The Psychology of Counseling

Professional Techniques for Pastors, Teachers, Youth Leaders, and All Who Are Engaged in the Incomparable Art of Counseling

By

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Chapter 15 - PHYSICAL CAUSES

Today, men with professional training in medicine, psychology, religion and related fields are recognizing the value of the team approach. They know that their combined efforts bring about the best results. This team effort is based upon the fact that causes are multiple. There are usually a number of factors that create a problem. Any one, or any combination of these causes may bring about illness, maladjustments and various serious problems.

When people bring their troubles to a counselor, they are often unaware that these difficulties may stem from physical causes. Thus, it is the responsibility of the counselor to consider the possibility of medical or physical origins. Until recently certain physical causes have remained virtually hidden. But research has uncovered some of these. Now we know that a physical problem may be disguised in mental, emotional or even spiritual attire.

The case of Mark, a ten-year-old boy, bears this out. He came from a fine home where love and Christian graces shone through everyday living. His father was the Sunday school superintendent in a fine gospel church.

Yet, with all of this in Mark’s favor, he never seemed to do as well as he should. His eight-year-old brother was a well adjusted child — a joy to be around. But not so Mark. In both public school and Sunday school he left turmoil in his wake.

Mark claimed to have accepted the Lord as his personal Saviour. His parents had talked with him about full surrender. They pointed out that his actions were displeasing to God. Mark usually repented — and then went right back to his same pattern.

One day when Mark’s parents were talking to the pastor about their concern, the pastor suggested they take the boy to a psychologist. Since there was none in their town, the parents wrote a letter to a Christian psychologist in another city describing the boy’s problem and asking for an appointment. The letter contained this description:

His reading is very poor. It is only first grade level even though he is nearly ten years of age and in the fourth grade. His teachers say that he is smart enough, but they have had to keep him back one year already because he does such poor school work.

He has a terrible temper and always blames others for his own faults. He cries easily. Yet in some ways he is a very sweet boy.

He seems nervous, always on the move, and he doesn’t stick to things long at a time. He is also easily upset. He is getting better at sports but still he is not up to the others his age. He doesn’t have many friends because he doesn’t know how to treat them. He often fights and quarrels. He has been taken to doctors but they can’t find anything wrong with him. He seems confused much of the time.

Reading the letter carefully, the psychologist noted a number of descriptions which, when combined, offered significant evidence.

• Poor reader
• Apparently intelligent
• Low achievement

• Bad temper
• Blames others
• Cries often
• Gains sympathy
• Nervous
• Short attention span
• Easily upset
• Poor coordination

• Few friends
• In constant conflict
• Confused
• No help found

Appointments followed. As they discussed the boy’s problem the psychologist began to suspect that Mark’s difficulty might stem from an organic cause. During the next few visits the psychologist gave tests. The results pointed to a neurological impairment.

“Has the boy ever suffered a severe fall, or perhaps had a continued high fever when he was a young child?” asked the psychologist.

“No,” the parents replied, “but he did have a very difficult time at birth. In fact, we almost lost him then.”

The psychologist then referred the boy to a neurologist who ordered an electroencephalogram (brain wave test) at a local hospital. The test revealed diffused disrythmia with localized disrythmia in the left occipital lobe.

“This condition,” explained the doctor, “undoubtedly accounts for much of Mark’s behavior. The apparent damage to the left occipital lobe results in a perceptual distortion which has affected his reading. Even though his eyes appear to be normal, he undoubtedly has a vision problem. This was indicated in the tests given by the psychologist.”

Mark was given special medication and within a short time he was behaving in a much calmer, more acceptable manner. The neurologist forwarded his findings to the psychologist who followed through with several counseling sessions with the parents.

“Cases of neurological impairment,” said the psychologist, are not unusual. Many children and adults have such cerebral damage. And usually we see an improvement in behavior when the doctor gets them on the right medication. Of course, new attitudes on the part of parents and teachers make considerable differences.

“Well,” said his parents, “Mark is like a different boy. And to think that all this time we thought his problem was a spiritual one.

