CHAPTER THREE

The Minds of Moralists

Every personality problem is a moral problem.
—ROLLO MAY, THE ART OF COUNSELING, 1939

In the 1930s a growing number of clergy became interested in offering counseling to their parishioners. Whether they were graduates of clinical pastoral education programs or learned about counseling from the books, sermons, and radio programs of men such as Harry Emerson Fosdick, John Sutherland Bonnell, or Norman Vincent Peale, clergy from a wide spectrum of Protestant denominations began to view therapeutic interviewing, that is, counseling, as an important part of their ministerial obligations. The fascination with counseling was not limited to clergy. Many of their CPE allies, including psychiatrists, psychologists, social workers, and guidance and vocational counselors, likewise had begun to claim the interview as an important therapeutic element.

In some ways counseling and its first cousin, psychotherapy, were the quintessential expressions of the liberal moral sensibility as it developed after World War I. Pastoral counselors, many of whom were graduates of clinical pastoral education programs and some of whom had studied with Anton Boisen, brought to the counseling session a familiar set of ideals and principles that included a belief in the centrality of science and the scientific method, the necessity of alleviating human suffering, and the efficacy of professional expertise. Unlike either Boisen or most of the CPE founders, however, ministers who identified themselves as pastoral counselors saw the personal interview as the critical therapeutic element. And where Boisen and the CPE founders had sought to study, describe, and document the relationship between religion and health, pastoral counselors sought to apply that research, specifically in the context of the interview, where the individual could, by talking, be transformed. In addition, pastoral counselors believed that the transformation occurred
not just by talking but as a result of the guidance, advice, and direction ministers offered by virtue of their moral authority. Change required a strenuous moral effort and the support of the minister, and the result was mental health. Pastoral counseling emerged in a competitive environment in which all of the professionals interested in claiming counseling or psychotherapy as their purview shared a common Progressive heritage and set of liberal assumptions. Pastoral counselors claimed counseling as a legitimate endeavor for their profession because they believed mental health had moral implications. The theory and practice of Anton Boisen, clinical pastoral educators, and pastoral counselors illustrate how the liberal moral sensibility played out in the interwar period.

The Progressive Context of Counseling

The Progressive impulse—the desire to remake American society through application of science and professional expertise—in tandem with the Social Gospel did as much as anything to stimulate the interest in both psychotherapy and counseling. Typically, historians have seen the therapeutic turn as evidence of colossal social selfishness and the end of Progressive reform. In the early 1960s, sociologist Philip Rieff argued that it also signaled the end of community. But early psychotherapists and counselors saw themselves remaking society, no less than earlier reformers had, but doing so through changing one life at a time. Transformed individuals would transform society, or so the reasoning went.

Psychiatrists, clinically trained ministers, psychologists, social workers, and professional educators owed the growth of their disciplines to the Progressive impulse, and each in the 1930s moved steadily toward embracing the personal interview, or counseling, as one of their primary tools. Both counseling and psychotherapy played pivotal roles in the construction of a professional identity for a variety of professionals claiming one or the other as their exclusive territory, even as the boundaries between professions remained fluid and the claims contested. Most counselors were careful to distinguish counseling from psychotherapy—and for good reason. By the 1930s American psychiatrists and psychoanalysts had, through a series of strategic moves, laid claim to the realm of psychotherapy. The definitions are slippery and ill-defined—both by contemporaries and by historians—but, generally speaking, psychotherapy
referred to psychical or nonsomatic treatments such as suggestion, hypnosis, or psychoanalysis used for the purpose of healing mental illness.

One of the earliest examples of psychotherapy was the Emmanuel Movement, the movement established by Protestant ministers Elwood Worcester (Boisen’s mentor) and his associate Samuel McComb. Worcester and McComb’s psychotherapeutic clinic, one of the first in the country, was established in Boston in 1906. It had the support of the leading lights of the Boston medical community, but its therapy was nonsomatic and nonmedical. Initially, no one anticipated a conflict, but by 1910 hardly a trace of the movement remained. Historian Eric Caplan, who argues convincingly that the Emmanuel Movement was a victim of its own success, contends that most psychiatrists and neurologists had relied almost exclusively on somatic therapies and had assumed physiological or organic cause for mental illness. They had, in fact, distanced themselves from psychological healing because of the extent to which those activities were associated with a popular, nonscientific “mind cure” movement. At the turn of the twentieth century, however, some psychiatrists and neurologists had begun to entertain the possibility of a psychological explanation for some mental illness, or at least that some symptoms could be explained in terms of psychical factors. From this perspective, Worcester’s program seemed both legitimate and innocuous. Patients were under the care of both medical doctors and ministers, attended weekly classes where they heard lectures given by doctors, psychologists, and ministers about mental health issues, and, assuming the doctor had found no organic cause for their illness, attended psychotherapy sessions with Worcester or McComb that consisted, to a large extent, of using the methods of suggestion. As the movement gained national prominence, medical doctors, fearing a loss of territory to clergy, reasserted their claim to psychotherapy, sometimes in quite bellicose terms.

After Freud’s visit to the United States in 1909, and just as the Emmanuel Movement was unraveling, psychoanalysis gained ground steadily as the psychotherapeutic technique of choice. In the United States, psychiatrists and psychoanalysts made common cause early in the century; and by midcentury it was typical here, in contrast to European practice, that psychoanalysts were also medical doctors, further tightening the grip that psychiatric medicine had on psychotherapy.
Caplan has pointed out, in pursuing this alliance, American psychiatrists intended to close off the practice of psychotherapy to other professions, which they managed to do, but only temporarily. Claiming psychotherapy as the province of their profession was important for psychiatrists because of the extent to which it expanded their territory beyond the asylum and the mental institution, giving them jurisdiction over a population of noninstitutionalized, sick but curable persons. And, in the context of the Progressive belief that society could be transformed through the judicious application of scientifically based expertise, psychotherapy offered psychiatrists and psychoanalysts a role in that transformation.

