CHAPTER FOUR

From Adjustment to Autonomy

There are many new developments in the field of clinical psychology, particularly in the area of counseling and psychotherapy, which are of interest to ministers. . . . For their part psychologists and psychiatrists need to do more profound thinking about the problem of values which is so deeply involved in all of their work. Here the thinking of minister and theologist should be of help.

—CARL ROGERS, QUOTED IN PASTORAL PSYCHOLOGY

World War II changed pastoral counseling theory and practice substantively. The war served to make the study and practice of psychology more visible, more accessible, and more desirable to Americans, and this societal change benefited pastoral counselors immensely. Clinical education and Boisen’s psychology of religion continued to be important, but they were, in some ways, overshadowed temporarily by the counseling boom. Faced with the immediacy of wartime problems, clergy interested in counseling sought easily accessible, practical methods of counseling and found them in the work of psychologist Carl Rogers, who advocated a kind of therapy that he called “non-directive” and “client-centered” and that stressed client “autonomy” and minimized counselor authority. Rogers proved to be an important ally for pastoral counselors, along with Rollo May and Gordon Allport. All three were psychologists with religious backgrounds or sympathies who subsequently played a critical role in establishing a “third force” in American psychology called humanistic psychology. As the fledgling pastoral counseling movement grew, its proponents sought to foster additional professional alliances (in a strategy reminiscent of the CPE founders) with key figures among the neo-Freudians, including Karen Horney, Erich Fromm, and Harry Stack Sullivan. Drawing on work of both Freud and Rogers, then, clergy began, in the context of wartime exigencies, to define more
clearly and carefully the boundaries of their theory and practice. In doing so, they found themselves redefining the liberal ideal.

**Wartime Counseling**

As it was for so many Americans, World War II was a pivotal moment for pastoral counselors. A wartime alliance with the federal government gave pastoral counselors a higher public profile. The psychological disciplines gained unprecedented visibility as the U.S. military used psychology in a multitude of ways, from screening draftees for “military fitness” to writing propaganda meant to convince its enemies to surrender. More than that, however, the war created a demand for counselors, because Americans—both those in the military and those on the home front—encountered a host of situations unfamiliar to them and went looking for guidance. There seemed to be not nearly enough psychiatrists, psychoanalysts, and newly minted clinical psychologists to meet the demand. Clergy who had been interested in counseling prior to the war were convinced that the social dislocation created by World War II offered them a tremendous opportunity to establish the legitimacy of their new endeavor and were quick to recognize a possible niche for themselves.

Some CPE supervisors, in contrast, hesitated to answer the call to counseling quickly. They held on to prewar notions about the obligations of clinically trained ministers—that they served best when they referred their parishioners to another professional, applied their religious insights effectively, and listened patiently and kindly to their parishioners’ troubles. As a result of this restraint, war prompted no significant changes to the content and training methods in most CPE programs. Even so, clinical educators, in order to recruit students for the program, tapped into ministers’ concerns about whether they would be able to meet these wartime needs, and promised that CPE training would make them better prepared to do so. The Council for Clinical Training (CCT) pamphlet advertising clinical programs available for the summer of 1942 offered a challenge to its readers, asking them if they were ready to “calm the disabling anxieties of those whose husbands and fathers have gone to war” and “to resolve the fears and confusion of your people in the face of a world gone mad?” The same pamphlet carried a testimonial from an
army chaplain who claimed that clinical training had helped him both personally and professionally, underlining the utility of clinical education for both parish ministers and potential army chaplains without any claim to teaching counseling skills.6

