A PROPOSED PROGRAM OF CHRISTIAN MINISTRY FOR THE INFIRM AND AGED OF WARREN METHODIST CHURCH

A THESIS

SUBMITTED TO THE FACULTY OF GAMMON THEOLOGICAL SEMINARY

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR

THE DEGREE OF MASTER OF RELIGIOUS EDUCATION

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ATLANTA, GEORGIA

MAY 1950

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CHAPTER I

INTRODUCING THE SUBJECT

The outlook for the patients whom I have visited is not hopeless, but there are many indications of a need for Christian work among them - the kind of work that the church alone must offer and maintain. There should be a close alliance between the church and its infirm. Among those visited, there were signs of loneliness, dejectedness, loss of faith, spiritual depression, financial disturbances and uncertainty.

In the past decade, we have heard much about therapy - psychotherapy, spiritual therapy, physical therapy, vocational therapy, and Charles Kemp in his book, Physicians of the Soul, mentions church therapy. There are persons, however, sick in body and mind, who need additional therapeutic aid - a type perhaps, unlike any of these - the therapy of human love and understanding, the kind spoken of by Jesus, when he said, "Ye that are strong ought to bear the infirmities of the weak."[1]

> Important as counseling might be, it should be clearly understood that it is not the only approach to the treatment of the problems of the individual. It is not a panacea for all maladjustments.[2]

Considering the many needs of these persons who have

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[1]Romans, 15:1.

[2]Carl R. Rogers, Counseling and Psychotherapy (Boston, 1942), p. 11.

passed the period of usefulness to the church and to their families, the church can best minister to their needs by allying itself with them in frequent visits made, either by the pastor or a visitor from the church who will acquaint them with its procedures and who will determine their thoughts and feelings. Persons who are sick and must be cared for by others, often develop unwholesome attitudes toward life generally, toward others and toward God. The church can shift the scenes of these unhappy attitudes and create new ones. Most of these patients are advanced in age and have served the church well when health and youth were more abundant. Now that the infirmities of age and ill health are upon them, the church should come to their rescue and meet as many of their needs as possible.

Living facilities in most of the homes visited were, generally, good. Not more than three appeared to be without adequate resources to make life comfortable, e. g., Mrs. Gussie Lane who has been ill for several years: Two years ago her husband also became ill and is now unable to work. Both are at home together. Their only source of income is a small compensation received from the husband's social security provision. Mrs. Lane has not been confined to bed until recently. She was forced to go to bed because of the increased uncomfortableness of her already present condition. They are occupants of a small apartment in the University Homes project which they keep very clean. Both the husband and wife have a very pleasant attitude toward their illness

and financial condition. They are past middle age, but are not aged. They move around with reasonable agility and are able to keep their small apartment in good order. Mrs. Lane stated that she had received small sums from the church at intervals during her extended illness. "They always remembered us at Christmas. I guess they figured we wanted a little something to spend for Christmas," she said, brokenly.

It is perhaps significant that I should take you for a brief visit into the homes of these infirm and aged persons. In their entirety, they were traditionally conservative. Were we to review the life of all ages, we would find the same simplicity of life, the same honesty, the same goodness as possessed by these persons who are patients, not by choice, but because of their afflictions.

Every patient occupied a private room. In every home there was the atmosphere of Christian living and belief mingled with simplicity of living and environment. This was visible in every gesture and oral expression. On the walls, there were pictures that spoke of spiritual life, nature, friendship and contentment. There were evidences that each member of the family accepted his responsibility without resentment. All visitors were received in a friendly informal manner and with an unmistakened warmth of welcome.

The patients, in almost every home, were found unemployed; with exceptions of radio programs and reading of Christian Literature or newspapers.

Mr. T., a patient who lives in the Haven Home for the

aged and sick, is of unusual interest. He is clean and neat in appearance, keenly susceptible to spiritual emotion which manifested itself clearly in his personality.

It was quite sometime after I began my visits that I was able to see Mr. T. because the Haven Home is located a few miles outside the city limits. I visited him on Sunday afternoon, but after arriving at the hospital, I was informed by the nurses that he had gone home for the week-end. They gave me his address and I went directly to his home. I met the family first and the impression was indeed a happy one. I was received well and was particularly attracted by the physical mechanism of the home. It was artistic and beautiful.

