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Crisis and the Clergyman

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As a minister views his pastoral role, he realizes he is on the front line when problem situations arise in the lives of his parishioners. There are frequent telephone calls in which people request counseling in the privacy of his study for a variety of problem situations. Often a casual contact with a parishioner results in a conversation that reveals deeply troubled feelings. These are a few of the indicators to any pastor that he is a significant person in the life of his parishioners, particularly at a time of crisis. Clergymen are also regarded on the front line in problem-solving from the perspective of social agencies, hospitals, and mental health clinics. New mental health legislation presently being implemented across the country views the clergyman as a prime caretaker in the mental health of the community. It is refreshing to see this emphasis on the role of the clergyman in community mental health today. Clergymen are now actively involved on the boards and committees of social agencies and other mental health resources. Assistance is being extended to clergymen in their role as prime caretakers in community mental health through seminars, courses, and discussion groups in which they are aided to improve their skills in diagnosing and treating problem situations. A nation-wide survey conducted a few years ago revealed that 42 percent of the people who sought professional

help for a personal problem did so with a clergyman.¹ Thus the pastor plays a key role at a time of crisis.

CRISIS THEORY

Current literature in the fields of psychology, psychiatry, and social work reflects an emphasis on crisis concepts related to the crises which individuals experience in life. The interest in crisis literature and brief forms of treatment is due in part to the long waiting lists which have formed in mental health treatment resources and the eventual effect these waiting lists have on involving people in treatment later when help is available. This effect might be briefly summarized by stating that waiting lists tend to deny help to people when help is most needed, so that eventually when help is offered, the crisis is past and the motivation for help is dissipated. The old adage that says it is best to strike when the iron is hot is relevant also to the field of mental health. Theoretical formulations, experimentations in treatment, and research which has occurred in the area of crisis theory have helped the field of mental health to look for briefer new forms of treatment by which more people can be served more quickly, particularly in crisis situations that cause them

¹ Gerald Gurin, Joseph Veroff, and Sheila Feld, *Americans View Their Mental Health* (New York: Basic Books, Inc., 1960), p. 307.

to reach out for help. Concern over the minority of individuals who have been able to engage themselves successfully in long-term therapy plus the shortage of mental health personnel has helped to stimulate interest in crisis theory and short-term treatment approaches. Dr. Erich Lindemann and Dr. Gerald Caplan have been leaders in the formulation of crisis theory.

The word "crisis" strikes a note of alarm, indicating a crucial state of affairs or a turning point for better or for worse. While the word "crisis" is often equated with disaster, there can also be very positive or growth-producing aspects to a crisis. Rapoport speaks of crisis as a "call to new action; the challenge it provokes may bring forth new coping mechanisms which serve to strengthen the individual's adaptive capacity and thereby in general to raise his level of mental health."²

SITUATIONAL AND MATURATIONAL CRISES

Crisis may be viewed as situational and maturational. A situational crisis refers to a situation or event occurring in the life of a person which has significant impact. An example of a situational crisis might be an automobile accident, a death in the family, a job promotion, a pregnancy, an elderly parent taking residency with a son or daughter, a serious illness. Crises of a maturational nature are events or phases in life relating to the maturing process or to an individual's passing through the various stages of development from infancy

to senescence. It is helpful to look at maturational crises in terms of Freud's psychosexual stages of development or Erickson's eight developmental life cycles. Examples of crises of a maturational nature would be the entrance into puberty or the gradual growth into old age. It is difficult in many situations to differentiate specifically between a maturational crisis and a situational crisis, since some crises have both maturational and situational aspects. Marriage can be regarded as a situational crisis although there are maturational aspects in an individual's psycho-sexual development which tend to propel him toward marriage. While the event of death may be a situational crisis, the process of aging is part of an individual's maturational process.

Why are crisis situations significant in the functioning of an individual? In a crisis the homeostatic balance or usual level of ego functioning is upset due to the stress placed on an individual's normal way of functioning.

