

THE MINISTER AS COUNSELOR

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THE rapid spread of the term "counseling" among the members of the profession to which I belong calls attention to a somewhat singular situation. The physician has his "patient" and refers to his activities in behalf of his patient as "therapy." The lawyer has his "client" and speaks of himself as "counselor." But what term has the liberal minister of religion for his ministrations or for the object thereof? In the absence of any generally accepted term the word "counseling" has come to him as a veritable godsend. It is used to denote his efforts to help the sick of soul by means of certain recognized techniques. Such, at least, is the definition upon which I shall proceed in this paper. I shall assume that the term "counseling" is the non-medical equivalent of "psychotherapy," and since my own specialized work has been in the field of mental illness, I shall take as my theme the Church's obligation toward the mentally ill and the potential role of the minister of religion in their care and treatment.

The case of a college student who was brought to the hospital because of an acute disturbance will furnish a good starting point for this discussion and help to hold it down to reality.

The patient in question was a tall, attractive fellow of some twenty years. His father was a successful business man, his mother a once-talented woman who for seven years had been an inmate of a hospital for the insane. The boy himself was a brilliant student, active in all departments of college life and intensely ambitious and idealistic. This boy, whom we shall call "Bernard C." had been active in church work and the summer before his commitment he had been a delegate to the Y. conference at Lake Geneva. He had there been profoundly stirred and had decided to devote himself to religious work. On his return home he went to his pastor and offered his services. The pastor, a wise and experienced man, saw at once that he was in no condition to do the evangelistic work he proposed to do. He therefore assigned him to some task in connection with his choir. By the end of the summer the excitement had subsided and he went back to college under instructions from his father not to engage in outside activities. These instructions he disregarded. He did do excellent work in his classes, but he also became involved in extra-curricular affairs. The break-down came

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about the middle of the year. It seems to have followed a "talk to men" by a speaker brought to the campus for that purpose by the college Y. The climax came when Bernard prepared a sermon and invited some of his friends to hear it. When no one showed up at the appointed time, he marched down to the college church, where the Sunday morning service was at that time under way, proceeded up to the pulpit and sought to deliver his message. He was of course hustled out and shortly thereafter he was sent to a sanatorium. There his condition became such that he had to be transferred to a state hospital. Here he was extremely disturbed, for the most part depressed and mutistic, some of the time violent and destructive. Thruout the period of disturbance he knew where he was, he kept track of the dates, and his answers, when he spoke at all, were relevant and coherent. He was, moreover, observant of all that was going on. But he had to be closely watched to be sure that he did not injure himself or some one else. After two months the acute disturbance subsided and he made an excellent recovery.

Here is an extreme example and yet a problem which concerns us all, a college student of considerable promise who under the influence of college religious agencies goes violently insane. To what extent were these religious agencies responsible for this disturbance? What might they have done to avert it? What obligation has the Church toward this boy during his disturbed condition? To what extent is he representative of others with whom religious workers in our colleges and communities have to deal?

The Factor of Inheritance

You will probably notice, first of all, that Bernard had a mother who was insane. This fact may be taken by some as the all-sufficient explanation of his misfortune. For such a view there has been much psychiatric support, especially in the days gone by. Heredity has often served as a mysterious Quantity X, supposed to explain certain equally mysterious disease entities which went under such names as "dementia praecox" and "manic-depressive psychosis." To-day however we are beginning to see that such explanations are merely cloaks for ignorance which explain nothing at all and that disorders of this type are best understood as reactions to a difficult life situation. Heredity must then first register in experience before it manifests itself in the form of a psychosis.

In the case under consideration we have a boy of unusual ability, talented, high-strung, physically strong and attractive, who at the same time, in all probability, had more than his share of unmanageable sex cravings. Heredity in this case meant high potentiality. It meant also a certain handicap. His difficulties were undoubtedly accentuated by the influence of a mother who for some time before her commitment had been peculiar. Liability to disorder was increased by the fact that he knew his mother was insane and was acquainted with the prevailing views regarding the inheritance of mental disease.

