The Nature of Counseling

COUNSELING HAS BEEN defined as “a process by which a person is assisted to behave in a more rewarding manner.” As a process, it takes place over a period of time and promotes healing, comfort, clarification, and reconciliation. People who seek counseling have usually attempted to change some behavior that is not, in the final analysis, rewarding to them. However, their attempts have been unsuccessful and so they come to counseling with aspirations and anxieties, hoping for a helper who will relieve their distress and help them replace it with something more rewarding.

The three basic elements in counseling are the counselee (the person in pain desiring to be healed), the counselor (the helper who listens), and the negative experience, or that which causes pain and distress. The counselee identifies the negative experience and is helped to choose a path that is more satisfactory. Those seeking help are so-called experts on the problem; they have been living with it for weeks, months, and often years. Now they want release. The counselor must, therefore, carefully listen and help the counselees spell out their needs. Counselors assist individuals to identify and achieve goals that they have selected in response to the difficulties they are experiencing. The counselor provides an atmosphere of acceptance and genuine caring to facilitate the process.

PREPARATION FOR COUNSELING

Aside from the formal preparation for counseling, an individual may prepare to do effective counseling by following some important guidelines. One of these guidelines is to recognize that the counselor is the most important instrument used in counseling. It is, therefore, imperative that counselors, preparing to help others, take a very honest look at themselves. This should be an ongoing process. The counselor needs to be aware of personal thoughts and feelings and the impact they have on the counselees.

Having done an honest self-assessment, the counselor will want to consult current books that examine the specific issues he (or she) will encounter as a counselor. A list of such books begins on page 323. There is no one book that has all of the answers. The counselor will need to acquire a library of references to use as the need arises. (The thirty-volume Resources for Christian Counseling Series, published by Word, is an excellent source of practical counseling guidelines for a wide variety of problems from an evangelical perspective.) In addition to books there are a number of journals that can be very helpful to the counselor (see p. 330). These journals describe techniques that other therapists have found useful, and they also report on research that may shed light on some of your cases.

Some counselors have also found that peer supervision can be extremely helpful. In peer supervision, several counselors with similar education and preparation in counseling get together to discuss their counseling cases. One advantage of this approach is that the therapist presenting the case gets fresh insights from the other counselors. Peer supervision is most effective if the group is mixed in terms of gender and ethnicity. For example, a female therapist may spot something regarding a female counselee that a male counselor has totally overlooked. As a variation on peer supervision, several pastors may want to organize a monthly counseling
consultation with a professional therapist. In any case, to be an effective counselor, one must always be learning. Workshops and seminars are extremely helpful to the beginning counselor, and even experienced counselors periodically attend them to upgrade their skills. We have used the term counseling practice in this book, for that is what it is. In a sense, we are always practicing because we never get to the point where we know it all.

THE COUNSELOR

Research shows that the counselor’s personality is the most crucial factor in counseling. While effective counselors are not limited to one personality type, certain qualities have been found to be essential to effective counseling. Fortunately, for the person who reacts to the counselor even before any counseling takes place, these are characteristics that can be developed. In addition to the belief that the most significant resource a counselor brings to the relationship is herself; the most significant variable is that the counselor understands herself. However, the therapist is superior to any theory, no matter how elegantly postulated.

The counselor must be genuine. The counselee must sense that the counselor respects him and is genuinely concerned about him as a person. This need is heightened in the urban setting. There, counselees have often experienced disrespect and denigration in their dealings with “professionals” of all kinds: teachers, doctors, lawyers, and others.

Closely connected to genuineness is empathy. Empathy is the ability to place oneself in another person’s position. A Native American proverb states that one person should not criticize another until he has walked a mile in the other’s moccasins. One can only convey one’s understanding of the counselee’s problem through this basic quality of empathic understanding. Though you can never completely understand the counselee’s predicament, you must come as close as you possibly can. Avoid saying things like “I know exactly what you are going through.” This is especially important in cross-cultural counseling situations. A white counselor from a middle-class background does not know exactly what a poor minority person is experiencing, nor does an African American counselor automatically know what a recent Asian or Hispanic immigrant is experiencing.

