

Chapter 60 — The Physician as a Personal Counselor

of Theory and Practice of Psychiatry (1936)

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Source for Chapter 60

- (1) Henry Nelson Wieman and Regina **Westcott-Wieman**, *Normative Psychology of Religion* (New York: Thomas Y. Crowell Company, 1935)

Key

- (a) **Green** indicates where a source author (or previous Sadler book) first appears, or where he/she reappears.
- (b) **Yellow** highlights most parallelisms.
- (c) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (d) An underlined word or words indicates where the source and Sadler pointedly differ from each other.
- (e) **Pink** indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.
- (f) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.
- (h) **Red** indicates an obvious error on Sadler's part, brought about, in most cases, by miscopying or misinterpreting his source.

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60 — THE PHYSICIAN AS A PERSONAL COUNSELOR

[*Note:* “Bulletins of National Committee for Mental Hygiene” is listed on W-W 458, under “Collateral Readings.”]

60:0.1 I am heartily in agreement with the attitude of the Medical Education Division of the National Committee for Mental Hygiene, which advocates that all physicians should receive a basic fundamental training in psychiatry.

Although first-class medical schools are increasingly providing for the adequate training of the psychiatric specialist, general mental-hygiene courses, particularly in preventive technics and in childhood-behavior problems, personality maladjustments, and the more benign types of psychoneuroses, must be provided for all medical students, so that every graduate will at least be equipped for becoming an effective counselor to his patients who may be suffering from these minor psychic, emotional, and personality disorders.

60:0.2 It is with the thought of helping general practitioners of medicine and also those following the various specialties to arrive at a better understanding of the mental-hygiene problem that this book has been written. This motive, coupled with the feeling that there is need that more emphasis be placed upon the recognition, prevention, and treatment of the psychoneuroses, constituted the real urge to prepare this volume.

I do not wish to make a psychiatrist out of every physician who reads this book, but I do most sincerely desire to see every such practitioner become *psychiatrically minded*—become alive and awake to his daily opportunities to function as an effective minister in the cause of mental hygiene.

60:0.3 There is a vast field of *personal counseling* which is, in a way, quite separate from the domain of more pretentious psychiatry. Many groups, untrained in medicine, are presuming to enter this field. More particularly may be mentioned the psychologists and certain groups of educators, and latterly clergymen—ministers, priests, and rabbis—are more and more turning their attention in this direction. Certainly the average physician is much better qualified, because of his thoroughgoing medical training, to function as a personal counselor than are these others, except in rare instances where some psychologist, educator, or clergyman possesses a real “flair” for this type of work.

I do not decry the entrance of the nonmedical professions into this field of personal counseling, I do not criticize them for seeking to make their contribution to the solution of the problems of mental hygiene, but rather, I urge upon the medical profession as a whole the assumption of leadership in this work, and I exhort every physician to do his bit in the great task of preventive and curative psychiatry.

It would probably be better if the [less] grave disturbances of human personality were denominated “adjustment problems,” leaving the term “psychiatry” to cover the more serious disorders of mind and emotions which demand the attention of the specially trained and experienced psychiatrist, and “mental hygiene” to embrace all phases of psychic disorders and their associated personality maladjustments.

1. The Art of Personal Counseling

XXII: COUNSELING PROCEDURES
(Westcott-Wieman 433)

THE ART OF COUNSELING (Westcott-Wieman 433)

[contd] Counseling is an art.

It must be soundly and thoroughly *founded in science*, for it must constantly use the accumulating findings of science.

It must be *directed by philosophy*, as accessible both in general formulations and in particularized ones, such as Social Philosophy, and Philosophy of Education and of Religion (W-W 433).

Without thorough *grounding* in science,

60:1.1 Personal counselors should aspire to make their ministry an art

founded on the biologic sciences,

directed by psychology,

and *motivated by philosophy*.

Unless the personal counselor—whether a physician or one belonging to some other of the learned professions—*grounds* himself well in biology and psychology,

and unless he coordinates these into an integrated philosophy for human living,

counseling becomes a matter of giving personal advice

his work is all too likely to become mere preachment, simple exhortation, in which he deluges the counselee with his own opinions and seeks to solve the inquirer's problems

in terms of the limited experience of the counselor (W-W 433).

by means of his own personal and necessarily limited experience.