Mr. T. was seated in a front bedroom near a window.

"How are you Mr. T.," I said in response to an introduction by his daughter.

"Don't stand up," I objected, as he made a feeble effort to rise.

"I would not have known you were ill had I not already known it before coming," I remarked, and this was true, for he was indeed a fine-looking gentleman.

"Yes'm," he said in a voice, unusually soft and a speech unusually slow. "I've been sick now" he continued, "about three years."

I saw that he did little talking, so I ventured to keep the conversation moving.

"I am a visitor," I said, "from the church, and since the day the pastor told me that you were ill, I have been

wanting to pay you this visit. Several persons at church have been inquiring about you and wanting to know how you are getting on. Mr. and Mrs. Pace, Mrs. Stroud, and young _____ were asking how to reach the Haven Home."

His face lighted up with a feeble smile as I finished this statement.

"Yes'm," he began again, "I'm doing all right, I think, and I'm really glad you came, just tell all of them that I'm getting ready to meet them over there."

"I'm afraid," I answered, with a smile that blocked the tears in his eyes, "that you are getting ready a little early because we have made plans for you to come back to church, and Mr. A., who is holding your office, feels that you can do a much better job than he is doing."

"Yes'm," he began again, apparently with a new attitude, "They're letting me come hom now from the hospital every week and they are going to dismiss me as soon as I have improved enough."

"And then you want me to tell them you'll be back to help us out again soon? We're finding it very hard to get along without you."

"Yes'm, I believe I'm going to get well," he said, "it just takes a little time."

"And we must always be willing to wait for that time," I added.

"Yes'm," said he, with a little more courage, "I can wait on the Master."

"When you said, 'wait', I was reminded of a poem I read a few days ago, would you like to hear it?" I asked.

"Yes'm," said he with increased eagerness, as I opened the book. I read slowly Grace Noll Crowell's immortal lines, "Wait."

If but one message I may leave behind,
  One single word of courage for my kind,
It would be this - Oh brother, sister, friend,
  Whatever life may bring - what God may send -
No matter whether clouds lift soon or late -
  Take heart and wait.

Despair may tangle darkly at your feet,
  Your faith be dimmed, and hope, once cool
    and sweet,
Be lost - but suddenly, above a hill,
  A heavenly lamp set on a heavenly sill
Will shine for you and point the way to go.
  How well I know!

For I have waited through the dark, and I
  Have seen a star rise in the blackest sky,
Repeatedly - it has not failed me yet.
  And I have learned God never will forget
To light His lamp. If we but wait for it,
  It will be lit.[3]

"Thank you, ma'm," he said as I finished reading, "I feel much better. It is nice for you to come to see about me; thank you, ma'm," he repeated brokenly.

"I'm going now," I said, "and we shall be expecting to see you real soon. Oh yes," I added hastily, "You must come and see our new pews, they are beautiful!"

"All right ma'm, you can look for me real soon now," and he reached for my hand and I bade him and the family good day.

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[3]Cynthia Pearl Maus, Christ in the Fine Arts (New York, 1938), p. 716.

Accompanied by his wife and daughter, he followed me to the door. Somehow, I felt he would not come back soon, and I felt I had done very little to change his attitude about, "meeting us over there," as he had so feebly put it.

Summary

A closer alliance of the church with its homes will do much toward the outlook, the comfort and maintenance of the infirm and aged of the church. Psychiatric counseling and therapeutic aids are strong factors in helping to restore what was lost when illness first took hold of the patient; but the counselor and scientists must see that his methods in dealing with the patient harmonize with his Christian belief or one does not obtain the best results. The attitudes of the ill and aging couple spoken of in this chapter are excellent examples of a manifestation of faith and trust and the practice of being hopeful. Ministry to the sick involves creating new attitudes where they are needed, with these two persons, it was unnecessary. On the contrary, Mr. T. is decidedly in need of a change of attitude from self sympathy and extreme religious emotionalisms to a belief of faith in himself, of courage that is fit to meet adversity so that it is unnecessary to crowd the promises of the endless future into our limited present.