Their affiliation with the mental hygiene movement further highlighted psychiatrists’ potential contribution to building a better world. The mental hygiene movement was founded by Clifford Beers, who, like Anton Boisen, had spent a number of years institutionalized for mental illness. The movement focused on encouraging good mental hygiene as a means to avoiding mental illness. The founding of mental hygiene clinics gave psychiatrists a much broader base and more prominent role in promoting mental health.4

By the mid-1930s, psychotherapy had, at least temporarily, been claimed by the medical profession as its province. The situation with regard to counseling was far less settled. Among the other professional groups seeking to establish counseling as part of their repertoire were psychologists, who saw counseling as a natural extension of their work in applied psychology. Counseling was, after all, based on psychological principles. Scientific psychology, from the time the first laboratory was established by Wilhelm Wundt in Leipzig in 1880, had been dominated by the theories and methods of experimental psychology. But, as with psychiatry, Progressive reform had made the application of psychology to social problems more pressing. The realm of applied psychology developed first in the area of mental testing, which was intended to measure everything from intelligence to vocational aptitude and which led to the formation of clinics intended primarily for administering those tests. The anti-Progressive nature of much of this testing is notorious—intelligence testing to limit immigration being the most prominent example. Progressive psychologists, however, had high hopes for the potential of psychology to improve the quality of life for the next generation of immigrants and working-class people and, increasingly, for upwardly mobile middle
Americans, too. These psychologists grew ever more impatient with the apparent irrelevance of experimental psychology with regard to practical matters. For psychologists, it was a short step from testing to offering counsel based on that testing.

Psychologists also were increasingly employed in a variety of settings, including psychiatric hospitals and clinics, mental hygiene clinics, and general hospitals and outpatient clinics, and educational institutions and juvenile courts. In these settings psychologists frequently worked on teams of specialists which included psychiatrists, social workers, and clergy. In addition to offering mental testing, psychologists sometimes engaged patients in psychotherapy while working under the supervision of medical doctors. This combination of testing and providing therapy predisposed psychologists to see both psychotherapy and counseling as important elements of their professional practice, despite psychiatrists’ claims to the contrary. Carl Rogers spent the decade of the 1930s at the Rochester Child Guidance Clinic in Rochester, New York, working as part of a medical team and growing increasingly dissatisfied with both the experimental emphasis of his fellow psychologists and the limitations placed on psychologists by the medical profession.

Psychiatric social work followed a similar path. Probably no profession was as completely a product of the Progressive impulse as social work. Originating in the work of volunteers for private charities, social work was professionalized in the first several decades of the twentieth century, as those interested in social work found professional opportunities in many of the same venues that employed psychologists and CPE trainees and graduates. These early social workers provided follow-up care for newly released patients and inmates and helped clients address an assortment of problems, such as finding adequate housing or securing a job. They worked from the assumption that recovering from mental or physical illness or succeeding in school and avoiding juvenile delinquency required the right environment.

Given the aura of respect that surrounded the sciences and the rapid professionalization in other disciplines, social workers sought to place their profession on what they viewed as a scientific basis. Like clinical pastoral educators, they were inveterate recordkeepers and the client interview and case study were central to their endeavor. And as with CPE, the conjunction of social work with the medical profession generated
new areas of expertise and professional authority. Psychiatric social work was one of those areas, and two of the earliest collaborators in the field were psychologist Augusta Bronner and neurologist William Healy, both of whom started out at Chicago’s Juvenile Psychopathic Institute in 1909 and then in 1917 moved to the Judge Baker Foundation (known as the Judge Baker Guidance Center after 1930), the site of a CPE program.

Another important location for early psychiatric social work was at Massachusetts General Hospital, where James Jackson Putnam instituted a special division of social service for mental patients, headed up by his wife, who was a social worker. Medical social work had been originated at Massachusetts General the year before as the collaborative effort of Richard Cabot and Ida M. Cannon. In the 1920s, Cabot and Cannon turned their attention to encouraging and supporting clinical pastoral education. Medical social work, whether psychiatric or general, relied on the notion, shared by clinical pastoral education and clinical psychology at the time, that its practitioners were part of a medical team and provided a service that differed fundamentally from the services offered by other members of the team.

During the 1920s and 1930s, social workers in psychiatric hospitals or clinics increasingly found themselves engaging in a new kind of interview. In ways that mirrored changes that occurred in clinical pastoral education, the interview was acquiring a therapeutic purpose, intended less for the collection of information or data—although that continued to be important—than for helping the individual to work out his or her problems. The psychiatric social worker continued to see the manipulation of the social environment as important, but personality problems increasingly became the focus of the interview.

A fourth professional group played an important role in the early development of counseling. This was a loosely constituted group of educational professionals that included teachers, vocational guidance professionals, and “student personnel workers” (college counselors). This group originated in the vocational education and vocational guidance movements of the late nineteenth and early twentieth century as part of the Progressive response to industrialization and in the context of perceived problems with juvenile delinquency. In 1910 the first National Vocational Guidance Association meeting brought together a wide variety of professionals, representatives of social agencies, and public officials,
including social psychologist George Herbert Mead. Mead, whose ideas were essential to Anton Boisen as he developed his theories about mental illness, had helped to institute vocational education and guidance programs in Chicago schools. The 1920s saw the establishment of a vocational guidance clinic at the University of Pennsylvania, a testing facility at the University of Minnesota, and growing numbers of vocational counselors in colleges. There was clearly overlap here with psychology, since much of the vocational testing was done by psychologists. At the same time, not all guidance professionals were psychologists.

