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AN INTERVIEW SURVEY OF THE TRAINING, WORK, AND ATTITUDES OF TWENTY-EIGHT CONGREGATIONAL MINISTERS

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AN INTERVIEW SURVEY OF THE TRAINING, WORK, AND ATTITUDES OF TWENTY-EIGHT CONGREGATIONAL MINISTERS

by

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INTRODUCTION

General Review of Literature

Ten years' experience as a pastor called the attention of the writer to general counseling work. Although he had not been trained in an intensive manner to deal with personality problems, such problems were part of the regular pastoral counseling case load. In later training, the apparent discrepancy between the facts of abnormal psychology as they were presented in graduate study and a minister's oftentime limited information about these personality problems aroused further interest in pastoral counseling.

Search for data concerning the work of ministers in counseling individuals about personality problems revealed little that dealt with the extent and kind of counseling work ministers were doing. This present study was designed to derive some of these data and to help provide a basic design for a questionnaire form that could be used for a wider, more representative survey.

The literature was surveyed to find references to articles or books dealing with the religious side of the work being done in personality problem counseling. Data on counseling, its extent or nature, or studies evaluating the preparation of ministers for counseling were examined.

In 1936 R. C. Cabot and R. L. Dicks (7) collaborated on a pioneering book instructing pastors in the art of ministering to the sick in general hospitals. A search of the Psychological Abstracts (33) from 1927 to 1939 found no references to counseling by the clergy, but

the succeeding years yielded the following relevant references. In 1940 an article (20) appeared on religious counseling with college students. In 1942 J. E. Bell (2) published an article on religious counseling with abnormal collete students. This article dealt with personality problems labeled "neurotic."

In 1944 a book on counseling by R. L. Dicks (10) was published giving advice and techniques for counseling with the sick, the aged, and the mentally disturbed. He felt that clergymen needed supervised training in order to do effective hospital and home counseling. An important study by E. L. Smith (27) in 1945 evaluated the contribution of clinical training to the counseling resources of the clergyman. A more complete review of this study appears in the historical sketch of the clinical training of pastors. (Page 6)

In 1946 A. L. Bietz' (1) attitude study of 819 students on the relative roles played by clergymen and physicians as counselors regarding some emotional problems of young people appeared. It did not deal with the work of pastors, but measured the opinion of college students toward ministers and medical doctors as counselors for strictly non-medical problems.

That the religious emphasis in ministers' counseling was not to be lost in an interest in techniques was stressed by J. S. Bonnell (5), a New York clergyman, in his popular book stressing the need for the spiritual element rather than the psychiatric method alone in the counseling work of ministers. It contained case studies, and some general principles for pastors to follow. Bonnell gained his insights

in a Canadian mental hospital where his father was director and where he visited weekends as a boy. At 17 he began three years' work as an attendant and also studied mental illness under the direction of the medical superintendent.

Brief articles appearing in 1948 included the following: P. E. Johnson published two articles (21, 22), one on pastoral counseling, the other on the need of clinical education by the pastor. R. Fairbanks' article (13) stressed the need of cooperation between clergymen and psychiatrists, by which he meant mutual referal. The fact that a doctor who had pioneered case studies as a part of the medical students' training had introduced the idea of clinical training for pastors in the years 1924-1925 was stressed in a history of the clinical training movement. (15) J. Martin (23) gave an account of his experiences as a chaplain, pastoral counselor, and psychological advisor in a mental hospital. This was the second account found which in any systematic way related and evaluated a pastor's experience in counseling with personality problems. It was not, however, in the parish setting.

In 1949 articles stressing the importance of referal (29) by the pastor, the need for clinical training (4), the use of creative listening in pastoral counseling (11), and the importance of the separation of clergy and psychiatric functions in counseling (16) were found. Another pastor evaluated his clinical training (12) and found it had value for all aspects of pastoral work, not only for counseling work.

In 1950 Hiltner's (18) book stressed pastoral counseling as an activity within the pastor's wide range of work and not as an invasion

of the psychiatric professional field. In the same year J. S. Clippinger (9) interviewed and reported on the attitudes of 61 pastors in the northeastern United States toward pastoral training. He found that there was an interest in the social sciences but that the pastor's training leading to a scientific understanding of personality was "woefully inadequate" when compared to that of professional workers in other fields of human relationships. He found that one-quarter of his 61 ministers had had clinical training, and that two-thirds of the ministers desired more pastoral training with part of that training being supervised clinical experience.

In 1951 R. H. Felix (14) pointed up the great need for training of pastors in counseling. K. A. Menninger (24) stressed that ministers should know human personality through the insights of psychiatry and so know how religion is grasped by the maladjusted in order to do more intelligent pastoral work. C. F. Brooks (6) pointed up the need for referal by the pastor since he has limited time and knowledge. C. R. Rogers and R. J. Becker (26) collaborated on an article giving a basic orientation for pastoral counseling. C. A. Best (3) surveyed pastoral counseling, noting the range of counseling, some methods used, and the resources available for the pastor. The great proportion of counseling time was given to more routine of problems of marriage, children, and illness in this study. C. A. Wise (3) stressed that the essence of counseling was communication. S. Hiltner (19) again emphasized that the role of the pastor as a counselor is not psychiatric, but religious.

Thus, a review of literature on the topic of pastoral counseling reveals that there has been an increasing interest in the subject, and great stress laid on the work of a pastor as a counselor. Much advice has been given, and many opinions have been expressed. There appear only four studies that evaluate the work of pastors in counseling. Data on the extent and kind of counseling, and the effect of training or no training are found in only one by Smith in 1945 (27). Since his study seeks to evaluate the impact of the clinical training movement for pastors a brief history of this movement is in order.

Historical Survey of Clinical Training of Pastors

The clinical training of pastors has gained an increasingly important place in seminary curricula since its inception some twenty-five years ago. S. Hiltner, editor of the most adequate history of the movement for clinical pastoral training (17), emphasizes the recency of the movement by noting that in 1945 the pioneers were represented at the symposium called to find the place clinical pastoral training should hold in seminary curricula. The movement began in Cincinnati and in Worcester in the decade of the nineteen twenties, and expanded in the nineteen thirties when two more centers were opened, one in Boston and one in Philadelphia.

William S. Keller, M. D., began the movement in 1923 by taking four divinity students into his home in Cincinnati, and supervising them along social case work lines at a mental hospital, a human relations court, a public welfare agency, and a social hygiene society. The program grew until in 1935 it was enlarged into a full year of four quarters' work at the Episcopal Seminary there, three quarters of the work being an internship for graduates. The program has now been absorbed by the Episcopal Theological School in Cambridge, Mass., where it utilizes many of the social agencies and hospital facilities of the Boston area.

In 1924 Rev. Anton Boisen, chaplain at the Worcester State Hospital in Worcester, Mass., accepted three theological students for study and experience in the hospital there, for three summer months. Five years later, in 1930, the Council for Clinical Training was

incorporated to carry on clinical training of ministerial students and pastors in centers where arrangements for this work could be made. Students came to the Council facilities from various seminaries. In addition to mental hospital facilities, the following institutions were added in the years noted: in 1932 general hospitals; in 1936 penal and correctional institutions; in 1940 institutions for juvenile delinquency. The program at present requires three months or its equivalent, under the supervision of a chaplain and a professional staff member in each institution. By 1945 700 students had been trained through this Council.

In 1932 the "New England Group," composed of hospital chaplains and seminary representatives, began sponsoring clinical training in Boston and vicinity. The policy of this group was to confine its training to the general hospitals. In 1937 the first required course in clinical training listed in a seminary in the United States was set up at the Episcopal Theological School in Cambridge, under the auspices of the "New England Group." Work has since this date been offered during the school year and in the summer for pastors. An important outgrowth of this group has been the formation of the Institute for Pastoral Care, with R. Fairbanks the present director. The purpose of the Institute has been stated as (15):

> to organize, develop and support a comprehensive educational and research program in the field of pastoral care, with special reference to the sick, using the opportunities offered by clinical training as a primary means to this end.

In 1937 the fourth organized part of this movement began in the Divinity School of the Protestant Episcopal Church in Philadelphia.

There for the first time in theological training full-time clinical training became an integral part of the curriculum. In 1942 a revised permanent program was set up calling for each student to spend the first twelve weeks of his first year gaining experience in clinical training. The reason for the time placement was that students found it highly valuable for all the later seminary training.

This brief survey of the development of the movement for training pastors clinically suggests that the time has come to evaluate the counseling work of pastors, and the impact of the movement upon the ministry. A good beginning has been made by E. L. Smith (27). His survey includes these six areas: 1. Types of problems dealt with by the pastors. 2. The pastors' opinions of the essential qualifications for effective pastoral counseling. 3. An estimate by the pastors of the adequacy of their seminary training, and an opinion about present-day training. 4. A listing of the contributions of clinical training to the pastors' resources. 5. Using a list of ten problems, the contribution clinical training had made to the pastor for dealing with each. 6. Suggestions for improving clinical training. Smith's study was limited to the training under "The Council for Clinical Training." It may be noted that it did not deal with case load or counseling techniques of ministers.

Possible criteria for evaluating the impact are given in the stated aims of the movement. No one statement of aims has been formulated by those interested in this clinical training but R. Fairbanks (17) suggests aims which may be summarized as follows: 1. Development of

specifically pastoral skills by testing them with real people and submitting results for evaluation. 2. Actual experience in working on a so-called "medical team" i.e., a group composed of the social worker, ward supervisor, occupational therapist, clergyman, and physician who directs the total treatment program. 3. Such insight as may result from clinical seminars and personal conferences with the director of clinical training. 4. The emphasis that the clergyman should concentrate on the skill and techniques that belong to his pastoral role, rather than to be tempted to wander in other areas of professional service. In other words - to avoid turning out ordained psychiatrists, ordained orderlies, or ordained case workers.

In conclusion, it is apparent that there is a need for studies of the counseling work of ministers in the general pastorate so that the values of psychological and clinical training may be assessed in an objective fashion. The survey presented here has been designed to add to the data already gathered, and to provide a means for further survey work.

OBJECTIVES OF THE SURVEY

The objective of the survey was twofold: to obtain a measure of the personality problem counseling work of a selected sample of 28 Congregational ministers; and to aid in developing an interview adaptable for questionnaire use for surveying other and larger groups of ministers.

Measures of the following three factors were sought:

1. The training of the ministers for counseling work with personality problems.

2. The work, or "case load," and methods used in working with personality problems.

3. The attitudes of the ministers toward personality problems, and an estimate by the ministers of the contributions of psychology and medicine toward understanding them.

To sharpen the focus of the interview and to test the sensitivity of it as a measuring technique, hypostheses based on the historical development of clinical training for ministers were set up as follows:

1. Hypothesis: Men trained before the modern clinical and psychological viewpoints were explicitly introduced into seminary curricula would have less training in psychology and be less clinically oriented toward personality problems than men trained most recently.

2. Hypothesis: Differences in training, work, and attitudes would be found between two groups of ministers if the

groups were selected on the basis of ordination in the 1920's and ordination in the 1940's.

INTERVIEW SUBJECTS AND TECHNIQUES

Subjects of the Survey

Two groups of fourteen Congregational ministers each were chosen from the 1951 Yearbook of Massachusetts (31), on the basis of their being representative of pastors serving larger urban parishes in the State, and because the writer has served in this denomination.

The ministers were chosen by two criteria for matching the groups.

1. Their churches were 400 or above in membership. This criterion of larger church size was set up to facilitate the obtaining of data under the different sections of the interview, and also in a rough way to gain a select group of ministers. This meant the churches were in urban rather than rural areas.

2. The ministers' ordination dates, published in the Yearbook, were set to fall within two specified time periods.

One group, designated The 1920 Group, had ordination dates on or between 1920 and 1930. The total available sample from which fourteen were drawn was 29.

The other group, designated The 1940 Group, had ordination dates on or between 1940 and 1950. The total available sample from which fourteen were drawn was 41.

The 14 men in each group were selected at random from the larger samples of 39 and 41, on the basis of convenience of travel. The attempt was made to select pairs of men, one older and one younger, from

the same geographical area, but this was not always possible to accomplish.

The criterion of date of ordination was chosen as a convenient means of determining the time of training of the ministers, since a requirement of ordination among the Congregational churches is the completion of four years college and three years seminary work. Thus, none in the 1920 group trained after 1930, except on a graduate level, and those in the 1940 group were the most recently trained ministers available that met the church size criterion.

The year 1930 was chosen for the 1920 group since it came near the beginning of the movement for the clinical training of ministers. No specific organization of that movement was chosen for study, nor were men in the groups selected on the basis of training in the organization of the movement. Rather the aim was to note any general impact of the stress upon counseling in recent years in ministers trained in those recent years as compared to an earlier period.

Thus the two groups differed in time of training by at least ten years on the average. This was designed to test the interview on two kinds of subjects with the hypothesis being that possible difference in attitudes and methods would be revealed which could be related to training.

The Eleven Interview Sections

In order to assess the counseling work being done by ministers with parishioners who had personality problems an interview was constructed with items relating to the following main areas:

1. The ministers' training for counseling with individuals having personality problems.

2. The proportion of time devoted to work with personality problems, as a part of the total counseling load of the ministers.

3. The ministers' attitudes toward personality problems, and toward other agencies, professions, and general outlook of those working with personality problems.

Items related to these three main areas were organized and presented under 11 sections of the interview schedule. The 11 sections were:

Section 1. Biographical Data on the Ministers' Training and Experience.

Section 2. The Ministers' Stated Relations with the Medical Profession.

Section 3. A Rating Scale of Children's Behavior Problems to Correlate Ministers' and Mental Hygienists' Ratings.

Section 4. The Ministers' Total Counseling Load, with Estimates of Personality Problem Proportions in the Parish as a Whole.

Section 5. The Ministers' Activities and Attitudes Relating to Alcoholism in the Parish.

Section 6. The Ministers' Activities and Attitudes Relating to Sex Problems in the Parish.

Section 7. The Ministers' Activities and Attitudes Relating to Severe Personality Problems (Hospitalized) in the Parish.

Section 8. The Ministers' Activities and Attitudes Relating to Less Severe Personality Problems (Neurotic) in the Parish.

Section 9. The Ministers' Estimated Proportioning of Counseling Load between Personality Problems and Human Relations Problems in the Parish.

Section 10. The Ministers' Estimates of Guilt Feelings as Causal Factors in the Development of Personality Problems in the Parish.

Section 11. The Ministers' Estimates of Fringe Groups, Their Importance in the Parish, and Their Relation to Personality Problems.

A copy of the interview may be found in the Appendix. The following is a summary of what was sought in each section.

Section 1. Biographical Data on the Ministers' Training and Experience.

(Interview Page 1 - Your Training)

General measures of academic work at college, seminary, and post-graduate levels were obtained. Measures of academic work in psychology by semester hours were made at each level listed above, without respect to what psychology courses were included.

Measures of special interest studies and experiences related to counseling were also made.

(Interview Page 12 - Suggestions)

On the final page the minister was asked to suggest the emphasis he felt seminaries should make on studies of personality problems. He was also asked to indicate his own interest in further training relating to personality problems, and whether or not he had planned programs of education relating to personality problems for his parish. He was finally asked to note contributions he felt psychology had made to pastoral work.

Section 2. The Ministers' Stated Relations with the Medical Profession.

(Interview Page 2)

Information about formal interrelations of the clergy and psychiatric professions, the working relations of the clergy with medical doctors in the handling of personality problems in the parish, and experience of the clergy with mental hospitals was sought here.

Section 3. A Rating Scale of Children's Behavior Problems to Correlate Ministers' and Mental Hygienists' Ratings.

(Following Page 2 in Interview)

A rating scale of 24 items was constructed. These items were taken from a list of 50 items used by E. K. Wickman (28) in a study of children's behavior problems. The top and bottom quartiles of the mental hygienists' ratings which had been arranged in rank order were used in the new scale. This new rating scale was presented to the ministers for rating on a five-pount scale with no indication given of the method of construction. The objective was to obtain a measure of the influence of the mental hygiene movement upon the sample of ministers surveyed.

Section 4. The Ministers' Total Counseling Load, with Estimates of Personality Problem Proportions in the Parish as a Whole.

(Interview Pages 2 and 3)

Total pastoral counseling was measured under three heads -

1. Total general hospital and mental hospital calls.
2. Total pastoral calls at peoples' homes.
3. Total office calls.

An estimate was asked of the importance of personality problems as a part of this total counseling load.

Section 5. The Ministers' Activities and Attitudes Relating to Alcoholism in the Parish.

(Interview Pages 3 and 4 and Rating Scale)

The number of alcoholics (as defined by the minister to his own satisfaction, as he distinguished this group from "heavy drinkers") in the parish in the past year and the pastors' work with them was sought. The pastor's availability to the alcoholic, the degree of his personal knowledge of the alcoholics in his parish, the pastor's estimates of the parish response to alcoholism, and the resources used with alcoholism were the areas of interest by which the pastor's work with alcoholics was to be measured.

A measure of the pastors' attitudes toward alcoholism was sought by a rating scale of causal factors, and by asking his opinion about expectancy of recovery. The rating scale was a list of commonly or popularly suggested causes compiled by the author and arranged in alphabetical order on a three point continuum. Itwas used for the following three sections also, with only the headings being changed.

Section 6. The Ministers' Activities and Attitudes Relating to Sex Problems in the Parish.

(Interview Pages 4 and 5 and Rating Scale)

Whether or not the pastor had worked with cases of sex perversion in the past year, and the amount of any such work was sought. A measure of his attitudes was obtained by a rating scale of basic

causes, by asking for resources to be used in helping people with sex problems, and a question asking if the minister felt his time should be given for this problem.

Section 7. The Ministers' Activities and Attitudes Relating to Severe Personality Problems (Hospitalized) in the Parish.

(Interview Pages 5 and 6 and Rating Scale)

The number of persons hospitalized in the past year and released during the entire time in the present pastorate was sought. The released data has been treated on a yearly average basis obtained by using the length of time the pastor had been in the parish. Along with a measure of the pastors' work with both the hospitalized and released groups, a measure of the degree of the pastors' knowledge of the patients involved was sought. The degree of knowledge and confidence in handling it was tested further by asking an estimation of the number of parishioners that should be hospitalized. The attitudes of the clergy toward these problems were sought by asking what resources should be used, by a rating scale of basic causes, and by questions probing relationships with the agencies and hospitals that work with the hospitalized people.