Neurological impairments do account for many problems seen in children, teen-agers and adults. Even marriage problems are sometimes traced to brain injuries sustained by one spouse. So counselors are becoming more sensitive to possible physical causes of behavior problems and they are making referrals to physicians when they suspicion such difficulties. Another frequent cause of maladjustment and undesirable behavior is a chemical imbalance of the body caused by endocrine malfunction. More and more we are beginning to recognize the relationship of proper endocrine balance to good physical, mental, and spiritual health.

Dorothy V. Clark, M.D., a prominent endocrinologist, made the following observations concerning endocrinology while conducting a seminar for school psychologists:

The glands which make up the endocrine system should be a balanced group that work harmoniously. Endocrine disturbance in one gland can upset the whole system, thus causing more
than one gland to be malfunctioning. Children with poor endocrine systems frequently are unable to withstand stresses and strains of childhood diseases without resulting glandular dysfunction. Puberty is a particular time of stress, and endocrine disturbances occur frequently in the 9-13 age group. Stress may be mental, physical, or emotional. Physical stress may be caused by factors such as surgery, infections, or by changes associated with puberty.

What are some of the basic personality characteristics of children with endocrine dysfunction? Namely these:

Short attention span. These children tend to be restless and over-active. They do not pay attention. They are frequently a nuisance in school because they annoy other children. They often daydream or appear to be bored. Sometimes a normal child may be considered overactive but a truly overactive child almost never sits still, even though he is interested in what he is doing. He is even unable to sit quietly through a half-hour television program which he enjoys.

Poor memory. Children with endocrine dysfunction may have trouble learning to spell. They also have difficulty in remembering dates. Reading is especially difficult for them as these children are weak in visual memory and do not profit as much from instruction through sight methods.

However, children with endocrine deficiency may be good students in spite of their handicap. Their best subject, usually, is arithmetic.

Poor coordination. Small children cannot color well, finding it hard to stay within lines. They also have difficulty in learning to “cut out.” They are frequently so frustrated trying to tie shoelaces or button and unbutton clothing that they throw tantrums. Due to poor balance these children may experience difficulty learning to ride tricycles and bicycles and in learning to roller skate.

Instability of I. Q. Test scores. Children with endocrine disturbances may be expected to earn different intelligent test scores on a series of tests given at different times. The endocrine imbalance affects the intellectual functioning and regardless of native ability, the child is unable to use his intelligence to its fullest extent.

Emotional instability. These children usually feel inadequate and insecure. They are sensitive, cry easily, and sustain hurt feelings. They are frequently over-conscientious and try very hard. They may try so hard and fail so long that they finally refuse to try at all. They feel badly because they are unable to successfully compete with others. They have difficulty making friends and are often “lone wolves.” Although they are frequently shy and timid, they may become aggressive and slap or push other children. They are not usually chosen for teams because they are unable to run fast and cannot throw and catch balls well. They may withdraw because they are not popular and cannot compete successfully in sports.

Can anything be done to help those who suffer from glandular dysfunction? Yes, medical science has discovered that through the use of certain medication, help is available. A thorough physical endocrine examination is given and a clinical impression is confirmed or denied by laboratory work. This work includes endocrine assays on the blood and x-rays of sella turcica (the pituitary fossa) and wrists for bone age. This is followed by weekly check-ups for three to five weeks to adjust dosage. Then the patient is checked once monthly. Unless children are physically or mentally retarded, medication is given by mouth. Injections are used for adults.
Do children ever “outgrow” endocrine disturbances without diagnosis and medication? Usually not, but they may take on different symptoms. That is, they may change, for example, from asthma to migraine headaches. In adolescence, the disturbance usually grows worse.

Bobbie, for example, was eight years old and in the third grade. He had been attending a Christian day school which refused to keep him any longer. He could not play successfully with others and often struck his classmates. He was a nail-biter. His only playmate was one younger child.

Under treatment Bobbie’s school marks improved considerably. In six months he played quite well with other children. After a year his teacher said he was getting along well but still was not good in sports. At the end of two years Bobbie had made excellent progress, and the teacher considered him normal.

In addition to neurological and endocrine problems other physical causes may disturb one’s emotional balance. This was the experience of Mr. Kay. He was a well-educated administrator in a Christian college. He had served the college several years when he began to feel nervous, upset and easily disturbed by things which had never bothered him before. There seemed to be little explanation for his emotional stress and despondency. Mr. Kay had a lovely wife and family, no financial burdens, and he enjoyed his work. Yet his distress mounted. In time he consulted his family physician who, in turn, suggested he see a psychiatrist.