Ministers saw themselves as one group among several with a legitimate claim to the realm of counseling, although, having been so thoroughly rebuffed by psychiatrists and psychoanalysts at the time of the Emmanuel Movement, they were careful to disclaim any desire to be psychotherapists. At least some of their fellow professionals acknowledged the legitimacy of pastoral counseling. To one observer it seemed that ministers had no choice. In a 1943 article in which she compared counseling offered by social workers with pastoral counseling, social worker Alice McCabe observed that circumstances had required that clergy reexamine their roles as counselors. McCabe argued that in the past people had turned to the church for counsel but that, as the “sciences and the professions developed,” the church had been forced either to “withdraw from one of its previous activities [counseling], or to integrate scientific findings into the field of religion.” McCabe approved of the decision to integrate science in part because she understood pastoral counseling as something fundamentally different from the counseling that social workers did. She was convinced that pastoral counselors’ interest in religious principles and “right and wrong” distinguished them from other types of counselors.

McCabe’s analysis was accurate. Ministerial counseling in the 1930s did consist largely of offering advice or guidance for the purpose of helping counselees to solve specific problems and to strengthen the will in the interest of making wise choices. Wise choices were understood in terms of adjustment to social convention, pursuit of achievable and socially determined moral standards, and perpetuation of Protestant mores. But pastoral counselors’ conviction regarding the legitimacy of their task came not only from what they perceived as their historic claim to the field but also from their assumption that moral behavior was intimately linked to
mental health. They worked from the assumption that when moral standards were restored and maintained, mental health ensued. They did not always agree on exactly how moral behavior affected mental health, but they did agree that it played a pivotal role.

The number of ministers who engaged in modern pastoral counseling prior to World War II was quite small, and the number who published on the topic even smaller. It is possible, nonetheless, to make some general claims about the theory and practice of counseling prior to the 1940s and to explore how that theory and practice illustrates the liberal moral sensibility. Methods were eclectic but generally focused on creating a friendly, therapeutic relationship characterized by kindness and genuine concern. For the most part, early pastoral counseling addressed the conscious choices, wishes, and decisions of a fundamentally healthy (or recovering) population as opposed to one that had been institutionalized or diagnosed as mentally ill. At the same time, early ministerial counselors were expected to be aware of psychodynamics even though they did not engage in psychotherapy. Among ministers who wrote about counseling, there was an emerging consensus regarding the goals and strategies of counseling, even when they used very different words to describe their work. Some envisioned themselves engaged in “pastoral psychiatry” or “pastoral psychotherapy,” while others referred to “counseling” or the “personal interview.” When it came to counseling goals prior to the war, some ministers talked of helping their counselees achieve “maturity,” while others encouraged “growth” or “adjustment.” The war would change therapeutic goals, as will be described in chapter 4.

Some of these differences derived from the kind of training each minister had pursued. It is surprising, given the emphasis pastoral counselors placed on professional expertise, that until 1965 there was no standardized, commonly agreed upon professional training for pastoral counselors. Some counselors, like Rollo May, who had studied with Alfred Adler in Vienna, sought specialized training. Others, like John Sutherland Bonnell, whose father administered a hospital on Prince Edward Island, learned by observing. Still others learned how to counsel from endless hours spent writing verbatims or case studies to be submitted to CPE supervisors and in the seminars that were part of their CPE training. Eventually, some pastoral counselors sought formal degrees in clinical psychology to augment their seminary education. In the 1930s, however,
few, if any, of the degree programs in clinical psychology offered training in counseling. The lack of standardized training in counseling characterized all of the counseling disciplines at the time.

Ministerial counseling, like other kinds, was rooted in Progressive era reform, but it was also connected to the Social Gospel. An emphasis on counseling was consistent with Protestant thinking that placed a premium on individual salvation and religious experience. In fact, ministers saw a logical connection between what they were already doing as clergy and the kind of counseling they did based on psychological principles. For them, their work with individuals was just as much intended to bring in the Kingdom of God through relieving emotional suffering as was settlement house work through relieving social suffering. Ultimately, their counseling practice exhibited the liberal assumption that the world could be remade through the principles of psychological science and the efforts of trained professionals and through the strenuous moral effort of individuals.

Pastoral Counseling Theory

One of the most important early works on counseling was written by Rollo May. May’s work and early career illustrate not only some of the most important points of early counseling theory and practice but also the interdisciplinary nature of the activity, the fluidity of professional categories, and the shared heritage of the counseling disciplines. May published his seminal work on counseling in 1939, even though his experience and training at that point were rather limited. He went on to earn a Ph.D. in clinical psychology at Columbia University in 1949. Later, along with Carl Rogers, Gordon Allport, and Abraham Maslow, he played a pivotal role in establishing the new field of humanistic psychology and is better known as a psychologist than a minister. In the late 1930s, however, May differed little in background, education, and experience from his ministerial peers. The product of a Protestant, small-town, midwestern environment, he graduated from Oberlin College in the 1930s and then spent three years in Greece teaching English. While abroad, he traveled to Vienna to study with Alfred Adler, a key contributor to modern personality theory. After returning to the United States, he served as student advisor for undergraduates at Michigan State Col-
lege, in the mid-1930s. From there he went on to earn a master’s degree in divinity from Union Theological Seminary and spent a summer in clinical pastoral education. He subsequently sought ordination as a Congregationalist minister and, in 1938, accepted a position as a minister at a New Jersey church.\textsuperscript{10}

In the introduction to his book, May claimed that he had found himself called on repeatedly to offer counsel, despite his lack of formal training; so he addressed his book to all professionals who, like himself, found themselves engaged in counseling by virtue of their position rather than their training. This was the exact cohort of ministers, teachers, social workers, and psychologists who were exploring the theories, methods, and practice of counseling and were finding themselves forced to define what they were doing in contrast to psychotherapy.