Sense of Guilt

This boy, talented as he was, handicapped as he was, went to school. He did excellent work in his studies. He was active in the social life of the school, at times feverishly active. This activity may have been an attempt to escape from inner unrest and his hard work as a student an attempt at compensation for that of which he could not bring himself to speak. He was fairly well-liked by his mates and yet he felt himself separated from them because of uncontrollable cravings which he had been unable to socialize and thus assimilate. There is some evidence in this case, as in most functional mental disorders, that the primary causative factor was a sense of guilt and isolation, due to the presence of unassimilated matter which, like ill-digested food, was clamoring for attention and destroying his peace of mind. We may say, furthermore, that high ideals inculcated by the Church, were a factor in inducing this sense of guilt.

The "Soul Surgeons"

Then came the visit to Lake Geneva. Here he came under the influence of a religious group which lays great stress on "soul surgery." Just what happened here we do not know. We may assume that he found here those with whom he could talk over his problems. He was thus relieved of the overwhelming sense of isolation, which is the essence of the sense of guilt. As is characteristic of such experiences, he felt himself at one with a Greater-than-himself, and became profoundly stirred. He found within himself new possibilities and he proposed to go to New York to work among the fallen and the lost.

Minister and Psychiatrist

But now comes the question, What concern has the minister of religion with a definite case of psychosis? Is not such a case outside of his province? And why should I choose as a basis for this discussion an experience which was psychopathic in the extreme?

I therefore call attention to the fact that Bernard's experience at this time, even tho it showed many morbid features, may be regarded as a dramatic conversion experience of the type which has been so prominent in the history of the Christian Church ever since the days of Saul of Tarsus and that the psychosis which later developed shows in exaggerated form many features of the religious conversion experience. The psychosis, like the conversion experience, was a desperate attempt to resolve a severe inner conflict. Acute psychoses of this type are to be sharply distinguished from malignant reactions such as withdrawal and concealment in their many forms. They are characterized by marked religious concern and by the sense of mystical identification, something which is generally absent in the malignant reactions. They may be looked upon

as extreme manifestations of the consciousness of sin which theology has long regarded as the first step in the process of salvation. Like fever and inflammation in the body such disorders seem to be manifestations of nature's power to heal.

It follows therefore that Bernard's experience, even in the frankly psychotic stage, belongs rightfully within the province of the specialist in religion. It is true that not many ministers are now equipped to deal with him. But what is involved is the most potent forces and the most delicate and profound laws of the spiritual life. His experience is an extreme exemplification of the honest and desperate struggle for salvation with which the minister of religion should be especially concerned. The student of religion should therefore have much to learn from him and from his kind which will not only enable him to contribute to the treatment of the full-blown disorders, but will equip him to deal with the more complex incipient disorders which abound in every normal parish.

Treatment without Diagnosis

It follows also that the Lake Geneva group which had a part in precipitating Bernard's disturbance was not necessarily at fault. They might have done him a real service by helping him to recognize and grapple with a serious accumulation of unassimilated experience, and by doing so before catastrophe had become an accomplished fact.

Where these "soul surgeons" were at fault was in the lack of adequate individual attention. When Bernard was aroused and eager to do something about his situation, he was left to shift for himself, and the minister whose guidance he sought seems to have had nothing better to offer than occupational therapy. He set him to work singing in his choir, when what he actually needed was intensive psychotherapy. This is a weakness which has characterized the Church's past efforts at evangelism. The old evangelists of the Dwight L. Moody type brought a message of salvation to the sick of soul and were of real help to many. But what they gave was all too often treatment without diagnosis. There was little attempt to sit down with those who "hit the saw-dust trail" and arrive at a real understanding of their particular problems. As for the modern liberal churches, it may be said with some justice that they have been giving neither treatment nor diagnosis, but have been referring to the psychiatrist and to the psychoanalyst many persons who needed the help they should have been able to give.

