"UNTTO THE LEAST OF THESE"
Chapter Nine

Ministering To The Whole Person

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Compiled in 1974 by Dr. William Seath
“Rehabilitation”—it has a nice sound, doesn’t it? And we are so vulnerable to the innocent facade of a good sound. Plans, programs, therapy, rehabilitation—they all have nice sounds; and they help so much to ease the pain of our frustration, the unproductive, uncertain courses that we follow. We are sure, though, that we are directing rehabilitation programs. But, it is not enough to say that we are engaged in rehabilitation. We have excused ourselves with terms too easily and too often. It is time that we ask some provocative, even painful, questions such as, “What does rehabilitation mean? What kind of people are we rehabilitating? Are we equipped to do the job?” We dare not fail to ask, with complete candor, these questions. We are presuming to interfere in human lives, to probe into the minds and emotions of people who are victims of monstrous problems. The field of abnormal behavior deserves the same or even greater consideration than that involving persons who are physically impaired. One would not assume the responsibility of applying scalpel or forcep to a wound that he is unprepared to treat. The pathological consequences of imposing oneself into the area of either physiological or psychological impairment for which he has no skills are immense. The least we can do is expose ourselves to the glare of honest introspection, discover our inadequacies and make every effort to correct them or compensate for them.

The first of these three questions is a clinical one and can be answered quite simply. By definition, rehabilitation means, “to restore formally to a former capacity or standing, or to rank, rights, or privileges lost or forfeited. Also to reestablish in good repute or accepted respectability as a person or character, name, and so forth after disrepute. Also to restore to a good condition, regenerate or make over in an improved form (as to rehabilitating human nature, to rehabilitate one’s ideas or methods).” Reference: Webster’s Dictionary.

By Christian standards, this definition fails to meet the criteria of Scripture which proposes the restoration of the spiritual man to his Edenic claim and requires our total commitment in the implementation of this restoration. Gal. 6:1, 2 Tim. 1:7.

The second question, “What kind of people are we rehabilitating?” eludes definition. Simple definitions have been one of our principal obstacles since the inception of the reclamation programs. We have been inclined to choose up sides between two simplistic poles. Our clients must be either sick or sinners, diseased or damned. Fervently and often we sing the old hymn, “Just As I Am Without One Plea,” but the questions come back from the man in the pew, “Who am I? Why am I like this? What has happened to me?” The concept that
the man is without one plea is generally misapplied to suggest that he has surrendered both his rights and his reason and is to be melted down through prescribed processes and poured into a mission shaped mold. If the image is flawed or the materials do not hold together, we do not trouble ourselves with trying to discover the cause but simply relegate the shattered debris to the garbage heap from which it came. Far too often we insinuate that that is where it belongs.

Unless we are able to comprehend that each person who comes to us is what he has become through a lifetime of experience, we will continue to deal with him as though the sum total of the person is that which just came through the door. We will fail to see him as the result of processes that took years to lead to this day. It is both our privilege and our obligation, by the help of God, to set in motion new processes that will begin to untangle the intricate web of time and circumstance so that the new man might be molded.

Finally, the third question, “Am I equipped for the job?” is the most difficult. It strikes too close to the nerve—“How dare my qualifications be questioned. I am called of God. I have given my all.” But instead of declaring what we are giving, we should be asking, “What am I getting?” and rather than displaying our credentials, we should be asking, “What have I been willing to settle for?” Let me explain at once that I have no reference to academic achievement as a standard of qualifications, nor do I suggest material compensations when I elude to a return. My concern is that most of us are too selfserving in our sacrifices to achieve an adequate understanding of the objects of our service and that few of us are willing to invest either the time or energy required to arrive at that understanding. We are preprogrammed to traditional cliches that tend to reflect our theological conditioning. To begin to think quickly undermines our security and new ideas are tantamount to an attack on what we have always known to be true.

Five basic drives characterize the dangers that haunt rescue mission personnel, and I list them in the order of their priorities. Each of these five are designed to elevate the personal ego and to serve our own sense of self-esteem.