Clinical educators, usually so savvy about advancing their interests, may have made a strategic error in not altering their curricula, since the greatest wartime opportunities seem to have been for ministers who knew how to offer effective counsel to their parishioners, could teach others the rudiments of counseling, and were willing to cooperate with the federal government in its wartime efforts. Pastoral counselors were welcomed on two fronts, the Office of the Surgeon General, and as part of a USO project jointly sponsored by the YMCA and Federal Council of Churches’ Commission on Religion and Health. The wartime consultant for the Neuropsychiatric Branch of the Office of the Surgeon General was William Menninger. Menninger, his brother Karl, and their father, Charles, had established the Menninger Foundation in Topeka, Kansas, in the early 1920s to provide psychiatric care to the mentally ill and offer psychoanalytic and psychiatric training for health care professionals. All three Menningers supported the authority of psychiatrists, especially with regard to the practice of psychotherapy, so they were not sympathetic to the movement afoot among some clinical psychologists to offer psychotherapy. And, at least initially, during William Menninger’s tenure with the Office of the Surgeon General, clinical psychologists were limited to conducting diagnostic tests.7 But William Menninger, who saw pastoral counseling as something that was qualitatively different from psychotherapy, did support pastoral counselors’ efforts to promote their work.

Pastoral counseling also received considerable impetus as a result of a joint venture launched in June of 1943 under the auspices of the USO by the Commission on Religion and Health and the Army and Navy Department of the YMCA. Together they organized counseling seminars for parish ministers and YMCA and USO staff around the country in a fascinating, and seldom acknowledged, experimental union of church and state. In some ways it was a natural alliance. The USO (United Service Organizations) had incorporated early in 1941 at the instigation of President Franklin Roosevelt to meet the recreational needs of on-leave servicemen. And while the organization had an ostensibly secular pur-
pose, its member organizations—the YMCA, the YWCA, the National Catholic Community Service, the Jewish Welfare Board, Travelers’ Aid, and the Salvation Army—were religious groups or historically sympathetic to religious endeavors.

Seward Hiltner, then executive secretary of the Commission on Religion and Health, played a key role in arranging the sessions. Hiltner, of course, had gotten his start in clinical education, serving as executive secretary of the CCT in the mid-1930s. By the time war began, however, he had managed, with his ambitious nature and sharp-edged personality, to alienate most of his former friends in that quarter and had begun to turn his attention and ambitions to counseling, exercising his considerable influence this time through the commission. Although his peers frequently found him overbearing (and his enemies were not above comparing him to Hitler), the programs he participated in seemed almost invariably to thrive. In the first year of the joint counseling training program, 2,150 people enrolled in the seminars. Those enrolled included parish clergy, USO professional personnel, armed forces chaplains, and social workers. Invitations to the seminars were also extended to Red Cross workers, civilian YMCA and YWCA secretaries, doctors, and nurses, although it is not clear how many from each of these groups actually attended. In addition, special sessions were offered to USO volunteers.

The seminars were intended to provide participants with a rudimentary understanding of “the art of counseling and listening” and were led by some key figures in the clinical pastoral education movement who had gained some experience in pastoral counseling during the prior decade. Carroll Wise, who had taken over the clinical training program at Worcester State Hospital when Boisen went to Elgin State Hospital in the mid-1930s, and Russell Dicks, who had helped Richard Cabot establish the CPE program at Massachusetts General Hospital at about the same time, participated as seminar leaders. Charles Holman, who had begun to write extensively about pastoral counseling before the war, and Roy Burkhart, a parish minister who went on after the war to establish a comprehensive counseling program at the community church he pastored in Ohio, offered additional sessions. The seminars were held at USO centers all over the United States, from Baton Rouge, Louisiana, to Battle Creek, Michigan, with Holman, Dicks, and David Eitzen, a General
Conference Mennonite and a professor at the University of Southern California School of Religion, doing the largest share of the work. In addition to conducting the seminars, these leaders also “spoke to community groups, gave radio addresses, newspaper interviews, met with volunteers, visited military camps and Naval Stations and conferred with USO staff about their particular problems.”