I, a deacon in the church, see a psychiatrist? thought Mr. Kay. Never!

But as time went on his condition grew increasingly worse until he was unable to continue his work. Finally he sought psychiatric care. But after a number of sessions, he felt no better. In fact, he was growing steadily worse.

Mr. Kay then made trips from one specialist to another. At last one physician began to raise the question of undulant fever. Careful diagnosis confirmed the physician’s suspicions. So the doctor started treatment for undulant fever. Within a few weeks some improvement was noted and it was not long until Mr. Kay felt much better. In time, and with medication, he recovered sufficiently to resume his normal activities and work.

Yes, poor physical health is often directly related to emotional and mental problems. God’s Word teaches us that we are “fear-fully and wonderfully made” (Psalm 139:14). We should register no surprise then, that our physical well being and our emotional and spiritual health are interrelated.

Counselors understand that man is a whole being, that whatever affects one portion usually affects the entire human organism. Thus, neurological impairment, glandular dysfunction or other physical ailments can be the basic causes for emotional disturbance. And, of course, a study of psychosomatic illness shows that poor mental or spiritual health can reflect itself in physical symptoms such as headaches, heart ailments, ulcers and many other disorders.

As we view the possible causes of human problems, we see that they are multiple. And it behooves the skilled counselor to become sensitive to all the causes of behavior — physical, as well as emotional, mental, and spiritual.
Chapter 16 - MULTIPLE PERSPECTIVE

As seasoned counselors look back over years of experience, they are impressed with this simple, basic fact: problems usually have many sides. Even situations that at first seemed to indicate one person was completely innocent while the other was to blame often later revealed that both parties were somewhat at fault.

Rev. Hodges found this to be true — but after it was too late. Mrs. Frazer, an active member of his church, came to see him about a serious problem she was having with her husband.

“Oh, pastor,” she sobbed, “he’s simply unbearable. He drinks, abuses me, and treats the family terribly.”

During several sessions Mrs. Frazer filled in the details about her husband’s contempt for the church and his unspeakable treatment of her and the children. Although the pastor had never met the husband, he came to resent him.

Mrs. Frazer’s story was so utterly convincing that Rev. Hodges agreed that this “dear woman of God” had only one alternative: separate maintenance. With this encouragement she felt justified in separating from her husband, then later suing for divorce.

Time passed. Several years later, while pastoring in another city, Rev. Hodges met Mr. Frazer through a business contact. After continued business transactions they came to know each other quite well. Finally their conversations turned to Mr. Frazer’s former wife whom the pastor had counseled some years before. For the first time the pastor began to hear another side of the story.

Now he realized that he had acted on only half of the information -- he had made definite suggestions when he had heard only one side. How he wished that he could turn back the calendar and give Mrs. Frazer the opposite advice!

Undoubtedly all counselors have, at times, regretted the counsel they have given. To have had a few such experiences is understandable. But some counselors make this mistake over and over again. They are “fooled” quite regularly.

It is human nature to favor one’s own side of a situation. This is even more true when a person is distressed or emotionally disturbed. When he is carrying a heavy burden such as a marriage problem, conflicts with parents or employment difficulties, a counselee is likely to see only one major side — his own. He looks at it from his own viewpoint, his own experience. Since he is emotionally upset everything seems exaggerated. This results in his side looking (to him) like the only side. But a full, adequate perspective may be lacking. To see the complete picture, a counselor makes sure that:

He has sufficient interviews to uncover not one, but many of the basic causes.

One or even a few counseling sessions may not be sufficient to find the main sources of conflict and maladjustments. Only as the counselee goes deeper into his problem can he begin to see the network of incidents that have brought about a given condition.

He does not permit himself to be emotionally moved by the counselee.
The counselor who permits himself to “cry~~ with his client immediately shuts out opportunities to view a problem objectively. Furthermore, he discourages his client from seeing points of view other than those he already knows.

He seeks to interview the several parties concerned in the problem. To see only one person who is involved in a complex problem is usually to understand only one side. If possible, the counselor should keep the way open to counsel with the husband, parent, child or whomever is directly related to the situation.

He does not think of himself as a referee.