Section 8. The Ministers' Activities and Attitudes Relating to Less Severe Personality Problems (Neurotic) in the Parish.

(Interview Pages 7, 8, and 9, and Rating Scale)

Placement of this section helped define the personality problems included in this section. By the process of elimination all preceding section topics were excluded. Four classes of less severe problems were selected from standard (8, 25, 33) abnormal psychology texts to tap the number of parishioners the pastor would place under this heading. They were - (1) Chronic complainers, (2) Panic states, (3) Phobias, (4) Amnesias. The set of four classes was chosen from a larger and more inclusive group of classes of less severe problems on the basis of productivity of usable data during the trial runs.

The questions for each class referred primarily to observable behavior so as to make pertinent judgments possible by the clergy. Opportunity to give details about each class was given in order to obtain a measure of the degree of knowledge the pastor had of each class as it was represented in the parish. A measure of the importance of this neurotic area to the pastor was attempted by asking his estimate of the number of calls to the people involved, and his estimate of the proportion of such calls to all his counseling in a year. Attitudes toward this group of problems were measured by a rating scale of basic causes, by asking for resources to be used in helping these people, by asking about relationships to doctors, and by questions about the congregation's relations and attitudes to these people.

Section 9. The Ministers' Estimated Proportioning of Counseling Load between Personality Problems and Human Relations Problems in the Parish.

(Interview Page 9)

At the suggestion of pastors who helped construct the interview this section was included. It was felt by the pastors that the survey was too limited to obtain a fair picture of the counseling work pastors are doing and that a section on human relations would make it more inclusive and fair. Human relations problems were defined in a general way as problems of social and family relations not believed based upon some deeply rooted personality problem but rather upon such causes as unfriendliness, husband-wife frictions, discipline problems with children, and so on.

Three items were used; gaining an estimate of the proportions of time given to human relations and personality problems, the proportionate number of people involved in these two areas, and a recommendation for proportionate seminary emphasis between training in human relations and personality problems.

Section 10. The Ministers' Estimates of Guilt Feelings as Causal Factors in the Development of Personality Problems in the Parish.

(Interview Page 10)

A Freudian and a Roman Catholic outlook toward the place of guilt feelings in personality development was outlined briefly. It was

suggested that the Freudians minimized the importance and stressed the danger of guilt feelings, while the Roman Catholics stressed the values of guilt feelings in character formation. Three items permitting a judgment upon these two extremes were constructed, and in addition three items of judgment of the degree of involvement of guilt feelings in the personality problems discussed in the interview were included.

Section 11. The Ministers' Estimates of Fringe Groups, Their Importance in the Parish, and Their Relation to Personality Problems.

(Interview Page 11)

The common term "Fringe Groups" was illustrated by a list of sects, and opinions about personality problem involvement in converts to these groups were asked. The numbers of persons entering or leaving these groups from the parish, and an estimation of the importance and influence of the fringe groups in the parish was obtained.

Construction Procedures of the Interview Form

The 11 main sections and items in each one were constructed on the basis of conferences with advisors and the use of standard texts in clinical and abnormal psychology. N. Cameron's, The Behavior Disorders (8) and T. W. Richards', Modern Clinical Psychology (25) were the two most used. The first draft of each section and the arrangement of the sections in an interview were thus constructed logically.

The order of the sections, the wording of the questions, and the apparent relevance for pastors (face validity), were checked by consultations with faculty advisors, and with ministers of three religious groups (Baptist, Congregational and Methodist). Editing and elimination were carried on until it was estimated the interview would take approximately an hour to administer.

Before mimeographing the interview it was administered to a pastor from the denominational group to be surveyed. This interview was discussed and evaluated by a faculty member and the interview in mimeographed form was then prepared.

Two observation interviews were administered by the writer with two faculty observers present during the interview to follow the procedures and to check answers recorded during the session. These supervised interviews were with men from the denomination to be surveyed, who lived near the University.

The interview was found to take slightly more than an hour, and to enlist the interest of the ministers. The answers recorded were found to agree with those of the supervisor to this extent: of 105

possible answers six were at variance. Of the six, three were due to a different notation system, two were due to a fuller notation by the student, and one was an essential difference where the student noted 12 persons counseled and the supervisor 22 counseled. On this basis the method of administration was deemed satisfactory. On the basis of this established and observed procedure the next 28 interviews were made.

Procedures Used in the Interviews

Obtaining appointments:

Introductory letters were sent to 28 men asking for an interview, outlining the objective of the survey, and promising anonymity. Appointments were made on the basis of responses. Some appointments were made by telephone without the introductory letter. The objectives were outlined to each man surveyed as they appeared in the letter, so that the procedure was standardized to that extent. If time permitted the letter was sent as a follow-up. It was possible to secure all the 28 interviews, the work being completed within one month in the summer of 1952.

The Interview Session:

Each minister was met at his home or office or other convenient place by appointment. The interview was read to the minister item by item with the interviewer writing down the replies of the minister.

The rating sheets and the last page (No. 12) were removed from the interview schedule before the interview began and placed on a clipboard and kept beside the interviewer until needed. The clipboard was then handed to the minister for examination of the appropriate rating sheet which was on top while instructions were repeated by the interviewer. When the minister finished checking or writing on the top sheet the clipboard was taken by the interviewer, the completed form was removed from the clipboard, and placed in an envelope.

The remaining sheets were kept on the clipboard beside the interviewer until needed.

The procedures of the interview session are listed below only where they differ from the wording or procedures indicated on the mimeographed interview. A copy of the interview is in the Appendix.

Page 1.

The introductory paragraphs were read or repeated from memory, with these additions only:

Paragraph three was added to by saying, "I will share results of these interviews with you men, as I said in my letter."

Paragraph seven was added to: "I am not interested in how many more this adds to your parish, I will use the Yearbook figures."

Paragraph eight was added to: "I do not care what recent twelve-month period you have in mind. All I am interested in is a most recent yearly period."

Page 1: YOUR TRAINING

No. 4 was made more explicit by asking for semester hours, defined as at the University of Massachusetts, in psychology and sociology at each level of academic work, college, seminary, and graduate. This was done to make comparisons possible. It was not possible to check this figure, and in some instances the pastor indicated the figure he gave was an estimate only. As muchcare as was

practical was given to this point so as to obtain as reliable estimates as possible, without actually checking transcripts of credit.

No. 5 was explained, on questioning, as meaning study and reading on the part of the pastor which was not for academic credit.

No. 6 was illustrated if desired after an illustration was given by one of the first ministers interviewed. Two standard illustrations used were: "Some worked in a Y.M.C.A." or "Some were chaplains and did counseling there."

Page 2: PASTORS' RELATIONSHIPS WITH MEDICAL PROFESSION

No. 5. No definition of "personality one" was given unless men asked for it and this occurred only a few times. Its definition was given as - "For instance you counsel with people whose problem is what to do about a problem child, or where there is a serious sickness. This would not be considered a personality problem in the parent or patient. By personality problem I mean when people call on you but in your estimation the obvious reason they give is not the real problem."

No. 6 was not worded fully, and was read thus..."such people than with your other parishioners."

No. 8 was found to be a difficult question, but was asked in each Interview. The difficulty was to define "personality" and "somatic." When asked for definition, "somatic" was defined as "a physical illness," and "personality" as a mental illness.

Page Between Pages 2 and 3: TWENTY-FOUR BEHAVIOR PROBLEMS OF GRADE SCHOOL CHILDREN. (RATING SCALE)

This rating scale was constructed by taking the top and bottom quartiles of the 50 behavior problems ranked by a number of mental hygienists for the E. K. Wickman (28) study done in 1938. Since it was not possible to make use of the instructions used by Wickman, instructions consistent with the use of the rating scale were constructed.

Instructions composed by the interviewer for this rating scale were read as the scale was handed to the minister. These instructions appear on Page 3 of the interview. The scale was on a clipboard on which all the sheets to be filled in by the minister were held in the order of appearance. Instructions were read as many times as necessary, with one standard illustration used for each pastor, as follows:

> Take this bottom one since it is so common (i.e. "whispering"). Suppose a Sunday School teacher came to you and said, "Johnny is always whispering. I don't know what to do with him. I don't know what is the matter with him." You would then probably give her some suggestions about class discipline but you would also have, in your own mind, to decide how serious this was for Johnny, as an indication of maladjustment or possible poor personality development."

When this scale had been checked it was taken by the interviewer, removed from the clipboard, placed in an envelope, with the next sheet visible to the minister but not near him. This was standard procedure for each sheet to be filled out.

Pages 3 and 4: Alcoholism

No. 5 was explained as going over as long a period as the pastor had been in the present parish.

No. 9. The suggestions in the parentheses were not read; the question seemed to be clearly understood by the ministers so the suggestions which had been prepared were felt not needed. It was felt this was a more objective procedure.

The rating scale on Alcoholism was handed to the minister while the instructions were being given. On this scale "alcohol" was questioned by several men, and the explanation given:

> Give it any meaning you wish, or leave it out if you wish. In constructing the four rating scales I found it easier to make them identical even though there might be some items on each scale that did not make much sense as causal factors. You may find they make sense on the other rating scales to follow.

"Predisposition" was questioned by many, and was clarified by saying - "If someone asked a doctor if tuberculosis was inherited he would most likely say no, but that there might be a predisposition toward it." Occasionally other items were questioned, as the distinction between "anxiety" and "worry" but these were answered by saying - "There is probably no difference, these are not expertly suggested causes, but my own, because commonly suggested." The aim of these remarks was to give confidence to the men, many of whom were unfamiliar

with rating scales and doubtful as to the correctness of their ratings, as judged by their comments.

When the rating was completed, the clipboard was returned, the sheet removed and placed in an envelope, with the next sheet facing up but not near the minister.

Page 4: SEX BEHAVIOR PROBLEMS.

No. 1. The groupings suggested were taken from the N. Cameron's abnormal psychology text as illustrations of perversions. The ministers tended to interpret sex problems in terms of problems of adolescent and marriage adjustments, so that the term "perversions" was added orally to clarify the group of problems intended in this section.

The rating scale procedure was as described for Alcoholism.

Pages 5, 6, 7: MOST SEVERE PROBLEMS--HOSPITALIZED.

No. 7 was clarified by saying it referred to the manner of call, or the minister's attitudes, rather than frequency of calls.

No. 22. The suggested resources were not read.

Pages 7, 8, 9: Less Serious Personality Problems.

No. 1. Some concern was shown over this question by the ministers interviewed. Some said they did not know. These were pressed, mildly, for a figure, or even a range within which their parish figure might fall. Some gave a percentage or proportion, which the Interviewer then translated into a number based on their church membership, and this figure was checked with the minister before it was recorded, and before going on to the next item.

One minister in The 1940 Group answered he could not divide between complainers without known disorder or defect and those who had some sufficient physical basis for complaint. He was asked to attempt to answer the remaining questions, Nos. 5-21, even though he had listed no cases under the Less Severe grouping. He seemed to have no difficulty answering questions 5-21.

No. 10. An average was found based on a range of frequency with the most frequent end of the range being used to obtain the highest frequency of calls average for each of The 1920 Group and The 1940 Group.

Page 9: HUMAN OR SOCIAL RELATIONS PROBLEMS

Difficulty in defining the area intended in this section was met by saying - "Distinguish these problems from 'personality problems' as we have defined them in the interview up to this point."

Page 10: GUILT FEELINGS

Further definition of "guilt feelings" was made by saying no question was being raised as to the basis, justification, or validity of the guilt feelings involved.

Page 11: SURVEY OF FRINGE GROUPS

No changes were made here.

Pages 11, 12: SUGGESTIONS

This page was the last handed to the minister, and in addition to the printed instructions additional comment was made that No. 5 was meant to be a broad question, with negative as well as positive contributions being acceptable. At the close of the interview session a

mimeographed sheet was given to the minister to sign showing that he had been interviewed. This appears in the Appendix. The interviewer left after repeating a promise to share results with those who took part in the survey.

RESULTS

Treatment of Data

Results: The data recorded were tabulated item by item under the 11 sections of the interview. No practical way to combine data was found except in a few instances. Statistical tests of significance were used for some items, these have been placed in a table, as have some other items in tables, page numbers are listed in Table of Contents.

Discussion and Conclusions: The 1920 Group and the 1940 Group are first compared to find differences that appear with tests of significance applied where possible, under the three topics of Training; Work or "Case Load" and Methods; and Attitudes. Conclusions about any difference between the groups appear here.

The two groups were combined for a more comprehensive general statement about the Training, Work, and Attitudes of the entire sample. This was done because items showing significant differences were few and because some items did not lend themselves to tests of significant differences. Conclusions about the role ministers play in personality problem counseling work appear here.

A comparison between the incidence as reported by the ministers and that reported by the United States Public Health Service (32) is made and conclusions drawn. Finally, conclusions about the value of the interview as an aid in questionnaire construction are suggested.

Data by Sections

Results are listed item by item and divided into two groups, 1920 and 1940, under the section headings. For tables and summaries see pages listing in the Table of Contents for these.

Section 1. Biographical Data on the Ministers' Training and Experiences.

(Interview Pages 1 and 12)

Page 1: YOUR TRAINING

1. College: All had four years, undergraduate work.

Degree: All had the Bachelor's Degree of Arts or Science.

Major: Psychology - one in 1920 Group, one in 1940 Group.

Psychology and Philosophy - one in 1940 Group.

Psychology and Social Ethics - one in 1920 Group.

Sociology - two in 1920 Group, three in 1940 Group.

Majors of the other men were not in psychology or sociology and are not listed.

Minor: None in psychology in either 1920 Group or 1940 Group.

Two in sociology in 1940 Group.

2. Seminary: All had three years.

Degree: Bachelor of Divinity or its equivalent for all.

3. Other Academic Work:

	1920	1940
M. A. degree held by	6	3
Doctorate held by	-	1
Courses taken, no degree	3	3
No graduate work	5	7
	14	14

4. Courses taken that have been helpful in counseling, as in guidance, psychology, social relations, etc.: (Listed by semester hours work)

	1920	1940
College average	8.4	13.3
Seminary average	5.0	5.5
Graduate work average	4.0	1.5
Total Averages	17.4	21.3
Range for all academic work	7-66	0-60

No one in 1920 Group had clinical pastoral training as a formal course in seminary. One man in 1940 Group had had this work, for one semester, two hours of which were lecture, three hours clinic type observation and lecture in a state hospital. This is the training referred to in Chapter II, under the history of the Clinical Training Movement.

One man in the 1920 Group had taken no psychology.

Sociology courses taken at all levels:

In 1920 Group two men had taken sociology courses.

In 1940 Group five men had taken sociology courses.

5. Special interest studies of your own that have been helpful in counseling.

1920 Group

Four men indicated none.

Eight men listed general reading pertaining to counseling, with no titles being suggested.

One man mentioned subscribing to Pastoral Psychology, another mentioned subscribing to Journal of Pastoral Care and reading books by Ligon.

One man mentioned taking nine years of clinic-type sessions, a few weeks each year, at a state mental hospital.

1940 Group

Five men indicated none.

Seven men indicated general reading pertaining to counseling, with no titles being suggested. Two men had written papers on counseling. One man had made a special study of adolescence and marriage.

One man mentioned subscribing to Pastoral Psychology. Another mentioned books by R. L. Dicks , another a book by A. Boisen

One man had taken a two months' course offered for ministers at a state mental hospital.

One man mentioned frequent conferences with P. E. Johnson, psychology professor at Boston University.

6. What types of experience have been particularly helpful to you in counseling work:

The ministers evaluated their experiences and listed them as helpful or not. A summary indicates that:

In The 1920 Group 11 men had had helpful experience.

In The 1940 Group 12 men had had helpful experience.

The feeling that they had had no experiences particularly helpful to counseling was expressed by:

3 men in 1920 Group

2 men in 1940 Group

Types of experiences mentioned: (both 1920 and 1940 Groups)

Public school teaching; chaplaincy in armed forces; chaplaincy in fraternal orders, colleges, and hospitals; YMCA work; personal acquaintance with a psychiatrist.

Page 12: Suggestions

1. Should teaching applying to the personality problem areas we have discussed be stressed in seminaries today? Check which you suggest:

	1920	1940
More than now	7	4
More than I received	12	7
As now	1	4
Less than at present	-	-
Less than I received	-	-
	20	15

(Differences in totals are due to checking more than one of the possible choices by some subjects.)

2. Indicate any interest you have in further training in areas such as: (This was interpreted by the men as indicating desire to have further training, but not necessarily that they were prepared to enter such training.)

	1920	1940
General psychology	5	3
Abnormal psychology	3	1
Guidance work	4	5
Counseling work	12	11
General hospital experience	8	7
Mental hospital experience	0	6
Human relations	-	1
	32	34

(More than one interest checked here by some subjects.)

3. Would you be chiefly interested in academic work in these areas suggested in 2. above?

	1920	1940
Yes	5	8
No	9	6
	14	14

Or in clinical experience in some hospital?

	1920	1940
Yes	11	8
No	3	6
	14	14

4. Have you arranged programs of education in mental health in your parish?

	1920	1940
Yes	3	5
Planning some	0	3
No	11	6
	14	14

5. In your opinion, what contribution of psychology in general (if any) has been outstanding as contributing to the work of the parish minister with his people taken as a whole?

1920 Group

i. Specific Sources:

Psychology was indicated as providing information useful in pastoral work in general from the following specific sources:

Studies in social psychology; seminary course dealing with personality problems; sex, alcohol, and parenthood education on a popular basis; non-directive counseling technique.

ii. More General Statements of Results from Psychology in the Work of the Ministry:

Helpful in regarding people as sick, not sinners; helpful in understanding people; understanding motivations of conduct.

iii. Values of Psychological Understanding for Pastors:

Ministers gave these reasons for appreciating the help psychological understanding gave them:

Fostered more sympathetic and less critical attitudes toward people with personality difficulties on the part of the

pastor and congregation; of great help in work with the sick and bereaved; of help in providing a general background for parish work; instrumental in making the minister more humble and less dogmatic in his approach to people; of help in explaining people's problems to them.

iv. Books or Publications Mentioned:

None.

v. Negative Contributions of Psychology: (Two men)

In some instances psychology has been overemphasized, in general it has helped greatly; people have a superstitious gullible attitude toward psychiatry on the easy assumption that it is a cure-all and a substitute for religion.

vi. No Response Made in Answer to this Item:

One man made no response.