The seminars addressed many issues, ranging from the importance of understanding human personality to the familiar theme of interprofessional cooperation. At first glance, the notes from presentations by Holman and Eitzen seem to suggest that the content of the seminars was still firmly rooted in prewar pastoral counseling practice. The kind of advice given to ministers and USO workers about how to approach counseling echoed prewar concerns about “adjustment,” the necessity of facing problems realistically, the importance of highlighting the possibility of forgiveness for “moral failures,” and the centrality of properly exercising the human will for the social good.

**Carl Rogers and Non-Directive Counseling**

At the same time, however, some of what seminar leaders recommended, especially when considered in conjunction with other pastoral counseling publications from the period, suggests that a critical shift—one tied to changing wartime circumstances and the influence of the USO’s director of counseling services, Carl Rogers—had begun. Rogers was one of three figures who substantially influenced pastoral counseling and then went on after the war to be identified as pivotal thinkers in the humanistic psychology movement. Rogers, Harvard social psychologist Gordon Allport, and Rollo May, the Congregationalist minister whose 1938 book *The Art of Counseling* had set the early standard for pastoral counseling, all shared small town, midwestern, Protestant origins. Like May, Rogers had started out studying for the Master of Divinity degree at Union Theological Seminary. He eventually abandoned his divinity degree to pursue studies in psychology at Columbia University and then accepted a position at the Society for the Prevention of Cruelty to Children in Rochester, New York, in the society’s Child Study Department. There he began to work on a new method of counseling, in part because of his dissatisfaction with the practice of the time, which he deemed “direc-
tive.” Dissatisfied as he may have been with counseling practice, Rogers certainly fitted more clearly into that tradition, along with psychiatric social workers, ministers, and vocational guidance counselors, than into the tradition of experimental psychology. By his own account, while the rest of his profession busied itself studying the “learning processes of rats,” he developed his ideas about the nature of effective therapy with people.10

At the beginning of the war, Rogers, with his religious background and interest in counseling, appeared to be an ideal choice for USO director of counseling services. The intent of USO leaders in sponsoring the seminars and cooperating with the Commission on Religion and Health had been to make sure that the men and women who visited the USO clubs received the kind of guidance they needed, particularly on religious matters. According to the final report for the project, YMCA leaders, at least, were well-satisfied with the extent to which the seminars “brought the religious nature of USO into clear perspective for community leaders, the staff of the Clubs, and the chaplains.”

Rogers, however, was by this point less interested in religion than in advancing his ideas about counseling, or, as he had begun to call it, “psychotherapy”; and clergy—his former cohort—seemed the perfect allies for the project. Rogers’s using the terms “counseling” and “psychotherapy” interchangeably was intentional and signaled a challenge to psychiatrists and psychoanalysts who had in previous decades claimed sovereignty in that realm. Wartime promised increasing opportunities for a wide variety of professionals to counsel returning veterans, and Rogers positioned himself to take full advantage of the boom. Three of his works, Counseling and Psychotherapy (1942), Counseling with Returned Servicemen (1946), coauthored with John Wallen, and Client-Centered Therapy (1951) provided the cornerstone for both wartime and postwar pastoral counseling. A handful of other works, publicized through the efforts of the Commission on Religion and Health, formed the core of advice literature for wartime ministerial counseling and included basic instruction on method and theory.

Rogers’s theory contained implicit assumptions about the sanctity of personal choice, the dangers of excessive authority, and the importance of personal expression, and it represented one of the earliest articulations in religious circles of what would become the postwar liberal moral
sensibility. In his work, Rogers dismissed any counseling method that relied upon advising, exhorting, reassuring, or interpreting problems in ways that intellectualized them, arguing that these approaches either drove strong-willed counselees away or made dependent people more so.\textsuperscript{11} The best counseling, according to Rogers, created a situation in which counselees could gain insight into themselves, take “positive steps” in light of that understanding, and move toward “growth, health, and adjustment.”\textsuperscript{12} While growth, health, and adjustment were familiar terms from the prewar discussions about counseling goals, they took on new meaning in the context of Rogerian therapy. In contrast to prewar pastoral counselors, who had routinely offered advice, guidance, or direction to their counselees and worked consciously to strengthen the counselee’s will to make wise or good choices, Rogers argued that the best way to encourage growth, health, and adjustment required exactly the opposite approach, something he called “non-directive” therapy.