Most counselors in the 1930s, (religious and otherwise) saw the act of giving advice or guidance as the very essence of counseling. In his introduction to May’s book, psychologist Harry Bone, who ended up acting as friend and consultant to a number of fledgling pastoral counselors, expressed this perspective in his description of counseling as “the practice of helping by advice, counsel, guidance, sympathy, and encouragement, both informally (friend to friend) and professionally (priest to communicant, doctor to patient, teacher to pupil).”\textsuperscript{11} This tendency to see counseling as a kind of friendship in which the counselor gave advice was pronounced among the clinically trained who were predisposed to think in these terms as a result of their experience in CPE programs.

More to the point, most early counselors believed that they offered advice in the interest of helping the counselee solve a specific problem rather than for the purposes of healing mental illness. The problems that counselees presented to their pastors varied widely. In the early counseling literature, however, pastoral counselors tended to group those problems according to what they perceived as the most important identifying characteristic of the problem. As a result, all the variety of human problems were frequently assigned to one or more of a handful of categories, most often, fear, anxiety, feelings of inferiority, guilt, sex, child rearing, physical illness, or religious problems. Ministers’ attempts to categorize their counselees’ problems relied partly on the psychological literature (including psychoanalytic) of the day and partly on the ministerial tradition. Ministers had, historically, visited the sick and counseled with their
parishioners who had spiritual problems. Fear and guilt were familiar ministerial territory, but much of what early pastoral counselors had to say about these topics was filtered through their new understanding of psychological principles.

Rollo May’s account of “George B” is a good example of the way early counselors used psychological principles to interpret a counselee’s problem. George came to May complaining of “a general unhappiness in college.” George, in May’s judgment, suffered from nervousness, tension, and sleeplessness and displayed an attempt to dominate those around him by “reforming” them; he complained that his girlfriend was too frivolous, his roommate took too long getting ready for bed, his athletic coaches drank beer, and that the college Christian group was not active enough. May observed that George was on his way toward neurosis or a “nervous breakdown.” As May saw it, George did not need medical attention, but he did need to address, with the aid of a counselor, what May described as his “personality difficulties” if he expected to solve his problems.

May concluded that George suffered from “exaggerated ambition” fed by an inferiority complex. From May’s perspective, George’s inferiority complex originated in his birth order; he was the second child and his older sibling was a sister who had attended the same college and was quite successful. According to May, second children, especially boys with an older female sibling, were exceptionally prone to developing exaggerated ambition. May argued that George’s critical attitude and reforming zeal came from a desire to put his own ego on top, as a means to satisfy his ambition for success. Over a period of several months, May helped George to recognize his personality flaws (although May was not clear on how he accomplished this). Ultimately, George overcame his inferiority complex by becoming more involved in school activities. Once he became more involved and began to enjoy a measure of success in his social life and receive praise from his peers, his need to criticize others decreased. In May’s view, when George confronted his inferiority complex, his other problems were solved.

The kinds of problems that ministers emphasized when they wrote about counseling depended on their background, training, and reading. Since the field of psychotherapy, much less counseling, was in no way standardized in the 1930s, ministers’ attempts to conceptualize their
counselees’ problems frequently relied on fairly eclectic sets of theories and practices. For instance, May’s fascination with the inferiority complex probably came from the time he spent studying Alfred Adler, who, when he broke with Freud, developed his own theory of personality, one that relied heavily on an understanding of the inferiority complex as crucial. On the other hand, May also drew on the writings of at least four other highly influential thinkers, (all of whom were Europeans)—Sigmund Freud, Carl Jung, Otto Rank, and Fritz Kunkel. Kunkel is probably the least-known of the three. He wrote a book called Let’s Be Normal! (1929) that pastoral counselors seemed to have found appealing, given that it appeared in a number of pastoral counseling bibliographies.

Presbyterian minister John Sutherland Bonnell was among those who cited Kunkel, but his background and training differed from May’s in important ways; while there were some similarities in the way he understood his parishioners’ problems, there were also important differences. Bonnell, much more than May, was rooted in the Protestant “cure of souls” tradition. That is, he saw his duties as a counselor in terms of his duty as a pastor to address the spiritual needs of his parishioners. On the other hand, although he had not participated in a clinical training program, he had personal experiences that mirrored those of the clinically trained minister. Bonnell was a Canadian who spent the latter half of his adult life in New York City as pastor of the Fifth Avenue Presbyterian Church, beginning in 1935. In addition to publishing a book on counseling titled Pastoral Psychiatry (1938), which was one of the earliest attempts to deal systematically with the minister’s work as counselor, Bonnell broadcast a radio program called “National Vespers” from Radio City Music Hall in New York City for nearly thirty years. He saw himself as engaged in “the cure of souls,” by which he meant alleviating human emotional suffering by using the “personal interview,” or, as he titled his book, “pastoral psychiatry.”