People do not need referees; they need competent, trained counselors. Their problems require someone who can help them discover basic causes; then point the way to concrete solutions.

When a counselor places himself in the role of a referee he not only offers little help, but he is likely to give advice based only on the “facts” he has at hand. These few facts are probably not adequate for satisfactory understanding.

He does not disregard the clear teachings of the Word of God.

There are times when a solution to a problem may seem like an “exception” to the teachings of the Bible.

“But this case is different,” you may say.

This is a dangerous assumption. God’s Word is infallible and not to be tampered with. Rather than advise against God’s perfect laws, the counselor should wait and withhold definite suggestions until he has gathered more facts on the case.

When a counselor observes the above safeguards, he will avoid “snap” judgments. And as the years pass, he will clearly see that most problems have many significant sides.
Chapter 17 - MOTIVES FOR DISCUSSION

The reason people say what they do is often more revealing than what they actually say. This is because motives are more basic than verbalization.

Keeping this in mind, a skilled counselor listens carefully. Then he looks behind the psychological curtain for the impelling factors which motivate the counselee to say what he does. Until the motives are clearly understood, the picture remains hazy. This very process challenged Mr. Hart, an adult Bible teacher, as he talked privately with Mrs. Thompson, a member of his class. 1“I think I’m a complete failure as a wife,” she said.

The teacher listened carefully, encouraging her to say more.

He knew that there could be various meanings behind her confession of failure.

"Why does she say this?” he asked himself. “Does she really feel this way? Is she wanting reassurance that she is not a failure? Does she want sympathy? Or does she want my praise for the good job she is doing?”

As the conversation continued, Mrs. Thompson kept talking about what a failure she was, how she had disappointed her husband and her children. Mr. Hart said little but he watched for clues as to what prompted these statements.

“Has she always been made to feel that she is a failure? Has she lost her self-confidence through criticism? Is she building up resentment against her husband? Will she blame someone else for preventing her from being a good wife? Will she offer excuses?”

The key to Mrs. Thompson’s motives did not reveal itself during the first interview.

During the week the counselor thought over the things Mrs. Thompson had said. “Does she have unrealistic ideas of what a good wife should be?” he wondered. “Is she judging herself too harshly? Does she resent the restrictions imposed upon her by marriage? Is she too immature to assume parental responsibilities? Is marriage interfering with her dreams of a career? Has she been unable to adjust sexually to marriage? Does she doubt that she is a good mother? Is she unconsciously rejecting her children? Is she having a financial struggle?”

Mr. Hart could have thought of many more possible reasons why Mrs. Thompson said what she did. But he knew that the true motives would emerge if she were given sufficient opportunity to talk.

During the second counseling session Mrs. Thompson began to blame herself for being harsh with her children and argumentative with her husband. As rapport increased she complained about the restrictions of marriage. She wished she had stayed single and gone on with her career as a commercial artist. Eventually, she shifted the blame to her husband. He was the cause of her being “a failure as a wife.” He was just like her father. How could she be a good wife under these circumstances?

The true motivation for Mrs. Thompson’s opening statement was now becoming clear. She had started out to blame herself. But actually her self-criticism was a cloak to cover a deep resentment toward her father and her husband. It was this resentment that had to be considered and dealt with
before she could receive help. If Mr. Hart had accepted her first discussion at face value he might not have discovered the root of her problem.

Not only do counselors examine the motives for what people say, they also look at the causes for silences — what they do not say. What a counselee does not discuss is probably as important as what he does. He may speak freely about various matters in his life but in other considerations, he may freeze up. This blocking is an indication to the counselor that somewhere in the counselee’s past are experiences or lack of experiences which preclude his entering certain areas to talk about them.

Mr. and Mrs. Crawford sought out a speaker at a Bible conference and asked to see him about a personal problem. During their session together the counselor noticed that when the husband brought up the matter of sex he discussed it easily and in good taste. But with his wife it was different. She could not express herself. Embarrassed and ill at ease, she turned the subject aside and talked about other things.

With this clue in mind the counselor suggested at the close of the interview that if they wished he could see them again on the following day, perhaps separately or, if they preferred, together. Mrs. Crawford suggested that they would like to talk with him, but that it might be best if they saw him separately. This was arranged. During the session with Mrs. Crawford the counselor learned that her childhood had been marked by numerous experiences that had caused her to feel most uncomfortable about discussing sex. In fact, these experiences were serving to prevent a good adjustment in the marriage.