In this kind of counseling, the counselor allowed counselees to choose the topic of discussion, raise the questions they felt were important, interpret their own behavior, and express themselves in any way they wished. Rogers advocated a counseling relationship characterized by warmth, responsiveness, and rapport between the counselor and the counselee, or “client,” as opposed to one that highlighted the authority of the counselor. In fact, the most crucial element in the Rogerian counseling relationship was “permissiveness,” especially with regard to the expression of emotion. Ideally, counselees in such a relationship could freely express the most hostile feelings without fear of a negative reaction from the counselor. This would free them, Rogers argued, from pressure or coercion—free them from the counselor’s aims. In Rogers’s judgment this was entirely appropriate, because clients had a right to select their own “life goals, even though these may be at variance with the goals that the counselor might choose for [them].”\textsuperscript{13} More to the point, Rogers suggested, such a method encouraged self-understanding, and from self-understanding or “insight” came the right kind of growth.

Echoes of the Rogerian ideal appeared in much of the wartime advice literature for pastoral counselors but perhaps most notably in a 1945 pamphlet by Charles Holman in which he outlined procedures for conducting workshops for “clergy, chaplains, USO workers, and workers in industrial and student personnel” interested in learning to counsel.\textsuperscript{14}
Holman was one of those counselors who had most thoroughly exhibited the Progressive moral sensibility so characteristic of prewar counselors. He had resisted the biological determinism of Freud and had insisted on the freedom of the will, the human ability to make moral choices, the efficacy of strenuous moral effort, and the minister’s obligation to encourage and facilitate that effort. But by the war years, Holman had softened his view on Freud and had allowed Rogerian theories to reshape his view of counseling methods.

Evidence of Rogers’s influence, or that Holman and Rogers were at the least reading the same books, talking to some of the same people, and encountering some of the same counseling dilemmas, can be found in Holman’s 1943 seminar talks. Even as he expressed some sentiments that sounded compatible with his prewar views, Holman simultaneously recommended counseling strategies more obviously in line with Rogers’s approach. He suggested, for instance, that the counselor maintain a “non-condemnatory attitude,” not try to “force help” on people, and seek to cultivate “rapport” and “a relationship of confidence and trust.”\(^{15}\) Holman’s pamphlet “A Workshop in Pastoral Counseling” showed an even more marked Rogerian influence. For one thing, the foreword was written by Rogers, in his capacity as USO director of counseling services. For another, Holman used Rogers’s *Counseling and Psychotherapy* (1942) as one of the five texts for the workshop. In overall structure, the workshop design demonstrated the Rogerian resistance to authority. First, Holman recommended organizing the workshops without an instructor to “give authoritative answers.”\(^{16}\) Instead, he suggested selecting a facilitator, who would not participate but would serve to keep the group on task and making good progress. He suggested, further, that a secretary record the narrative of the group discussions and synthesize the material into a final report, under the assumption that discussion would yield a body of knowledge with practical significance. In addition, while Holman recommended specific discussion topics and included guide questions for discussion, he also allowed for the possibility that the group might generate its own questions, which he called “marginal” topics, and encouraged group members to add more sessions if necessary to address these topics.

Holman’s recommended approach resembled the approach of clinical pastoral educators in that it was based on discussion of case studies and
a written narrative, but it was less authoritarian in that no theological supervisor or medical doctor served as final authority and it worked on the assumption that each member of the workshop could make a viable contribution by thinking critically. In fact, commenting on the bibliography for the workshop, in which he had included books with “conflicting views,” Holman said, “Uncritical acceptance of any particular point of view is not advised. Rather one’s reading should stimulate him to think through the problems involved, in order that he may reach conclusions of his own.” The learning process Holman deemed appropriate for the workshops mirrored the process Rogers advocated for counseling.