The Church's Task

On the basis of these considerations we are ready to attempt some generalizations regarding the minister's task as counselor. In the first place, the minister of religion is concerned always with the problems relating to mental health. This follows inevitably from his task as a servant of the Church. Thus in Bernard's case, he and also his parents

had been brought up under the influence of the church, and its ministers had had much to do with shaping the standards by which he judged himself. His church happened to be one of the more liberal persuasion, but even so, those standards determined the inner conflict which resulted in the psychosis. The Church is often charged by psychiatrists with being responsible for much unnecessary suffering by reason of its perfectionistic requirements. As a servant of the Church, I admit the charge that it sometimes disturbs men's consciences. I only wish it did so more often and more effectively. That, as I see it, is inherent in its job. The task of organized religion is to perpetuate and re-create religious faith. This means not merely transmitting religious insights and moral achievements from one generation to another, but also awakening its people to new opportunities and coming dangers and leading them to new and higher levels of adjustment. The Church is concerned with that which is not yet but ought to be in personal character and in social order. For this reason it cannot be content with mediocrity and it cannot take the average as normative. It is and must be perfectionistic in its objectives. The fact that the sexual behavior of the human male, as revealed by Professor Kinsey's recent studies, gives us a picture of the average man which is by no means flattering, does not make that behavior any the less "ornery", or "vulgar", two terms which, significantly enough, are etymologically identical with "average;" nor does it release the servants of the Church from the duty of trying to awaken that man to his higher potentialities. The fact that man has always been war-like and that the world to-day is filled with wars and rumors of war does not release us from the obligation of summoning men to repent in sack-cloth and ashes for the nationalistic selfishness and blindness which threatens to destroy our entire civilization.

The Church's Social Significance

In the second place, the minister of religion is the leader of the world's outstanding exemplification of the group therapy of which we hear so much to-day. Even tho he may disturb a man's conscience, he and his group have also the power to heal. In support of this proposition I may remind you that religious assemblage for the purpose of instruction and common worship, which seems to be peculiar to the Hebrew-Christian religion, has social significance of enormous importance.

We may thus recognize the part which religious assemblage has played in the re-thinking of fundamental religious beliefs in the light of changing conditions and in the modification of ethical standards in the light of growing knowledge. Herein we may find an explanation of the marvelous stability of Hebrew culture, of its capacity to survive and maintain its integrity over a period of some 2000 years, even tho its people have had no homeland of their own but have been scattered over the face of the earth among people of other cultures. Herein also we may find an explanation of the flexibility of the Christian religion and its

ability to adapt itself to such radically different cultures as Roman Imperialism, Mediaeval Feudalism and modern Industrial Democracy. Hinduism, Buddhism and Confucianism have had no such institution. For this reason these religions have been the bulwark of the status quo and in very truth the opiate of downtrodden peoples; and their associated cultures have shown relatively little change.

But a vital church has another function which is of greatest significance from the standpoint of the problem before us. The church at its best is never a fellowship of saints — that is of persons who are already perfect in their own eyes — but rather an assemblage of those who are agreed regarding their loyalties and their objectives. It is a fellowship in which moral self-judgment is based, not upon some fixed code, but upon the will to do better. The emphasis upon the will to righteousness in imperfect men was central in the teaching of Jesus. It was Paul's great discovery in his concept of the Spirit as against the Law.

Thus in Bernard's case the disturbed condition began, as we have seen, with an experience which was near-akin to the religious conversion. It began under the influence of a group which took its religion in earnest and laid great emphasis upon confession of sin and sharing of experience. This group has sometimes gone under the name of the "First Century Christian Fellowship," a name which rightly calls attention to the fact that their earnestness in the pursuit of the better life, their profound conviction that they had tapped anew the source of spiritual power and their practice of confessing their faults and sharing their experiences with each other are traits which have been characteristic of the Christian Church in its more creative phases.

Down thru the ages the Church has thus recognized and made use of the principles of confession and forgiveness which are to-day the foundations of psychotherapy. It has been offering to all who would accept it deliverance from the sense of guilt and from the tyranny of the standardized. It has been setting men free to strive for the objectives which it accepts as paramount. It has recognized that any one who shares in its purpose and who honestly seeks to face and correct his faults—no matter how serious those faults may be — is worthy of an honored place in its fellowship. It has thus shared what psychiatrists refer to, none too accurately, as the "non-judgmental" attitude. It is concerned about *goals* rather than *standards*, about *growth* rather than *status*.