1940 Group

i. Specific Sources Named:

Psychology was indicated as providing information useful in pastoral work in general from the following specific sources:

Studies in abnormal psychology; general psychology; mental hygiene information; pastoral psychology; non-directive counseling technique; efforts by church councils to arrange courses for ministers in clinical counseling; seminars by hospitals in pastoral psychology; psychosomatic emphasis; and clinical training as a course in seminary.

ii. More General Statements of Results from Psychology in the Work of the Ministry:

Helpful in presentation of types of mental difficulty; giving help in categorizing personality problems correctly so proper guidance can be given; providing insights into the depth of human problems (Freud was mentioned as helpful); insight into motivation of apparently unchristian conduct so as to help re-establish rapport between the church and individual; knowledge of personality maladjustments and reasons for them.

iii. Values of Psychological Understanding for Pastors:

Seven ministers individually gave these reasons for appreciating the help psychological understanding gave them, with only the first being listed by two men:

Making Biblical preaching more meaningful and helpful; a corrective to some religious doctrines of the nature of man; helpful in meeting life's problems; clarifying the contribution religion alone can make in preventing personality breakdown; helping in personal counseling work in the parish; fostering a sympathetic and helpful attitude on the part of the minister toward individuals and groups.

iv. Books or Publications Mentioned:

One man mentioned Christian Love by Paul Johnson, and another Pastoral Psychology magazine.

v. Negative Contributions of Psychology: (One man only)

People tend to regard a pseudo-psychology as a new gospel, and tend to think of "adjustment" as the only goal in life.

vi. No Response Made in Answer to this Item:

All made a response in the 1940 Group.

Section 2. The Ministers' Stated Relations with the Medical Profession.

(Interview Page 2)

1. Have you ever met with doctors or psychiatrists to talk over personality problems? How often?

	1920	1940
Have met	11	12
Have not met	3	2
	14	14

Frequency

In the 1920 Group -

6 men met frequently individually with doctors, or as needed
3 men had met on a group basis only, listing a range of 6-18 meetings
2 men had not met with doctors
3 men had met rarely or informally with doctors
14

In the 1940 Group -

7 men met frequently or as needed on an individual basis up to twice a month
5 men had met on a more limited scale, listing from four meetings individually or in a group up to 12 conferences.
2 men had not met with doctors, one because he always referred personality problems to social agencies.
14

2. What has been your reaction to such meetings, are they helpful?

In the 1920 Group -

5 men's reactions to the meetings were enthusiastically for "helpful."

One was qualified to meetings with two men he named.

6 men listed "helpful" without further comment except one qualified the statements by "on the whole." (One man listed no formal meetings and yet listed "helpful."

3 men said no help was given, two because of no meetings with doctors, one because the emphasis was "too Freudian...theoretical."

14

In summary 11 men felt meetings were helpful.

In the 1940 Group -

6 men's reaction to the meetings were enthusiastically for "helpful."

5 men listed "helpful" with no further comment.

1 man said one or two meetings had been excellent, the others in a group course of study and 12 conferences he had had were superficial.

2 men had not met and gave no reactions.

14

In summary 11 men felt meetings were helpful, while another gave qualified approval.

3. In your experience, what has the attitude of doctors and psychiatrists been toward the ministry as a whole? (Especially in relation to mental health problems.)

	1920	1940
High regard	10	8
Low regard	-	2
Don't know	2	1
Varies	2	3
	14	14

4. What has been your relationship with the general doctors and the sick of your parish - he calls on you, he refers people to you?

	1920	1940
Yes	8	7
No	6	7
	14	14

5. What would be your procedure if you were called in by a family to help with one member, and you concluded the person had a problem of a serious nature?

	1920	1940
Refer	13	14
Refer and counsel	-	-
Counsel only mention	1	-
	14	14

Of a mild nature	1920	1940
Refer	2	6
Refer and counsel	3	1
Counsel only	9	7
	14	14

6. Have you had experience visiting parishioners who were in mental institutions?

All had

7. Does working with mental hospital patients interest you?

	1920	1940
Yes	8	9
Mildly so	2	4
Don't know	-	1
No	4	-
	14	14

Section 3. A Rating Scale of Children's Behavior Problems to Correlate Ministers' and Mental Hygienists' Ratings

(Following Page 2 in Interview)

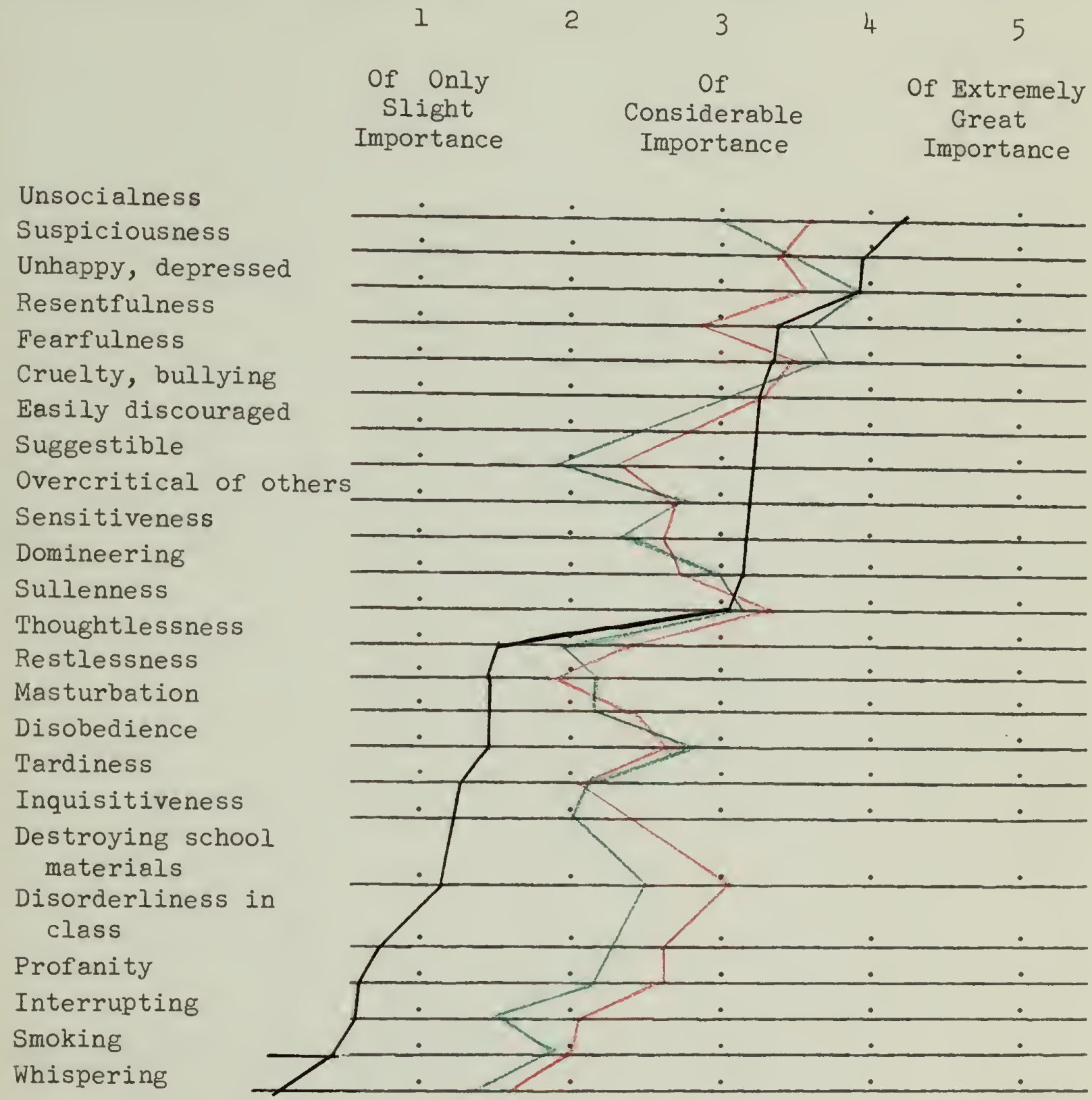
The following instructions were read to the minister concerning his use of the rating scale to indicate his evaluations of the problems listed on the scale:

> Here is a sheet listing 24 behavior problems of grade school children. I want you to rate each as to its seriousness. The problems are to be thought of as an index of poor personality adjustment. Rate them in degree of seriousness as they suggest that the child has a problem of adjusting or may develop an undesirable personality. They are not to be thought of as problems for a teacher in a class setting.
>
> What I want you to do is to mark on this sheet your indications of the importance of the problems suggested at the left-hand side. Please note you may mark anywhere along the line from 1-5. Rate each one.

The mean ratings for each separate item on the scale were computed for the 1920 Group and the 1940 Group, and appear on the scale which follows in plotted curves, along with the curve of the means of the Mental Hygienists as listed by Wickens. Correlations between these mean ratings for the 1920 Group and the 1940 Group were calculated, as were correlations between these two groups and the Mental Hygienists' mean scores, with these correlations appearing in TABLE I.

Rating sheet of children's behavior problems

Indicate by a check mark ( ) anywhere along the line 1-5 the position you would give to the following behavior problems of grade school children. Think of the problems as indicating maladjustment or poor personality development in the children.



Key: Mental Hygienists ——

1920 Group —— 1940 Group ——

Curves indicate the means of the ratings by each group.

TABLE I

Correlations of the Mean Scores of the Ministers' Ratings of Children's Behavior Problems, between the 1920 Group and the 1940 Group, and between these two Groups and the Mental Hygienists.

Rank Order Correlations

	rho	Level of Significance*
1920 Group and 1940 Group	+ .92	1%
1920 Group and Mental Hygienists	+ .72	1%
1940 Group and Mental Hygienists	+ .74	1%

Product Moment Correlations

	r	Level of Significance*
1920 Group and 1940 Group	+ .79	1%
1920 Group and Mental Hygienists	+ .23	p > 5%
1940 Group and Mental Hygienists	+ .56	5%

*(These probabilities are for a two-tailed test of significance for df=13.)

Section 4. The Ministers' Total Counseling Load, with Estimates of Personality Problem Proportions in the Parish as a Whole.

(Interview Pages 2 and 3)

Summary of General Counseling or Visiting:

1. For the past year, estimate the total number of hospital calls.

	1920	1940
Total (14 pastors)	3,263	3,505
Average per pastor	233	250
Range within Group	75 to 500	75 to 500

2. For the past year, estimate the total number of general calls at people's homes.

	1920	1940
Total (14 pastors)	7,830	5,135
Average per pastor	559	366
Range within Group	150 to 1150	100 to 750

3. For the past year, estimate the total number of visits people have made to you at your home or study.

	1920	1940
Total	2,118	2,307
Average per pastor	151	164
Range within Group	20 to 1000	12 to 1000

4. Is there any other visiting not included in the above three?

None

Summation of the above items 1,2, and 3, giving total number of visits:

	1920	1940
Grand Total	13,111	11,027
Combined Average per pastor	936	787
Combined Range within Group	400 to 1425	187 to 2200

5. How many <u>different</u> people have you counseled with in the past year whose problem was a personality one?

	1920	1940
Total estimated	787	417
Average per pastor for year	65.5	32

(Note for 5. - Results in 1920 are based on 12 men, since two said they could not estimate this.)

(For 1940 these estimates are based on 13 men, since one man gave no definite answer saying, "one in five," and this number was not translated into a total figure by the pastor even when he was asked to do so. If this is done for him, on the basis of known membership, the total for 1940 becomes 611, and the average 43.6.)

6. Do you spend more time per visit with such people?

	1920	1940
Yes	13	11
No	1	2
"Depends" (i.e. Varies)	—	1
	14	14

7. Do these people visit more frequently per person than others?

	1920	1940
Yes	12	9
No	2	5
	14	14

8. What proportion of your counseling work do you estimate is with people who have personality problems as in contrast to somatic ones. Answers may be divided into the following groupings.

	1920	1940
Handle More Personality Problems than Somatic Problems	3	3
Handle Less Personality Problems than Somatic Problems	8	10
Equal Proportions	3	-
Don't Know	-	1
	14	14

The following five tables present material gathered from the following sections which pertain to the general counseling load of the ministers and to the part of the general load that the ministers felt should be included under the grouping of personality problems. The first of these tables contains statistics on the membership of the churches in the two Groups, obtained from the Yearbook of the churches, while the following tables give the estimated personality problem counseling load, the personality problem counseling load as it was reported under the specialized categories of the interview, and a table which summarizes the personality problem load data. Following these tables the item by item reports of data received are made.

TABLE II

Size of Parishes of Ministers Interviewed

(Membership is as reported in the 1951 Yearbook)

	1920	1940	Combined
Average church membership	978	713	845
Range of church membership	400-2800	400-1200	400-2800
Total membership of the churches in the Groups	13,697	9,989	23,686

TABLE III

Reported Counseling Load of Ministers Interviewed.

All visits or calls are included. One year period.

	1920	1940	Combined
Average number of visits for all purposes	936	787	862
Range of the number of visits per minister	400-2240	187-2200	187-2240
Total number of visits for the Group	13,111	11,027	24,138

TABLE IV

Preliminary Estimate by the Ministers of their Personality Problem Counseling Load, One Year Period

(This estimate was given by the ministers near the start of the interview before estimates for each of the personality problem divisions searched for in the interview. This may be viewed as an independent estimate.)

	1920	1940	Combined
Average of the estimated number of personality problem counselees	66	32	45
Range of the estimates given by the ministers of each Group	3-500	3-194	3-500
Total estimated number of personality problem counselees	787	417	1204

TABLE V

Personality Problem Counseling Load as Reported by the Ministers under the Following Sections, One Year Period:

	1920	1940	Combined
ALCOHOLIC COUNSELEES: SECTION 5			
Average per minister	3.3	4.5	3.9
Range per minister	0-10	0-12	0-12
Total Group Report	46	63	109
SEX PERVERSION COUNSELEES: SECTION 6			
Average per minister	-	-	0.4
Range per minister	0-3	0-2	0-3
Total Group Report	8	4	12
SEVERE (HOSPITALIZED) COUNSELEES: SECTION 7			
a. Those in hospitals			
Average per minister	1.85	2.7	2.2
Range per minister	0-4	1-6	0-6
Total Group Report	26	37	63
b. Those who should be in the hospital: (opinion)			
Average per minister	1.85	2.7	2.2
Range per minister	0-10	0-12	0-12
Total Group Report	26	38	64

TABLE VI

LESS SEVERE (NEUROTIC) COUNSELEES: SECTION 8

	1920	1940	Combined
a. By subdivisions:			
1. Complainers			
Average per minister	17.5	34.6	26
Range per minister	0-110	2-357	0-357
Total Group Report	245	486	731
2. Panic States			
Average per minister	-	-	0.4
Range per minister	0-4	0-3	0-4
Total Group Report	5	7	12
3. Phobias			
Average per minister	1	1.5	1.3
Range per minister	0-6	0-20	0-20
Total Group Report	15	21	36
4. Amnesias			
Average per minister	-	-	-
Range per minister	0-1	0-1	0-1
Total Group Report	2	1	3

(None of these differences is statistically significant)

TABLE VI-Continued

b. By total of the subdivisions: (all the neurotic)

	1920	1940	Combined
Average per minister	27.1	47.5	33.6
Range per minister	0-110	0-361	0-361
Total Group Report	380	665	945

(Difference is not statistically significant)

FRINGE GROUPS COUNSELEES: SECTION 11

Total Group Report of those converts to the Fringe Groups	7	8	15

TABLE VII

Total Reported Personality Problem Counseling Load: One Year

In this table data from all the Sections are combined, including Sections 5, 6, 7, 8, and 11.

	1920	1940	Combined
Average number of personality problem patients counseled with by each minister	35.2	58.2	46.7
Group total number of personality problem patients counseled with	493	815	1308

Section 5. The Ministers' Activities and Attitudes Relating to Alcoholism in the Parish.

(Interview Pages 3 and 4 and Rating Scale)

Now to take up the problems of the alcoholics and your work with them. Let me divide this group into two (2) main headings, and ask your estimates of the number in each you know of in your parish in the past year:

1. Alcoholics not hospitalized at any time.
2. Alcoholics serious enough to have been hospitalized at some time.

	1920	1940
Reported Alcoholics in Parish	10	11
Reported No Alcoholics in Parish	4	3
	14	14
Group Total Reported	46	63
Average per Parish	3.3	4.5

3. Have any recovered in the past year?

4. Estimate the degree of recovery.

	1920	1940
Good	3	6
Slight	2	2
Temporary	2	-

5. In your experience, what is the average number of broken homes per year due to alcohol.

	1920	1940
None per year reported by	3	5
Less than one per year by	5	4
One a year reported by	-	3
Two a year reported by	1	-
Three a year reported by	-	1
Five a year reported by	1	1
No estimate given	4	-
	14	14

6. Do you counsel alcoholics in your parish?

	1920	1940
Yes	12	12
No	1	1
Seldom	2	1
		14

7. Do you counsel with their families?

	1920	1940
Yes	13	13
No	1	1
	14	14

8. How did you come to counsel with the alcoholics during the year - did they call on you for help?

	1920	1940
Alcoholic came	8	6
Family, etc. asked	6	8
	14	14

9a. What resources do you feel should be used in helping alcoholics (for instance I might suggest prayer, A.A., referal to doctors.)

The answers were grouped under these heads :

i. A.A. Only. This heading included men who mentioned Alcoholics Anonymous only as a resource.

ii. Refer Only. This heading included men who mentioned medical doctors, psychiatric aid, social agencies and hospitalization as the only resources.

iii. Varied Resources. This heading included all other men not in i. and ii. above. Each of these men listed a variety of resources including: the ministry of the Christian Church, elements of faith, fellowship, counseling, "taking the pledge," prayer, medical, psychiatric and hospital resources.

		1920	1940
i.	A. A. Only	6	3
ii.	Refer Only	1	1
iii.	Varied Resources	7	10
		14	14

9b. What is your evaluation of alcoholism as a problem in your parish as a whole?

	1920	1940
Slight	11	9
Moderate	1	4
Serious	2	1
	14	14

10. Can you sense any attitude in your parish toward these people?

	1920	1940
Critical	-	3
Varies	3	6
Sympathetic	10	4
Don't Know	1	1
	14	14

11. In your opinion, what degree of help does your parish give these people?

	1920	1940
Much	1	-
Some	6	2
Little	2	8
None	5	4
	14	14

12. Do you feel a minister should spend time with these people?

	1920	1940
Much	6	8
Some	6	6
Little	2	-
None	-	-
	14	14

13. What is your personal expectancy of recovery for these alcoholics?

	1920	1940
Good	4	4
Poor	4	4
Varies	6	5
Don't Know	-	1
	14	14

14. Here are some commonly suggested basic causes of ALCOHOLISM arranged in alphabetical order. They are my own suggestions.