Holman proposed that the first session of the workshop be devoted to defining counseling, and in his own definition of counseling he made the Rogerian framework apparent. He held to the prewar notion that counseling was essentially problem solving, but he stated quite firmly that any decision about a solution to the problem “must, at the last, be the counselee’s own.” Further, he divided counseling into two types, “directive” and “non-directive,” and used “therapeutic” as a synonym for “non-directive.” These distinctions clearly came from Rogers, and Holman had not embraced them a decade earlier. Under the umbrella of directive counseling, Holman placed educational and vocational guidance, where he thought advice based on intelligence or aptitude tests might be offered appropriately. In contrast, Holman argued, therapeutic counseling aided the individual in achieving insight and self-understanding, and advice was inappropriate.

If Holman’s understanding of counseling technique had been shaped substantially by Rogers, his understanding of human nature owed more to Freudian theory or to the field he referred to as “depth psychology.” In the books he wrote prior to the war, Holman had distanced himself from Freud’s ideas about drives and the unconscious, observing that some psychologists questioned the existence of the unconscious and that Freud’s theories regarding human instinct were reductionist. In the workshop pamphlet, he held to some of those earlier notions and built his bibliography for the section about human nature on two older works, his own *Cure of Souls* (1932) and J. A. Hadfield’s *Psychology and Morals* (1925). And yet, he also began to introduce Freudian terms, using, for example, “drives” and “instincts” interchangeably with “passions” and “impulses,” the terms he had once preferred, and acknowledging more
fully the power of “the unconscious level of the psychic life.” More to the point, in the YMCA-USO seminars he had presented, he advised looking to the “‘depth’ psychologists” to understand human motivation. He poked gentle fun at people who were afraid to acknowledge that the “highest and noblest experiences of life are built” on “organic hungers and appetites” and “the wild, impulsive passions,” by telling the story of a little girl who brought a note from home to her physiology teacher that read “‘I don’t want my Mary to learn no more about her insides.’”

**Freudian Theories, Rogerian Methods**

It makes sense that Rogers and Freud moved to the forefront simultaneously in pastoral counseling theory, especially if Freud’s theories are understood in the context of the history of science and the advancement of rational thought. World War II, and especially Hitler’s Germany, had raised the specter of irrational behavior on a global scale. Some religious liberals looked to Reinhold Niebuhr’s theological realism and neo-orthodox Christianity, which reaffirmed the sinfulness of human nature as an explanation for what appeared to be unexplainable. Other liberals looked to Freud, whose theory of the unconscious likewise provided an explanation for “a world gone mad” but did not consign the whole world to the asylum. To understand Freud’s contribution in these terms, however, required interpreting his theory of the unconscious in a particular way. It meant seeing Freud as part of the larger Enlightenment and the humanistic project in which pastoral counselors saw themselves engaged. In this view, Freud’s theory of the unconscious did not propose that human beings were irrational (even though what happened in the unconscious realm was beyond the control of the conscious or rational) but precisely the opposite. In this understanding of Freud’s theory, the unconscious had a structure, one that could be—if the scientific method were applied judiciously—mapped, documented, comprehended, and even healed when it had gone awry.