1. Paternalism: “I am being good to you by giving you what you need. I will do your thinking for you, and you must submit to me. You are not adequate without me for you are my product.”
2. Legalism: “There are X number of rules that you must keep, and if you break them you are not sincere.”
3. Penalism: “Because you are here you must be bad, and it is my responsibility to make you hurt and therefore to make you good. Don’t get too sure of yourself and don’t forget that you came to me for help.”
4. Isolationism: “Don’t try to be my friend or expect me to be yours. Don’t forget your place. You are not really my equal.”
5. Adorism: “I am doing things for you for which you must be grateful. If you are not grateful you are not sincere and I will not do any more for you. You must realize that I am very good and very generous.”

The point that I wish to make is that we are inclined to use the deprived or disturbed person to quell the emotional storm within our own breast and to reestablish our own sense of worth. There is danger that we deplete the stature of others in order to enhance our own, or to accentuate the lack of another, in order to compensate for our own. It is possible to feed on the helplessness and weakness of others and so establish a false sense of strength.

While I have been careful to explain that I do not have exclusive reference to formal preparation, neither do I wish to give comfort in this area. Obviously, the field of rescue missions is replete with persons who have been long in the ministry without opportunity or inclination toward academic preparation in any of the sciences dealing with abnormal behavior. Most of us have relied on two or three basic factors that are simply the obvious product of the process of events and time spent in the ministry. First of all, there is the confidence of the call that God has given us. Surely He would not call us to a ministry for which He would not enable us to perform. Secondly, in all probability, we have spent hours ministering to groups, dealing with special problems, or simply functioning by necessity as the needs of people were pressed upon us. Thirdly, most of us are conscientious enough to want to do our best for God and for the client whom God has brought to us. Certainly, this implies some degree of introspection as well as some sharpening of our insights into the needs of others.

It is my contention, however, that this represents a status quo that is no longer acceptable. There is no excuse for the lack of some clinical knowledge in the area of abnormal behavior. It is doubtful that a metropolitan area of any size at all is without numerous opportunities for lay persons to gain some knowledge and experience in this field. All colleges and universities now offer low cost adult training on a limited enough scale to allow most people to include some curriculum into their schedule. Most hospitals and health centers have arrangements for basic training in group or personal counseling for the express purpose of arming pastors, agencies, institutional workers, and lay persons interested in a working knowledge in personal relations. Industries are making available seminars and short term conferences as a means of providing some solution to the growing problems within their own organization. The National Council on Alcoholism has been holding training institutes in many localities, which are available through scholarships, to almost anyone engaged in the area of alcoholism. These are only a few of the many provisions that have been made to meet the pressure of our times. It is, therefore, incumbent upon mission workers everywhere to avail themselves to these opportunities to sharpen the tools of their crafts.
There is an encouraging interest in alcoholism on the part of Christian young people receiving their education in the behavioral sciences. Many of these can be directed into the general field of rescue providing that they discover the soil for the sowing of their own interest and academic achievements. We ought not to fear them as poachers in our territory or feel threatened by the new methods and principles which they introduce into the work. Only the message and those higher spiritual objectives must remain unshakable.

Once the superintendent and the board of directors become aware of the illimitable value of this specialized training, they should waste no time in implementing training programs for their own staff. This can be done by encouraging or requiring some exposure to seminars and conferences of this type. Qualified persons can be brought into the mission itself for the purpose of providing training in the use of specialized skills. We might point out that even where Christian psychologists, psychiatrists or trained counselors are not available for staff training, there should be no hesitation about employing the services of sympathetic men in this field.

We are not asking for a new philosophy or new objectives. We are simply attempting to acquire new tools and become proficient in their use. We owe our clients every conceivable skill that we can acquire. The concept of ministering to the whole man is not a new one. It is, however, relatively new to the rescue mission. There has been an appropriate emphasis on spiritual programs, but almost to the exclusion of realistic solutions to the monumental problems of those coming to the mission for help. The awareness that Christ Himself dealt constantly with the total man (body, soul, and spirit) is not a revelation; but it is, nevertheless, a refreshing rediscovery that can immensely enhance the effectiveness of the rescue mission. I am reasonably sure that this statement will draw objections since, quite obviously, missions have commonly provided food, shelter, clothing, and some clinical care since the birth of the rescue method. However, the “new discovery” involves physiological factors far more critical to recovery than these. They are essential to survival, but they have no rehabilitative qualities. There is danger, in fact, that to limit provision to the survival elements over a long period of time without providing physical and emotional repairment is to perpetuate the person’s problem, rather than to contribute to his recovery. He becomes an increasingly dependent person lacking the incentives necessary for recovery.