[See 60:5.6, below.]

60:1.2 The physician who undertakes to function as a personal counselor, whether he is dealing with the more simple and minor problems of child behavior, maladjustment, and the less serious neuroses, or whether he aspires to treat the more complicated neuroses and the borderland psychoses, must recognize that his personal counseling or psychiatric ministrations must be of two sorts: There is the immediate situation to be dealt with, the transient help to be afforded, and then there is the long-distance program, the effort to provide permanent relief, as far as possible to bring about an enduring reconstruction, to endow the patient with a certain form of emotional immunity, to provide him with ability to grapple with life situations.

60:1.3 Those who would become qualified personal counselors must become familiar with

Science provides the reference for truth in *tested facts*:

that body of established facts which the biologic sciences provide;

they must also achieve that concept of

philosophy provides the reference for truth in *tested values* (W-W 434).

reality values which philosophy affords;

then must psychology be drawn upon for coordinated technics which will correlate these two disciplines.

2. Qualifications for Personal Counselors

60:2.1 Not all physicians can hope to become expert personal counselors.

[contd] But beyond all this, there are other requirements in counseling. Its skills, techniques and arts must be developed on the basis of **natural aptitudes**. Certainly there is no such thing as a “born counselor”. But there are innate characteristics which favor the development of a **successful** counselor.

Some, because of **natural endowment** and intuitive insight into human nature, are destined to be more **successful** than are others.

Nevertheless, every practitioner of medicine can render eminently valuable service in these realms of mental hygiene if he truly desires to become such a minister to human needs.

Citing a few will illustrate:

60:2.2 1. **Abundant Vitality**.—Those who practice mental medicine must be in good health. Psychiatry is no field for neurotic weaklings and **constitutional inferiors**. In fact, such handicapped personalities should never have been allowed to study medicine. Every medical college should see to it that its freshmen are properly surveyed, and that all such handicapped young men and women are promptly eliminated. Personal counseling makes heavy demands upon the individual’s physical health and emotional reserve, and those who are successful in it must be

a **constitution** strong enough to **meet the exacting demands** of the work

prepared to **withstand the demands** which such intimate social contact renders inevitable.

and to spare energy for *intelligent sympathizing* with others [see 60:2.5, below];

keenness in powers of sensitivity for detecting fine outward indications of human reaction;

a reasonably good nervous coordination so that interaction with others can be consistent and steady; enough natural aptitudes to provide for intensity, variety and progress in experiences in living; and no handicap which will tend to distract attention during an interview.

60:2.3 2. **Analytical Insight.**—

Personal counseling requires

keenness of ability in sizing up those who seek advice and help.

Too much valuable time is lost unless the personal counselor or the psychiatrist is possessed of this natural insight, which, in turn, has been made more keen and penetrating by study and experience.

60:2.4 3. **Well-Integrated Personality.**—The personal counselor and the psychiatrist, for that matter, will get along indifferently in their efforts to help their handicapped fellows if they do not themselves possess well-integrated personalities. The physician must exhibit to the patient that which he prescribes. When he tells others that their deliverance is to be founded on a better integration of personality, such advice is “sounding brass and a tinkling cymbal” if he exhibits neuroticism or displays evidence of a poorly integrated personality.

60:2.5 4. **Intelligent Sympathy.**—No matter what some psychiatrists may tell us, our ministry of mental hygiene, whether as personal counselors or as psychiatrists, requires that the patient recognize in his teacher-adviser an intelligent sympathy.

[See 60:5.2, below.]

This intimate and understanding relationship has been otherwise spoken of as bringing physician and patient “in rapport.”

60:2.6 5. **Social Experience.**—Personal counselors and psychiatrists must know people.

Acquired characteristics provide important bases, also,—social attitudes and sentiments, social judgment, social practice, a wide range of interests,

They must have had a broad social experience,

and if they would be increasingly successful, they must continue to mix with humanity. Highly exclusive introverts and that type of individuals who prefer to work with things rather than to contact with people, should stay out of the fields of personal counseling and psychiatry.