CHAPTER II

DEFINING THE PROBLEM

> There is nothing that a minister does that is of greater significance than to help individuals meet the needs and problems of life. This is not to minimize the importance of any other phase of the minister's task, but is rather to stress the fact that in these days and in the days that lie ahead no more sacred responsibility will fall upon the minister than those occasions when he is confronted with the problem of some particular personality or some individual soul . . . for when an individual confronts his pastor with some actual life situation, some question or problem, some tension, anxiety or fear, at that moment destiny is in the pastor's hands.[1]

We cannot generalize the problems of the sick any more than we can teach a class of thirty children by the same method - it is however, being done every day, but the end is not satisfactory. There are perhaps needs which are common to all patients, and I have in mind needs such as releasing the feeling of isolation for the patient, establishing faith in God, and in one's self, and displacing unhealthy thinking. This is not always difficult, nor is it always easy, but what of the individual problems of the patient? They are in every case dissimilar. How can we answer each one? It is, perhaps, at this point, that ministry to the sick becomes a mystery for which we cannot see even a remote solution.

A patient thinks and talks in terms of himself, for it is

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[1]Charles Kemp, Physicians of the Soul (New York, 1947), pp. 283-4.

he, who, to himself, is the most interesting person in his vaguely understandable life. One patient might be able to resign himself to his condition and to say with Paul, "For I have learned, in whatsoever state I am, therewith to be content."[2] On the contrary, another patient might ask in the spirit of Job, "Why does this horrible sickness come to me? I have lived a good life. Where is the justice of it?"[3]

One patient might be terrified with the thought of an operation or with that of being a responsibility for the rest of his life, or possible with the fear of desertion on the part of those upon whom he depends; another patient might be assured of all of these and yet be unhappy.

These are individual problems demanding the best of us to help the patient meet them. Jesus was concerned with the problem of the individual, we do not have it recorded upon any occasion where Jesus heals in mass. How often have we, who minister to the sick desired to say in the words of Jesus, "Take up thy bed and walk." This power would perhaps eliminate many difficulties, but the work would not be as interesting. If there were no solutions to look for, the process would be swift but void of much of the finer things, which would be developed in the patient, e. g., faith, patience, etcetera.

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[2]Philippians, 4:11.

[3]Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick (New York, 1936), p. 102.

Much would be lost for the counselor also, e. g., the satisfaction which comes after a patient is guided out of a feeling of dejectedness or spiritual delinquency, into the feeling of being included, and into the restoration of faith.

Reflecting upon these issues, how shall I define my problem? Is it definable? Can I say in words what the problem is? "Comfort ye my people,"[4] said Jeremiah. These words seem especially adapted to the definition of this problem; for is ministry to the sick more than this? My problem, therefore, is to find a satisfying solution for the apparent needs of fourteen patients and to help restore the comforts from which physical affliction has separated them.

There are three primary ways in which those who are ill are perhaps uncomforted - spiritual, physical and mental. Of these, I believe the spiritual and mental needs were greatest among my patients. "Lo, I am with you alway, even unto the end of the world,"[5] was the great spiritual message I wanted most to leave with them. "And under His wing shalt thy take refuge."[6]

"Build thou within us a new companionship
A companionship of the spirit."[7]

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[4]Isaiah 40: 1

[5]Matthew, 28:20.

[6]Psalms, 91:1-4.

[7]Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick (New York, 1936), p. 226.

These patients needed spiritual aid, not in the sense of salvation of the soul, but in terms of a change of attitude, a direction from self and conditions, a new outlook or philosophy of life.

Summary

The individual is the most important part of a problem or situation. His needs cannot be satisfactorily met in a general sense. The personal needs of an individual, in sickness or health, are too diverse for consolidation. The church home relationship is not adequate and for this inefficiency, we cannot account, save for a lack of time on the part of the pastor.