On the basis of your experience with people who have alcoholism as a personality problem I want you to rate these as causal factors.

Indicate by a check mark or an x the relative significance you believe each has had in your parish. Rate each one.

Correlations

Rank Order Correlation of 1920 and 1940 = +.78

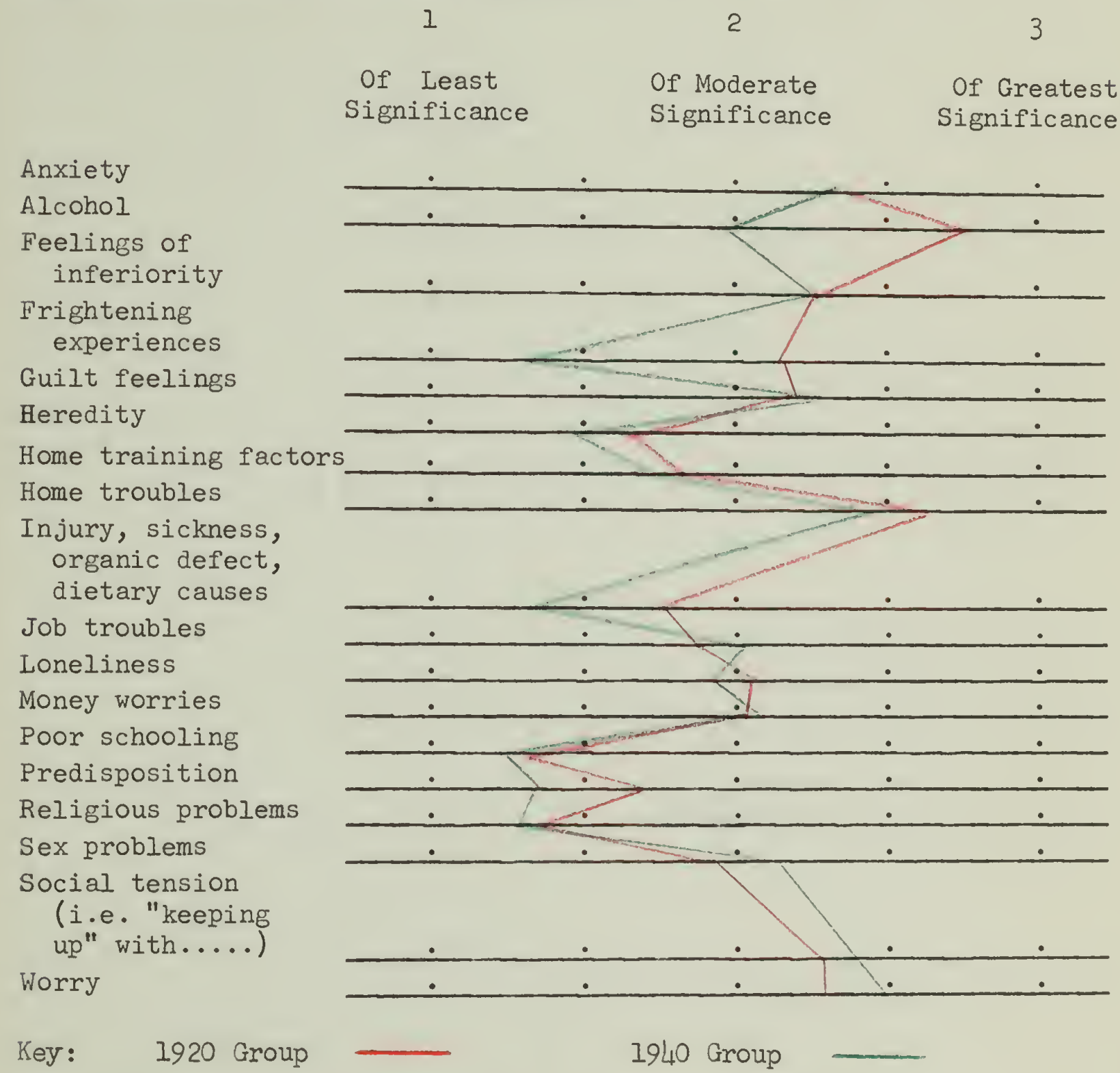
This is highly significant.

(With df = 13 the p of this correlation is above the 1% level of significance.)

Rating sheet of some basic causes of alcoholism

(identical lists used)

Indicate by a check mark ( ) or (x) the relative significances of the following suggested causative factors in the development of the above named personality problem. Rate each one. Use your own experience as a guide, mark anywhere along the line.



Curves indicate the means of the ratings by each group.

Section 6. The Ministers' Activities and Attitudes Relating to Sex Problems in the Parish

(Interview Pages 4 and 5 and Rating Scale)

1. In the past year have you had to work with sex problems such as exhibitionism, voyeurism, homosexuality, or some other abnormal sex practice?

	1920	1940
No	10	11
Yes	4	3
	14	14

2. How serious a problem was this at the time it came up? (Or more than one specify)

Group total patients reported in each of these classes:

	1920	1940
Very	4	2
Moderate	3	-
Slight	1	1
Group Total Patients Reported	8	3

3. How serious was it for your parish as a whole?

	1920	1940
Slight Seriousness for this number of the patients reported	6	3
Great Seriousness for this number of the patients reported	2	-
Total Patients	8	3

4. (See 8. below).

5. Can you sense any attitude of your parish toward these people?

	1920	1940
Critical	3	5
Sympathetic	5	3
Unconcerned	4	1
Don't know	2	5
	14	14

6. What resources do you feel should be used in working with these people.

Answers were grouped under the headings -

i. Refer Only. In this group were placed men who mentioned hospitalization, medical doctors, psychiatrists as the only resources.

ii. Refer and... Under this heading were placed men who mentioned the above referal resources and added one or more of these resources -

1920 - Pastoral counseling; friendship of the church and pastor.

1940 - The Christian Church and faith; environmental change; pastoral counseling; prayer.

iii. Non-referal Resources. Under this heading were placed men who made no mention of referring to the resources listed in i. above.

The resources listed by these men include, as a Group:

For 1920 - Friendship of the pastor and church; and diversions or ways of taking the mind off the sex problems.

For 1940 - Pastoral counseling; prayer; sympathy.

iv. Don't Know. Under this heading men who had no resources to suggest were placed.

		1920	1940
i.	Refer Only	1	6
ii.	Refer and...	9	6
iii.	Non-Referal Resources	2	2
iv.	Don't Know	2	-
		14	14

7. Do you feel a minister should spend time with these people?

	1920	1940
Yes	11	12
No	-	1
Not much	-	1
A Little	3	-
	14	14

8. Here is the same list of causes you rated before for alcoholism. This time will you rate them for their significance as factors in the development of the abnormal sex problems you have known in your parish.

Use your experience as a guide. Rate each one.

(If no experience last year, ask to rate on past knowledge.)

Correlations

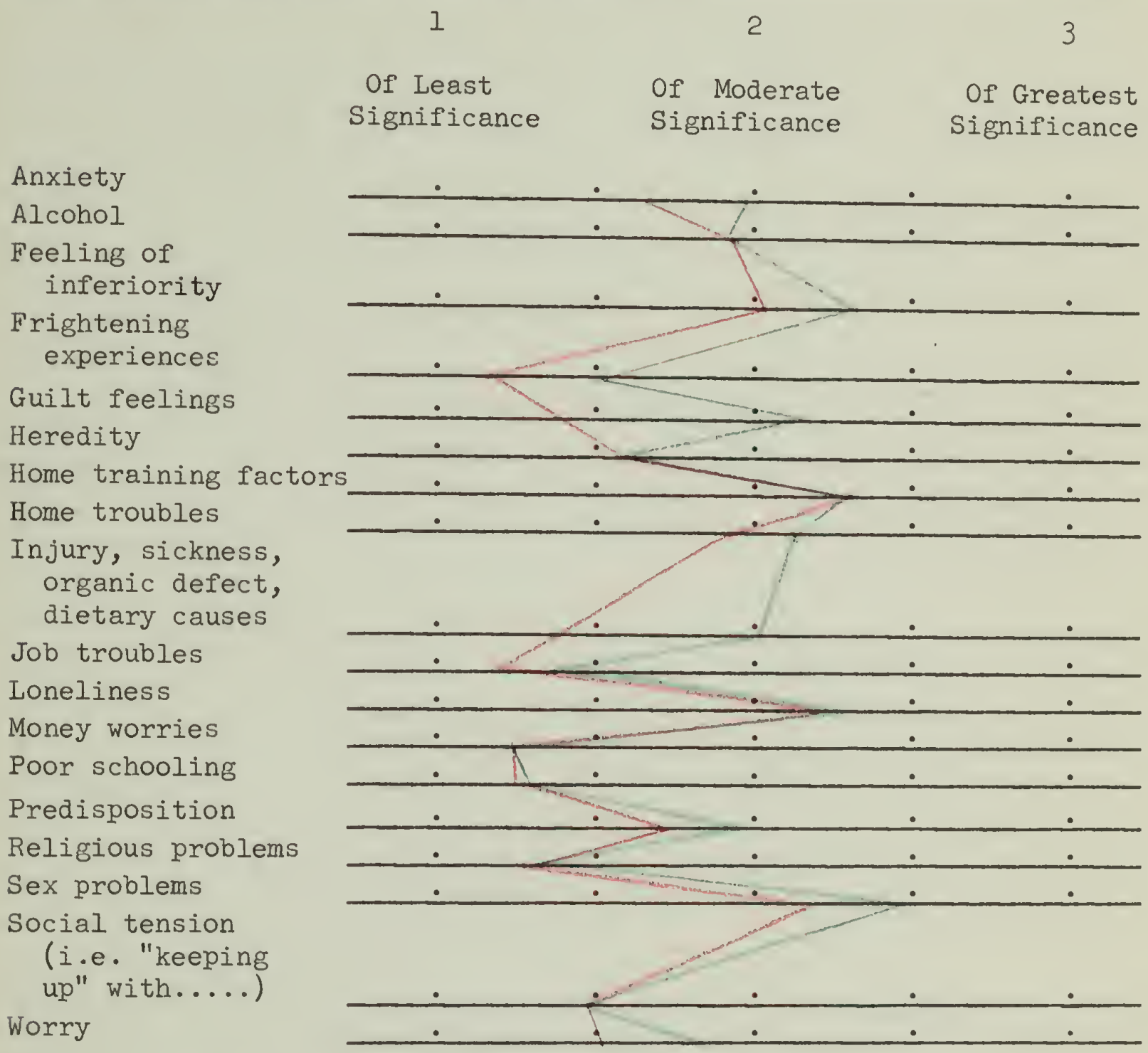
Rank Order Correlation of 1920 and 1940 = + .81

(With df = 13 the p of this correlation is above the 1% level of significance.)

Rating sheet of some basic causes of sex perversions

(identical lists used)

Indicate by a check mark ( ) or (x) the relative significances of the following suggested causative factors in the development of the above named personality problem. Rate each one. Use your own experience as a guide, mark anywhere along the line.



Key: 1920 Group ——— 1940 Group ———

Curves indicate the means of the ratings by each group.

Section 7. The Ministers' Activities and Attitudes Relating to Severe Personality Problems (Hospitalized) in the Parish.

(Interview Pages 5 and 6 and Rating Scale)

My next interest is in the most severe problems, those that require hospitalization for the good of the patient or for the protection of his family. Also in this group I wish to include those people not hospitalized who, in your opinion, would be better off if they were institutionalized.

1. How many persons from your parish have been placed in mental hospitals in the past year.

	1920	1940
Men	6	10
Women	20	27
Total Patients	26	37

2. Do you know the diagnosis placed on these people by the hospital?

	1920	1940
No	11	12
Yes	3	2
	14	14

3. How many persons do you know in your parish who, in your opinion, would have been better off, or the family would have been better off, if they could have been hospitalized?

1920	1940
26 by 10 men	38 by 9 men

(In 1920 4 men reported none here.)

(In 1940 5 men reported none here.)

4. To your knowledge, have these people had suggestions about being hospitalized?

	1920	1940
Yes	7	5
No	3	3
Don't Know	-	1
Blank	4	5
	14	14

	1920	1940
Number of pastors who initiated suggestions for hospitalization	5	2
Number of persons resisting such suggestions	1	3

Other items under No. 4 did not yield usable data.

5. What has your work been with these people; do you call on them when they are in the mental hospital?

	1920	1940
Yes	13	12
No	1	2
	14	14

6. Has the mental institution given indication of not wanting ministers to call on parishioners who are there?

	1920	1940
No	12	13
Yes	2	-
Don't Know	-	1
	14	14

7. Do you call on parishioners in the mental hospitals in the same general way as you do on those who are in the general hospitals?

	1920	1940
Yes	10	7
No	4	7
	14	14

8. For any who have not been hospitalized, that were mentioned before, has it been your practice to call on them? How often?

Thirteen men in each Group had visited such patients if they had them much as they visited the chronically ill.

9. Were you the first to detect symtoms in any now hospitalized?

	1920	1940
Yes	3	3
No	11	11
	14	14

10. Were you called on by the family for advice about hospitalizing?

	1920	1940
Yes	8	10
No	6	4
	14	14

11. Did you refer them to a doctor?

Yes for all the men in both Groups.

12. Did the family doctor confer with you when hospitalization was being considered by him?

	1920	1940
Yes	7	4
No	7	10
	14	14

13. Have you made any attempts to explain the personality problem of any hospitalized person to members of his family?

	1920	1940
Yes	8	7
No	6	7
	14	14

14. Have any of the hospitalized parishioners been discharged as improved enough to go home since you came to this parish? (Indicate time span)

	1920	1940
For the Group, the total number of patients	41	41
Yearly Average	3.9	8.5

(Obtained by dividing the Group total by the average time span of each Group. Thus the average time spent in the present pastorate by the 1920 Group was 10.5 years and the 1940 Group was 4.8 years.)

15. How long had these discharged persons been in the hospital?

	1920	1940
Known by	11	13
Not Known by	2	-
Blank (Since None in Hospital)	1	1
	14	14

16 a. What has the subsequent history been of those discharged - back at some work, home care, relapse?

	1920	1940
Known by	13	12
Blank (Since None Discharged)	1	2
	14	14

(15, 16a - The responses to these items were given in approximations that were of very little value.

Responses are recorded here as indicating some detailed knowledge of the hospitalized patients. This was the primary objective of the item in its construction.)

16 b. What contact have you had with them since their discharge?

	1920	1940
Regular Pastoral	14	13
Constant	-	1
	14	14

17. Have you counseled with the family at the time of discharge?

	1920	1940
Yes	10	6
No	4	6
Blank (Since None Discharged)	-	2
	14	14

18. Do any precipitating causes stand out in your memory for any of the hospitalized persons? List.

	1920	1940
Yes	10	9
No	4	5
	14	14

Total Group Listing of Causes Cited: (No ranking within Groups is reported.)

1920 - Premature menopause, war experience, senility, fire burning up family home, etc., hysterectomy, menopause,

breakdown, change of life for man, war psychosis, overwork, son drowned, childbirth, mental illness of daughter and living alone, overconscientious in working for others, family pressures, death of husband, loneliness on leaving home after death of mother and coming in of stepmother.

1940 - Alcoholism, news of job loss due to family mental troubles, anxiety, an odd child, high emotional instability, marriage problems, change of life, divorce and family trouble, girl troubled because of fear of poisoning through dirty home conditions, set fire to diner, senility, back injury and consequent lowering of job and income level, birth of child and possible religious problems, change of occupation, difficult pregnancy.

19. For your parish as a whole, how serious a problem is this?

	1920	1940
Very	1	2
Moderate	1	4
Slight	12	8
	14	14

20. How important a problem has this been for you in your ministry?

	1920	1940
Very	2	5
Moderate	6	3
Slight	6	9
	14	17

21. Have you sensed any attitude of your parish toward this problem?

	1920	1940
Critical	-	-
Sympathetic	13	12
Unconcerned	1	2
	14	14

22. What resources do you feel should be used in helping persons with these severe problems, as prayer, referal, etc.?

All in both 1920 and 1940 say to refer to skilled persons and agencies. None felt these problems could be handled well in any other way.

23. Here is the same list of causal factors you have rated before. This time will you rate them for their significance in the development of the severe problems we have just finished discussing.

Use your own experience as a guide in this rating. Rate each one.