What may be a crisis for one person may have little or no effect on the homeostatic balance or functioning of another person. The effect of a crisis might be viewed from various theoretical positions, such as psychoanalytic theory, which claims that ego functioning breaks down because of instinctual demands or the need for redirecting energy formerly directed toward specific functioning. Rapoport states:

The hazardous event creates for the individual a problem in his current life situation. The problem can be conceived of as a threat, a loss, or a challenge. The threat may be to fundamental, instinctual needs or to a person's sense of integrity. The loss may be actual or may be experienced as a state of acute deprivation. For each

² Lydia Rapoport, "The State of Crisis: Some Theoretical Considerations," *Crisis Intervention: Selected Readings*, ed. Howard J. Parad (New York: Family Service Association of America, 1966), p. 23.

of these states there may be a characteristic mode in which the ego tends to respond. A threat to need and integrity is met with anxiety. Loss or deprivation is met with depression. If the problem is viewed as a challenge, it is more likely to be met with a mobilization of energy and purposive problem-solving activities.³

Thus, the usual level of functioning is disturbed at the intervention of the crisis which in turn affects inter- and intrapersonal functioning. The usual problem-solving patterns may break down, and there may be some degree or state of dysfunctioning or disequilibrium in the individual's functioning and in the circle of significant persons with whom the individual is in interaction.

Lest focus is directed only on crises of a negative nature, attention must be given to situational crises which generally are viewed as positive factors in a person's life situation. Take, for example, the case situation of Mr. G.:

Mr. G. was an accountant with a large firm in a city in the midwest. He was promoted to the rank of senior accountant, a tremendous advancement for a man of 34 years of age. With the announcement of this advancement, he received many accolades from business associates, friends, his pastor, and others. The advancement meant a considerable increase in salary which in turn would make it possible for him to live at a more comfortable level, to pursue his avocation of investments profitably, and to make possible a good college education for his two children. However, Mr. G. went to his pastor one evening in the quiet of his study, noticeably deeply troubled.

His opening comments to the pastor in-

dicated how he had reacted to the promotion he had received, "Pastor, you'll probably think I'm crazy, but I haven't slept for the last three days since this promotion was announced. I can't eat; I can't concentrate. I'm scared to death of the responsibilities which will be facing me." As Mr. G. went on to share with his pastor his feelings about this promotion, it became apparent that the job promotion had become a crisis for him. This event reawakened for him feelings from earlier in his life when he was not able to cope with responsibilities, when he had had difficulty relating to people in an authority position, and to which he had reacted by developing intestinal difficulties.

A crisis may be utilized by the individual as a growth-producing experience. The following case vignette illustrates this:

Miss D., age 38, lived with her elderly parents. Her siblings had married earlier and seemed to depend on Miss D. to care for their elderly parents. Miss D.'s parents continued to treat their daughter as a small child, fostering her dependency, and maintaining close controls over her. Following the death of both parents within a period of six months, Miss D. was hospitalized for an acute depression. She was able to use her period of hospitalization and the therapy following this to examine the very dependent relationship she had formed with her parents, the hostility she experienced in this relationship, and her need now to move out on her own. She began to form associations with other patients. Her therapist supported her in reaching out to join a church group and later in enrolling in a business college. The therapist at the hospital, checking back on Miss D. a year after her discharge from the hospital, was amazed at the adjustment Miss D. had made to her life situation. She was living in an attractive apartment, had

³ Ibid., p. 25.

formed a small circle of friends, and was engaged in many activities. The death of Miss D.'s parents, while a very tragic crisis in her life, was used as a starting point for growth and development toward a more mature personality.

The precipitating event to either a situational or a maturational crisis may not be the same for any given family. Its impact ranges according to the severe hardships or effects which may accompany it.⁴ The effect or extent of the crisis depends considerably on the manner in which the family or individual experiences this and the interpretation or reaction of the individuals to the crisis. A crisis may affect a family as a total group and the interpersonal relationships among the family members but at the same time be experienced very differently by the individual members of the family, depending on their own emotional makeup, ego strengths, and typical patterns of coping with stress.

Hill has set up the following conceptual model: A (the event) — interacting with B (the family's crisis-meeting resources) — interacting with C (the definition the family makes of the event) — produces X (the crisis).⁵ The second and third determinate, family resources and definition of the event, lie within the family itself and must be seen in terms of the family's structure and value system.⁶ This conceptual model could well be applied to the effect of a crisis on an individual as well as on a family.

⁴ Reuben Hill, "Generic Features of Families Under Stress," *Crisis Intervention: Selected Readings*, pp. 34—36.

⁵ *Ibid.*, p. 36.