60:2.7 6. **Liking People.**—A well-known American who recently passed into the realms beyond, the victim of a tragic accident, once said that “I never met a man I didn’t like.” Such is the type of personality that is destined to succeed in personal counseling and in psychiatry. The ministry of mental hygiene will become burdensome and boresome to the men and women who enter it if they do not love their fellows.

60:2.8 7. **A Sense of Humor.**—Those who lack a sense of humor will make a sad mess of the ministry of mental hygiene. First, they will become so overburdened by the tribulations of their subjects that they will be in imminent danger of breaking down or blowing up. Second, they cannot help that vast army of suffering mortals who take themselves and everything in life too seriously. Humor is contagious, but the melancholic patient is not going to catch it from a doctor who hasn't it.

60:2.9 8. **Inexhaustible Patience.**—

patience,

Enduring patience,

all the while flavored with persistent optimism, is that which sustains the psychiatrist through the long and weary weeks, months, and even years of continuing service and never-ending ministry. To manifest impatience is to alienate your pupil-patient. To grow weary in well-doing means to lose that confident smile and assuring handclasp on which so many patients live from day to day during the early part of their treatment.

enough organization of personality to give sense of strength of character, and so on through a long possible list (W-W 434-35).

[See 60:4.7 and 60:5.7, below.]

60:2.10 9. **Cooperative Ability.**—

Personal counselors and psychiatrists must early learn how efficiently to organize their forces. The general practitioner who would succeed as a mental minister must learn how to enlist the members of the patient's family and even the patient's immediate friends in his program of reeducation and retraining. The physician must work with the teachers of the problem child and with social workers, and in the vast majority of cases great assistance would be afforded by drafting the patient's pastor.

When a counselor or psychiatrist presumes to act as an adviser to a problem personality or to a neurotic sufferer, he must frankly recognize that he is taking on, in a way, that individual's whole family and immediate social group, for one of the first problems that must be met and effectively dealt with is the ailing individual's more adequate socialization.

THE PLACE OF COUNSELING IN RELIGIOUS
MINISTRATION (Westcott-Wieman 436)

Religious counseling is the process of treating the personal problems of the individual as vital parts in the **progressive integration of his personality**

60:2.11 This *picture of mental hygiene* is a technic of observing and directing the human personality in the solution of its particular difficulties and consists in

a **ministry** which aims to help such an individual in his task of **progressive personality integration**

on increasingly higher and higher levels of self-realization.

We are trying to aid these frustrated and distraught souls to arrive at a consciousness of

toward the **highest meaning** or value he can, at the time, know.

[See four rows down.]

Whether the problems seem to focus more particularly in the **physical, mental, social, spiritual** or religious aspect of living makes no difference in the matter of their right to the services of religious counseling.

They are all **aspects** of one person, and all must be **integrated** toward one central and **compelling loyalty** (W-W 437).

RENDERING PROBLEMS ACCESSIBLE TO TREATMENT (Westcott-Wieman 439)

[contd] Many reasons exist to explain the diffidence of persons in the matter of referring their personal problems to a counselor. For one thing, while **custom** has made the discussion of the **most intimate matters** with physician or lawyer an ordinary affair, the idea of going to a counselor for difficulties in one's personal situation is still new.

the **higher meanings** of life

and to become **dynamically loyal** to those ideals which they most value;

and it is very helpful, early in every psychiatric program, to ascertain in which of the six realms of thinking and living—

physical, mental, emotional, social, moral, or spiritual—the patient's specific problem is most directly operative,

after which persistent effort must be made to help him more effectively to

coordinate these varied **aspects** of living—

to develop an adequate philosophy of life.

60:2.12 The physician has a great advantage in personal counseling because the people of his community are

accustomed to discussing with the doctor their **most intimate problems,**

and they do so in a far more confidential manner than they would with any other type of personal counselor.

But regardless of what vocational approach the specialist happens to represent there is much natural diffidence in regard to telling peculiarly personal matters to outsiders.

Also, there is fear that **confidences will be betrayed.**

Again, there is frequently dread of **ridicule**, or of censure, or of fact-facing, or of unwelcome prescriptions, or of other disturbing outcome (W-W 439).