CHAPTER III

A PROPOSED PROGRAM OF CHRISTIAN MINISTRY FOR THE INFIRM AND AGED OF WARREN METHODIST CHURCH

Eternal joy I do not seek,
Good Lord I do not ask to be
From need to serve the frail and
weak
And every worthy cause set free
Grant me not always blissful rest
But always strength to do my best.[1]

To be a part of it, to take one's place in the great movement and to stand with those of all generations who would minister to the needs of men is as great a privilege as one could ask.[2]

In the light of situations as I found them, I have indicated and defined the main aspects of the Problems of Christian Ministry for the infirm and aged of Warren Methodist Church.

It now becomes our task to propose a program in the light of the situations and problems.

I. Visitation - There should be regularity and frequency in visiting the sick.

Factors to be Considered

A. Midweek and week-end visits are most timely in the home. Hospital visits are better during the beginning and middle of week.

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[1]Anonymous.

[2]Charles Kemp, Physicians of the Soul (New York, 1947), p. 284.

B. A training period of sick room visiting and ritual is suggestive.

C. Volunteers are better; they are most likely to be faithful to duty.

II. There should be regularity in the financial aid of these persons

Factors to be Considered

A. The church has a legitimate function in the care of its infirm.

B. Individual agencies in the church will help; this can be done by a special appeal to them.

C. A visitor to state the needs of these patients.

D. Try to describe the inadequacy of the relationship of the church to its homes.

Notation: Even in cases where financial aid is not needed, it offers an opportunity for gratitude on the part of the patient and gives the patient the feeling of being included in the minds and hearts of the church family.

III. There should be a visitor appointed to relieve the Pastor. "Ye are the light of the world,"[3] said Jesus to those who were to take up discipleship. The church-home relationship often lags because the Pastor is overworked. Jesus himself was unable to do all the work that came to his hands

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[3]Matthew 5:14.

to do, but those who were ready for discipleship, he sent, with his blessings to help meet the numerous demands of the needy.

Factors to be Considered

IV. To help members of the family find new ideas and ways of amusing the sick of the home.

A. To solicit the aid of persons who know something about the simple arts: e. g.

1. Needlwork
2. Organizing a scrap book
3. Caring for a growing plant
4. Caring for an aquarium
5. Making flowers
6. Designing a pattern
7. Keeping a diary of the patient's day
   Morning routine
   Afternoon routine
   Evening routine
   New interests
   Climax of day

V. A mailing correspondence from the church

Factors to be Considered

A. Church literature, Sunday bulletins of worship, convalescent cards from various agencies of the church, and leaflets or other literature from the Sunday School.

VI. There should be a service of worship for the sick at intervals.

Factors to be Considered

A. Thanksgiving

1. Christmas
2. Easter
3. Mother's Day
4. Communion (monthly)

B. Use symbols of worship, to create spiritual atmosphere in the sick room: Might include: lighted candles, the Bible, a cross.

C. Worship might include relating the parables of healing used by Jesus.

D. Hymns accompanied by discussion of authors' lives.

E. Read poetry of courage, faith, gratitude.

F. Interpretation of religious paintings:
   a. Raising the Daughter of Jairus
   b. Cleaning the Lepers
   c. The Good Shepherd, and others.

VII. Seek to know the immediate needs and desires of the patient - they are often very simple, appearing unimportant to us, but very significant to them.

Factors to be Considered

A. These needs will vary, e. g.,

1. It might be simply a desire to see a loved one at a distance who cannot be located or who has no funds to make the trip.

2. It might be a desire to make a necessary trip to town with no one to aid.

3. It might be a need for help, to overcome loneliness, fear, establishing confidence in God.

4. It might be letters needing to be written to relatives, friends or business agencies.

"He may be a man we have never seen before, in any case, he is a person in need."[4]

VIII. Make provision for those who are able to come to church.

Factors to be Considered

A. The Woman's Society of Christian Service might make provision with persons who have means of private transportation.

B. Twice monthly, shifts in personnel for this service can be made.

IX. The care of the sick after arrival at church.

Factors to be Considered

A. The same agency (W. S. C. S.) might accept this responsibility.

B. These persons might come from the Young Women's Usher Board or Youth Fellowship.

C. Assignments can be made for the two Sundays.

D. This personnel will be stationed to receive the infirm and assist them to seats reserved.

X. The sick who worship at church on Communion Sunday.

Factors to be Considered

E. At least one row reserved for infirm.

F. The front row is most desirable. This avoids moving again after being seated and is convenient

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[4]Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick (New York, 1936), p. 181.

for the Pastor.