⁶ *Ibid.*

THE ROLE OF THE CLERGYMAN IN CRISIS INTERVENTION

A clergyman is in a unique position in his relationship to the members of his parish at times of crisis. As studies show, he is one of the first to whom people turn when overwhelmed in a crisis situation. The nature of his priestly function also places him on the scene at times of crisis such as sickness, death, marriage, birth, and other significant situational and maturational periods in life. The following are important aspects of the pastor's role in crisis situations:

1. The pastor needs to develop skill in diagnosing the nature of a crisis situation. Significant questions for a pastor to ask himself as he is involved in listening and responding in counseling at times of crisis are these: *Why* is this individual coming to me? *Why* is he coming today, not yesterday, or at some time in the near future? What makes the situation confronting the person intolerable at this time? What is the "straw which breaks the camel's back," or the point at which the anxiety produced by the situation can no longer be tolerated?

2. It is necessary to view each person as an individual in terms of his own life-situation and experiences. What may be a crisis for one person may present little or no difficulty for another. This can be particularly true of maturational crises. Individuals react to developmental changes based on earlier life experiences. Earlier developmental problems may be reawakened and reexperienced as maturational development occurs. The pastor-counselor's reaction of brushing off or of regarding as insignificant a crisis situation confronting an individual may be so experienced by a person as to produce further

anxiety and disrupt his usual level of functioning.

3. The pastor should help to involve the parishioner in coping with the crisis. Although a crisis may be so severe that it may entirely immobilize an individual, generally the degree of stress is not one in which ego functioning completely breaks down. A parishioner overwhelmed by a crisis situation presents a pitfall for a counselor to move in to do something for the person to the extent that the person may become more immobilized, helpless, and dependent in future crisis or problem situations. The pastor needs to develop the ability to empathize with the parishioner around the crisis situation and to help him constructively sort out or "partialize" some aspect of the crisis situation with which he can begin to cope. The involvement of the parishioner in coping with the resolution of the crisis helps to redirect his energies toward constructive problem-solving.

4. It may be necessary to involve other significant persons in an individual's life to help alleviate the stress of a crisis. While relating to an individual may not be anxiety producing for the pastor-counselor, to be involved in the network of interpersonal relationships in a family may be extremely difficult for the clergyman.

5. A knowledge of community resources is essential for the pastor in crisis situations. The extent of the help the pastor may be able to offer may be limited by the nature of his own skills and by his functioning in a parish situation. The nature of the crisis may call for immediate referral to other helping agencies in the community. The pastor should have knowledge of these helping agents or of the

structure under which such community resources exist so that referral information is readily accessible. For example, knowledge of the procedures for the emergency psychiatric hospitalization of a severely disturbed individual may be helpful to a pastor when confronted by a family involved in such a crisis.

6. The pastor should be able to recognize his own limitations in counseling and be skilled in referral. Crisis intervention is not a brief version of long-term psychotherapy, but a unique form of treatment especially adapted to a critical situation.⁷ Not all problems are of a crisis situation. There remain many chronic situations which require intensive psychotherapy or problem situations precipitated by a crisis which may require traditional forms of treatment intervention. The pastor's own emotional needs in his helping relationship to parishioners, or "countertransference," as the phenomenon is known in psychotherapy, is also involved in his ability to be helpful and in discerning the point at which a referral to other forms of treatment may be necessary for the individual with a problem. The nationwide mental health survey referred to earlier indicated that ministers seem to view themselves as the final therapeutic agent and do not as often as other helping agents refer the people that come to them to more specialized therapeutic resources.⁸

Conclusion

The pastor by virtue of his role is in a unique position to serve individuals and

⁷ David M. Kaplan, "Observations on Crisis Theory and Practice," *Social Casework*, XLIX, (March 1968), 152.

⁸ Gurin, pp. 314—15.

families in his parish involved in crisis situations. The pastor's ability to respond appropriately to these situations can be crucial for the resolution of the stressful situation and for the eventual effect of the crisis on the functioning of the individual.

An appropriate form of response on the part of the pastor places him in a significant position in regard to the crisis and its eventual effects. Thus, the pastor assumes

not only the role of intervener in the crisis situation but is also in a position to help prevent further debilitating factors which might be induced by the crisis. The pastor's ability to respond to the crisis through his diagnosis, intervention, and disposition of the situation is important for the individual in a crisis and for the eventual outcome of the situation.

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