[Knowing what the consultant is **actually** after is an essential first step in getting at his problem-situation (W-W 441).]

Distraught minds and sick souls are very sensitive about others' knowing of their troubles;

they want to be sure that their **confidence will be fully respected,**

that they will not meet with **ridicule.**

More than this, the physician is better situated even than the minister of the gospel in that he is easy of approach. Any member of the community may consult a physician without provoking comment among his friends and associates. In fact, it often develops that a psychiatric patient goes to a doctor with some physical complaint, hoping that he will penetrate this disguise and discover the real problem; but all too often, when a general practitioner is consulted, the patient goes away disappointed.

The doctor fails to see that the patient is **really** in quest of psychic help.

3. Those Who Seek Personal Counsel

6:3.1 Aside from the more serious personality maladjustments, neuroses, and psychoses,

A very common difficulty is that the individual does himself does not see his problem clearly. He knows that he is miserable or **perplexed**, but he either does not or cannot clarify for himself the issues that are involved, and hence would not know for what he was consulting the counselor (W-W 439-40).

thousands of youths and adults are **perplexed**, distraught, anxious, and more or less befogged.

They crave the counsel of someone who can help them toward a better orientation. Adolescent youths, particularly, suffer in this respect. A few are so fortunate as to have understanding parents; others secure help from some teacher; but for adults in the average community there is little help unless the family physician can give it, or unless they are so fortunate as to be members of a church whose pastor is also a personal counselor.

SOME IMPORTANT CONSIDERATIONS IN DEALING WITH PROBLEMS (Westcott-Wieman 441)

Sorts of Help Individuals Seek.

Here are some of the needs for which fulfilment is frequently desired:

12. Intelligent **sympathy**; encouragement (W-W 441).

Among the more common problems that lead youths and adults of both sexes to seek the aid of a personal counselor are the following:

60:3.2 1. **Sympathy.**—

A great many people are lonesome, they suffer from a lonely isolation, they crave attention, and they sometimes exaggerate some minor ailment so that they may have a conference or a series of conferences with a physician or pastor. Frankly, they want someone to make a fuss over them.

1. **Information** (W-W 441).

60:3.3 2. **Information.**—

Many ignorant, handicapped individuals are sadly in need of information about some sex, social, or moral problem and to this end gladly avail themselves of the advice of the personal counselor.

4. Vocational Guidance (W-W 441).

60:3.4 3. Vocational Guidance.—

Many youths, especially in the smaller communities, are more or less dissatisfied with parental counsel respecting their life callings. Such young people seek the advice of teachers and pastors, and many times they would go to the family physician if they knew he would take the time painstakingly to go over their problems.

6. Inspiration (W-W 441).

60:3.5 4. Inspiration.—

Many individuals seem to “run down” periodically, to lose their enthusiasm. As they say, they are “lacking in pep.” These people are greatly helped in tiding themselves over some life crisis by the personal counseling of either a physician or a minister.

60:3.6 5. Frustration.—

We all become confused at times.

3. Methods and techniques (W-W 441).

Many persons have little or no technic for meeting disappointment.

They are poor losers; they are easily frustrated. They are sensitive and touchy and become so confused that they are in danger, through bad judgment, of making serious blunders. Such individuals could often be steered out of their difficulties by one or two conferences, with a personal counselor.

60:3.7 6. **Indecision.**—

Many persons are perplexed, the victims of chronic indecision, potential psychoneurotics. They have difficulty in choosing, not only their vocations, but also a husband or a wife, and whether young or old, they could be greatly helped by

11. New **viewpoint** (W-W 441).

getting the **viewpoint** of a professional counselor.

60:3.8 7. **Problem Solving.**—

Many times the distraught individual is swamped with a problem. More than likely there is

15. Assistance in organization of a **specific** group of interests (W-W 441).

a **specific** difficulty that threatens to overwhelm him.

He needs advice regarding its solution.

If his community affords a physician or a minister who has a reputation as a personal counselor, he is only too glad to go to him in quest of help.

60:3.9 8. **Adventure.**—

Some persons consult a physician or minister because they are bored with life; they are suffering from ennui.