G. Allow them to seat from center of row toward outside.

XI. Remembering the sick on special days.

Factors to be Considered

A. Flowers - once annually to all sick persons.

B. Youth Fellowship might accept this duty. Suggestion for procedure. One girl assigned to solicit a bouquet of flowers from friends and neighbors to take to one patient. If there are fourteen patients, fourteen girls should be assigned, not more than two patients to one girl. Arrange so that all flowers to all patients are delivered on same day. (This is important). Month of April desirable for this.

C. Other gifts might be carried to patients any time during the year.

D. Arrange so that the same gift will be delivered to all patients on same day.

Gift Suggestions:

hand towels	bath towels
Kleenex	handkershiefs
dusting powder	paper napkins
hand lotion	magazines
fruit	scrap books
books	

XII. The sick should know each other.

A. Each patient should be equipped with list of

names of sick and telephone numbers (especially convalescing patients).

Summary

The infirm and the aged shall always be with us, and it is important that we be consistent in visiting them, that they can depend upon the church family to assist in providing for them financially, that we worship with them in their sick rooms at necessary intervals, that we concern ourselves about their immediate needs and desires, that we help the family keep their sick as happy as possible by planning and teaching them how to employ themselves, especially the convalescents, that the church mail out to them, monthly, all available printed materials and literature concerning the church, that we make provisions for patients who are able to come to church and provide the care of them while there, and finally that the sick of the church be remembered on special days with flowers and gifts.

CHAPTER IV

IMPLEMENTATION OF PROGRAM INTO THE CHURCH

> We cannot 'use' religion to achieve health. Yet, the more clearly we understand that our attitudes, our values, and our understanding of the meaning of life affect our health - the more deeply we shall perceive that without religion, health will be incomplete. We can be sick not alone because of germs or injuries or conflicts, but also for lack of faith in our destiny and that of mankind. To be well, we need not only medicine and surgery and psychiatry, but also religion. If we would go in peace, our faith must make us whole.[1]

Where should one begin to make an experiment become a functioning reality, accepted and appreciated by the minister and the church family? Perhaps, where I shall begin is not the point from which we must travel toward our goal. We must, however, find an origin for it, whether we are right or whether we are wrong: The consequences of a blunder often lead to a profitable or desired end.

"The steadily increasing interest in the individual and his adjustments is perhaps one of the outstanding phenomena of our times."[2]

> The church has always been concerned about the sick. Richard Baxter, in his autobiography, tells how the ministers, remembering the words, 'Inasmuch as ye did it unto one of the least of these, ye did it unto me' cared for the sick and the dying during the plague of London

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[1]Seward Hiltner, "Introduction to Religion and Health," Reprinted from The American Scholar (1946), p. 15.

[2]Carl Rogers, Counseling and Psychotherapy (Boston, 1942) p. 12.

when most people remained behind closed doors in terror and fear.[3]

My church, though somewhat limited in its functional relationship to the sick, has maintained between its families and the sick of their homes, a practical knowledge of a union between Christ and those who suffer. It is, as I observe the work of our minister, scarcely possible for him to become a full time visitor as regards the infirm and aged of the church and also meet other specific duties of a pastor.

The program of work with the sick is new and perhaps more satisfactory only in the sense that it offers more in the association of the patient's health and his religion. This new program has a new and positive approach and new procedures which teach us that the most significant moments in the sick room and the most difficult are the first few moments with the patient; that it is important to see a person as one enters a sick room, not a paralytic or diabetic patient deprived perhaps of years of active life; that one should make an attempt to feel the way the patient feels; that we must not in any situation, attempt to make up the patient's mind for him, and finally, that there should always be a moment in which the patient feels that now, something is going to happen which is going to be definitely helpful and real and which will bring a kind of satisfaction he has not known before.