Beginning at about age ten, Bonnell had spent weekends on Prince Edward Island with his father, who served as supervisor of Falconwood Hospital, an institution for the mentally ill. Bonnell’s father was not a medical doctor, but he was responsible for the daily operation of the hospital, which required a great deal of interaction with the patients. The younger Bonnell grew up observing his father’s methods for dealing with patients and modeled his own behavior on that of his father. In 1910, at
the age of seventeen, he became an attendant, or nurse’s aide, at the hospital, and stayed in the position for a couple of years. His duties were similar to those assumed by trainees in the clinical pastoral education programs of the 1920s and ’30s. He even attended lectures presented to the nurses by the medical superintendent.14 Bonnell then went on to serve in World War I, complete a divinity degree in Nova Scotia, and work in several Canadian parishes before arriving in New York City at the age of forty-two.

The book he published shortly after beginning his pastorate in New York gives a good indication of how he conceptualized his task as counselor. He began by establishing that his work was primarily spiritual in nature. He distinguished his own task from that of the physician or psychiatrist, contending, “My resources and goals are primarily spiritual”; and he underlined the extent to which his task was to aid God in the solving of problems: “I seek God’s help with the problem at hand.”15 At the same time, he emphasized the importance for the minister of being well read in psychology and psychiatry. His views echoed those of May in that he saw his primary task as problem solving, but they diverged from May in that he placed a much higher value on the minister’s obligation to serve as spiritual counselor.

Bonnell pointed out that it was not necessarily easy to persuade parishioners to admit that they had a problem. The real challenge, then, for the minister was “to be alert to human need,” so as not to miss the opportunity to help individuals with their problems. Bonnell cited an example from his own experience of how careful listening could make a difference. He told the story of a young man who was a newspaper reporter working on an article about clergy who offered personal counseling. When the reporter called for an appointment to see Bonnell, he presented himself as someone in need of counseling. Upon arrival, he admitted that he had made the appointment under false pretenses and really just wanted to interview Bonnell for the newspaper article. Bonnell, however, concluded that the young man really did have something else on his mind; so when the interview was finished and the reporter rose to leave, Bonnell invited him to stay, asking him if he was happy in his job as a reporter. When the young man assented, Bonnell pressed, “But are you really happy within?” The young man responded by pouring out his heart. According to Bonnell, the young man then found both
God and an answer to a problem that before the interview he had believed was “beyond solution.”

In the rest of his book, Bonnell laid out a series of other problems that he believed were just as susceptible to solution through the ministries of the psychologically minded pastor. Included among them were fear, feelings of inferiority, sexual difficulties, child rearing, guilt, and physical illness. To describe those problems, he moved easily between the language of religion and the language of psychology, because, for Bonnell, the line between spiritual problems and psychological problems was fuzzy. For instance, in a chapter titled “Humiliation and Pride,” Bonnell proposed that the religious term “humiliation” was synonymous with the psychological term “inferiority.” The solution, he thought, was to cease comparing oneself to others (the source of both humiliation and pride) and to submit oneself instead to the judgment of God. Bonnell offered as an example the case of “Mr. Blain,” an actor who came to see Bonnell after hearing his radio program. Mr. Blain suffered from intense feelings of “inadequacy and unworthiness.” After a bit of conversation, Bonnell told Blain he would have to give up comparing himself to others, and he pointed Blain to the Bible (Galatians 6:3, 4), telling him that God “rates you according to the measure in which you utilize the powers that He has given you—not according to what you are or will be, but by what you might be.”

Bonnell explained to Blain that when he submitted himself to God’s judgment he would have to let go of his false pride and in doing so would become a “perfectly normal” man and would be susceptible to neither pride nor humiliation because he would no longer be concerned about comparisons between himself and others. This was, in Bonnell’s view, true Christian humility. The actor indicated his willingness to submit himself to God’s judgment, and the interview ended in prayer to that effect. As in the case of the young man described by Rollo May whose problems resolved after he addressed his inferiority complex, Bonnell’s Mr. Blain found his life completely transformed. He wrote to Bonnell several weeks after the interviews and said, “My life is altogether different and I’m sure that it will continue so.”

At the heart of this kind of counseling was a particular notion of human nature. It was rooted in an early-twentieth-century Progressive ideal that had been shaped by the philosophies of William James and

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John Dewey. Most early pastoral counselors maintained a cheerful optimism regarding the capacity of human beings to make wise choices. The fly in the ointment was Freudian theory. Freud’s theories raised the specter of powerful unconscious drives that subverted the human will and made human freedom of choice problematic. Most pastoral counselors were reluctant to dismiss Freud out of hand, recognizing the enormous influence he wielded among American psychiatrists, but they were equally reluctant to let go of the idea that human beings had a free will that could be exerted in the interest of right, good, or wise choices. As they saw it, it was this ability to choose that distinguished human beings from the animals, transforming them into moral beings. When Rollo May claimed, “every personality problem is a moral problem,” he was expressing the view common among early pastoral counselors that any problem in which individuals could exercise their wills was a moral problem and that, because personality problems could be solved by an exercise of the will, they, too, were moral problems. In the view of many ministers, Freud’s claim that human beings were at the mercy of unconscious drives over which they had no control undermined the possibility of moral action. It was important for the clergy to maintain their view of human freedom, because they considered morality their particular realm of expertise and, hence, their entrée into counseling.