In the consideration of the whole man, the body does not logically come first. It does obviate itself more readily, however, since it is the observable element. The bleak aspect of human wretchedness provokes, at the first inspection, either pity or disgust as the sight, sound or the smell of the person inflicts itself upon us for the first time. That which confronts us first is an image of misery that assaults our senses and bears irrepressible evidence of the desperate condition
of the person standing before us. For these reasons we choose to discuss the
physical aspects of the client first.

There is no simple approach to the human wreck who stands before us. In the
first place, the subject has experienced profound physiological debilitation, for
which there is no quick or simple solution, and needs treatment that involves
both time and skill. Organic deterioration includes permanent damage to brain
tissue, heart, liver, stomach, and the respiratory system. It is a matter of
common record that most of the damage is irreparable. Brain cells do not
rebuild. The liver, once deteriorated, can never recover its normal function.
Damage to the heart is permanent and represents one of the most common
causes of the high mortality rate among alcoholics and derelicts. The list of
organic ills resulting from years of gross misuse of the body is long and
impressive and gives ample evidence of the need for medical help.

Since it is generally conceded that most organic damage defies repletion, there
are, it seems to me, two paths to follow. One is to recover the depleted organ as
far as is possible and the other is to strengthen those areas of the body that
still remain intact. That is, improve the general health and welfare of the victim
so as to diminish the burden upon the impaired part. The human body has a
marvelous capacity for compensating for its losses and adjusting itself to its
needs. This is, of course, providing that the deteriorating forces are arrested to
allow for the strengthening of these compensating factors. For instance, a heart
already damaged beyond immediate repair can be helped substantially by the
exercise, diet and disciplines that can make the whole body a wholesome
vehicle for the sensitive organ.

It is quite obvious that the average rescue mission could not provide the
technical skills needed for such a program. However, it would be seldom indeed
that other agencies that do meet these qualifications would refuse to assist in a
cooperative relationship between itself and the rescue mission. If the mission is
attempting to be a sincere support agency within the community for local
hospitals, mental health centers, welfare departments, etc., they will find these
same agencies quite willing to reciprocate in the pursuit of their own objectives.

A second major part of the problem has to do with the soul. One very sensitive
“soul” issue involves performance failures within the mission program that
often defeat efforts to affect rehabilitation. Normally, the problem does not lie
with the client but with the staff member who fails to take into account the
physiological debilitation previously referred to. Often mission workers actually
contribute to the defeat of their clients by assigning them to tasks which defy
an adequate performance on their part. It is quite obvious that irreparable
damage to the central nervous system over the years would result in an
impairment of skill performance. Coordination is lost, vision dims, instincts
fade and reflexes die with the continuos assault of both narcotic chemicals and
aimlessness upon the human body. It is extremely important in assigning tasks to men engaged in recovery programs that we be very careful to match the assignment with the client’s capacity to cope with that assignment. It is not accurate to say that we have a work incentive program if, in fact, we assign tasks to them in which they are doomed to failure. A further defeat does not enhance the client’s reach for higher goals. Our calling is not to add weight to the burden of a man’s condemnation, but rather to begin, by a slow and compassionate process, to build him up again. He needs to gain stature, first in his own eyes, step by painful step, and then in the eyes of those around him. The delicate business of restoring a broken person back to self-esteem, community acceptance, and spiritual productivity requires both a patient and informed maturity.

A direct result of the deteriorating processes to which we have referred has to do with the client’s inability to perform up to the standards which he himself has established. It is not easy to settle for less than past performances, and often it is the responsibility of the counselor or supervisor to gently direct the client into the surrender of his pride in old skills and on to the assumption of completely new ones. This may be difficult, but it is essential if a true rehabilitation is to be realized. Furthermore, evidence piles upon evidence that many men and women yield to aimless defeat because they have spent a wearisome lifetime attempting to adjust to a vocation for which they have neither aptitude nor interest. Vocational reorientation is of prime importance in such cases.

Again, nearly all communities are blessed with the advantages of numerous vocational counseling services which are at the disposal of any organization attempting to deal with the displaced person.