Although the counselor was only able to see the couple a few times, he did help them considerably. And his success centered mainly in the fact that during the initial session he was alert to what Mrs. Crawford did not say. He understood that sometimes people are emotionally unable to discuss certain topics. He knew that an important part of counseling is to uncover the motives for what people avoid as well as what they verbally reveal.

Effective counselors cannot afford to skim over the surface of people’s problems. True motives often run deep and they must be uncovered before solutions are available. When the reasons “why” have been determined, neither the counselor nor the counselee is left groping in the dark with problems still unsolved.
Chapter 18 - FOCUSING ON THE CLIENT’S PROBLEM

It has been suggested that the best counselors do not have problems of their own. This sounds
good, but it is quite unrealistic. Even the best-adjusted people, including counselors, because they
are members of the human race, are not exempt from problems. But, by and large, if a counselor
is to function at his best he should not be struggling with serious problems himself. Counselors
who are contending with unresolved conflicts of their own have this serious handicap: they often
attempt to work out their personal problems through and at the expense of the counselee. Unless
they are careful, they will use the counselee and the counseling session to resolve their own
difficulties.

Those who have serious problems themselves should not attempt to counsel others because their
own maladjustments are prone to interfere with the therapeutic process.

Pastor Cook realized this when a lady in his church offered to assist him in visitation work,
especially in calling on various members who were having problems.

“I’d be glad to help you, Pastor,” Mrs. Bain said. “I just love to visit and talk with people, and
I’m sure I could help them.”

But Pastor Cook knew that this would never do. He realized that Mrs. Bain had severe problems
of her own and he was certain that she would use such contacts as opportunities to talk about
them, hoping to find some solutions for herself. So he thanked her kindly but explained that he
felt he should make these calls himself.

Minor problems, however, need not interfere with successful counseling. Neither should a
counselor who has resolved his own conflicts hesitate to counsel others. In fact, he may be in a
better position to understand and identify with a counselee than the man who has not experienced
any serious difficulties of his own.

This was the case of Mr. Warren, an administrator in a local school. A young couple came to ask
him about enrolling their daughter in a special class. “Martha has a serious handicap,” sighed the
mother. “She’s a spastic.”

As they discussed the child’s welfare, Mr. Warren assured them that he knew just how they felt.

He explained that he, too, had a child who was a victim of cerebral palsy. From that point on the
discouraged young couple felt much better. They knew that Mr. Warren understood completely
and that he would do everything within his power to bring help to their little Martha.

So it is that when we have passed through deep waters and have come out victoriously, we can
often become a blessing and help to others who are passing through similar circumstances.

Experience is an excellent teacher. It can make us more sympathetic and understanding. It can
give us insights into other people’s problems. However, we should guard against offering the
same solutions to our counselees that worked well for us. We must keep in mind that we have no
patent on resolving problems. What worked for us may not work on Mr. Brown and vice versa.
“But his problem seems to be just like the one I had when I was 18!”
Perhaps it is. However, your client’s background is different from yours. He has a backlog of his own experiences, values, resources and needs. Yes, the problem looks similar. But it has a different setting and it requires its own study and solution.

Ultimately, the counselee must take responsibility for his own problem. You can help him. You can provide the conditions which promote insight and self-reliance. But little permanent good is done by handing out ready-made, pat solutions. Even though the counselee seems to want a direct answer it is our duty as counselors to know that a deeper understanding must be gained if any permanent good is to be accomplished.

Don, a high school junior, was constantly the butt of derision by his classmates. They tagged him “egghead.” One day he got in a fight with a boy who had been making fun of him. Don was sent to the Dean. As Dean Archer talked with the boy, he saw how similar the problem was to one he had experienced in his school days. The dean, too, had been ostracized as an “egghead.” He had solved his problem and gained acceptance by going out for sports while keeping up his good grades.

Dean Archer, however, did not tell Don about his own problem and how it had been solved. Instead, he wisely used his experience to help him understand Don’s feelings. He encouraged the boy to talk about his conflicts. Gradually Don began to realize the basic reason for his persecution.