Of course, alternative readings of Freud suggested exactly the opposite, that human life was deeply rooted in biological drives or instincts that were neither rational nor comprehensible by reasonable adults, drives that either found proper expression or were repressed very early in childhood only to reappear at the most inopportune moment in adulthood.
Worse, Freud’s theory seemed to say that not just some but most of the
human race lived at the mercy of these wild, unruly, and little under-
stood unconscious drives. At best, in this interpretation, everybody was
a little bit neurotic and no one ever fully escaped the consequences of his
or her unconscious conflicts. It was this interpretation of Freud’s ideas
about human nature that troubled clergy, and had done so ever since they
first experimented with counseling methods in the 1930s. On one level,
Freud’s ideas about the unconscious were acceptable, especially if they
were not examined too closely. They seemed to echo the apostle Paul’s
sentiments when he lamented, “I do not understand my own actions. For
I do not do what I want, but I do the very thing I hate.” At the same
time, to grant the unconscious too much power suggested that human
beings had no control over the choices they made; and if this were true,
then what was to become of sin? What had been bedrock to pastoral
counselors before the war, however, remained so after: human beings
had a choice about how they lived their lives. Orthodox Freudianism
implied (even if it was not what Freud had intended) a sort of relentless
biological determinism that pastoral counselors resisted.

A new generation of Freudian analysts, the neo-Freudians, who in-
cluded Karen Horney, Erich Fromm, and Harry Stack Sullivan, softened
Freud’s biological determinism and challenged the orthodox Freudian-
ism that continued to predominate in many circles in postwar America.
In contrast to orthodox Freudians, the neo-Freudians believed that so-
cial, cultural, and environmental factors contributed to the construction
of human personality as much as did biology. Most neo-Freudians incor-
porated into their perspective a much more optimistic view of human
nature and argued for the possibility of shaping personality even after
the individual had reached adulthood. The earliest expression of these
views came from Karen Horney, who challenged Freud’s biological de-
terminism first in a popular work entitled *The Neurotic Personality of
Our Time* in 1937 and then in 1939 in the more scholarly *New Ways in
Psychoanalysis*. Horney had come from Berlin to Chicago in the early
1930s and there had encountered and begun to incorporate into her psy-
choanalytic theory sociological and anthropological insights that would
receive fuller treatment in the two later books. Her work was greeted
as an affront by orthodox Freudians for its challenge to the “instinctiv-
istic roots” of psychoanalysis. Pastoral counselors did not fully engage
Horney’s ideas until after the war, but they had begun to read her work and include it in their bibliographies and reading lists in some CPE programs. Those same bibliographies, however, also included books by Karl Menninger, who was an orthodox Freudian and another of Horney’s outspoken opponents in this period.\textsuperscript{25}

Pastoral counselors seemed little concerned with these arguments about the legitimacy of the neo-Freudian view within Freudian circles. The problem for pastoral counselors was that, while neo-Freudian explanations of human nature made sense, their therapeutic methods were difficult to apply and fraught with danger, even for analysts who were extensively trained. Moreover, psychoanalytic methods were not particularly useful in the kind of counseling in which most clergy engaged. Although some ministers did seek psychoanalytic training, few could afford to expend either the time or the money necessary to pursue the kind of training they would have needed to apply Freud’s theories effectively. In subsequent years the notion that psychoanalytic therapy was long and arduous work that sometimes took a lifetime moved from conventional wisdom to cliché in American culture and art. Certainly in the context of wartime America, securing psychoanalytic training seemed problematic to ministers, especially in the face of the pressing problems of returning soldiers and their families. While pastoral counselors recognized the importance of Freudian theory for understanding human behavior generally—sometimes a soldier said one thing when he really meant something else—they did not see themselves as engaged in psychotherapy for the purpose of healing mental illness. Instead, ministers saw themselves as offering counsel to people who were fundamentally well but who needed help solving specific problems that had arisen from their circumstances. The wartime accounts of clergy are filled with examples of specific problems. As these ministers saw it, the young “woman war worker” who found herself alone, far from home, and romanced by and attracted to a married man wanted to figure out a solution to her problem not to plumb the depths of her psyche. Similarly, the soldier disfigured by his war injuries and afraid to go home needed comfort and support, not therapy.\textsuperscript{26}

Rogerian methods, in contrast to those of Freud or the neo-Freudians, were more easily accessible and more quickly applied to problem solving. Rogers’s approach was, quite simply, more familiar. It is true that Rogers
resisted the notion that counseling or psychotherapy should be about solving specific problems, arguing: “The individual and not the problem is the focus. The aim is not to solve one particular problem but to assist the individual to grow [Rogers’s emphasis] so that he can cope with the present problem and with later problems in a better integrated fashion.”27