Let me briefly suggest a counseling outline that has been of great value to us in counseling both men and women who have traveled a long and treacherous path of personality disintegration. This outline is applicable to all of the areas of rehabilitation, body and soul and spirit. (See counseling outline.) While these suggestions are not solutions, we nevertheless recommend that they are useful tools in the methodology assumed by the local rescue mission.

If we properly define “soul” as having to do with the motivational or volitional aspect of personality, we consent that this is one of the most fertile areas for the dynamics of rehabilitation. The soul, we conclude, has to do with the emotions, with the intellect, and the will. In all three of these areas our client is in trouble. I am afraid that, historically, we have hampered our progress in dealing with the total man by accepting simplistic definitions that simply distinguish the immortal entity from the temporal—the soul as distinct from the body. This is a valid distinction, but it fails to be either a definition or a description. The soul is, in fact, infinitely more complex than the body and
infinitely more difficult to treat because it defies the criteria of the scientific method. It cannot be weighed, measured, counted, or even compared. We are inclined, under such circumstances, to cover our inability to cope with such a complex situation by simply ignoring it or relegating it to theology and suggesting that it is the exclusive property of the preacher. Such an evasion, however, does not really exclude us from our responsibility. We are, in fact, inestimably more responsible for this particular area than any other because it is not only where the man lives, it is the man himself. It is his thought life, his responses and reactions, his defeats and his victories, his conquests and his wounds. It is impossible to speak of rehabilitation without coming to grips with this complex, nebulous, yet very real person. The soul is all that the body is not. It may be simple to surrender the soul to the preacher, but it is still the soul that the counselor must look at behind those eyes from day to day.

As scarred as we discover the bodies of the victims of poverty and alcohol to be, those scars are insignificant in comparison to the deep and ghastly lacerations of the soul. What a tragic error to look the gaunt and disfigured man or woman in the face and see only a “drunk” or a “bum” or a “prostitute.” The depth of trauma that he or she has experienced is beyond most of our comprehension, unless we have either walked in their shoes or are capable of identifying, through our own weaknesses, with their terrible failures. They do not have to be accused. They do not have to be named. They do not have to be penalized. They have suffered all of these humiliations at their own hands. It is inconceivable that we could feel the contempt for these people that they feel for themselves.

A major and basic element in rehabilitation has to do with the establishing or reestablishing of relationships between the client and the Christian community. Until this has been accomplished, a program for spiritual growth is like a ship cast adrift upon an endless sea without direction or destination. The best program for the development of the spiritual man requires a place and condition in which it can develop.

It is discreet, at this point, to remind ourselves of the purpose and function of a rescue mission. Ours must be a Christ centered program of redeeming people lost in body, soul, and spirit. To begin with, it is proper to assume that each person has or will now trust Christ as their personal Savior. In other words, if they haven't when they come to us it must be our first objective. It is also essential to press each one to make a public profession of faith. This is not only scriptural it is psychologically desirable. They become identified, if the program is real and if our staff and the people around them are real, with a group that sets them apart from those people out on the street or that family across the hall. It is true that they may have gone to the altar many times before, but I am not sure that I care too much about that. We are dealing with one particular incident and we want this incident to be different for them. Our position must
be, “If you are going to participate in this program, then we want you to have Jesus Christ as your personal Savior and know it; and we want all those other people around you to know it also. We want you to take a step that is definitive and that separates you from them.” If the separation is not real, then the burden is on the professor and not upon us.

We must recognize, however, that only occasionally does a man come to us for spiritual help. Normally his needs are more immediate. Food and shelter and clothing and often sheer survival make up the basic drives of his life, and it is for these items that he comes to the rescue mission. Even such incentive that can make our recovery program meaningful experiences, must be initiated by the mission staff. He does not want to be saved; he wants to be fed. He does not want to grow spiritually, he wants to be comfortable and warm. Only as we establish both the environment and the motivation that he cannot produce within himself will we see the beginnings of new interests and new initiatives. If that man ever becomes a success story for your mission and an established part of the Christian community, it will be through a long and painful and frustrating process of prayer and work and even a bit of worry. Success rests largely upon the persistence of the prayer, the patience and tenacity of the work, and the ingenuity and creativeness of the worry. It is my firm conviction, therefore, that the man who comes and makes the trip to the altar and remains for one or two days to become calm and comfortable and then leaves again cannot really be called a convert. It is false to make him a statistic on our monthly report. It is presumptuous on our part to assume that anything of permanent value had happened, even though he has gone through the little ceremony that we have pressed upon him and that has been pressed upon him in the last twelve missions that he visited. He has gotten to where he performs very well for he has learned how to pacify the preacher and please the mission director. It is incumbent, then, upon the mission superintendent, to institute a program that will penetrate the practiced facade that expediency has erected as an instinctive defense mechanism.