The mere fact that Bernard became a participating member of such a group must have had for him great therapeutic value. For many of those who undergo the conversion experience that is in itself sufficient to maintain their stability and to hold them to the pursuit of the better life. In the group their consciences are enlightened, their purposes are re-inforced, their faith is re-kindled and their belief in themselves is supported.

But Bernard's stay at Lake Geneva was a short one. He had to return home. There he at once sought out his pastor and that pastor sought to

meet his need by gearing him into his own organization. The pastor's plan was one which would normally have worked, even tho his church was one which had become comfortably institutionalized. But Bernard's problems were unusually aggravated. For him this solution was not sufficient. He was in need of intensive therapy, or personal counseling — whichever term we prefer.

The Present Status of Personal Counseling

My third proposition is that the minister's role as leader of a group of socially-minded persons and as counselor to individuals in distress are two complementary tasks and that both are dependent upon a true understanding of the laws of the spiritual life. The two tasks have gone always hand in hand, and attention to the individual has always been central in the Church's program.

Thirty-five years ago, at a time when I was engaged in making studies of the social and religious conditions in several different regions of this country, I took occasion to inquire of many ministers and church leaders what they were trying to do. In the more liberalized East the answer would often be given in terms of "bringing in the Kingdom of God." Here in the Middle West, however, it was almost invariably, "We are trying to save souls." The latter answer may be regarded as substantially correct. The Church has generally operated by trying to change individual lives. It was also significant that the Middle Westerners, when asked what they meant by "saving souls" were somewhat hazy in their answers. The Church's efforts to help the individual have been largely on a common sense or intuitive basis. There has been little attempt to exchange and criticize experience on the part of the professional group and thus to build up a body of organized and tested experience.

This weakness on the part of the Church has in recent years been spot-lighted by developments in the field of psychiatry. The medical profession, approaching the problems of the individual on the basis of their experience with the seriously disturbed, have made use of the methods of science to clarify many of the principles involved and have won increasing prestige.

It is none the less true that at the time of Bernard's breakdown twenty years ago, there was a dearth of persons who were equipped to give him the needed help. There were few psychiatrists and few analysts who had any understanding of the religious significance of his disturbance and few ministers of religion who were versed in psychopathology.

The situation to-day is somewhat changed. Under the guidance of the Council for the Clinical Training, of the Institute for Pastoral Care and several other agencies opportunities to obtain experience under guidance in the service of the mentally and physically ill and of the delinquent are being offered, and during the past twenty years some 2500 ministers have availed themselves of these opportunities.

Lines of Advance

As one who had a part in the launching of this clinical training movement I feel much encouraged over this development. At the same time I am impressed with the crying need of certain important next steps.

One of these is suggested by the wording of the topic which has been assigned to me. I am thinking of the wide-spread tendency in our efforts at clinical training to emphasize the techniques of counseling rather than the basic understandings. Without minimizing the importance of technique, or skill, I am more and more impressed by the fact that psychotherapy is not dependent upon any particular technique, but upon a relationship between therapist and patient which involves trust on the part of the one and understanding on the part of the other. Wherever such a relationship is established, results are likely to follow, even tho the techniques may be clumsy and the theories all awry. This principle has been delightfully stated by Dr. Macfie Campbell in a lecture which, so far as I can discover, has never appeared in book form. It is worth quoting at some length:

The psychotherapeutic treatment of Brown, a patient, by McConachie, a physician, consists in McConachie listening and talking to Brown. Is there any special technique in regard to this type of therapy? So long as McConachie is intelligent and listens long enough to the information which Brown can put before him, and so long as he is able to talk to Brown in a useful and constructive way, details of procedure, or technique, are of vanishing importance. They are to a large extent questions of taste and tradition and authority.