He was intensely afraid of competition. This prevented him from being a “regular fellow” and earned him the middle names of “chicken” and “egghead.” It also kept him out of sports.

In a later counseling session Don began to see that his fear of competition stemmed from his home life. His father was a domineering man who had always rejected and belittled him. As Don discussed his problem he saw that he should enter into more activities. He decided to take music lessons and join the school orchestra. Later he joined a debate club. As he entered into various activities his social adjustment improved.

If the dean had not focused on the problem with Don’s own understanding as the basis for the solution, he might have counseled the boy like this: “Nothing to your problem. Nothing at all. Why, when I was your age they called me an egghead, too. Know what I did? I joined the football team. What you need is some good rough competition. Physical contact. It’ll make a man of you. It sure worked for me.” They never called me an egghead anymore. Not after I made right tackle!”

Perhaps few counselors would be this extreme. However, a surface similarity in problems can sometimes cause one to overlook some basic differences. Yet, because the dean did not jump to conclusions about Don’s problem and because he was wise enough not to offer the solution that had resolved his own difficulty, the dean was able to help Don achieve the insight he needed to solve his individual problem—in his own way.

Can a counselor know when he is focusing on his own problem rather than on his client’s? One of the best ways to avoid becoming too personally involved is to check on the use of the first person singular. When we catch ourselves using I, me, my or mine, we might ask ourselves, “Am I working on his problem or mine?”

Giving people advice based upon one’s own experience is not the only way a counselor may focus on his own difficulty while counseling. He does not even need to mention his problem or
use the first person singular. All he does is to *attach undue significance* to something the client has said or done. He enlarges on it. He builds it up to represent something out of proportion to its real importance to the counselee. He encourages the counselee to talk about it. And, if he can, he may convince the counselee that it is the real source of his problem. The counselor sends him down a blind alley, the counselee thanks him profusely for his help and goes off -- *unhelped.*

Of course, no counselor intentionally does this. But it may take place unconsciously when the counselor’s attention is fixed on solving his own unresolved conflicts. They are important to him. And by a process of projection he tends to read them into other people’s situations.

What a person sets before a counselor during a counseling session could be compared to a psychological smorgasbord. The counselee verbally lays out various experiences and problems.

The pitfall? To judge the counselee’s problem by his own. When the counselor’s attention is diverted from solving the client’s problem to solving his own, it is as though he chose potatoes (because *he* liked them) and put them on *the* counselee’s plate. If he had waited, the counselee might have chosen carrots instead. Just as he is courteous enough to let a person serve himself, so he should allow the counselee the right to reveal his own problems. When the counselor arrives at his own conclusions and forces the issue, he is in great danger of being led by his own needs rather than the needs of the counselee.

Mr. Clarke, a counselor, listened attentively as Mrs. Jackson poured out her marital problems. She talked about the children, her in-laws, and problems with her husband. In a mood for confession, she discussed, among other things, her guilt feelings over some heavy petting and sexual relations she and her husband engaged in before they were married.

Interestingly enough, the counselor, before he was saved, had engaged in illicit sex relations before marriage and he had never quite resolved his guilt feelings over these episodes. So when Mrs. Jackson mentioned it in passing, his “ears pricked up.” He began to question her about it and by his interest in the subject implied that it might be “very significant.” The counselor then commented that such experiences could have serious psychological effects and that they were probably the basis of her marital trouble.

The rest of the counseling session revolved about that subject. Mrs. Jackson was discouraged from delving any further into other aspects of her problem – emotional, spiritual, financial and other such areas. This was unfortunate because Mrs. Jackson’s marital problem had little, if anything, to do with her premarital experiences. She had resolved that problem long ago. Her present problems revolved around finances.

Mr. Clarke had read into her situation his own anxiety about his own problem. He had discouraged her from exploring further and prevented her from finding the real cause. Fortunately, some time later Mrs. Jackson saw another counselor who was able to help her find and deal with the root of her difficulty.

If we wish to help others we must first be willing to bring our own problems and sins to God. He asks us to cast all our care upon Him; for He cares for us (I Peter 5:7). If we do this sincerely He will cleanse us and heal us. It will not be necessary for us to try to solve our own problems, especially while counseling others. When we have committed every detail of our lives unto God, then we will be able to focus our attention on the client – not on ourselves.