A past International President of the I.U.G.M., Rev. Jerry Dunn, author of “God is for the Alcoholic,” has produced a chart representing a cycle that the drinking man goes through. There are five stages to this cycle as follows: one, the desire never to drink again; two, pride of sobriety; three, fear of drinking again; four, feeling that you have mastered your problem; and five, complacent to addiction—social success. Then, of course, the sixth obvious step would be back to drinking. This is a good and helpful chart and we all observe this cycle repeated time after time. But, there is another cycle correspondent to this one that is just as important and just as critical for our consideration. It represents the same procession of events, only it is geographical, social, and economical rather than purely psychological. It begins in a hotel room in which a man is very lonely and bored. From there he goes to a bar where he gets very drunk.
The next step is jail or the municipal institution where he stays for thirty, sixty, or ninety days. He comes out of that institution sober but remorseful, and so the next step will be the local rescue mission where he comes to cool the fervent heat of his guilt by attending a series of services and kneeling at a series of altars. When he feels well enough, he draws a paycheck and the whole cycle begins again.

Great volumes of finance, energy, and ingenuity have been expended in trying to discover the processes that will interrupt this cycle. Large cities provide a galaxy of programs designed to accomplish just this objective such as AA programs, mental health centers, hospital wards, etc. These plans are obviously commendable, but all have one thing in common. They put the man right back where he came from—on the street. They are neither inclined nor programmed to accomplish anything beyond that. If the patient has been committed to psychiatric treatment in a mental health center or counseling in one of the many halfway houses, he remains there through a prescribed series of treatments, reaches a nebulous criteria of recovery, and is then terminated to go back out onto the street—the same street from which he came.

Let me emphasize right here that it is not my intent to discredit programs of this type or the rescue mission’s use of them. On the contrary, I am unreservedly jealous of some of the techniques that are presently being appropriated and utilized in this field of recovery.

I repeat, however, that unfortunately rescue missions often fail to break the cycle. They have within them the staff, the equipment, the motivation, and within their grasp the divine power to accomplish this. It is a sad fact, however, that they do not really affect recovery for an appreciable number of men and women. It is my judgment that this is because they have failed to incorporate into the formal planning of their program one element that can produce results. It may not in every case, or even in most cases, but for those men and women who are genuinely motivated to learn and to live a mature and productive Christian life, this element is divinely provided in the community of believers known as the local church.

Most rescue missions provide a curriculum of daily Bible classes. Further, they schedule fellowships, group therapy sessions, and personal counseling. In other words, most carry out the normal pattern of programs of the rescue mission. But eventually a man reaches a saturation point in which Bible classes, prayer time, counseling, or any of the standard procedures fail to disturb his mental processes or his emotions. As long as he is a part of a program that does not provide an escape from the larger institutional cycle and, therefore, fails to give him an incentive that can appeal to his normal intellectual and emotional impulses, he will yield to the status quo of his bare existence. This saturation can be illustrated by the man who is experiencing a
terrible thirst and who actually feels that he could drink forever. But, eventually, he reaches the place where he cannot drink anymore. His system will not absorb more alcohol and will, in fact, reject it. I believe that men will inevitably reach that saturation point in our programs if they are not taking them anywhere except back to the street. They have heard everything there is to hear and have heard it so often that their senses are dulled to its impact.