At the same time, Rogers assumed that anyone who had undergone Rogerian therapy would be better able to solve problems, and his method appealed to pastoral counselors on that level. Then too, the method Rogers outlined was more immediately usable by ministers, because it did not require delving into the counselee’s past as did psychoanalysis. Instead, Rogerian therapy revolved around the relationship between counselor and counselee and relied upon practices that paralleled the patient, friendly listening that many pastoral counselors were accustomed to. Rogers’s method was intended, of course, to be more sophisticated, and he thoroughly examined the nature of the counseling relationship and the practices associated with counseling, reproducing transcripts from electronically recorded interviews to illustrate his points. This was another aspect of Rogers’s method that was familiar to some pastoral counselors, who may not have used electronic recordings but who had written either extensive case studies or verbatim reports while enrolled in CPE training.

Putting Rogerian therapy and psychoanalytic theories together resulted in an expanded notion of autonomy in which the individual was encouraged to free him- or herself, not only from the undue influence of the counselor, but also from previously unrecognized or unacknowledged motives or attitudes. Two pastoral counselors in particular explored the confluence of Rogerian therapy and psychoanalytic principles in their wartime publications.28 The first, Congregationalist minister Rollo May, had already made a contribution to the counseling literature with the 1939 publication of the *Art of Counseling*. May’s work had always been more psychoanalytically inclined than that of many of his fellow counselors. He had, after all, studied with Adler. *The Art of Counseling* had demonstrated clearly not only Adler’s influence but also that of other European analysts, including Freud, Carl Jung, Otto Rank, and Fritz Kunkel. May had not, however, demonstrated any particular concern for his counselees’ autonomy or any enthusiasm for anything that looked like Rogerian therapy. This suggests that there was not a
causal relationship between psychoanalytic theory and non-directive therapy. At the same time, the two were by no means mutually exclusive and could be mutually constructive, something Rogers acknowledged in *Counseling and Psychotherapy* and which was clearly illustrated in May’s 1943 pamphlet “The Ministry of Counseling.”

In the same year May published his pamphlet on counseling, Presbyterian minister Seward Hiltner published *Religion and Health*, a general exploration that began with the mental hygiene movement of the early twentieth century and included a chapter specifically on pastoral counseling. While this was probably not the very first use of the term “pastoral counseling,” it did mark the point from which the term came into common use. Six years later, Hiltner published a book entitled *Pastoral Counseling* (1949), in which he explored in greater detail many of the themes that he had first raised in 1943. In 1943 he was still executive secretary at the Commission on Religion and Health, but he was also working toward completion of his doctorate at the University of Chicago. From 1950 through 1961 he was a professor of pastoral theology at the university during the years of the Federated Theological Faculty, and then, from 1961 until his retirement in 1980, professor of theology and personality at Princeton Theological Seminary. Although Hiltner was ordained as a Presbyterian minister, he spent relatively little time in the parish. Two years as a student pastor and two summers in clinical training while he was in divinity school were his only practical experience. Nevertheless, he wrote prolifically and passionately on the subject.

Both Hiltner and May wrote from a Christian context, addressing particularly the concerns of the Christian minister. Both expected, however, that other counseling professionals could make use of the principles they described. At the time he wrote “The Ministry of Counseling,” May had left his position as a pastor and begun work on a Ph.D. in clinical psychology. At the end of the pamphlet, however, while he cited Rogers’s *Counseling and Psychotherapy*, he directed his thanks to Donald Beatty, Seward Hiltner, Russell Dicks, and Otis Rice—all CPE veterans—and Harry Bone, a clinical psychologist who taught classes at Union Theological Seminary.