I am interested in a broader program for those who are

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[3]Charles F. Kemp, Physicians of the Soul (New York, 1947) p. 140.

ill and aged because they are persons in need, who can do little toward the satisfaction of their needs unless we who are strong should bear their infirmities for them.

What shall be the outcome of this program? Does not the minister's willingness to accept the plan prerequisite all other probabilities for its success? Will the membership and official family of the church accept or reject it? Is there probability that my experience with the sick and aged of the church was too short-lived for the establishment of a suitable criteria?

The aim of this program is not intended as a panacea, for it probably has fallacies as yet undiscovered. I do believe, however, that if in its many practices it is judiciously applied it will help the patient greatly to make the best of his life;

> . . . so that when the inevitable tests of life do come they will be met with courage, confidence and faith. . . . 'The rain descended, and the floods came, and the winds blew and beat upon that house; and it fell not; for it was founded upon a rock.'[4]

There are many things to be kept in mind as we work with the sick. Primary among them are their limitations - those things which cannot be changed; e. g., formal education, experiences, the knowledge of a possible infirmity for life and isolation from previous contacts and position.

In my effort to fulfill this program, I shall try to do these things on the basis of certain assumptions as regards the

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[4] Ibid., p. 283.

patient as a person:

a. That these patients, whatever are their needs, handicaps or attitudes, are capable of adjustment.

b. That the sick will always be in the church.

c. That sick people do not respond to the same kind of treatment to which well persons do.

d. That their outlook or philosophy of life is different.

e. That they are capable of cooperation with God and man for the good of themselves.

f. That the patient realizes he has the most important part in his recovery or in his restoration of faith.

Summary

At this point we offer to the church a program designed to supplement the comforts of the sick and aging. It is here at this point, we realize the limitation of them; remembering at the same time, that they are persons as well as patients, and are thereby capable of adjustment. We recognize the loyalty of the church in the past to its infirm and on the contrary consider our inadequacies today as regards these persons. Finally, we evaluate our new program in the light of its good points and at the same time acknowledge its probable weaknesses.

THE CONCLUSION

> The concept of health is by no means as simple as was once thought and our modern broader view has profound implications for religion. . . . Ultimately, religion is more than study or the application of a method on the basis of an observed need. It is the basic approach to life encompassing the whole person in relation to what he conceives to be his end and destiny.[1]

The parish visitor is a newcomer in the present day progressive program of the church, which means that much of our work, or perhaps all of it, involves experimentation. The church is becoming a closer ally to the home. We have come to realize that the way a man thinks, his Christian belief, has much to do with how he feels physically. All patients do not meet the adversity of sickness and the approach of old age alike. The adjustment of the sick to his new isolated and less comfortable situation must be done specifically in the light of the individual, not generally, for numbers of sick persons. The church must concern itself in helping the family to meet the needs of the sick in their homes. This new program is being offered to the church for use in visiting the infirm; the church may or may not accept it, but whatever is the outcome, we have very good reasons for believing that though such a program is the result of brief experimentation, with all of its probable deficiencies, the church can benefit by its practical application and constant association with the sick.

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[1]Seward Hiltner, Religion and Health (Reprint from The American Scholar), 1946, p. 14.

We therefore recommend that the church should recognize its probable advantages over the old program and make use of it; for even doing our best, we can meet the patient only at certain points in his life, at others, he is alone.

APPENDIX A

A CHART SHOWING BRIEFLY THE GENERAL SITUATION
OF THE INFIRM AND AGED OF WARREN CHURCH

No. of Patients - 14

No. Males - 2

No. Females - 12

Types of Infirmities

Old age	-	7
Diabetes	-	1
Strokes	-	1
Injuries	-	2
Arthritis	-	1
Operative	-	1
Kidney Ailment	-	1

No. in Hospital or Home for Aged - 1

No. of Years as a Patient

Maximum 11 yrs. Minimum 4 yrs.

No. Confined to Bed - 2

No. Convalescing - 12

Length of Field Period - 2 Mos.

No. of Visits Made to Each Patient - 3

No. of Deaths During Visits - 1

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