It is my observation that rehabilitation is about eighty per cent resocialization. Man is essentially a social animal, and he is going to have a social environment in which he can relate to others around him. He is also categorically egocentric. This social environment is going to be a place in which he can be reasonably comfortable and where he can compete with other men around him. His ego, though tragically diminished and painfully depressed, is going to try to establish itself within his environment just as yours and mine. He is going to be able to drink more than those around him or he has to have been in more jails or, perhaps, even carry more scars. His self-esteem may find no root or soil beyond that of his own personal tragedy, but it will at least be a tragedy of sufficient quality to give him status among his peers. Something has to be true that makes it possible for him to live, not only with those around him but with himself, for there is, in spite of his deterioration, a little bit of “him” left.

Based upon that theory I suggest that missions ought to see their unique function more clearly. They are not an end. They are only a means to an end.

During the early part of the second World War in 1943, we crossed the ocean in an old ship. It was a miserable old scow, but it was destined to carry us through the North Atlantic to England. It was during that period of the War when the wolf packs of the U. boats were prowling the North Atlantic waters. I did not spend a serene moment on that boat, and I assure you that I very vigorously and with great dedication went through the lifeboat drills. I was going to be the one man on board that was going to live if the boat went down.

You see, I could picture myself out in that tremendous, heaving ocean in a lifeboat. You may be assured that if that ship had gone down and someone had come along in a lifeboat, I would have been most delighted to get on board. It would not have taken me long, however, to realize what the function of the lifeboat was. Now anyone would rather be in a lifeboat than in the water, but no one would rather be in the lifeboat than on shore. All the lifeboat is designed to do is to rescue a person from sinking beneath the waves and to convey him safely to shore where he can live a normal, satisfying, and productive life. This he cannot do in the lifeboat. Having just been rescued from the water, you may like a lifeboat for a day and you might even like it for a week. You might even like it for a month, but there would come a time that because of the limitations of the lifeboat and the inadequate diet that it offers the water would look better than the lifeboat. The lifeboat is simply not the
place where one sets up housekeeping or vacations for thirty days or establishes a way of life. History records occasions when men, having spent so much time in a lifeboat that their systems could no longer tolerate the circumstances, have jumped back into the sea and perished.

What a futile exercise that rescue operation turned out to be. I would like to repeat the premise that a man is going to have a social environment. He is going to relate to people and it is going to be with people with whom he can be comfortable. It is our job to establish a program that will help this person become comfortable with the right kind of people and in the right kind of society. A rescue mission, as the name implies, was never designed to be anything more than a lifeboat. The principal function must be to initiate those programs that will ultimately deposit passengers on the shore.

In looking back on my own Christian experience, I realize that every possible support was available to me—a Christian mother, a dedicated Sunday school teacher, a group of maturing young people, and the counsel of a Godly pastor.

In retrospect, I can recall that I was tremendously relieved of a terrible burden of futility and emptiness. I literally found myself. As the new generation says, “I found my identity.” I was not aware that it was lost because no one was telling us in those days that we had lost it. But, at any rate, I found it. As I have already said, I had every possible encouragement and every advantage and benefit that could accrue to a young man in his early Christian experience. I am amazed at the philosophy that we so often hear propounded. “The man has gone to the altar and received Christ as his Savior. Why does he still have an alcohol problem? Why should he be lonely? He should now find his companionship in Christ.” Admittedly, for most of us, Christ wasn’t enough and we got married. These fellows cannot do that. Obviously, then, some vehicle is needed to translate people who had spent the major part of all of their lives in the depressed area of the city or under the bondage of alcohol or indigency back into the mainstream of a Christian society where they can enjoy normal relationships.

If we were to try to design a perfect vehicle by which we could translate men from this skid row orientation, this vicious cycle, we could not possibly design one as ideal as the institution of God, the church. It is precisely at this point that the crux of social, spiritual, economical, and emotional recovery rests. How efficiently we are using this readymade, divinely ordained instrument called the church determines the effectiveness of our program.

The church does, however, present a formidable aspect to most mission clients. It represents everything the man or woman is not, and holds a special terror for the subject, for it brings into sharp relief all of the failures that have cursed his or her life. We should all understand what it is like to go as a stranger into a situation that is not really congenial or comfortable.
Though it was a long time ago, I honestly remember my first day in school. I approached the day with eagerness, but I approached the school with fear and trembling. I did not want to stay, and it took more than the ordinary amount of persuasion to keep me there. I wanted to leave school every day for the first several years of that experience. So, my parents coerced me into going. I didn’t like it, but it is the means by which I got an education. As a result, I believe in the principle of coercion. It is highly possible that my parents did not raise me properly, for it did not trouble them at all to send me off to school against my will. If they hadn’t, I would never have gone. I went through the first several years of my education against my will, but I can read. It is based upon that ability to read that most of our mental development is foundationed, and without it we would have remained uncoerced but illiterate.

