocrinology and pharmacology will furnish valuable diagnostic tools in his counseling ministry.

9. There is no rivalry between ministers and other professions. The pastor should refer the parishioner whenever he senses a lack of training on his part which keeps him from being of further help to the client.

10. The minister should not dismiss his counselees when they are referred. He should continue to work with them and the other professional.

11. The pastor should become familiar with all helping services such as hospitals and groups and agencies, both privately and federally sponsored. He should work with these groups as much as possible and encourage his needy people to cooperate with them.

12. The pastor can make good use of literature in practically any form of counseling. He should learn where it is available and should use it when working with his people.

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B. PERIODICAL

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APPENDIXES

APPENDIX A

PASTOR'S BASIC BIBLIOGRAPHY

The pioneer work by Anton Boisen, The Exploration of the Inner World, originally published in 1937 and republished in 1952 (Harper & Brothers), meaningfully discusses the distinctive task of the minister. Also, a comprehensive and detailed study of the work of the pastor as a counselor was published by Seward Hiltner (Pastoral Counseling, Abingdon-Cokesbury Press, 1949). Subsequently Hiltner furnished a conceptual orientation to the task of pastoral theology in his Preface to Pastoral Theology (Abingdon Press, 1958). With Lowell G. Colston, he has provided as a necessary sequel to his earlier books The Context of Pastoral Counseling (Abingdon Press, 1961). Carroll Wise's Pastoral Counseling (Harper & Brothers, 1951) reflects the emerging emphasis of interpersonal psychiatry and, to a greater degree, the influence of client-centered therapy upon pastoral counseling. In 1959, a group of Southern Baptist theological professors produced a symposium on the subject, An Introduction to Pastoral Counseling (The Broadman Press, 1959). These men discussed the operational problems of day-to-day pastoral counseling in the context of the church and gave special emphasis to the relation between pastoral counseling and the educational intentions of the church.

Among the interpenetrating influences of the sciences of psychology and psychiatry upon pastoral counseling, one finds three or four profoundly influential volumes. Carl R. Rogers, in his book Client-centered Therapy (Houghton Mifflin Company, 1951), has exercised an overarching influence upon the teaching and practice of pastoral counseling. Harry Stack Sullivan's books, The Interpersonal Theory of Psychiatry (W. W. Norton & Company, 1953), and The Psychiatric Interview (W. W. Norton & Company, 1954), gave further technical assistance and provided fresh theoretical approaches for the study of pastoral counseling. These are all solid contributions to our learning in this field. Three studies have exercised lasting influence on my own thinking and on that of many other research men in the field of pastoral counseling: Martin Buber's I and Thou (Edinburgh: T. & T. Clark, 1937), David Roberts' Psychotherapy and a Christian View of Man (Charles Scribner's Sons, 1950), and Albert C. Outler's Psychotherapy and the Christian Message (Harper & Brothers, 1954).

¹Wayne E. Oates, Protestant Pastoral Counseling (Philadelphia: The Westminster Press, 1962), pp. 12-13.

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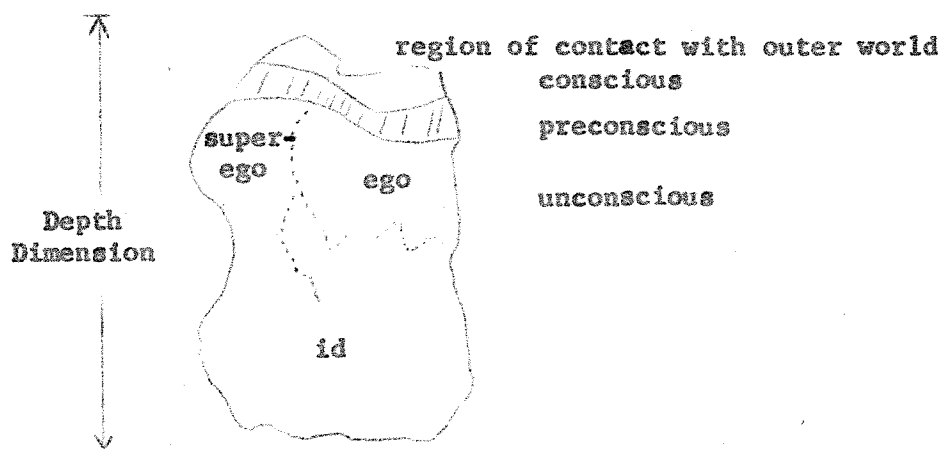
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²Wayne E. Oates, An Introduction to Pastoral Counseling (Nashville: Broadman Press, 1959), pp. 186-187.