Correlations

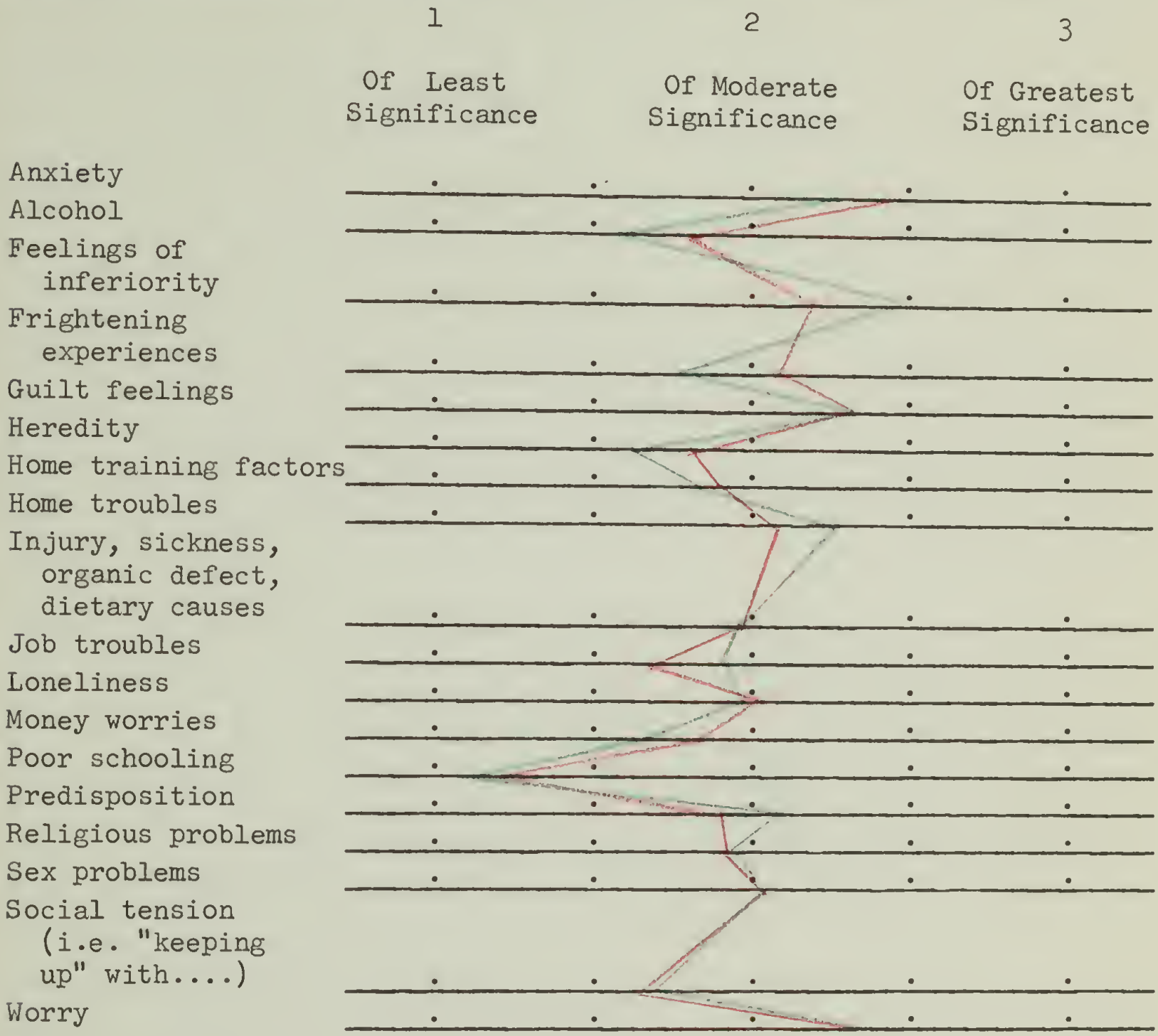
Rank Order Correlation of 1920 and 1940 = + .86

(With df = 13 the p of this correlation is above the 1% level of significance.)

Rating sheet of some basic causes of severe personality problems

(identical lists used)

Indicate by a check mark ( ) or (x) the relative significances of the following suggested causative factors in the development of the above named personality problem. Rate each one. Use your own experience as a guide, mark anywhere along the line.



Curves indicate the means of the ratings by each group.

Section 8. The Ministers' Activities and Attitudes Relating to Less Severe Personality Problems (Neurotic) in the Parish.

(Interview Pages 7,8, and 9, and Rating Scale)

This scale was introduced by the following instructions:

This area of the Interview is most difficult to define. It is the area usually called neurotic. I shall not use that term but descriptive ones instead, attempting to describe some of the more common symptoms of these behavior problems. This is the area usually meant when people say "he has nothing wrong with him, its just his nerves."

1. How many persons in your parish in the past year have been habitually preoccupied with complaints of fatigue, or disease, or ailment, without any known disorder or defect being present?

	1920	1940
Group Total of Estimated	244	488
Average Per Pastor	17.1 (for 14 men)	40.6 (for 12 men)
Average Age Reported	50 years	45 years
Men-Women Proportions Estimated	3 men to 7 women	3 men to 7 women

Note: In 1920 Group one man reported "5% of parish," another reported "1% of parish." These were translated into numbers.

Four men reported none under this heading without qualifications noted by the 1940 Group.

Note: In 1940 Group two men reported "very many", with this not translated into any number.

One man reported "50% of parish," this was translated.
One man gave no figure since he felt "this group of problems is all tied in with physical ones." This was interpreted as none.
The average was computed on a base of 12 men since to gave no contributing figures but indicated there were "very many" in the parish.
All in 1940 Group reported having some in this group, with the above qualifications.

a. To what degree have their normal living habits been interfered with?

	1920	1940
Very Much	-	2
Some	9	7
A Little	-	4
Blank-due to none reported as "complainers."	5	1
	14	14

b. In your opinion do they spend money on medical care that is not curing, but only making life more bearable?

	1920	1940
Yes	9	13
Don't Know	5	1
	14	14

2. In the past year have any of your parish become so tense and emotionally upset that they became violent, and attacked some one, or fled away, or attempted suicide?

	1920	1940
Total Patients Reported by		
5 Men	-	7
Total Patients Reported by		
2 Men	5	-
Total Patients	5	7

a. What was the result of such a panic state?

Results of these states were given for three persons:

1920 - "Go to bed for few days."

1940 - 1 suicide, 1 arrest.

Ages of persons involved were known, no average was taken. There was a range from 20 to 54.

3. In the past year have any of your parish been troubled by phobias of any degree? That is, do they have what seem to them and to others mysterious and unwarranted fears?

	1920	1940
Total Patients Reported by		
2 men	-	21
Total Patients Reported by		
5 men	15	-
Total Patients	15	21

4. A difficult area is the amnesia. In the past year has any of your parish been found wandering in a daze with no knowledge of the past events?

Give any pertinent details.

	1920	1940
In 1920 two men reported	2	-
In 1940 one man reported	-	1
Total Cases	2	1

Summary of four groups of Less Severe -

1920 - Two men reported 0 in all four groups.

Five men reported cases coming under two or more groups.

1940 - All men reported some cases in at least one of the four groups.

Six men reported cases coming under two or more groups.

5. Thinking of this less severe group of personality problems as a whole, how many calls to these people do you estimate you make in the course of a year?

	1920	1940
Estimated Total Calls to	403	594
Average Per Year	33.5	45.6

(This on 12 men for 1920 and 13 men for 1940 since figures for the number of persons was given by these men.)

6. If you can, give me the estimated proportion of all such calls just mentioned to the number of all other calls in a year.

	1920	1940
Group Average of Pastors' Estimates Given in Response to This Item	.05	.08

Checked by estimates given independently, obtained by placing total in No. 5 over Total Calls (Page 2, Items 1-3 of Interview) made by all pastors, this independent estimate gives this result:

1920	1940
.031	.055

7. Do these people come to your home or study to call on you?

	1920	1940
Yes	10 (4 were "few")	9 (5 were "few")
No	4	5
	14	14

8. Do they tend to come more frequently per person than your other parishioners? (That is, when they are especially disturbed.)

	1920	1940
Yes	10	8
No	0	2
Blank (due to no calls from)	4	4
	14	14

9. Do these people call you on the phone more frequently than others?

	1920	1940
Yes	12	13
No	2	1
	14	14

Note: In 1940 Group one man reported "I stopped the calls."

10. For each person you have listed above, estimate the average number of his calls on you in some given period, as a month. Indicate.

Most frequent range of calls during period of distress;

A Group Average -

1920 - 1 call in 45 days

1940 - 1 call in 23 days

11. Does the person's family call on you for help with this problem?

	1920	1940
Yes	6	5
No	8	9
	14	14

12. Does the doctor consult with you, or refer the person to you?

	1920	1940
Yes	6 (3 were "few")	4
No	8	10
	14	14

13. Have you consulted the doctors about these people? Indicate amount of such conferring.

	1920	1940
Number who had conferred	6	10
Number who had not conferred	8	4
	14	14

The 1920 Group reported eight such consultations in a year.

The 1940 Group reported 38 such consultations in a year.

14. What resources do you feel should be used in helping these people, as Bible reading, prayer, more visits, doctors, etc.

Resources suggested have been arranged in three Groups, i., ii., and iii.

i. Includes those who mentioned referral only, without giving additional resources.

ii. Includes those who mentioned referral and other additional resources.

iii. Did not mention referral at all, only gave the other resources listed.

	1920	1940
i. Refer Only	-	1

1940 - Felt by one man to be same sort of problem as "Severe;" these should be hospitalized. He had reported 12 persons in the complainer group, aged 40-60 range.

	1920	1940
ii. Refer and....	5	4

1920 - Included medical help, psychiatric, social agencies, spiritual help, encouragement of pastor and friends to seek adequate psychiatric help, church friendliness, pastoral counseling, prayer.

1940 - Included medical doctor, psychiatrist, sources of hygienic and general living information since he felt trouble was due to a lack of fundamental practical knowledge, concern, prayer, counseling, reading books such as N. V. Peale's, Christian faith and fellowship.

	1920	1940
iii. Other Resources	9	9

1920 - Included pastoral counseling, prayer, wholesome activities, outside interests, getting busy in church organizations, encouragement, sympathy, religious faith, books on the problems, friendliness, explanation of problems to person, explanation of background causes.

1940 - Included "losing life" in hard work; counseling; sympathetic listening; recreational, educational and socially sustaining factors; prayer; regular church attendance.

15. How serious is this area of personality difficulty in your parish as a whole?

	1920	1940
Very	0	2
Moderate	5	5
Slight	9	7
	14	14

16. How important has this area been in your ministry, your actual work?

	1920	1940
Very	2	5
Moderate	6	2
Slight	6	7
	14	14

17. Have you sensed any attitude of your parish toward the problems and people who have them?

	1920	1940
Critical	3	3
Unconcerned	3	5
Sympathetic	8	6
	14	14

18. Is your congregation inclined to try to help these people?

	1920	1940
Much	3	1
Some	5	7
Little	3	5
None	3	1
	14	14

19. Do you feel your congregation wishes you to work with these?

	1920	1940
Yes! (Emphatic as indicated in Interview)	1	0
Yes...(Qualified as indicated in Interview)	11	13
No	2	1
	14	14

1920 - Comments by men include these: "They don't care;" "They have no objection to my working with them;" "They have no wishes in the matter;" "Definitely."

1940 - Comments by men include these: "Not more than with others;" "When I have to;" "They feel it is hopeless."

20. Do you encourage attempts of your parishioners to help these people?

	1920	1940
Yes	10	9
Yes, but (with reservations)	3	3
No	1	2
	14	14

21. As we leave this topic, here is the same list of causal factors you have rated three times already. For the last time, rate these factors for their significance in the development of the less severe personality problems we have just discussed.

Use your own parish experience as a guide. Rate each one.

Correlation

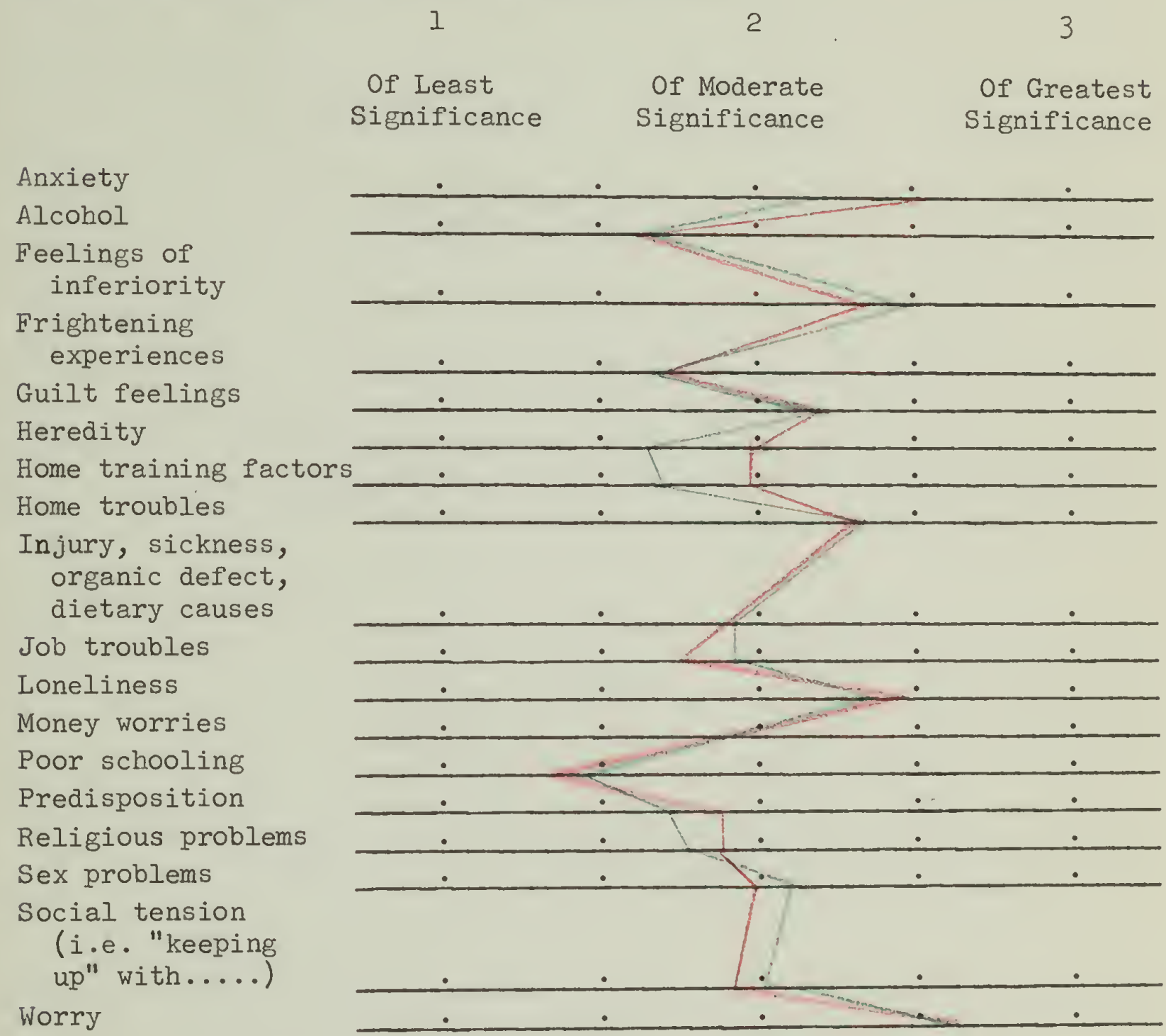
Rank Order Correlation of 1920 and 1940 = + .91

(With df = 13 the p of this correlation is above the 1% level of significance.)

Rating sheet of some basic causes of less severe personality problems

(identical lists used)

Indicate by a check mark ( ) or (x) the relative significance of the following suggested causative factors in the development of the above named personality problem. Rate each one. Use your own experience as a guide, mark anywhere along the line.



Key: 1920 Group ——— 1940 Group ———

Curves indicate the means of the ratings by each group.

Section 9. The Ministers' Estimated Proportioning of Counseling Load between Personality Problems and Human Relations Problems in the Parish.

(Interview Page 9)

In constructing this Interview pastors who helped me made the suggestion that I should include the area of human relations, meaning home problems, problems of child training as the pastor is consulted about them, problems of loneliness, sensitivity, and so on. I felt it was a good suggestion, especially since it will give a comparison as to the amounts of work pastors are going in each area.

1. Do you spend more time counseling with people (total time, not time per person) about human relations problems in a year than with people who have what we have called personality problems?

	1920	1940
Yes	12	11
No	2	1
Equal	-	2
	14	14

2. Do you work with more people who have human relations problems than those who have personality problems? (Estimate proportion)

	1920	1940
Yes	13	13
No	1	1
	14	14

3. In your opinion should seminaries in training parish ministers stress personality problems more than human relations problems?

	1920	1940
Yes (They should stress Personality Problems more than Human Relations	4	1
No (They should not stress Personality Problems more than Human Relations	4	10
Equal stress should be given	6	3
	14	14

Section 10. The Ministers' Estimates of Guilt Feelings as Causal Factors in the Development of Personality Problems in the Parish.

(Interview Page 10)

In order to make the rating possible the following instructions were read as an introductory background:

> Let me ask your opinion on a matter of causation that is peculiarly interesting to me, and one which is a matter of controversy, that is the importance and place of guilt feelings in the formation or development of some personality problems.
>
> In the words of a writer in Time Magazine some time ago one of the basic tenets of the psychoanalysts of Freudian leanings is that religion is nothing but a combination of neurosis and illusion.
>
> It might be said that these psychoanalysts insist that guilt feelings are harmful, should be minimized, and only the "useful" guilts that make an ethical person in our human social relations should be kept. On the other hand it seems that the Roman Catholic Church views guilt as being an important element in the development of a truly good person.
>
> Both of these mentioned extremes and those who side with them feel their program is going to lead to better mental health.
>
> With this slight background, will you indicate your position on this controversial question.

The following listing of items have the responses summarized and interpreted on the basis of the raw data.

1. Do you think guilt feelings are overemphasized by the psychiatrists as a causal factor in personality problems as a whole?
2. Do you feel guilt feelings are overemphasized by those who feel they lead to a strong ethical life?

Tendency	
Psychiatric Extreme	Roman Catholic Extreme
4 in 1920	0 in 1920
6 in 1940	1 in 1940

Middle of Road

8 in 1920

3 in 1940

Men Apparently Undecided or Questions Unclear

2 in 1920

4 in 1940

Basis of the above analysis: For Items 1 and 2 "no, yes" answers were interpreted as tending toward the psychiatric extreme; "yes, no" answers were interpreted as tending toward the Roman Catholic; "no, no" was difficult to interpret with any certainty, and has been grouped as undecided or as indicating the questions were unclear to the men. "Yes, yes" was interpreted as middle of road, since this indicated disagreement with both extremes.

3. Do you think guilt feelings should be -

	1920	1940
Fostered	2	2
Reduced	0	4
Used Sparingly	11	8
Used Never	1	0
	14	14

Note: Extremes in this continuum were difficult to construct. The ones chosen were used because they seemed most sharp and clear.

4. From your experience as a pastor, do you think guilt feelings have been a serious problem for people discussed in this interview?

	1920	1940
Often	5	8
Seldom	6	6
Never	3	0
	14	14

5. In your opinion have guilt feelings been a factor in the development of what we have called the less severe personality problems?

	1920	1940
Often	5	10
Seldom	7	3
Never	2	1
	14	14

6. In your opinion have guilt feelings been a factor in the development of what we have called the severe, or hospitalized, personality problems?

	1920	1940
Often	6	7
Seldom	6	7
Never	2	0
	14	14

Section 11. The Ministers' Estimates of Fringe Groups, Their Importance in the Parish, and Their Relation to Personality Problems.

(Interview Page 11)

"Fringe groups" like Jehovah's Witnesses, 7th Day Adventists, Christian Science, Mormon, and so on, are difficult to understand.

It is my personal belief that many in these groups have turned to them for help because they have had personality problems, or adjustment problems. I wish to check this with you men, and do so asking your confidence as well as giving assurance once again of mine to you.

1. In your opinion, does a person shifting from an established church like yours to a group like those mentioned above give indications of a need for adjustment, or of seeking a solution to what we have called personality problems?