10. A **thrill; adventure.**

They crave change—**adventure.** They are looking for **thrills,**

(The counselor is a **new** proposition.) (W-W 441)

and as this would be a **new** experience in their lives,

they are tempted to trump up some fictitious difficulty as an excuse for seeking such counsel.

8. Fellowship (W-W 441).

60:3.10 9. **Fraternity.**—

Many people, particularly introvertish youths and unmarried adults, are suffering from lack of fellowship.

It should be the purpose of the personal counselor immediately to introduce these people to proper social groups wherein they may find the fellowship for which they long.

60:3.11 10. **Moral Support.**—

Many individuals are in controversy with members of their families, with friends and associates, or with some life situation. They often seek advice in order to

14. Backing for their own chosen schemes (W-W 441).

secure support for their attitudes,

and they are sometimes sorely disappointed when this backing is not forthcoming.

The personal counselor must be on the watch for just such trouble-making counselees.

60:3.12 11. **Reorientation.**—

[The world is filled with lost souls, not lost in the theologic sense but lost in the directional meaning, wandering about in confusion among the isms and cults of a frustrated philosophic era (100:5.1).]

Many human beings are lost, not in the spiritual sense, but in the social sense.

They do not know which way to turn. They need specific guidance and general encouragement, and this they are often able to get by the technic of personal counseling.

60:3.13 12. **Catharsis.**—

Even the most unskillful of personal counselors can at least afford the distressed patient an opportunity to

16. Relief of talking out pent-up feelings (W-W 441).

relieve his pent-up feelings, to enjoy the inestimable benefits of thoroughgoing psychic catharsis.

60:3.14 13. **Revenge.**—

The personal counselor, as well as the psychiatrist, must be on the lookout for those seeking his advice whose real motivation is a desire to

17. Vicarious retaliation or revenge by telling on others

obtain revenge by “telling on others,” by reciting how they have been mistreated,

with the hope of hearing them blamed (W-W 441).

all of which they do with the hope that their counselor will join with them in blaming these other people for their troubles.

60:3.15 14. **Confession.**—

19. Relief through confession of wrong-doing (W-W 442).

Confession is good for the mind as well as for the soul, and certain tender-minded victims of a guilt or a persecutory complex flee to physicians or ministers with the hope of getting some relief from the oppressive condemnation under which they are living.

The personal counselor can always function acceptably as a “father confessor.”

60:3.16 15. **Personality Survey.**—

Many individuals, particularly youths, seek the advice of the personal counselor in order to find out the truth about themselves. They would really appreciate

20. Scientific analysis of personality (W-W 442).

a thoroughgoing scientific analysis of their personalities.

60:3.17 16. **Egotism.**—

Many men and women, more especially those who are blessed with an abundance of this world's goods, are tempted to go to psychiatrists or to their pastors so that they may have

21. Opportunity to talk about themselves (W-W 442).

opportunity frankly and freely to talk about themselves.

They want an audience, and they are willing to pay for it. These people must be assisted in getting interested in others. The personal counselor must help them to become better socialized.

60:3.18 17. **Seeking a Cure.**—

Many distraught minds, burdened souls, and maladjusted personalities go to a personal counselor or to a psychiatrist with a sort of magical belief that they are going to be cured. They go to the physician to be relieved of physical ailments, and if he is a practitioner of mental medicine, why should they not expect him to cure their psychic troubles?

22. A magic, effortless formula for happiness (W-W 442).

They crave, by some effortless and noncompetitive technic, to gain relief from all their personality difficulties. They want to reap happiness without sowing for it.

23. Unloading of responsibility for solution upon some one else (W-W 442).

60:3.19 18. **Dodging Responsibility.**—

Life presents many disagreeable tasks to all of us, and many faint-hearted and fearful souls seek the counsel of their physicians or ministers with the hope that a long vacation may be prescribed, or that in some other way they may escape their disagreeable responsibilities.

60:3.20 19. **Bereavement.**—

Both physicians and ministers, in this case more especially the latter, can do much for those who are bereaved

24. Restoration of confidence and respect in self after a **shock** (W-W 442).

and those who have passed through **shocking** and horrific experiences.