APPENDIX B

PSYCHOANALYTIC CONCEPT OF PERSONALITY STRUCTURE



The id. The largest element of personality. Has the characteristics of being unconscious, irrational, unorganized, pleasure oriented, primitive, the source of "libido" or life force and energy, and the source of drives and basic wishes for life and death.

The ego. Functions as a controlling, reality oriented, mastery mechanism. It functions also as a mediating element between superego, id, and reality demands. One of the principle functions of the ego is that of controlling the id and keeping impulses and feelings such as anxiety out of consciousness. Ego control is accomplished through the mechanism of "defense," of which the main type is repression.

The superego. Functions as a controlling agent in the personality. Is conceived generally as parental moral attitudes and social mores learned in early years. The concept is similar in many ways to the popular term "conscience".

¹Lawrence M. Brammer and Everett L. Shostrom, Therapeutic Psychology (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1960), p. 28.

APPENDIX C

CARL ROGERS' THEORY OF PERSONALITY:

NINETEEN PROPOSITIONS

- I. Every individual exists in a continually changing world of experience of which he is the center.
- II. The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, reality.
- III. The organism reacts as an organized whole to this phenomenal field.
- IV. The organism has one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism.
- V. Behavior is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field perceived.
- VI. Emotion accompanies and in general facilitates such goal-directed behavior, the kind of emotion being related to the seeking versus the consummatory aspects of the behavior, and the intensity of the emotion being related to the perceived significance of the behavior for the maintenance and enhancement of the organism.
- VII. The best vantage point for understanding behavior is from the internal frame of reference of the individual himself.
- VIII. A portion of the total perceptual field gradually becomes differentiated as the self.
- IX. As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed -- an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the "I" or the "me", together with values attached to these concepts.
- X. The values attached to experiences and the values which are a part of the self structure, in some instances are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in distorted fashion, as if they had been experienced directly.
- XI. As experiences occur in the life of the individual, they are either a) symbolized, perceived, and organized into some relationship to the self, b) ignored because there is no perceived relationship to

the self structure, c) denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self.

- XII. Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self.
- XIII. Behavior may, in some instances, be brought about by organic experiences and needs which have not been symbolized. Such behavior may be inconsistent with the structure of the self, but in such instances the behavior is not "owned" by the individual.
- XIV. Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a potential psychological tension.
- XV. Psychological adjustment exists when the concept of self is such that all sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self.
- XVI. Any experience which is inconsistent with the organization or structure of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain itself.
- XVII. Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences.
- XVIII. When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.
- XIX. As the individual perceives and accepts into his self-structure more of his organic experiences, he finds that he is replacing his present value system - based so largely upon introjections which have been distortedly symbolized - with a continuing organismic valuing process.