	1920	1940
Always	3	4
Frequently	9	7
Seldom	2	3
Never	0	0
	14	14

2. In the past year, how many converts to these groups from your parish have there been? Men, Women, Ages.

	1920	1940
Converts-Group Total	7	8

3. In the past year, how many have come from these groups to your parish? Men, women, age range.

	1920	1940
Converts-Group Total	3	9
Converts-Grand Total of 2 and 3	10	17

4. How important are these groups and their influence in your parish. as a whole?

	1920	1940
Very	0	0
Moderate	2	4
Slight	12	10
	14	14

DISCUSSION AND CONCLUSIONS

The 1920 Group and the 1940 Group Examined for Significant Differences Between Them as Groups.

No major differences were found between the two groups. Apparently the younger men had smaller churches but this difference did not test as significant by statistical methods. Apparently also the younger men reported more personality problems in their parishes but this difference was not statistically significant.

Correlations were determined in various areas to test the influence of some factors upon data obtained in the interviews. Two differences (Table X) were found in correlating Hours of Psychology ranks with ranks of the estimated and reported personality problems. The 1920 Group correlation of plus .56 indicates that the more hours of psychology the men had the more personality problem cases they estimated and reported. The 1940 Group had a low not-significant correlation of minus.21. This difference may be a real one. If it is so, it is here based on the assumption that the correlation coefficient of plus .56 indicates an above chance relationship (it lies at about the 5% level of confidence) and that since the 1920 Group had this above chance relation and the 1940 Group did not, the Groups differ. This is not a major difference, if it is a real one.

In the correlation of ratings of children's behavior problems by ministers with ratings by mental hygienists (Table I) the highest correlations are between the two Groups, indicating the Groups are similar. The rank order method correlation coefficient between the

1920 Group and the 1940 Group was plus .92; the product moment method correlation coefficient was plus .79, a result of the finer technique. The 1920 Group had p greater than 5% for its r with the mental hygienists, as tested by the product moment method; whereas the same method used for the 1940 Group yielded p less than 5% for its r with the mental hygienists. This difference may be a real one. It should be investigated further. However, the high correlation of the two Groups with each other emphasizes the need for further work on this item to determine if there is a real difference or if the apparent difference is due to chance.

Finally, one difference appears in the correlations within the Groups of the four rating scales of causes for the four categories of personality problems (Tables XVI and XVII). The 1920 Group rated Alcohol and Less Severe (Neurotic) causes so that a rank order coefficient of plus .49 was obtained. This was not above chance expectancy. The 1940 Group rated Alcoholism and Less Severe (Neurotic) so that a rank order coefficient of plus .99 was obtained. Both the Groups had the rating scales administered in the same order and in the same manner. Some practice effect may be suspected for the 1940 Group but if this is so, and if the same practice effect could be assumed for the 1920 Group, the low coefficient for the 1920 Group is more to be relied on as an accurate reflection of a difference of opinion as to the causes of the two disorders. This then, is the only major difference that appears. The difference between the correlation of plus .49 and plus .99 is significant at the above 1% level of confidence.

The following six tables present data abstracted from the responses of the ministers for the purpose of comparing the 1920 Group with the 1940 Group to point up differences or similarities. The tables consist of the listings of correlations calculated from the raw data by the rank order method in which ranks of the ministers under one set of data were correlated with ranks under other selected data items. The tables include a comparison of the ranks of the ministers as determined by the membership of their churches with other selected items; a comparison of the ranks of ministers as determined by their counseling load with other selected items; a comparison of preliminary estimates by the ministers of their counseling load with reports given later in the interview; a comparison of the ranks of ministers as determined by hours of psychology taken at the college level with selected items; and a comparison of the mean ratings of the importance of certain basic causes for behaviour problems as indicated by the rating scale responses.

TABLE VIII

Correlations of Ranks of Pastors by Church Size with Ranks From Other Data in the Interview:

These correlations were obtained from the data before it was combined into Group totals and averages by the rank order method. No significant relationships were found in this set of correlations.

The procedure followed was to arrange the ministers in rank order by church size and then to rank the reported numbers under each of the named sections, and from this data the rank order correlations listed below were obtained.

	1920	1940
1. Church Size and Total Calls Reported	.40	.42
2. Church Size and Estimated Number of Personality Problems (Section 4)	-.11	-.05
3. Church Size and Reported Number of Personality Problems (Total of Sections 5, 6, 7, 8)	0.0	.26
4. Church Size and Number of Hospitalized (Section 7)	.32	-.11
5. Church Size and Number of Less Severe (Section 8)	.02	-.19
6. Church Size and Estimated Number that Should be Hospitalized (Section 7)	.30	-.17

TABLE IX

Correlations of Ranks of Pastors by the Pastoral Calls Reported and the Ranks by Two Reported Personality Problem Totals

These correlations were obtained from the data before it was combined into Group totals and averages, by the rank order method. No significant relationships were found.

The ministers were ranked by the number of pastoral calls reported and the rank orders of the totals listed below were used to obtain the listed correlations.

	1920	1940
1. Number of Reported Pastoral Calls and Total Reported Number of Personality Problems.	-.14	.26
2. Number of Reported Pastoral Calls and Number of Reported Alcoholics, Sex, Less Severe, and Fringe Groups (Sections 5, 6, 7, 11)	-.11	-.33

TABLE IX-Continued

Correlations of Ranks of Pastors by Their Estimates and Ranks of Their Reports of Personality Problems in the Parish

This correlation was obtained from the data before it was combined into Group totals and averages. It was done to check the consistency of the ministers' estimates and reports. These were obtained in different sections of the interview.

The consistency is not above chance, it is not significant.

	1920	1940
1. Estimated Personality Problems and Total Reported Personality Problems (Sections 5, 6, 7, 8)	.48	.11

TABLE X

Correlation of the Ranks of Pastors by the Number of Hours of Psychology for Each with Ranks by Some Other Data in the Interview:

These correlations were obtained from the data before it was combined into Group totals and averages, by the rank order method. The references to pages are to make clear what is referred to, the raw data is not listed.

Two significant relationships were found between Hours of Psychology and the Estimated Number of Personality Problems, and the Number of Personality Problems reported, both in the 1920 Group. Significance here is taken to mean that the relationship is above chance, at the 5% level.

	1920	1940
1. Hours of Psychology and Total Calls Reported	.24	.03
2. Hours of Psychology and Estimated Number of Personality Problems	.56*	-.23
3. Hours of Psychology and Reported Number of Personality Problems (Total of Sections 5, 6, 7, 8)	.56*	-.19
4. Hours of Psychology and Number of Hospitalized (Section 7)	.47	-.20
5. Hours of Psychology and Number of Less Severe (Section 7)	.40	.38
6. Hours of Psychology and Estimated Number that Should be Hospitalized (Section 7)	.34	-.36

*(with df = 13, $p < 5\%$)

TABLE XI

Table of Tests of Significance of Selected Data Which Showed the Largest Differences Between the 1920 Group and the 1940 Group

Data Item:	Scores on Item: 1920	Scores on Item: 1940	Difference	t	p*
Estimates of the number of Personality Problems (Page 2, Item 5 of the interview, and see TABLE IV.)	787	417	370	.26	$>.70$
Average Hours of Psychology at the College Level (See Results under interview Page 1, Item 4.)	8.4	13.3	4.9	1.15	$>.20$

* (for df = 13.)

TABLE XII

Correlations Between Rating Scales of Basic Causes of Four Personality Problem Categories as Indicated by the Ministers.

The correlations were obtained by rank order method and are for the same scale as it was scored by the two Groups. Correlations within Groups are listed on Table XIII.

	Correlation*
Section 5. Rating Scale for Alcoholism	plus .78
Section 6. Rating Scale for Sex Perversions	plus .81
Section 7. Rating Scale for Severe Problems	plus .86
Section 8. Rating Scale for Less Severe	plus .91

* (for df = 13, p for all of these is less than 1%)

Interview Responses Combined for the 1920 Group and the 1940 Group

Conclusions about their training for counseling.

All the men were well trained for pastoral work, with a college and a three year post-graduate seminary degree. More than half had done additional graduate work.

Specific academic training preparing ministers for counseling with individuals having personality problems was not common. Four men had majored in psychology in college. The combined college and seminary semester hours of psychology courses average was 19 hours. Only one man had had a one-semester course in clinical pastoral training in seminary; his work in this course consisted of 2 hours lecture each week in the seminary and 3 hours weekly spent at the State Hospital in a clinic-type period of lecture and observation of patients who were brought in before the class.

Training somewhat less formal, in State mental hospitals where groups of ministers met with doctors for a few lectures and clinic-type sessions, was reported by 13 other men, with the number of sessions ranging from 2-54 sessions, averaging 10.6 sessions for each of the 13 men. Thus half of the 28 men had had at least limited instruction within the setting of a state mental hospital. In addition, it was found that two men had been in the chaplaincy, where courses of training included sessions on counseling.

Interest in reading in the area of counseling was good, as indicated by the listings of books, reports of individual conferences with doctors about specific persons, and the evaluation of the place

training about personality problems should have in the present-day curriculum of seminaries. More than a third of the men thought enough of the insights of psychology to conduct or plan educational meetings for their parishes. On the whole the men indicated strong interest in personality problems, but not a great deal of specific preparation for counseling about them. They expressed the need for more training.

Conclusions about their work in counseling.

The men had large churches and averaged a large number of personal calls each year. While some of the estimates were rough guesses, and could not be checked since no reports were kept, the pattern was consistent in showing the men met their people on an individual basis as well as meeting with them in groups at worship and other services.

The proportion of this total counseling load that fell in the personality problem category was evidently quite small. The reported number of patients with personality problems was about 5% of the membership listed in the Yearbook of the churches. Accurate measurement of the amount of time and number of calls made to this 5% was attempted but the proportions suggested by the ministers to the direct question did not become usable except in rough form. Less time was spent with personality problems than in other counseling by 18 men; three men felt an equal amount of time was given; six men felt they spent more time with personality problem counseling than with all other problems. Under the Less Serious (Neurotic) category another direct

question found that approximately 5% of their total calls were to this Less Severe (Neurotic) category. Since this category comprises the major portion of the total personality problems reported this can be accepted as a reasonable estimate for the whole range of problems included in this survey. This is an area where more accurate research is needed. It may be that the small percentage takes a large proportion of the minister's time and energy, larger than appears from this sampling. A general statement that the ministers tended to give equal proportions of their time to the patients with personality problems and to those with other problems can safely be made on the basis of responses. The ministers reported that patients with Less Severe (Neurotic) problems called on them (the ministers) more frequently than their other parishioners.

The ministers handled the different categories differently. Use of social agencies and hospitals, and referral or consultation with doctors or psychiatrists was common for most of the categories. Detailed discussion of this is given below. The work of the ministers was somewhat discriminating and generally cooperative with other social agencies. Its effectiveness was not measured. This measurement is an important area for further research.

The ministers had good relations with the mental hospitals, all had called on patients there, only two had been discouraged from such calling by the hospitals, while the rest indicated hospitals encourage. The amount of such visiting at hospitals was evidently not large although no accurate check was attempted. Distance was a

prohibitive factor for many men. The kind of visiting done was found to be similar to that done with patients in general hospitals, with no attempts at counseling being made, but rather general pastoral type calls being the rule.

The ministers discriminated among the categories of problems searched. How accurate or correct this discrimination was can not be stated. For instance, definition of the categories in the interview was not always accepted without qualifying remarks, but with the exception of Less Severe (Neurotic) no great difficulty in establishing a rough but satisfactory definition for each category was found. The ministers readily estimated the number of patients in each category as they understood it, and with the exception again of the Less Severe (Neurotic) category, could give sex, age, and other specific information required by the interview.

The questions concerning Fringe Groups were introduced to see if ministers' analysis of them was from a personality problem standpoint or theological standpoint. Results indicate the ministers included the Fringe Groups converts in their personality problems classification, thus indicating the kind of work they might be expected to do with them.

The family of the patient was included in the minister's knowledge of the problems, the patients, and in his work as a counselor. He had been called on by the families or had consulted them. He was thus working in the social setting as well as on an individual basis. The counseling with the family was largely informative and advisory.

The ministers included the church membership in their thinking about the problems, both in evaluation of the seriousness of the problem and as a resource for therapy. In general the pastors called on their parish for encouragement and support of the patients but had little reliance on them for a greater contribution than this to therapy except in a few instances where the parish included professional people who could be called on for help. The ministers felt that the parishes were critical of some of the problems. This is discussed further under Attitudes.

The individual patient was treated according to his problem by the minister, at least in broad diagnostic and therapeutic categories, by means of referral or by personal counseling. Alcoholics were referred to others for help by 26 men; 9 to Alcoholics Anonymous exclusively; the other 16 to medical, hospital, and social aid sources, including A.A. The ministers were willing to spend considerable time with alcoholics. They felt their parishes offered little real help, and they did not call on the parish for help. If the kind of counseling work done can be inferred from the outlook on basic causes, the ministers' ratings of basic causes for each category will be important. For Alcoholism the highest ratings were given anxiety and like factors. An inference from this rating may be correct, but no measurement of the kind of counseling done was made to check any such inference.

Sex Perversion patients were worked with by 7 of the 28 men. Less confidence in the rating of causes was expressed by several

men for this category. Work done was largely referral to medical and psychiatric resources, with only three men not citing referral, and with three men being uncertain what they would do if they had cases to handle. The small number of cases in this category makes conclusions less firm than in the other categories.

Severe Problems (Hospitalized) were most easily identified by the ministers. They had visited their patients in the mental hospitals, paying their calls much as to patients in the general hospitals. They had in general been consulted by the family about hospitalizing. Six had first detected symptoms leading to hospitalization of some patient. Referral to state or other mental health facilities was the only method of working suggested for these patients. Fact-finding consultation was done, not with the aim of therapy, but rather referral.

Discharged patients and those the minister felt should have been hospitalized were visited much as regular parishioners, with no attempts at therapy being made beyond that. The families had been counseled with informatively about the problems as the ministers saw them at the time of discharge or at some other time by 15 of the ministers. The degree of knowledge of the individual patient was evidently good, with length of stay in the hospital, precipitating causes, and progress since discharge all readily given. No check of accuracy was made here, nor on the correctness of any diagnosis suggested.

A cautious middle-of-the-scale rating was given for the basic causes of the Severe problems. The highest ratings were given to anxiety and like factors. In general it may be said that the therapeutic work with this category was left to trained persons, with the ministers providing genial encouragement as they were able to do so, and information along with encouragement being given the family.

Less Severe (Neurotic) patients made up the largest number of the total personality problems. Whether all of these persons should be called patients is doubtful. Calling on this large group was estimated to make up from 5% to 6% of the total calls of the ministers. This category comprises the majority of the total personality problems, which in turn constitute 5% of the parishes of each minister. Therefore it does not seem as if the minister treated this category as more serious than other problems about which he was called on for counsel.

The number of persons in this neurotic category was large, with six men making estimates that were quite large. However, the other men gave evidence of having specific individuals in mind as they gave their figures. On an average, the knowledge of the individuals was less personal and detailed for this category than for the others. This may well be taken as a reflection of little intensive work being done with this larger category, or this may indicate these questions need careful reworking in order to provide usable data.

In general the ministers attempted to handle these patients more by themselves than the other categories. However, it does not

follow that more time was spent with these patients, as indicated above. The ministers did report that patients in this category called on them more frequently than those in the other categories, during times of stress. The ministers tended to rely more on non-medical resources for this category than for the others. Ten ministers had been called on by doctors for help with patients. Sixteen men had conferred with doctors about their counseling with suchpatients.

One man referred such patients exclusively to psychiatric aid. Nine men used psychiatric and medical referral aids, along with other aids such as informative counseling, reading, social and religious resources. Eighteen men did not refer these patients to anyone, attempting to handle them in their own ways. The ministers did not feel their parishes gave much aid to this category of problems. The rating of causes indicated the ministers placed anxiety and like factors high.

Conclusions about their attitudes toward personality problems and those who work with the problems.

Attitudes were assessed and where possible results have been placed on the following tables with discusssion following. It was found that psychology had been part of the academic training of all but one minister. The average was 19 hours for college, seminary, and post-graduate work combined, which indicates a fair interest in

TABLE XIII

The degree of help the parish gave to persons with two kinds of behavior problems listed below was estimated by the ministers. Ratings on a four point scale, with the following values were made. Averages obtained for the Groups are listed below.

3 Much help from the parish

2 Some help from the parish

1 Little help from the parish

0 No help from the parish

Estimated Degree of Help Given by Parish to Persons with the Behavior Problems Listed:

	Group Rating Average	
Behavior Problem	1920	1940
Alcoholism	1.21	0.8
Less Severe Behavior Problems	1.57	1.57

TABLE XIV

Seriousness of the listed behavior problems for the parish was rated by the minister along a three point scale. Point values were given and on this basis averages for the Groups were obtained, and are listed below:

3 Very serious

2 Moderately serious

1 Slight seriousness

Estimated Seriousness for the Parish as a Whole

	Group Rating Average	
Behavior Problem	1920	1940
Alcoholism	1.40	1.42
Sex Problems	1.40	1.42
Severe Behavior Problems (Hospitalized)	1.22	1.57
Less Severe Behavior Problems	1.35	1.64

TABLE XV

The attitude of the parish toward the problems listed below was rated by the minister along a three point scale. Point values were given and on this basis averages for the Groups were obtained and are listed below:

3 Critical

2 Unconcerned

1 Sympathetic

Estimated Attitude of Parish Toward Behavior Problems Listed

	Group Rating Average	
Behavior Problem	1920	1940
Alcoholism	2.56	1.56
Sex Problems	1.52	1.14
Severe Behavior Problems (Hospitalized)	2.9	2.9
Less Severe Behavior Problems	1.64	1.78

academic psychology. Interest in psychology continued high as indicated by data on reading, courses taken in hospitals, the suggestions that more training applying to personality problems should be included in seminary curriculum, and the choice of interest subjects found on page 12 of the interview. The ministers' opinions of the value of psychology and related sources of information to the ministers can be gauged from the fact that 11 had conducted or were planning educational programs to share this information with their churches. Contributions which psychology had made were easily listed by the men, with only a few qualifications. Thus, the ministers' attitude was favorable toward psychology as it applies to personality problems.

Meetings with psychiatrists or doctors dealing with personality problems was common, with only five men reporting having met rarely or not at all. The meetings were on an individual basis for a few but generally on a group basis, with a group of ministers meeting a group of doctors. These meetings were rated as helpful by 22 men, of which number 10 were enthusiastic about the help received. One minister criticized the outlook of meetings he attended as being too Freudian and hence not helpful.