As a strategy intended to help them to avoid what they perceived as the excesses of orthodox Freudians, most pastoral counselors remained resolutely eclectic in their methods and theories, acknowledging the existence of unconscious drives while privileging the power of the human will as a means of protecting their own notions of moral and ethical responsibility. To do so they relied much more heavily on the emerging field of social psychology than on psychoanalysis, psychiatry, or academic psychology. Perhaps none of the early pastoral counselors so clearly illustrates this view as does Charles Holman. Like Bonnell, Holman came from the cure of souls tradition and wrote one of the early treatises on the subject; his was entitled *The Cure of Souls: A Socio-Psychological Approach*, published in 1932. He then elaborated on some of those ideas in a book published in the late 1930s titled *The Religion of a Healthy Mind*. In both books he portrayed human beings as fully capable of choosing between right and wrong. Holman asserted that human beings
were capable of establishing a “hierarchy of values” and of choosing those values “consciously” and “rationally.”

In Holman’s view, the fully integrated “personality” or “soul” (and he used those two terms interchangeably) was the one “who, to a large extent, consciously chooses his way. He creates his own hierarchy of values. He selects the aspects of experience to which he will pay attention. He is self-directive.”

Holman argued that the struggle to make good choices was itself a moral struggle and that each individual could and, indeed should, “take himself in hand.”

It was not that Holman did not recognize the possible influence of unconscious drives. It was more that he did not want to reduce human beings to a single desire, such as hunger or sex, a shortcoming he attributed to Freud and his followers. In his discussion of human desires, Holman relied much more on American psychologists, such as John Dewey and his ideas about the importance of the social group in shaping human behavior, William James and his theory regarding the formation of “habits,” and the social psychologists who referred to “the wish” (referring to a complex bundle of traits including drives, urges, impulses, and hungers to which our values have become attached) rather than “the drive” or “the instinct,” which Holman saw as an oversimplification. In Holman’s opinion, the framework used by Dewey, James, and their colleagues allowed for a more complex understanding of human behavior.

Holman did describe Freud’s theory of the unconscious in some detail but observed that some psychologists did not believe that the unconscious actually existed. Holman conceded that, at the very least, human beings had a tendency to avoid anything unpleasant and to push it to the edge of consciousness. He concluded that, even if unconscious drives did exist, they did not have to be determinative nor did human beings have to be subject to their own cowardice. It was, in Holman’s view, possible to free oneself from unconscious forces and from one’s habit of avoiding reality, through a strengthening of the will (rather than through the psychoanalysis that Freud would have recommended).

Holman recommended a number of strategies for strengthening the will including maintaining physical and mental health, pursuing a broad range of “worthy” interests, paying attention to the consequences of one’s actions, and pursuing “suitable” fellowship with other Christians. He noted, too, that
ministers could contribute to strengthening of their parishioners’ wills by reminding them that “in their upward striving effort” they “share the will and purpose of God.”

The strengthening of the will was to occur, of course, in the interest of making good or wise choices, which raises a question: What constituted a “good” or “wise” choice? Even a cursory reading of books and pamphlets from the 1930s suggests that pastoral counselors defined “good” choices in terms of conventional white, middle-class, Protestant morality. As a rule, pastoral counselors discouraged premarital sex, adultery, being or taking a mistress, lying, and stealing. Charles Holman, strongly influenced by the Social Gospel, occasionally reminded his readers that economic sins were as egregious as sexual sins—that American society had an obligation to its poor and dispossessed—but, for the most part, pastoral counselors focused on individual indiscretions rather than social ills. Unlike their contemporaries in the holiness and fundamentalist movements, pastoral counselors did not view drinking, dancing, or smoking as especially offensive, although occasionally, probably in deference to their Social Gospel roots, they made a nod in the direction of temperance.

It made sense that Protestant ministers would promote Protestant morality, especially with regard to sexuality. They were themselves, for the most part, the product of white, middle-class, Protestant families. But it also made sense because pastoral counselors were convinced that choosing to live an immoral life resulted in emotional distress. Charles Holman, for instance, concluded that failure to make a conscious effort to strengthen the will and make wise choices could result in a whole host of difficulties, ranging from fear, worry, and instability to nervous breakdown and utter defeat. Holman offered as an example the story of the young man who had, during his college days, indulged in drugs, drink, and illicit sex. Holman argued that because the young man gradually cared less and less for the opinion of others and increasingly only about his gratification, he eventually ended up on the streets “panhandling.” Holman contended that many people who had given up the fight to save themselves—had given up moral effort or attempts to strengthen their will—had ended up in the insane asylum. This was similar to Boisen’s argument regarding functional mental illness—that some mental illness did result from a progressive degradation of the will.
For early pastoral counselors, the worst effects of an immoral life could only be avoided by confession and repentance. Refusing to confess a sin was as sure a path to emotional ruin as the refusal to make a moral effort. John Sutherland Bonnell devoted a chapter to illustrating the ways in which refusing to confess a sin could lead to emotional distress. He began with the story of a woman, a German immigrant, who had come to see him suffering from intense anxiety. She had been to see at least twenty doctors in the preceding three years and had spent the last twelve months attending a free psychiatric clinic before coming to see Bonnell. The woman suffered from a large number of phobias. She feared that her sister would tell her husband’s Jewish employers that they were German and that her husband would lose his job as a result. She feared her own death and that of her husband. She suffered palpitations when the doorbell or the telephone rang and was a virtual prisoner in her home, unable to use public transportation or even to go out for a short walk. She was meticulously honest, worrying about small details such as whether she had been accurate to the minute when telling someone the time of day. Her husband had converted to Christianity, and, when confessing past sins, had admitted to her that he had been unfaithful. As a result, her anxiety had increased. Eventually, Bonnell uncovered the illicit affair the woman had engaged in with her brother-in-law, who had since died. According to Bonnell, once the woman had fully confessed and accepted God’s forgiveness, she was completely cured of her fears and her relationships with her husband and her sister were restored.25