Hiltner and May argued that, for the minister, counseling should not be limited to the formal interview, but should be a part of all aspects of the minister’s work, from pastoral visiting to preaching, an idea that
echoed Harry Emerson Fosdick’s prewar stance regarding therapeutic preaching. They also agreed on three areas that were potentially problematic for ministers: knowing oneself and not allowing one’s own “personality problems” to impede successful counseling, knowing the limitations of one’s training and when to refer a counselee to someone else, and knowing when to introduce religion, whether in the form of talking about God, reading the Bible, or praying. Both Hiltner and May concluded that religious elements should be introduced only by the counselee, which was entirely consistent with what they also came to believe about the importance of counselee autonomy.

For Hiltner and May, protecting the counselee’s autonomy was essential. Both men, in the context of describing the dangers of offering advice, underlined the extent to which offering advice or guidance undermined counselee autonomy. May insisted that “to take responsibility for another person’s decisions is to remove his autonomy.”31 As Hiltner phrased it, “the decisions which people make must be autonomous decisions, that is, they must be made without coercion of any kind.”32 For May, taking away someone’s autonomy challenged a fundamental Christian principle, that “each person is responsible for himself—to himself, to his fellow men, and to God.”33 For Hiltner, giving advice and violating counselee autonomy almost certainly led to counseling failure. Either the advice did not work and the counselee was angry or the advice did work and the counselee became more dependent and still could not solve his or her own problems.34 In Counseling and Psychotherapy, Rogers had described a similar phenomenon but referred to the “psychologically independent” person rather than talking in terms of autonomy. Rogers’s particular concern lay in the tendency of counselors to impose their own “socially approved” goals on the counselee.35

For May and Hiltner, the scope of autonomy went beyond freedom from coercion by other individuals to encompass freedom from unconscious restraints. Both acknowledged the power of those restraints. May encouraged counselors to ask themselves (although not to ask their counselees), “What meaning underlies the problem which the counselee brings?”36 Hiltner, similarly, instructed that the pastor should be careful not to conclude that the first statement of the problem was the “real problem.”37 To get at the real problem and find the underlying meaning required establishing “rapport” with the counselee or parishioner and
allowing him or her “talk it out,” while avoiding the temptation to explain or interpret even if the counselor believed he or she recognized the “real” problem. May even suggested a kind of active listening that could advance through a series of “eloquent and encouraging grunts,” in the words of May’s mentor, psychologist Harry Bone, terms that echo historian Crane Brinton’s disparaging caricature of non-directive therapy. Theoretically, such an approach led the counselee to “know himself and to help himself” (May’s emphasis) or, in the term both Hiltner and Rogers used, to gain “insight.”38 As Hiltner noted, “Insight cannot be given; what the counselor does is to set up the conditions so that there is a chance that it may come.” And with insight came growth, both spiritual and emotional, development “as an autonomous person,” and the ability to make good decisions and wise choices.39 Rogers concluded, “If the individual has a modicum of insight into himself and his problems, he will be likely to [choose his life goals] wisely.”40 For pastoral counselors, at least, this marked a shift away from the prewar counseling strategies in which the counselor worked to strengthen the counselee’s will and in which “wise” choices were clearly defined by the counselor and by social or cultural norms. In Rogerian influenced counseling, the counselor worked to free the counselee’s will, and the counselee defined the wise choice for him- or herself.

The necessities of war opened up possibilities for pastoral counseling practice and led pastoral counselors to think more systematically about their theory and practice. When pastoral counselors adopted the methods of Carl Rogers, their goals changed; unlike before the war, when they had viewed giving advice as a key aspect of their ministerial obligation, they saw the dangers of too much advice and began to stress the importance of preserving the counselee’s autonomy. The embrace of Rogerian methods was definitive for postwar pastoral counseling and signaled the beginning of a shift from a kind of religious liberalism in which moral instruction created a better society to a stance in which moral instruction undermined the possibility of a good society, since the freely choosing individual was the necessary ingredient to a good society and a good life.