60:3.21 20. **Happiness Hunger.**—

Personal counselors are besieged by all sorts of human beings who are unhappy—no matter what the cause. Many have more or less failed in their “pursuit of happiness,” and they seek advice in order, if possible, to discover a reason for this failure.

60:3.22 21. **Personality Progress.**—

Many a perplexed individual is suffering from a psychic stalemate. His personality has become stalled on a dead center, as it were, and he seeks a “boost” that will help him get under way. Some people are naturally “leavers” and refuse to go out and fight the battle of life as individuals, but others are merely temporarily “stalled” and will go about their business successfully if they are helped over these paralyzing episodes of life.

NECESSITY OF STAKING OUT THE LIMITATIONS AND POSSIBILITIES IN THE PARTICULAR SITUATION (Westcott-Wieman 443)

[*Note:* Westcott-Wieman lists six kinds of problems, on W-W 443-44.]

Sixth and last comes a group of problems which are **solvable** almost at once. [Etc.] (W-W 444)

There are problems which **cannot be solved** (W-W 443).

Instances of problems unsolvable in the existing order are: society's estimate of some personal handicap or of some particular vocation, certain cases of unemployment and certain forms of mental disorder (W-W 443).

In such circumstances, adaptation to the conditions of the problem-situation is the only possible source (W-W 443).

[Compare W-W 443-44.]

4. Hints on Personal Counseling

60:4.1 1. Isolate and Identify the Problem.—

I make it a practice very early in my contact with the patient to get him to write out his chief complaint: I set him to work in an effort to identify the condition or situation which leads him to seek help.

Always bear in mind that there are three kinds of problems:

60:4.2 a. Those which are **solvable**—

situations in which you can advise the patient as to the best method of solution.

60:4.3 b. Those that are **unsolvable**—

as for instance when a young woman is engaged in a continuous protest reaction against her sex—has always wanted to be a boy.

These and similar problems must be accepted.

60:4.4 c. Those that are *partially solvable*—these are in turn segregated, the solvable part being worked upon and the unsolvable accepted.

Thus, though the counselor cannot choose what specific problems will be brought to him, he

can sort them out on the basis of their solvability in terms of the scope of his own work. This first sorting out should come as **early in the procedure** as is possible while still not slighting the problem (W-W 444).

[A third group of problems consists of those which are too complex for treatment by any one other than a **specialist** in the particular area (W-W 443).]

[Making contact, where advisable, with other persons involved significantly in the situation or having knowledge which would be of assistance—

relatives, associates, officials, and others (W-W 447).] [See also 60:5.7, below.]

Once the counseling process is under way, here are some of the forms which the counselor's service may take:

1. In every case where needed, helping to **build up morale** (W-W 444).

60:4.5 2. Every personal counselor,

be he physician, psychologist, educator, or minister,

should very **early in the study of any given case** determine whether or not it is one which he, as a counselor, should attempt,

or whether it should be referred to a psychiatric **specialist.**

60:4.6 3. **Early call in the family** of the patient, as well as his immediate associates, but always play fair with the patient if he is at the age of adolescence or beyond. If possible, get his consent before you discuss his case with any other person.

60:4.7 4. Do not hesitate promptly to call in others who may assist you in the solution of any serious psychic problem—

friends, **associates,** teachers, and the pastor if necessary.

60:4.8 5. Early in the treatment program aim at

building up and strengthening the patient's morale.

[contd] 2. In every case, helping to develop a sane and sound attitude toward problems as normal aspects or as universal occurrences in human living (W-W 444).

Help him to recognize that many things which have happened to him happen, in a measure, to all other human beings.

60:4.9 6. **Segregate problems** and attack them one at a time. Do not make the mistake of trying to treat the whole attitude of depression and demoralization. Sort out the causative factors and attack them intelligently.

60:4.10 7. Let your plan always be to

[contd] 3. Locating materials or other resources which will enable the consultant to progress in a **self-reliant** way (W-W 444).

help the patient to help himself—to develop courage, confidence, **self-reliance**, and stamina.

[contd] 4. Entering into the most skillful and sincere cooperation **possible** upon those problems which are within the scope of the counselor's work (W-W 444).

60:4.11 8. Aid the patient in every way **possible**

but clearly discern those domains of action which do not concern you as a personal counselor and refuse frankly to become entangled in situations where you can be of no possible help.