One physician may wish to employ the dramatic technique of the hypnotic procedure in order that he may listen to Brown and talk to him. Brown may be docile and have no objections to this little drama, in fact, the mild mystery associated with it may somewhat exalt McConachie in his eyes. Primitive man has always been very sensitive to the magical forces associated with the medicine man, and the reactions of primitive man still continue beneath the more highly evolved functions of civilized man. Even when Brown is not especially influenced by these primitive mechanisms, he may have other reasons for accepting the hypnotic suggestion. It is less embarrassing to tell some things with head averted or with eyes closed; it is gratifying to have at the same time the possibility of unburdening and the official fiction that we are not really conscious of the facts we are disclosing. So in diplomacy, it is sometimes useful to communicate some information but at the same time to make a *demoni officiel*. This is in accord with the diplomatic tradition and the diplomatist retains his self-respect. So also in the hypnotic technique.

Or another physician, an orthodox follower of Freud, may prefer to sit behind his patient, who lies stretched out on a couch and with eyes closed talks to the physician about whatever happens to come into his or her mind. Here too the patient has the opportunity to talk with averted face, and it may be more pleasant for the physician not to have the patient scrutinizing his face for an hour continuously. This setting too may give both to the patient and to the physician a diluted magical feeling which heightens the prestige of the physician.

The essential fact about the situation is that Brown, an individual in trouble, whether in the hypnotic or psychoanalytic setting or sitting with eyes wide open on any convenient chair, is getting an honest chance to bring up important problems of his life before McConachie, the physician, who is seated upon some equally indifferent article of furniture, but who is honestly endeavoring to pool his special knowledge with Brown's lay experience to see whether poor Brown can, by means of his help, make a better job of his life and get along without his previous evasive reactions, whether the latter consist of physical symptoms, special fears, domestic friction, economic inefficiency or social eccentricities.

According to this view the essence of psychotherapy is thinking *with* the patient about his problems as a trusted and trustworthy friend. Skill is indeed required. It is important to respect the personality of the man we are trying to help. We must be able to listen to him and to refrain from imposing upon him our own opinions and formulations. We must be able to interpret the symbols by means of which he seeks to reveal his difficulties to those who have eyes to see and ears to hear and to conceal them from those who have not. We must be able to sense things which he leaves unsaid. But the primary requirement is to understand the patient and to have a real knowledge of human nature in difficulty. This is essential not only for effective work with individuals but also for the intelligent guidance of the group. The present overemphasis upon technique at the expense of understanding involves the danger that even those who have had clinical training might not be able to give Bernard the help he needed. We need therefore a thoro-going program of co-operative inquiry in the field of religious experience and mental illness.

In the acquisition of the needed understanding the progress is not as rapid as it ought to be. Most of the progress achieved has been on an extra-curricular basis. The empirical study of human nature either in health or in sickness, either individual or collective, is not yet part of the basic structure of theological education. The other courses are historical homiletical and philosophical. In the great majority of our theological schools it is still possible for a student to go thru school and get his degree without having studied the human personality either in health or in sickness or the social forces which determine it. And the humanistic sciences on their part — psychology, sociology, anthropology and psychiatry — have not yet carried their inquiries to the level of the religious.

Conclusion

My answer to the question which has been assigned to me may now be summarized. The churches and their professional servants have been performing a great and important service in the realm of mental health. They have been helping men to think and feel together regarding the things that matter most. They have been helping them to determine and modify their beliefs and their standards of conduct in accordance with changing conditions. They have been holding up high ideals as

objectives toward which to strive and have at the same time been setting men free from the sense of guilt and isolation to strive for the achievement of their best potentialities. But these things have been done on an intuitive and common sense basis. There has been a strange lag among the professional servants of the Church in the matter of applying the methods of science to the field which is distinctively their own, that of religious experience. That field is still a terra incognita whose exploration promises untold possibilities for the understanding of human nature and the achievement of mental, or spiritual, health.

But I see neither the possibility nor the desirability of establishing a new profession of religious counselors. Specialists are indeed needed, especially in the understanding and treatment of our much neglected mentally ill and the future minister of religion should be thoroly grounded in the first hand knowledge of human nature both in health and in disease; but any new insights which may accrue from our growing knowledge of spiritual law can best be applied without any blowing of trumpets by the well-trained minister in the quiet discharge of his duties as pastor and preacher.

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