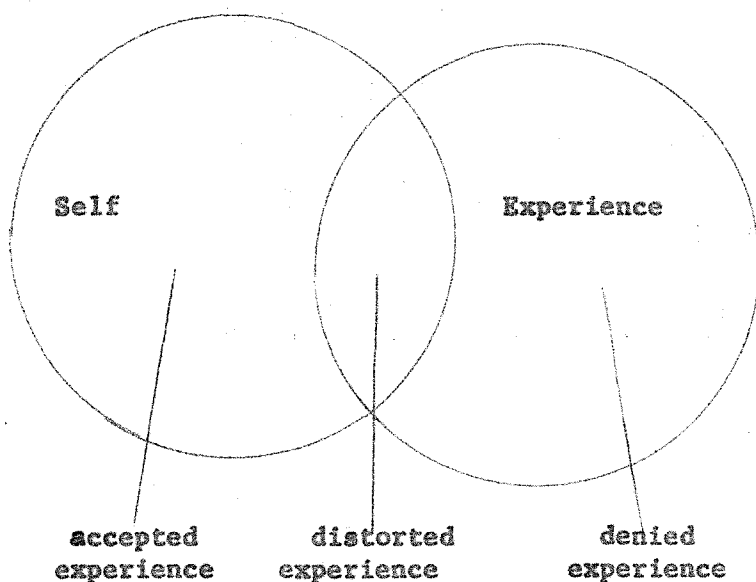
¹Carl R. Rogers, Client-Centered Therapy (Boston: Houghton Mifflin Company, 1951), pp. 483-533.

APPENDIX D

MALADJUSTMENT AND ADJUSTMENT

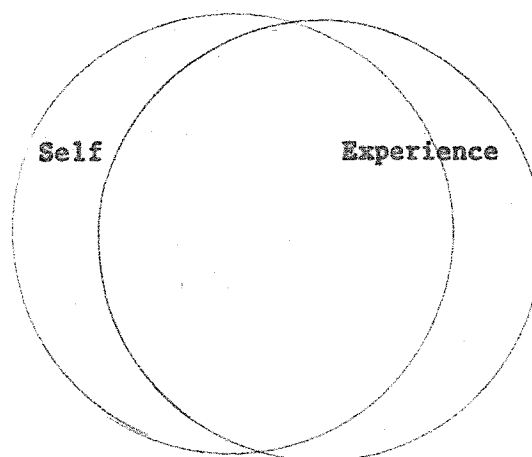
FROM THE SELF-THEORIST'S POINT OF VIEW

A.

Maladjustment (incongruence)

B.

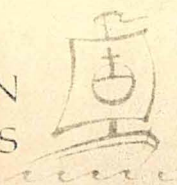
Adjustment (congruence)



Maladjustment A. The individual's concept of self and his experience as perceived by himself are dissimilar as indicated by the diagram. In this condition his awareness of threat and anxiety are high. He is defensive.

Adjustment B. The person's concept of self is in relative harmony with his perceived experience, and he feels that he is acting in accordance with his values, ideals and past experiences. He has good adjustment.

¹Lawrence M. Brammer and Everett L. Shostrom, Therapeutic Psychology (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1960), pp. 526-527.

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March 6, 1968

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We are enclosing our catalog tear sheets showing various books available for the pastor on the COUNSELING SERIES. Unfortunately, we do not have leaflets available for these particular subjects. However, you might be interested in the paperback editions. If so, we would suggest that you contact our branch at 1740 W. Pico Blvd. Los Angeles, California 90070.

Sincerely yours,

Myrtle M. Deordio

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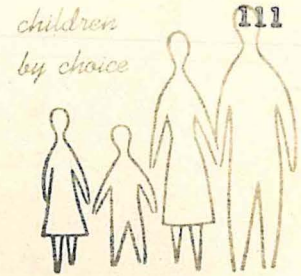
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Mr. Melvin Williams
Western Evangelical Seminary
4200 S.E. Jennings Avenue
Milwaukie, Oregon 97222

Dear Mr. Williams:

Copies of several of our publications have been sent under separate cover.

In addition to these we have a library, rather small, but containing materials only about our fields of interest. This may be of use to you at some time. We also have the booklets published by Budlong Press and used, as applicable, by schools, ministers, and discussion groups. These are \$1.50 each and some of the titles are:

Personal understanding of marriage
A doctor's marital guide for patients
What teenagers want to know
Mature adult living

Sincerely,

Jesalee Fosterling
Executive Director

JF:CSB