6. Connecting the consultant with **community agencies** where he may secure certain sorts of help needed (W-W 444).

60:4.12 9. Look about the **community** and avail yourself of all possible persons and **agencies** that can aid in the rehabilitation of the patient.

60:4.13 10. **Look for the strong features** and potential centers of **growth** in the patient's personality.

Every individual, free of serious defect, has a **growing point**.

Every human being has such **points**,

However difficult or hopeless a problem brought may appear, the location of this growing point will, more often than not, furnish the key to the direction of most effective progress in his problem-situation (W-W 445).

and they are the fulcrum on which the practitioners of mental medicine can place their psychotherapeutic levers.

It is these points in the personality make-up which are the fertile soil in which the seeds of mental hygiene will most quickly grow and yield a more satisfactory harvest of ultimate reconstruction.

5. The Technic of Personal Counseling

THE COUNSELING TECHNIQUE (Westcott-Wieman 445)

One of the most important aspects of the technique cannot be included even in the generalized description, for it is the art with which the procedure is shaped and directed

by developments as they arise, to the end of a more comprehensive and appropriate treatment of the particular problem (W-W 445).

But in spite of these very significant variations, there is a fairly clear general procedure (W-W 445).

60:5.1 Every personal counselor will sooner or later formulate his own technic of approach

to the various problems which come to him from time to time,

but my own experience in psychiatry and my contact with physicians, psychologists, and ministers who practice personal counseling, lead me to suggest

the following general technic:

1. *Establishing rapport.* (W-W 445)2. *Getting a statement of the problem.*
(W-W 445)

[See 60:4.1, above.]

[As a first approach to the study of personality disorders we employ the *questionnaire* method. We give candidates for personality analysis a questionnaire consisting of 484 questions, grouped in nine categories, contained in a 32-page booklet ... (TPoP 298).]

3. *First sorting out of problems on the bases of their solvability in terms of the scope of the work of the counselor.* (W-W 447)6. *Blocking out a tentative procedure.*
(W-W 448)

Setting up at least one constructive step to be take *immediately*—a step which contributes in some way to a forwarding of the situation (W-W 448).

60:5.2 1. *Establish Rapport.*—

Get acquainted with the patient; secure his confidence. See that he is assured that everything he tells you will be treated in the strictest confidence. Listen patiently; let him tell his story.

60:5.3 2. Early identify and formulate the patient's chief problem.

Get him to bring you a written analysis of his case.

60:5.4 3. *Personality Questionnaire.*—

Some form of personality *questionnaire* is very useful in dealing with the average case.

60:5.5 4. *Sorting.*—

Early separate the minor complaints from the major difficulties and determine just what you are going to handle alone and to what extent you will call in assistance.

60:5.6 5. *Formulate a method of attack,*

both as concerns *immediate* relief

7. *Preparing the ground for more comprehensive procedure.* (W-W 448)

[See 60:2.10 and 60:4.7, above.]

[5. At times, actual assistance in **modifying** the **living conditions** of the consultant (W-W 444).]

12. *Introducing into the experiences of the consultant, **new elements of value***

*in such a way that he gets a thorough taste of their satisfactoriness, richness or **lure**.* (W-W 450)

13. *Helping the individual to incorporate his newly emerging **value-habits** and **value-ideals** into his working **philosophy of life** and of religion.* (W-W 451)

and more remote rehabilitation.

60:5.7 6. **Coordination.**—

Early block out the organization of the cooperative group, consisting of family, friends, teachers, pastor, and psychiatrist.

60:5.8 7. **Environment.**—

In the beginning of the course of treatment ascertain whether

environment is concerned in causation and to what extent it may be **modified** or improved.

60:5.9 8. **Reeducation.**—

Begin immediately to train the patient in facing facts, in standing up before reality.

Assist him to acquire **new values**,

to recognize higher meanings,

and to try to *discover new **lures*** which will serve as immediate goals of attainment.

60:5.10 9. Early begin to help the counselee formulate a new and more dynamic **philosophy of living**,

ever bearing in mind that a philosophy of life for the average individual consists in a coordination of values, insights, habits, and ambitions, so correlated that they become a goal of life.