For every pastor referral to a psychiatrist was the course of action when dealing with cases of the Severe (Hospitalized) category; similarly for Sex Perversions; referral was suggested by five men for Alcoholism; and by five men for Less Severe (Neurotic). This

is a substantial basis for inferring that the ministers' attitude was one of reliance on the psychiatric profession.

In the secion on Guilt Feelings ten men were placed in the psychiatric extreme on the continuum, one in the Roman Catholic extreme, with the majority falling in the center of the range. This data indicates less favoring of the Roman Catholic view as it was briefly and no doubt inadequately presented, and a tendency to accept the psychiatric view.

This Guilt Feelings Section needs more work. It may reflect bias against Roman Catholicism, or it may not be constructed so as to be clear enough to reflect any settled attitude of the minister, to decide this more cases are needed as well. However, when results from this Guilt Feelings Section are coupled with the stated helpfulness of meetings with psychiatrists and the common practice of referral to psychiatrists, it confirms the opinion and conclusion that ministers were influenced a great deal by the psychiatric outlook on their counseling work.

The Mental Hygiene outlook on children's behavior problems as indicating possible later development of personality problems correlated quite highly with the ministers' outlook, although when the product moment method was used the two Groups divided so that the 1920 Group correlated only at chance level and the 1940 Group at above the 1% level of confidence.

More work needs to be done here but it does seem that the ministers' outlook is more like the mental hygienists' than that of the teachers who made up the other group in the well-known Wickens study.

The ministers' attitudes toward the personality problems of the interview will be discussed under four heads:

1. Attitudes as indicated by rating causes.
2. Attitudes as indicated by resources used.
3. Attitudes as indicated by estimates of seriousness of problems for the minister and parish.
4. Attitudes as indicated by outlook for cure.

1. Causes:

These attitudes of the men were consistent within the categories, but discriminating between the categories except for Severe and Less Severe.

Examination of the four rating scales reveals that the organic, accidental, and hereditary causes suggested on the scales were rated slightly, not significantly for the 28 men however, lower than were the causes of anxiety, feelings of inferiority, guilt feelings, home troubles, loneliness and worry. More work needs to be done here to determine any tendency, but it may be that this sample inclined toward the view that favors environmental and anxiety-producing factors rather than hereditary factors.

2. Resources:

The ministers were interested in all of the patients regardless of type of problem, and indicated a discriminating outlook on their own adequacy for therapy. Referral was common for all the categories, but less used for the Less Severe category. The ministers evidently had confidence in the hospitals, doctors, and methods used to aid those with personality problems. Resources varied and in addition to the specialized resources of the professions and hospitals the men had used social and religious resources. The ministers gave evidence of viewing themselves as agents rather than as therapists.

3. Seriousness of the problems:

The ministers rated the problem categories in seriousness to the parish and for the minister himself in his work. This rating placed all four categories as of slight seriousness to the parish, with Severe and Less Severe being rated slightly higher in importance than Alcoholism and Sex Perversions to the parish.

The ministers felt they should spend much time with Alcoholics, that Severe problems had been slightly more important than the Less Severe category in their ministry as a whole. All four categories were rated as of moderate importance to the minister in his work. It would be fair to say that the ministers' attitude that the personality problems had only a moderate importance in their ministry was confirmed by the small percentage (5%) of the people in their parishes included in such categories surveyed by the Interview. No inconsistency appeared here.

Items dealing with the attitudes of the parish toward the patients were included. The ministers' opinion was that the parishes were highly sympathetic toward Severe, quite sympathetic toward Alcoholism, and tending toward critical for Sex Perversions and Less Severe.

4. Outlook for cure:

The ministers were discriminating in their outlook on the possibility of cure of Alcoholism indicating that cure varied with the patient. They were not optimistic for the cure of alcoholics as a group. No outlook on the possibility of cure for Sex Perversions or Less Severe Problems could be determined. Concerning their attitudes toward those discharged from mental hospitals responses indicated the ministers treated them as other parishioners, which can be interpreted perhaps that they were not skeptical or pessimistic about them.

Comparison of Incidence of Some Personality Problems, as Reported by the 28 Ministers, Compared with that Reported by the U. S. Public Health Service. (32)

It was felt useful to make a comparison of the reports of ministers with comparable statistics on personality problems obtained from the 1948 report of the USPHS. Figures for the parish membership are based on the reports in the 1951 Yearbook for the churches plus rough estimates of children and other nonmembers included in the minister's counseling load, giving a total population base larger than the reported membership but more consistent with the actual number of persons reported for by the ministers.

1. For all the United States: (USPHS 1948)

From Table IV, Page 12

All admissions	247,000
Rate per 100,000	170

From Table VIII, Page 38

Alcoholics in above	10,370
Rate per 100,000	7

2. For Massachusetts:

From Table II, Page 24

All admissions to State, Private, Psychopathic, and General Hospitals (Including readmissions):

Total	10,750
Rate per 100,000	249

The population base for this rate was the figure of the 1940 census, giving the state a population of 4,316,700.

The ministers reported the following incidence of problems:

Non-Hospitalized	Total	Rate per 100,000
Total Alcoholics	109	302
Total Sex Perverts	12	33
Total Severe (not Hospitalized)	64	172
Total Less Severe	945	2,347

Hospitalized Group	Total	Rate per 100,000
Severe (Hospitalized)	63	172

The base for the above rates is computed in the following way:

Reported membership of the churches of the 28 men	23,700
Estimated Sunday School membership not included in the above figure	10,000
Estimated number of people who attend church or who are served by the minister, though not reported as church members	2,370
Grand Total	36,070

This base is admittedly an estimate, and may be low, since membership figures for Congregational Churches do not include children until formally received into the church, which usually occurs at the ages of 12 to 14 years, and since the estimate for other nonmembers is simply ten percent of the reported membership.

A comparison of the incidence shows that the ministers' reported incidence rate for the patients committed to hospitals is not inconsistent with the rate for all admissions in the United States, which is 170 per 100,000. The rate reported by the ministers is below the Massachusetts average as computed here, which was 249 per 100,000. The incidence rates of the other groups cannot meaningfully be used since no comparable figures are given by the U. S. Public Health publication.

With the qualification that the parishes may provide a selected population differing from that reported in the U. S. Public Health Service tables, it can safely be said that the ministers were within reasonable limits for the parishioners who were hospitalized. They were evidently also aware of other problems, the rates of which are very large in comparison to the rates of hospitalized patients. Conclusions about the validity of the rates cannot be made unless further comparable figures can be found from independent sources.

Contributions to a Questionnaire

In construction of a questionnaire dealing with the same subject matter as the interview the following general statements seem warranted by the experience with the Interview:

1. Items should be constructed so responses may be tabulated more conveniently. This would apply especially to the following valuable items of the interview:

Special interest studies pertaining to counseling.

Experiences helpful for counseling.

Group meetings with mental hospital staffs, and other similar meetings.

Individual consultations with doctors and psychiatrists.

Procedures used by the ministers in counseling.

Resources used by the ministers in counseling.

Length of treatment and subsequent history.

Proportion of time given to various categories, with this estimate being related to the total counseling load in such form that the person filling out the questionnaire would add his own percentages for a check.

2. More work needs to be done on the following useful items:

Rating Scales of Basic Causes. These should be abbreviated and the format clarified. The number can be reduced to three, using one for Severe (Hospitalized) and Less Severe (Neurotic) as indicated by the high correlation between responses to the two scales. The two following tables give the correlations on which these recommendations are based.

TABLE XVI

Correlations Between Rating Scales within Groups,

by Product Moment Method. All are Positive.

1920 Group

	Sex Perversion	Severe	Less Severe
Alcoholism	.30	.56	.49
Sex Perversions		.23	.41
Severe Problems			.79

Discussion

1. One correlation occurs at above the 1% level of confidence, that between Severe and Less Severe.
2. One correlation occurs at above the 5% level of confidence, that between Alcoholism and Severe.
3. No other significant correlations occur.
4. No definite practice effect can be noted here.
5. Elimination of one rating scale seems warranted, between Severe and Less Severe.

TABLE XVII

Correlations between Rating Scales within Groups,

by Product Moment Method. All are Positive.

1940 Group

	Sex Perversion	Severe	Less Severe
Alcoholism	.31	.56	.99
Sex Perversions		.47	.43
Severe Problems			.81

Discussion

1. Two correlations occur at above the 1% level of confidence, between Alcoholism and Less Severe and the other between Severe and Less Severe.
2. One correlation occurs at above the 5% level of confidence, that between Alcohol and Severe.
3. No other significant correlations here.
4. There may be practice effect here.
5. Elimination of two scales seems warranted: between Severe and Less Severe; and Alcoholism and Less Severe.

Clinical training of ministers should be a separate item somewhere in the questionnaire, with suitable classifications as to type of program the minister followed in the training.

Questions concerning Fringe Groups and Guilt Feelings should be included in the attitude rating section, working all of the attitude material into one section of the questionnaire for ease of handling. Placement at the end would seem most warranted.

3. Items need to be constructed to determine more exactly the kind of counseling done with each category, and some measure of the effectiveness of the counseling would be desirable.

4. Elimination of some items is needed.

The Sections on Guilt Feelings and Fringe Groups has been mentioned above as being best included in the attitude section of a questionnaire and hence may be eliminated as separate sections. The items on parish attitudes can most likely be eliminated, as can one rating scale. Items on broken homes and how counseling was started could be eliminated from Alcoholism. Items on diagnosis and precipitating causes can be eliminated from the section on Severe (Hospitalized). Under Less Severe (Neurotic) the items on degree of interference with living habits, and on money spent should be included in the introduction.

In a larger survey apparent trends on the interview may be clarified. It may not be necessary to choose arbitrary time periods of ordination as was done for the sample of the interview. Any differ-

ences which appear in questionnaire data should of course be classified empirically rather than as in the interview where size of church and date of training seemed important criteria for the sample and for the exploratory nature of this survey.

SUMMARY AND CONCLUSIONS

Twenty-eight Massachusetts Congregational ministers were interviewed to obtain measures of their counseling work with personality problems and to provide a form for use in a questionnaire survey on a broader scale. Data concerning training for counseling, work load, and attitudes of the ministers toward parishoners manifesting behavior deviations and the etiology and treatment of these deviations were obtained in the interviews.

The ministers were selected from those with churches of 400 membership or over, with the result that they were in urban areas. Two groups were selected on the basis of date of ordination: the 1920 Group being those in the sample whose ordination was in the 1920's, and the 1940 Group being those in the sample whose ordination was in the 1940's. This selection was based on the assumption that an increased educational emphasis on counseling work of ministers in recent years would be reflected in different responses of the two Groups.

Conclusions may be listed thus:

I Differences between the 1920 and 1940 Groups.

Analysis of the response of these two groups revealed no major differences between them. There was, however, a positive significant correlation between the number of hours of psychology each minister had had and the number of behavior problems he estimated he had or reported he had counseled with for the 1920 Group. The 1940 Group did not have a corresponding significant correlation. The con-

clusion that the 1920 Group profited more from its courses in psychology as measured in this way may be tentatively made.

The 1940 Group showed a positive significant correlation in its ratings of Children's Behavior Problems with the ratings of the mental hygienists, when the product moment method was used. The 1920 Group did not. It should be noted that the rank order method found both Groups much alike, the result of this method of correlation which takes the amount of difference between means into account.

The 1940 Group ratings of the basic causes of Alcoholism and Less Severe Personality Problems (Neurotic) correlated as highly significant, a plus .99 by the rank order method. The 1920 Group correlated as below chance. The conclusion that these problems were viewed similarly by the 1940 Group is warranted.

II The training of the ministers.

1. All men were well trained for pastoral work.

2. Specific academic training for counseling was not common to the 28 men.

3. Less formal training for understanding personality problems was more common for the 28 men, thirteen had attended courses set up by mental hospitals or similar institutions for an average of ten sessions.

4. Reading pertinent to counseling was common.

III Minister's work in counseling. Groups combined.

1. All men did a great deal of general counseling. The

average number of visits for a year was 862, with Personality problem counseling making up about 5% of the general counseling load, and with the time given to personality problem counseling appearing to be in proportion to the number of visits, or 5%.

2. Ministers discriminated in methods of handling persons who came to them for help for the four major categories of problems included in the interview. They also used agencies, so that in most of their work they acted as a referral agency for therapy. Ministers displayed a good general knowledge of the families of their counselees, and the details of the patient's experience. Their responses did not indicate technical knowledge of behavior deviation.

3. Incidence of personality problems as reported by the ministers was checked with the USPHS figures where possible. Only in the hospitalized category was this possible, but here the ministers' reports of 172 per 100,000 corresponded very closely with the USPHS reports of 170 per 100,000 for the year 1948, for the entire United States. This must be taken with caution since the total base population for the ministers' reports had to be estimated roughly from reports of their exclusively adult membership rolls.

IV Ministers' attitudes toward personality problems and those who work with the problems.

1. All the ministers felt more training for counseling should be included in seminary training of ministers. It is the conviction of the writer that this attitude of the ministers should guide men preparing for the ministry, as well as the seminaries which train them.

2. Ministers showed a continuing interest in learning more about personality problems through psychology courses, reading, and hospital sponsored seminars.

3. Ten ministers shared the views of psychiatrists about the place guilt feelings have in the development of personality. One minister's ratings in the Roman Catholic extreme, which was at the other end of the constructed continuum. Seventeen men were in the middle range of the continuum.

4. Ministers shared the outlook of mental hygienists on the degree of seriousness of certain children's behavior problems in the development of personality.

5. Anxiety producing factors were rated higher than hereditary factors as to importance in the development of personality problems.

6. Ministers were sympathetic toward the persons having the behavior problems surveyed in the interview. They felt their parishes were not always sympathetic.

7. Ministers were not optimistic about cures for Alcoholics, but appeared to look upon behavior problems in much the same way as sickness treated by the general hospitals.

V. The interview was found to have valuable items in sections dealing with the training and work of the ministers. It was not effective in measuring the kind of counseling done, nor the effect the counseling had. Items dealing with attitudes need careful reworking

if they are to be used in a questionnaire form.

In conclusion it seems apparent to the writer from the data of this investigation that the best course of action for ministers who deal with persons having severe personality problems has been referral to psychologists or others trained in the skilled diagnosis and therapy of these problems. In order to do this more training is needed, as indicated strongly by the ministers, at the college and at the seminary level. While it is recognized that ministers will always have direct contact with persons having personality problems, it seems apparent that with careful training, both academically and in clinical training under competent skilled leadership, these contacts will be more beneficial than they would be without such training, whether the action of the minister is simply referral, or consists of counseling for the mild personality problems. Special screening procedures by skilled persons to select and recommend ministers whose parish ministry should or should not emphasize counseling with minor personality problems would be extremely valuable, and probably would need to be set up by denominational agencies if it were to be effective.

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APPENDIX

The Commonwealth of Massachusetts
University of Massachusetts
Amherst

DEPARTMENT OF PSYCHOLOGY

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Will you be one of a group of 28 Congregational pastors that I am asking to help me with a Master's Degree thesis problem surveying the work of ministers with people who have personality problems? I realize you are busy. If you can help me I believe you will feel the time you give, about one hour, has been worth giving.

The aim of this study is to survey the work pastors are doing with persons who have personality problems that are persistent and difficult to solve. A selected group of Massachusetts Congregational pastors whose churches are above 400 in membership will be interviewed. It is hoped the interview will form the basis for a mail-questionaire that can be sent to hundreds of pastors later on.

Three general areas will be covered:

1. The work of the pastor in counselling with these people.
2. The training of the pastor as it applies to these problems.
3. The evaluations of the pastor of aspects of this work.

I will gladly share results of this interview with you men who form the group.

An important consideration is anonymity. Published accounts of this study will be in such form that no person giving information can be traced out. I will be personally responsible for keeping the interviews themselves completely confidential. No names or places will appear on them at all.

If you wish, I am sure the interview can be held down to one hour, on the basis of trial interviews. This should be long enough to keep them from being superficial.

A personal word:- it is because I was pastor in a Congregational Church in Tuckahoe, New York from 1940 to 1948, and am now in the North Salem Church that I ask Congregationalists to help me. I am now serving in my family background church, the Mission Covenant.

Please use the enclosed answer sheet and return envelope for your reply. I hope to arrange this work for June, so would much appreciate a quick return on these preliminary letters. Of course I begin with only 28 men, so if some cannot serve I must replace them.

Sincerely,

ELMER H. OST

163 Pleasant Street
Orange, Massachusetts

Reply to Elmer Ost -- University of Massachusetts Thesis Problem

(Please use enclosed return envelope and return in a week)

_____ I am willing to be interviewed, by appointment.

Days of the week when appointment <u>can</u> be made:

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___.

Best hours of the day are: Morning _____ Afternoon _____

Evening _____

<u>Best</u> Days of the week for appointments:

Mon. ___ Tues. ___ Wed. ___ Thurs ___ Fri. ___ Sat. ___.

Days in <u>June not</u> available for appointment: (I hope not all of you are planning to go to California! Some will I know.)

Please list dates not open _____

Earliest hour appointment can be made for, and latest:
(travel time makes this detail helpful to know)

Morning _____

Afternoon _____

Evening _____

How many days in advance would you want appointments made? I will make what I can by phone, but many will have to be by letter, to save money.

_____ in advance will be appreciated.

Signed _____

Date: _____ Church _____

Date _____ 1952

This is to certify that Elmer H. Ost interviewed me on the date indicated below in connection with work at the University of Massachusetts.

Signed _____

INTERVIEW 1952 EHO UNIVERSITY OF MASSACHUSETTS PSYCHOLOGY PROBLEM.

This interview reflects my interest and the interest of the members of the psychology department at the University in the work done by pastors with people who have personality problems.

There is a genuine scientific interest in an objective measure of the work now being done by pastors in this area, and I have a personal interest in that I expect to be teaching in a seminary in the Fall.

I think it is important to emphasize the careful plans I have made to keep all results of these interviews anonymous, and when they are published as a thesis they will be put in such form that they cannot be traced to any minister who has given information.

Let me make clear the area of your work in which I am interested. It is in your counseling work with people who have problems of a personal nature, problems that make them anxious, or that make their families anxious.

By counseling I mean simply your pastoral calls, your visiting, as contrasted to your preaching, teaching and administrative duties.