When the man or woman comes to us and says, “I want help,” he is placing himself in our hands. It should be assumed that help is what he or she wants. If, in time, there is evidence that the desire for help has taken on a spiritual dimension, it should be assumed that measures correspondent to that dimension should be introduced. It is fair to the patient to take the position that he is yielding himself to our care and that he is prepared for us, the doctors, to dictate the terms of his recovery. To allow him to make decisions is to be untrue to our obligation. If doing what he had wanted to do had been sufficient, he would never have gotten into this tragic condition. Obviously, a new initiative has to be exercised and, in fact, enforced upon him if recovery is to be realistically anticipated. The doctor must take the responsibility of prescribing the medicine and the plan of treatment. To yield to the whim of the patient is to simply perpetuate the problem. If he will not accept our prescription and our plan of recovery, he must seek another doctor who will perhaps be dictated to.

Unfortunately, the derelicts, when they first come to the Mission, cannot think other than skid row or poverty. Before they can experience any appreciable reorientation, the mental set, the base of emotional operation, must be slowly and gently transferred from skid row to average church and community. There will be no final recovery unless and until the old institutional cycle is broken. The church is God’s instrument of accomplishing this. Whatever program we may have instituted and developed in our organization, if it does not bring our clients into a direct and meaningful relationship with people, they will never realize rehabilitation. Further, the church will provide them with those elements necessary for spiritual growth and maturity. This, after all, is the principal objective of the rescue mission program. May I emphasize once more that the psychologically structured work program or the development of skills cannot accomplish what the church can accomplish in this ultimate goal of reestablishing the clients in their community.
We should assume that each person who comes to our program comes to learn to grow as a Christian. Therefore, it is essential that we map out a program that he can follow. In keeping with the analogy of the lifeboat, let us put it this way. He has to step out of the lifeboat on to the shore and it is our responsibility to see that he does. We carry the oars; he is just a passenger. If all that the lifeboat does is to circle around in the middle of the ocean until the man grows weary and jumps back into the water, it is our fault. God has given us the means of translating this man from the lifeboat on to the shore where he can find job opportunities, Christian relationships, and normal social situations.

These people are not only our responsibility but they can be our victims, literally. They are helpless because they are limited to what we do with them and for them. They have no other resources but the strength of our hands upon the oars. They are helpless, hopeless, dependent individuals. The boat is ours. So, if they stagnate in a stagnated program, it is because we have failed to realize that they are simply average human beings who have, by virtue of various debilitating forces, become derelict. To us God has given the privilege of working in this most difficult, most challenging, and yet most rewarding field.

Spiritual rehabilitation is, in fact, spiritual growth and maturity as it is for all new Christians. It is a common error to assume that the objects of the rescue mission effort have reached a point so low on the human scale that they no longer deserve or can benefit by the extensive efforts that we consider adequate for our own spiritual growth or that of our neighbors. We, therefore, are inclined to limit our programs to the elementary approaches normally considered appropriate to children. The miracle of total transformation that did not take place in our lives, we fully expect or require in the lives of those who come to us with some of life’s most crushing problems. The same basic elements are required in the spiritual growth of any human being regardless of their social or economical status.

First of all, we must assume that the man’s very presence implies the operation of the Spirit of God. To assume otherwise is to trust nothing more substantial than blind accident, an accident that we assume God wants us to make the best of. I could not survive such an assumption for one day in the face of the obstacles that I must meet from hour to hour. If God is not in it, I cannot afford to exhaust myself or run out my time in a project that is doomed to failure. We must assume that the Holy Spirit not only directed the subject’s feet to our doors but that He has brought to bear the full weight of His conviction of sin upon the tormented heart and mind of the client. Those persons with whom we enjoy some degree of success have surely been the
objects of the loving pursuit of the Holy Spirit. We dare not assume that our programs have accomplished a spiritual regeneration.