60:5.11 10. Inspire the patient with the importance of

14. *Carrying out some sort of follow-up, with relevant modification of the program where advisable, and cooperative appraisal where feasible.* (W-W 452)

“carrying on.” Follow up his program,

and even after you have dismissed him as practically cured, arrange monthly conferences with him for at least one year.

THE COUNSELOR (Westcott-Wieman 453)

60:5.12 And now a few words of admonition to the counselor himself, or rather, a summation of much that we have already said:

[contd] It has become fully evident that any one who undertakes to counsel

The successful personal counselor

must be progressive;

also must undertake to educate himself continuously for this responsible and challenging work. [Etc.] (W-W 453)

he must keep up with the literature.

And besides study there must be well-programmed training and experience in work with people (W-W 453).

He must be a *good social mixer*.

The counselor has real obligations toward his work because the welfare of others is intimately involved in it. First and most of all, he must keep himself as well-balanced and wholesome as is possible (W-W 453).

He must always be able to present a picture of excellent health and well-being to the patient.

Particularly, the counselor must have a plan of life such that he gets his own personal yearnings and emotional hungers effectively satisfied outside his work (W-W 453).

He must keep his own integration progressing in a reasonably healthy way, so that he is not distracted and shattered by his own inner conflicts.

He must acquire the habit of throwing off the burden of the problems of other persons outside of work hours, else he cannot keep his vitality and abilities at such a level as to enable him to do effective work.

He must learn how to devote himself to a problem wholeheartedly and yet be able to let the person who had the problem slip into the general order of life after the case is over, else he will have a valueless but exhausting body of intimate followers (W-W 453-54).

Further, it is not the place of the counselor to make good-bad, right-wrong judgments, but to seek those factors and conditions which are causally related to the problem and try to reconstruct them into conditions of healthy growth (W-W 454).

He must satisfy all his emotional longings entirely outside of his professional life.

He should be a well-integrated individual and free from serious emotional conflict,

and above all he must learn to keep his mind entirely off his professional problems outside of office hours.

He will also learn how to wean his patients,

how gradually to restore them to successful living when his work is done.

And last, but not least, *he will never sit in judgment on any patient.*

The psychiatrist, the personal counselor, should ever bear in mind the admonition, "Judge not."

The dangers which lurk as possibilities in the work of the counselor are subtle and great. Some have been implied in what has gone just before. The counselor may take a sort of god-like position, which is harmful to him, to the consultant and to the work.

Or he may be sanctimonious, or **pedantic**, or mysterious (W-W 455).

He may develop a train of followers who **semi-worship** or adore,

instead of a company of increasingly self-directive persons who are on terms of strong **fellowship** with him

yet feel the **freedom** of functional equality (W-W 455).

60:5.13 The personal counselor should always avoid the assumption of the attitude of either a critic or a judge.

Neither should he be **pedantic**.

He should try to be so thoroughly human that the patient, before the end of the first visit, will feel almost perfectly at ease in his presence.

The genuine psychiatrist, the true personal counselor, does not want to

build up a constituency of **semi-worshiping** weaklings who are ever dependent upon his advice and guidance.

He should crave the **fellowship** of a great group of men and women who are so thoroughly cured of their neurotic tendencies

as to be quite **free** from the necessity of depending upon him for continuous guidance,

albeit there are many confirmed neurotics who do well to keep in touch with the psychiatrist or counselor for the rest of their lives; that is, they are wise to check up on themselves once or twice a year to see that they are not slipping.

Above all, practitioners of mental hygiene should avoid

He may fall into the evil habit of labeling his cases as inferiority complex or infantilism or introversion or fixation,

and then treat the labels

instead of the problem-situation (W-W 455).

COLLATERAL READINGS (Westcott-Wieman 458)

Burkhart, Roy A.: *Guiding [sic] Individual Growth*. A Discussion of Personal Counseling in Religious Education. Chapters III-VI. The Abingdon Press, 1935.

making the grievous mistake of labeling their patients as inferiority complexers or introvertists

and then of falling into the error of treating these textbook names

rather than helping their patients to grapple with and solve their actual problems.

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