My method is to use a structured interview, which means that I am asking each pastor the same questions in the same way, and will average out the answers for my results. In working out such an interview I have had to use trial and error procedures. It may seem that I have standards already set up about what a pastor should or should not do. That is not at all my intention. My aim is to survey the work not being done by pastors actively at work.

When I speak of parish I mean not only your actual membership, but also all those that you minister to, since this will more fairly reflect your work.

In general, the time period I wish you to have in mind is the past year. Only on a few questions will my interest be beyond that.

YOUR TRAINING:

1. College: Degree: Major:
   Minor:
2. Seminary: Degree:
3. Other academic work:
4. Courses taken that have been helpful in counseling, as in guidance, psychology, social relations., etc:

5. Special interest studies of your own that have been helpful in counseling:

6. What types of experiences have been particularly helpful to you in counseling work:

PASTORS RELATIONSHIPS WITH MEDICAL PROFESSION:

Now to survey the relationships between pastors and the medical and psychiatric professions. It is nothing new that there are jealousies and rivalries and that many people in each of these groups feel that personality problems are their own special province.

1. Have you ever met with doctors or psychiatrists to talk over personality problems? How often?

2. What has been your reaction to such meetings, are they helpful?

3. In your experience, what has the attitude of doctors and psychiatrists been toward the ministry as a whole? (especially in relation to mental health problems?)

   High Regard Low Regard Varies

4. What has been your relationship with the general doctors and the sick of your parish:

   He calls on you: He refers people to you: Other:

5. What would be your procedure if you were called in by a family to help with one member, and you concluded the person had a problem of a serious nature? Of a mild nature:

6. Have you had experience visiting parishioners who were in mental institutions?

7. Does working with mental hospital patients interest you?

SUMMARY OF GENERAL COUNSELING OR VISITING:

1. For the past year, estimate the total number of hospital calls_____
2. For the past year, estimate the total number of general calls_____
   at people's homes_____
3. For the past year, estimate the total number of visits people have made to you at your home or study_____
4. Is there any other visiting not included in the above three?
   number of_____

   Summation of the above_____
5. How many <u>different</u> people have you counseled with in the past year whose problem was a personality one?_____
6. Do you spend more time per visit with such people?_____

Indicate by a check mark (✓) anywhere along the line 1-5 the position you would give the the following behavior problems of grade school children. Think of the problems as indicating maladjustment or poor personality development in the children.

	1 Of only Slight Importance	2	3 Of considerable Importance	4	5 Of extremely great Importance
Unsocialness					
Suspiciousness					
Unhappy, depressed					
Resentfulness					
Fearfulness					
Cruelty, bullying					
Easily discouraged					
Suggestible					
Overcritical of others					
Sensitiveness					
Domineering					
Sullenness					
Thoughtlessness					
Restlessness					
Masturbation					
Disobedience					
Tardiness					
Inquisitiveness					
Destroying school materials					
Disorderliness in class					
Profanity					
Interrupting					
Smoking					
Whispering					

7. Do these people visit more frequently per person than others?_____
8. What proportion of your counseling work do you estimate is with people who have personality problems as in contrast to somatic ones?_____

****

Here is a sheet listing 24 behavior problems of grade school children. I want you to rate each as to its seriousness. The problems are to be thought of as an index of poor personality adjustment. Rate them in degree of seriousness as they suggest that the child has a problem of adjusting or may develop an undesirable personality. They are not to be thought of as problems for a teacher in a class setting.

What I want you to do is to mark on this sheet your indications of the importance of the problems suggested at the left-hand side. Please note you may mark anywhere along the line from 1-5. Rate each one.

****

ALCOHOLISM

Now to take up the problems of the alcholics and your work with them. Let me divide this group into two (2) main headings, and ask your estimates of the number in each you know of in your parish in the past year:

1. Alcoholics, not hospitalized at any time:_____
2. Alcoholics, serious enough to have been hospitalized at some time:_____
3. Have any recovered in the past year?_____
4. Estimate the degree of recovery: Good_____ Slight_____ Temporary_____
5. In your experience, what is the average number of broken homes per year due to alcohol?_____
6. Do you counsel alcoholics in your parish?_____
7. Do you counsel with their families?_____
8. How did you come to counsel with the alcoholics during the year?_____ Did they call on you for help?_____

9a. What resources do you feel should be used in helping alcoholics, (for instance I might suggest prayer, A.A., referal to doctors.) _____

9b. What is your evaluation of alcoholism as a problem in your parish as a whole? Serious_____ Moderate_____ Slight _____

Rating Sheet of some basic causes of ALCOHOLISM
(identical lists used)

Indicate by a check mark (✓) or (x) the relative significance of the following suggested causative factors in the development of the above named personality problem. Rate each one. Use your own experience as a guide, mark anywhere along the line.

	1 Of Least Significance	2 Of Moderate Significance	3 Of Greatest Significance
Anxiety			
Alcohol			
Feelings of inferiority			
Frightening experiences			
Guilt feelings			
Heredity			
Home training factors			
Home troubles			
Injury, sickness, organic defect, dietary causes			
Job Troubles			
Loneliness			
Money worries			
Poor schooling			
Predisposition			
Religious problems			
Sex problems			
Social tension (i.e. "keeping up with...")			
Worry			

Rating Sheet of some basic causes of SEX PERVERSIONS
(identical lists used)

Indicate by a check mark (✓) or (x) the relative significance of the following suggested causative factors in the development of the above named personality problem. Rate each one. Use your own experience as a guide, mark anywhere along the line.

	1 Of Least Significance	2 Of Moderate Significance	3 Of Greatest Significance
Anxiety			
Alcohol			
Feelings of inferiority			
Frightening experience			
Guilt feelings			
Heredity			
Home Training factors			
Home Troubles			
Injury, sickness, organic defect, dietary causes			
Job Troubles			
Loneliness			
Money worries			
Poor schooling			
Predisposition			
Religious problems			
Sex problems			
Social tension (i.e. "keeping up with....")			
Worry			

10. Can you sense any attitude in your parish toward these people? Critical_____ Sympathetic_____
    Unconcerned_____
11. In your opinion, what degree of help does your parish give these people? Much_____ Some_____ Little_____
    None_____
12. Do you fee a minister should spend time with these people?
    Much_____ Some_____ Little_____ None_____
13. What is your personal expectancy of recovery for these alcoholics? Good_____ Poor_____ Varies_____
    (indicate meaning)
14. Here are some commonly suggested causes of ALCOHOLISM arranged in alphabetical order. They are my own suggestions.

On the basis of your experience with people who have alcoholism as a personality problem, I want you to rate these as casual factors. Indicate by a check mark of an "X" the relative significance you believe each has had in your parish. Rate each one.

****

SEX BEHAVIOR PROBLEMS

1. In the past year have you had to work with sex problems such as exhibitionism, voyeurism, homosexuality, or some other abnormal sex practice?_____
2. How serious a problem was this at the time it came up? (or more than
   Very_____ Moderate_____ Slight_____ one, specify)
3. How serious was it for your parish as a whole?
   Very_____Moderate_____ Slight_____
4. Can you sense any attitude of your parish toward these people?
   Critical_____ Unconcerned_____ Sympathetic_____
5. What resources do you feel should be used in working with these people:
   _____
6. Do you feel a minister should spend time with these people?_____
7. Here is the same list of causes you rated before for alcoholism.
   This time you will rate them for their significance as factors in the development of the abnormal sex problems you have known in your parish. Use your experience as a guide. Rate each one.
(If no experience last year, ask to rate on past knowledge.)

MOST SEVERE PROBLEMS - HOSPITALIZED

My next interest is in the most severe problems, those that require hospitalization for the good of the patient or for the protection of his family. Also in this group I wish to include those people not hospitalized who, in your opinion, would be better off if they were institutionalized.

1. How many persons from your parish have been placed in mental hospitals in the past year: _____ Men_____ Women_____ age range_____ (or some longer period if necessary, indicate what:___)

2. Do you know the diagnosis place on these people by the hospital? Could you list:

3. How many persons do you know in your parish who, in your opinion, would have been better off, or the family would have been better off, if they could have been hospitalized?_____

4. To your knowledge, have these people had suggestions about being hospitalized? From you?_____ Others?_____ Have they resisted?_____ Or has it been impossible?_____

5. What has your work been with these people, do you call on them when they are in the mental hospital?_____

6. Has the mental institution given indication of not wanting ministers to call on parishioners who are there?_____

7. Do you call on parishioners in the mental hospitals in the same general way as you do on those who are in the general hospitals?____

8. For any who have not been hospitalized, that were mentioned before, has it been your practice to call on them?_____ How often?_____

9. Were you the first to detect symptoms in any now hospitalized?_____

10. Were you called on by the family for advice about hospitalizing?___

11. Did you refer them to a doctor? (omit if #10 is "no".)

12. Did the family doctor confer with you when hospitalization was being considered by him?_____

13. Have you made any attempts to explain the personality problem of any hospitalized person to members of his family?_____

14. Have any of the hospitalized parishioners been discharged as improved enough to go home since you came to this parish?_____
(indicate time span)

15. How long had these discharged persons been in the hospital?_____

16. What has the subsequent history been of those discharged?
Back at some work_____ Home care_____ Relapse_____

17. Have you counselled with the family at the time of discharge?_____

18. Do any precipitating causes stand out in your memory for any of the hospitalized persons? List:_____

19. For your parish as a whole, how serious a problem is this?
Very_____ Moderate_____ Slight_____

20. How important a problem has this been for you in your ministry?
Very_____Moderate_____ Slight_____

21. Have you sensed any attitude of your parish toward this problem?
Critical_____ Sympathetic_____ Unconcerned_____

22. What resources do you feel should be used in helping persons with these severe problems? As prayer, reference, etc.

23. Here is the same list of casual factors you have rated before.

This time will you rate them for their significance in the development of the severe problems we have just finished discussing. Use your own experience as a guide in this rating. Rate each one.

****

LESS SERIOUS PERSONALITY PROBLEMS

This area of the interview is most difficult to define. It is the area usually called neurotic. I shall not use that term but descriptive ones instead, attempting to describe some of the more common symptoms of these behavior problems. This is the area usually meant when people say "he has nothing wrong with him, its just his nerves."

1. How many persons in your parish in the past year have been habitually preoccupied with complaints of fatigue, or disease, or ailment, without any known disorder or defect being present? _____
   Men_____ Women_____ Age range_____

   a. To what degree have their normal living habits been interfered with? Very much_____ Some_____ A little_____

   b. In your opinion do they spend money on medical care that is not curing, but only making life more bearable?

2. In the past year have any of your parishioners become so tense and emotionally upset that they became violent, and attacked someone, or fled away, or attempted suicide?_____ Men_____ Women_____
   Age Range_____
   A. What was the result of such a panic state?_____

3. In the past year have any of your parish been troubled by phobias of any degree? That is, do they have what seem to them and to others mysterious and unwarranted fears?_____ Men_____ Women_____
   Ages_____

4. A difficult area is the amnesia. In the past year, has any of your parish been found wandering in a daze with no knowledge of the past events?_____ Men_____ Women_____ Ages_____
   Give any pertinent details:

Rating Sheet of some basic causes of SEVERE PROBLEMS
(identical lists used)

Indicate by a check mark (✓) or (x) the relative significance of the following suggested causative factors in the development of the above named personality problem. Rate each one. Use your own experience as a guide, mark anywhere along the line.

	1 Of Least Significance	2 Of Moderate Significance	3 Of Greatest Significance
Anxiety			
Alcohol			
Feelings of inferiority			
Frightening experience			
Guilt feelings			
Heredity			
Home training factors			
Home troubles			
Injury, sickness, organic defect, dietary causes			
Job troubles			
Loneliness			
Money worries			
Poor schooling			
Predisposition			
Religious problems			
Sex problems			
Social tension (i.e. "keeping up with...")			
Worry			

5. Thinking of this less severe group of personality problems as a whole, how many calls to these people do you estimate you make in the course of a year?_____

6. If you can, give me the estimated proportion of all such calls just mentioned to the number of all other calls in a year?_____

7. Do these people come to your home or study to call on you?_____

8. Do they tend to come more frequently per person than your other parishioners? (that is when they are especially disturbed)_____

9. Do these people call you on the phone more frequently than others?_____

10. For each person you have listed above, estimate the average number of his calls on you in some given period, as a month:_____ (Indicate)

11. Does the person's family call on you for help with this problem?_____

12. Does the doctor consult with you, or refer the person to you?_____

13. Have you consulted the doctors about these people?_____ Indicate amount of such conferring:_____

14. What resources do you feel should be used in helping these people, as Bible reading, prayer, more visits, doctors, etc.?_____

15. How serious is this area of personality difficulty in your parish as a whole? Very_____ Moderate_____ Slight_____

16. How important has this area been in your ministry, your actual work? Very_____ Moderate_____ Slight_____

17. Have you sensed any attitude of your parish toward the problems and people who have them? Critical_____ Sympathetic_____ Unconcerned_____

18. Is your congregation inclined to try to help these people? Much_____ Some_____ Little_____ None_____

19. Do you feel your congregation wishes you to work with these?_____

20. Do you encourage attempts of your parishioners to help these people?_____

21. As we leave this topic, here is the same list of casual factors you have rated three times already. For the last time, rate these factors for their significance in the development of the less severe personality problems we have just discussed. Use your own parish experience as a guide. Rate each one.

****

HUMAN OR SOCIAL RELATIONS PROBLEMS

In constructing this interview, pastors who helped me made the suggestion that I should include the area of human relations, meaning home problems, problems of child training, as the pastor is consulted about them, problems of lonliness, sensitivity, and so on. I felt it was a good suggestion, especially since it will give a comparison as to the amounts of work pastors are doing in each area.

1. Do you spend more time counseling with people (total time, not time per person) about human relations problems in a year than with people who have what we have called personality problems?_____

2. Do you work with more people who have human relations problems than those who have personality problems?_____
(Estimate proportion.)

3. In your opinion should seminaries, in training parish ministers, stress personality problems more than human relations problems?____

Rating Sheet of some basic causes of LESS SEVERE PROBLEMS
(identical lists used)

Indicate by a check mark (✓) or (x) the relative significance of the following suggested causative factors in the development of the above named personality problem. Rate each one. Use your own experience as a guide, mark anywhere along the line.

	1 Of Least Significance	2 Of Moderate Significance	3 Of Greatest Significance
Anxiety			
Alcohol			
Feelings of inferiority			
Frightening experience			
Guilt feelings			
Heredity			
Home Training factors			
Home Troubles			
Injury, sickness, organic defect, dietary causes			
Job Troubles			
Loneliness			
Money worries			
Poor schooling			
Predisposition			
Religious problems			
Sex problems			
Social tension (i.e. "keeping up with....")			
Worry			

GUILT FEELINGS

Let me ask your opinion on a matter of causation that is peculiarly interesting to me, and one which is a matter of controversy, that is, the importance and place of guilt feelings in the formation or development of some personality problems.

In the words of a writer in Time Magazine sometime ago, one of the basic tenets of the psychoanalysts of Freudian leanings is that religion is nothing but a combination of neurosis and illusion.

It might be said that these psychoanalysts insist that guilt feelings are harmful, should be minimized, and only the "useful" guilts that make an ethical person in our human social relations should be kept. On the other hand, it seems that the Roman Catholic Church views guilt as being an important element in the development of a truly good person.

Both of these mentioned extremes and those who side with them feel that their program is going to lead to better mental health.

With this slight background, will you indicate your position on this controversial question: -

1. Do you think guilt feelings are overemphasized by the psychiatrists as a casual factor in personality problems as a whole?_____

2. Do you feel guilt feelings are overemphasized by those who feel they lead to a strong ethical life?_____

3. Do you think guilt feelings should be: Fostered_____ Reduced_____ Used sparingly_____ Never_____

4. From your experience as a pastor, do you think guilt feelings have been a serious problem for people discussed in this interview?_____ Often_____ Seldom_____ Never_____

5. In your opinion have guilt feelings been a factor in the development of what we have called the less severe personality problems? Often_____ Seldom_____ Never_____

6. In your opinion have guilt feelings been a factor in the development of what we have called the severe, or hospitalized, personality problems? Often_____ Seldom_____ Never_____

SURVEY OF FRINGE GROUPS

"Fringe Groups" like Jehovah's Witnesses, Seventh Day Adventists, Christian Science, Mormon, and so on, are difficult to understand.

It is my personal belief that many in these groups have turned to them for help because they have had personality problems, or adjustment problems. I wish to check this with you men, and do so asking your confidence as well as giving assurance once again of mine to you.

1. In your opinion, does a person shifting from an established church like yours to a group like those mentioned above give indications of a need for adjustment, or of seeking a solution to what we have called personality problems?
   Always_____ Frequently_____ Seldom_____ Never_____

2. In the past year, how many converts to these groups from your parish have there been? _____ Men_____ Women_____ Ages_____

3. In the past year, how many have come from these groups to your parish?_____ Men_____ Women_____ Age range_____

4. How important are these groups and their influence in your parish as a whole?_____ Very_____ Moderate_____ Slight_____

****

SUGGESTIONS:

As a final expression from you, here is a sheet which has a number of suggestions that should be helpful in evaluation of seminary work, as they train new ministers, as well as some other suggestions you may check. Fill it out as you wish.

CHECK OR FILL IN BELOW:

1. Should teaching apply to the personality problem areas we have discussed be stressed in seminaries today? Check which you suggest:

   More than now ( )
   More than I received ( )
   As now ( )
   Less than at present ( )
   Less than I received ( )

2. Indicate any interest you have in further training in areas such as:

   General psychology ( )
   Abnorman psychology ( )
   Guidance work ( )
   Counseling work ( )
   General hospital experience ( )
   Mental hospital experience ( )
   Other & ( )

3. Would you be chiefly interested in academic work in these areas suggested in #2 above -

   Yes. ( )
   No. ( )

   Or in clinical experience in some hospital -

   Yes ( )
   No ( )

4. Have you arranged programs of education in mental health in your parish?_____

5. In your opinion, what contribution of psychology in general, (if any), has been outstanding as contributing to the work of the parish minister with his people taken as a whole?

ACKNOWLEDGMENT

Grateful acknowledgment is expressed to Mr. William Field for his guidance and untiring efforts in the capacity of Faculty Advisor. Appreciation is also expressed to the ministers who gave their time so graciously and thus made this enterprise possible.

APPROVED BY:

William E. Field

Claude E. Dent

W. W. Saunders

June 2, 1953