Secondly, the Word of God is essential. Let us be careful not to assume that a sermon shouted from a rostrum is the sum total of Bible effort needed to affect spiritual recovery. Unless we are prepared to encourage our client to remain as a guest, daily counsel and encourage him from the Word of God and from our own experience, exercise the greatest degree of patience and tolerance toward his failures, and take into constant account the depth of trauma through which he has passed, we will never have made an adequate application of the Word of God. Bible classes can blend with group therapy, prayer with sensitivity training, sermons with instructional meetings. In fact, once the client has become involved in our programs, every spiritual exercise must include this subtle blend and every moment of activity must include elements that will encourage the spiritual nature. The two cannot be separated. One without the other is meaningless. The Word of God, applied through the miracle of the Holy Spirit, must have its principal application to the physical, mental, and emotional aspects of the total person. The redemption of a soul must suggest the redemption of a life. Romans 12:1, 2.

In the third place, prayer, so often spoken of casually by the client, is imperative if the Word of God, under the illuminating ministry of the Spirit of God, is going to take its effect. Prayer must now become more than the “Now I lay me down to sleep” of childhood. It must become a real and vital avenue of communication between the patient and the one to whom they pray. This is perhaps the ingredient most difficult to introduce into the normal pattern of the new Christian. They have played the game too long. It raises images of mother’s knee and the old Sunday school but does not assume a realistic role in the new Christian’s life. Again, great patience and persistence are needed if there is going to be any real communication with God.

Finally, our greatest privilege and responsibility is, through these three processes, to teach our charges that Christ really does make up the lacks in their lives, that in spite of the years of tortured insecurity they now enjoy security in Christ and that, though a lifetime of failure has convinced them that their particular life has no meaning and has completely robbed them of all self-esteem, they really can do all things through Christ who strengthens them. They must even be taught and persuaded that, though their bodies have been destroyed and their minds seriously impaired, Jesus Christ still loves them, still has a purpose and plan for them, and can still use them to His glory and to their own joy and fulfillment.

No easy task is this, and it can bring heartbreak and disillusionment to the missionary of the inner-city unless all of these issues have been firmly settled in his own heart and mind. He cannot endure both the ravages of war within
his own life and the perpetual bombardment of disappointment, heartaches, frustrations, and monumental problems that are the occupational environment of the rescue mission.

This is the business that we are in. If we are not prepared to meet the demands upon our time and energies, if we are not capable of exercising patience and stubborn determination, if we have not counted on disappointments and heartaches, and if we have not established a going partnership with God Himself, we have no business in the work. And if we thought that rescue mission ministries implied a platform, a preacher, a dormitory, and a dining room to which a man could come for a night and go redeemed, transformed, glowing, and on his way to glorious prosperity, we have made a serious error in judgment. Ours is one of the most demanding jobs in the world and requires more in carefully planned programs and procedures, more in faithful application of the Word and Power of God, and more in stubborn and fervent prayer than any other. Proven techniques, sophisticated programs, the finest in professional skills, and the most intensive spiritual programs are appropriate to the course that we have chosen or that has chosen us. Above everything else, nothing less than a clearly called and completely consecrated Christian need begin the long, often tedious but wonderfully rewarding trek through the jungle known as the inner-city.

PROGRAM (CHRISTIAN)

Counseling Guidelines

(Scheduled Weekly)

Please confine counseling to the outline:
Do Not Pressure-Criticize-Judge
Rather Advise—Encourage—Pray

I. Home Relationships:
   A. Probing for the Problems
   B. Healing Old Wounds
   C. Renewing Vital Ties

II. Church and the Social Man
   A. The Moral Vacuum Filled: Instruction-Example-Inspiration.
   B. The Social Vacuum Satisfied: Companions-Participation- Fulfillment.

III. Health & Welfare
   A. Drifting & Drinking (& other problems)
B. The Damage—Extent & Implications
C. Rebuilding—Salvaging—Classify and Organize

IV. **Personal Security—Earning Capacity**
   A. Old Skills revived or evaluated
   B. New Skills—Retraining
   C. Self Reliance—Non-Dependent

V. **Looking Ahead—Realistic Aspirations**
   A. Reunion—The Valley of Dry Bones: (Salvaging the Past).
   B. New Beginnings—Home-Family Business
   C. Christian Service—Talents-Limitations.