Bonnell believed firmly in the emotionally debilitating effects of unconfessed sin, and, using a story similar to the one Holman told about the young man who ended up on the streets panhandling, he argued that it was possible to reach a point of no return. This story was of a woman who came to see him suffering intense anxiety as a result of her decision to conceal from her husband the son she had given birth to before she married him. For twenty years she had kept the secret from her husband while maintaining a correspondence with her son through a third party in order to keep her identity and whereabouts hidden from her son. By the time she came to see Bonnell, she had begun to suffer episodes of psychosis and paranoia, believing that someone in Hollywood knew her story and was weaving it into the movies they made. She believed, too, that songs she heard on the radio incorporated her story and that
strangers on the bus were talking about what she had done. According to Bonnell, she was unable to accept forgiveness because she had waited too long to make her confession and “the repressed sense of guilt had done irreparable damage to her mind.” In the end, she was institutionalized.26

**Goals of Early Pastoral Counseling**

If an immoral life could cause emotional distress and in some cases psychosis, as pastoral counselors believed, then a moral life could contribute to mental health. Pastoral counselors did not agree, however, on exactly what constituted a moral life, what it meant to be mentally healthy, or how the two were connected, only that they somehow were. They used a variety of terms to describe mental health, including “maturity,” “growth,” and “adjustment.” While these terms did not mean precisely the same thing, they were intimately related and they shaped the goals of much early counseling, or interviewing.

Holman talked most often of “adjustment,” arguing that in order to become “free, wholesome, complete persons,” human beings had to go through a “constant process of adjustment to changing life-situations,” and he concluded that “ineffective, inadequate adjustment spells sickness of soul.”27 In the best adjustments (as opposed to maladjustments) the individual would “face the facts” and deal with life’s situations “wisely and purposively.”28 Other early counselors stressed the ability to grow as a marker of and contributor to health, both physical and mental. Richard Cabot, Anton Boisen’s mentor, and Russell Dicks, who, together with Cabot, oversaw the development of the clinical pastoral education program at Massachusetts General Hospital and had developed the verbatim as part of the training program there, accented the importance of growth. Their definition of growth had much in common with Holman’s ideas about adjustment and self-realization. Earlier, Cabot had played a vital role in establishing hospital social workers as a part of the medical team at Massachusetts General and envisioned something similar for ministers. Cabot had a fairly hierarchical understanding of the relationship among medical doctors, social workers, and ministers, and he expected that social workers and ministers would answer to the authority of the doctor. He also dismissed Freud’s theories entirely, as well as any functional understanding of mental illness (a stance which had led to his
break in the early 1930s with Boisen and Dunbar). In Cabot’s view, the cause of mental illness was organic or physiological—something that could be cured with drugs or with somatic therapies. As a result, he had little patience with psychological therapies and even less with ministers who engaged in any kind of psychological counseling. Instead, he argued that ministers should bring the resources of their tradition to the hospital to facilitate healing and “growth.” Despite Cabot’s objections to ministerial counseling, his ideas about the clergy’s obligations to sick people played a pivotal role in the early thinking of both clinical educators and pastoral counselors.

By growth, Cabot meant something quite specific, and he outlined his views on the connection between religion and growth in a 1934 article titled “Spiritual Ministrations to the Sick.” Cabot argued that the minister’s job was to meet the spiritual needs of the hospitalized patient by finding that person’s “growing edge” and fostering growth. Cabot’s metaphor of the “growing edge” was taken from biology. Biologists had discovered that it was possible to grow human tissue in a laboratory in the same way that it was possible to grow fungus or bacteria, and that it was possible to see the “growing edge” of that tissue under a microscope. From there, Cabot argued that each person was a child of God and, as a result, had within him or herself a “general plan of development” that he or she was meant to follow. Cabot asserted that the people following the plan could be recognized because they were “growing more and more intimate with God, as a basis for intimacy with everything else in the universe.” The minister’s job was to provide an environment in which growth could occur. To accomplish this end, Cabot argued, the minister had to find the patient’s growing edge by “good listening” and then “nourish” growth by encouraging love for others, learning (about virtually anything), enjoyment of beauty (music, literature, drama), and service to others. For Cabot, the opposite of growth was a slide into loneliness, fear of death, and a bitter and grudging spirit. A “good” choice in this framework was anything that facilitated growth or “intimacy with the divine spirit of the world.”

Cabot and Dicks elaborated on these themes and refined their definition of growth in *The Art of Ministering to the Sick*, the book they published together in 1936. In this book they defined growth in terms of what it was not, maintaining that it was not simply “enlargement,”
(i.e., getting bigger) or simply changing. Growth sometimes involved letting go of attitudes or beliefs from childhood. It always required that the individual “not turn away from reality.” The concern with facing reality echoes Holman’s claim that proper adjustment required facing life’s problems realistically. In addition, Cabot and Dicks argued that growth never led to self-destructive attitudes or behavior. If an individual had become increasingly bad tempered or deceitful, he or she was not growing.