The key to empathic understanding is to identify a personal experience that approximates the counselee’s experience. In cross-cultural counseling, it is also imperative that the counselor read about the cultures of his counselees. The counseling process is greatly enhanced if you can refer to some aspect of the counselee’s cultural experience. One enhancement will be the building of rapport with the individual. Because of rapport the counselee will feel an affinity with the therapist, paving the way for effective counseling to take place.

Another essential quality is unconditional positive regard. However sordid a tale the counselee tells you, he is to be treated as a person worthy of your respect. We must “look again” (the literal meaning of respect) at our counselees and let them feel that although we may not agree with everything they are telling us, we do have positive regard for them as persons.

Treating a counselee with unconditional positive regard means that the therapist must be nonjudgmental. He will be faced with every human problem imaginable, including attempted
suicide, rape, incest, drug addiction, and spouse abuse. In Calatians 6:1, Paul makes it dear that there is no evil, no matter how gross, whose seeds are not lurking in our own hearts. This does not mean that the therapist agrees with the behavior, but to be effective, he must understand how the person came to be in this predicament. It is a great relief to the counselee to be able to unburden himself in an atmosphere of acceptance. Once his trust has been earned, the counselee can be confronted about the negative behavior.

Finally, the counselor must be a stable, dependable person. The urban dweller has invariably experienced many disappointments and frustrations. He needs an individual who will bring some stability into his life. A simple matter such as keeping appointments at the time and place agreed upon is an example. Beyond that, the counselor must present himself as an individual on whom the counselee can depend. For example, a forty-five- year-old client whose father had deserted the family when he was a young boy was visibly upset when the therapist was late for an appointment, having been unavoidably detained. It took much of that session to reassure the counselee that the therapist did indeed care and would always be there for him if at all possible.

GOALS OF COUNSELING

Someone has facetiously said that if we do not set goals, we might end up someplace we did not intend to go. This is certainly true in counseling. In counseling we have in mind both immediate and long-term goals. The long-term goals are the more abstract and difficult ones to define even when we know exactly what they are. They include removing symptoms, restoring earlier levels of functioning, freeing the person to reach his potential, and helping him find personal meaning and values. These goals, though very important, can be attained only after more immediate goals are reached.

Immediate goals include:

(1) helping the person do what is in his best interest
(2) the reduction of emotional distress
(3) increased self-knowledge, and
(4) improved relations with others.

The order in which these aims or goals are listed is not always important. However, sometimes the counselor may find that emotional distress must be reduced before any other goal can be addressed. The individual may feel he is “going to burst” if he does not get certain feelings “off his chest.” The counselor must be sensitive to this need. This can be done by saying something as simple as, “Tell me more about the argument you had with your boss.” Without any other stimulus and in a permissive environment, the counselee usually feels free to vent his anger and frustration.

Helping the counselee to do what is in his best interest is one of the earliest goals of counseling. God asked Cain, “if thou doest well, wilt thou not be accepted?” (Gen. 4:7 iqv). When the counselor helps the counselee do the right thing, that right thing should always be in line with the Word of God. Most often what we find in the counseling of Christians is that their lives are out of sync with God. The work of the counselor involves persuasion and the skillful use of the
Scriptures to gently move the counselee toward this goal of conformity with God’s design for human functioning.

The reduction of emotional distress is the second goal of counseling. It is sometimes difficult to identify the source of the distress, but as we allow the counselee to express his feelings, it will normally become apparent. Creating a warm and nonthreatening environment permits the individual to express his distress freely. It may be necessary to permit him to release his feelings in terms that may be, strictly speaking, unchristian, but this is needed if the release of anger and stress is to come.

A third goal in counseling is increased self-knowledge. The counselor will often need to raise issues with the counselee that had previously been outside his or her present level of awareness. These unconscious feelings may surface in dreams that the individual relates to the counselor. This happened in the case of one young woman who was unaware that she had a crush on her boss. Unconsciously she was acting in a seductive manner, and that was causing a strain in their relationship. When she related a dream in which they were romantically involved, the therapist was able to point out that this was her unconscious wish. She had not been aware of this feeling previously.

The last of the immediate goals is the improvement of interpersonal relations. Most problems that individuals bring to a counselor involve the impairment of relations with others. Whether the problems are related to past or current relations, they are causing problems for the counselee now. Most of the time, the poor relationships are with “significant others”—the counselee’s parents, siblings, and other loved ones. It may be important for the other party to be brought into the counseling process. When this is possible, the therapist is able to observe the interaction directly and more accurately.