Cabot and Dicks emphasized the importance of the human will and the ability of human beings to choose—in this case, to choose growth. Of course, the ability to choose made growth a moral issue. Cabot had not fully conceptualized the opposite of growth in his early writings, but in The Art of Ministering to the Sick, he and Dicks argued that the opposite of growth was “degeneration.” Degeneration resulted from “a refusal to grow,” which Cabot and Dicks described as a “mixture of laziness and self-deceit” that was “the essence of evil in the moral sense. Growth . . . connotes all that is morally good and all that is morally good must appear as growth.” Cabot and Dicks claimed growth as the “ethical absolute” and argued that growth was achieved through “love, learning, beauty, service, and suffering well borne.” They defined the “good life” as “growing, not toward a goal but in powers [emphasis in original] such as sympathy, courage, honesty, perspective, tenacity, knowledge.” Posing a hypothetical challenge to their own position, they asked whether their definition of growth had anything to do with religious or spiritual growth. Their response was that the best evidence of a truly religious life was not necessarily found in right doctrine or the proper use of Christian terminology but in a “certain quality of thought and action” in which the individual grew in the powers they had listed. According to Cabot and Dicks, these individuals sought to “do the will of our Father,” even if they did not articulate that goal in specifically Christian terms, and gave evidence of a “will to learn, to treat men as men and not as means, and to kill self-deceit.” The minister’s opportunity during times of illness was to encourage through spiritual resources this kind of growth.

For Dicks and Cabot the moral act was choosing growth. The choice for growth was a choice for health. And no figure played a greater role in growth than the minister. While Dicks and Cabot may have taken a
less direct route in connecting the moral life and mental health, they, as much as Holman or Bonnell or May, saw a causal relationship between the moral life and mental health and granted religion a key role in fostering both. Early pastoral counselors were a little messy in their use of language, but the implication was clear: morally upright people who led spiritually rich Christian lives were growing, mature, and well-adjusted, mentally healthy individuals. These convictions about the connection among mental health, morality, and religion led to a more complicated understanding of salvation. This expanded understanding of their duty toward their charges was what distinguished the religious counseling in the 1930s from that which the clergy had always done. With a few notable exceptions, counselors in the previous century had focused primarily on the state of the counselee’s soul and its potential for life after death and had relied on psychology only as it related to the goal of securing the parishioner’s salvation. In contrast, twentieth-century pastoral counselors cared as much about saving their a person from an emotional hell as from a literal hell. The new counseling literature made little mention of salvation in the sense that a nineteenth-century Protestant minister might have understood it and instead, in terms familiar to anyone who had taken a quarter of clinical pastoral education, focused on relieving emotional suffering and restoring counselees to mental health.

Counseling Methods

Early pastoral counseling theories resulted in a directive style of counsel that ranged from gentle prodding to more aggressive confrontation akin, in style if not in content, to the confrontation of the reluctant Mrs. E by Ichabod Spencer described in the Introduction. Among those with a more aggressive style, it appears that no one took control of the counseling session more efficiently than John Sutherland Bonnell. Whenever Bonnell thought he had identified his counselee’s problem, he leapt in with some help. In the same case example with which he illustrated the ill effects of refusing to confess sin—the long-ill woman who eventually confessed an adulterous affair with her brother-in-law—Bonnell’s style of counseling is well illustrated.

To bring her to the point of confession, Bonnell confronted her and told her that people who were obsessed with the truth were usually
hiding something. He said to her, “Come now . . . be frank and tell me about that lie that you have been living.” When she denied any such lie, Bonnell pressed on. He said, “What is there that your sister knows about you which your husband does not?” Still she declined to confess. Bonnell responded by asking her if she had not felt the urge to confess and gain peace of mind when her husband had confessed his wrongdoing. When she acknowledged that she had, Bonnell played his hand: “How many years ago was it, six or seven, when the improper relationship between you and your brother-in-law commenced?” “Between six and seven,” she said. By Bonnell’s account, a confession pressed from the reluctant counselee resulted in healing.

Rollo May was only slightly less confrontational and claimed that the pastor ought to direct the course of the conversation so as to “pierce to the heart of the problems.” May did not hesitate to interpret his counselees’ behavior for them. For instance, he gave the account of a man, “Mr. Bronson,” who came for counsel because he could not work productively. After listening to the man, May interpreted his behavior for him. Because of his Adlerian training, which stressed the importance of the inferiority complex, May’s interpretation followed familiar lines. He began by suggesting to Mr. Bronson that he was tremendously ambitious and explained that ambition usually came from an inferiority complex. May explained that Bronson’s sense of inferiority came from his position as the second child, a situation that was exacerbated because the first child was a girl. May concluded that Mr. Bronson’s fear of failure and “distrust of life” illustrated his fundamental feelings of inferiority.

Almost before they had begun, however, pastoral counselors found themselves questioning the efficacy of their methods. Bonnell included an example that seems, upon first examination, to be out of character. A young woman came to Bonnell and told him that a man she knew had offered to support her if she would be his mistress. She asked Bonnell what she should do. Bonnell declined to give her advice and instead asked her what she thought was the right course. She expressed anger at his refusal to advise her but then concluded her session with a clear and unequivocal statement of her own values. “If I went with this man I should feel I had turned my back upon God and broken his commandments. I don’t feel they are just orders imposed from without. For years I have felt
there is something within me that responds to the moral standards of the Bible. . . . I don’t want a relationship with any man upon which I cannot ask God’s blessing.” Bonnell believed that in this case, by refusing to give advice, he had strengthened her in her conviction to do right.

In retrospect, Bonnell’s method with this young woman seems to foreshadow the direction of postwar pastoral counseling. In the wake of tremendous social and cultural change that came with the war, pastoral counselors began to embrace the ideas of psychologist Carl Rogers and changed their counseling methods. While the prewar style had suited very well the Progressive ideal of transforming society through strenuous moral effort, the postwar liberal ideal, which celebrated autonomous individuals and people’s ability to transform themselves, required a new method and a new professional context for pastoral counseling.