This list of immediate goals is not meant to be exhaustive, but most counselors find them useful in assisting counselees to move toward specific long-term goals.

HEALING AND THE COUNSELING PROCESS

Healing, as it relates to counseling, is not cure. It is not the total removal of pain. Rather, it involves the reduction of and the healthy management of the hurts in one’s life. Through comfort, clarification, challenge, caring, and constructive insight, a person is helped out of brokenness toward wholeness.

Basic Conditions

For real healing of hurting people to take place, the therapist must be aware of the process by which counseling is carried out. How will I help to heal this person who is asking me for help? While the specific counseling method may vary, there are three essential conditions:

1. acceptance
2. reassurance, and
3. confidentiality.
Acceptance is the most important precondition in an urban healing ministry. A poor or minority person has undoubtedly experienced rejection in many ways. If she is rejected yet again, no effective counseling can take place. The urban counselor should expect his counselees to test him to see if he is going to reject them. Some counselees will approach the therapist in an apparently hostile manner. This is a defense against being hurt again and it may be especially true if the counselee is a member of a minority group and the therapist is not. Some counselees will openly question the ability of the therapist to understand them because of the cross-cultural issue. The counselor must convey respect to the counselee and communicate that there is help.

It is not so easy for the counselor to deal with behaviors that are totally wrong from a biblical perspective. For example, a poor minority female may ask for counseling because she is pregnant with her fifth child and is considering an abortion. To immediately condemn such an unscriptural decision would be to lose the counselee. The counselor can be empathic toward her, holding all that she tells him in strictest confidence. This encourages feelings of safety and reliance. The counselee is now ready to hear the strategies that can be employed to deal with the problem.

Reassurance is the second basic condition for helping hurting people. The wounded individual must feel that although his situation is causing him a great deal of pain, it is not hopeless. Most often people come to us asking for help, while they are fully persuaded in their heart of hearts that nothing can help. The counselor must, within the bleak picture painted before him, find a ray of hope. Otherwise, the counselee will have no reason to continue counseling.

Confidentiality is the third condition and is of the utmost importance. The counselee must absolutely know that what he shares will remain with the counselor and will go no further. This is probably more important in the urban setting than almost anywhere else. Because counselees may have been betrayed by schools, police, and other agencies that are supposed to be helpful, it is absolutely critical for the urban counselor to clearly promise and deliver confidentiality. Exceptions should be communicated at the outset of counseling. Cases of confidentiality would normally include cases in which the counselee appears to be a danger to himself or others, in which there is suspected child abuse, and in which the counselee gives his informed consent. In church settings where the counselor is also the pastor, care must be taken to inform congregant-counselees about the church’s views on confidentiality and church discipline.

**Overview of Helping**

Robert R. Carkhuff has written a useful book entitled The Art of Helping: An Introduction to Life Skills. In it he lays out a four-step process for counseling problems that are not clear-cut.

These include:

1. attending
2. responding
3. initiating, and
4. communicating.
Carkhuff likens the counseling process to the developmental or child-rearing process. The parent responds to the needs of the child and initiates a plan to satisfy those needs. The child who has had his needs met by nurturing parents will become a nurturing person. In the counseling process, the therapist takes the stance of a nurturing parent who is ready to respond to the counselee’s needs and initiate steps to help him. In the urban context, this developmental approach is especially important since the counselee may not have had nurturing, caring parents. The attitude that the counselor assumes will be crucial to the success of the therapy.

The first step in helping is to explore where the person is in relation to where he wants to be. The counselor must identify with the person and as Carkhuff puts it, “filter the helpee’s experience through his own.” A thirty-five-year-old man experiences headaches, upset stomach, and other somatic symptoms every Monday morning before going to work. As the counselor explores this, he finds that this man thoroughly loathes his work. Where he is, then, is that his misery relates to a job that he intensely dislikes. The next step is to take constructive action—get from where he is to where he wants to be. In this case, he maps out a plan of action either to change jobs within his field or, if appropriate, get retrained for another field.

Attending

Just as a parent attends to her child’s need for food, security, and the like, so you must attend to the counselee’s needs. That is, you need to pay attention—position yourself physically to attend—face the person and remove barriers. If there is a desk, come from behind the desk and sit about five feet away, facing the individual. You should use discretion, of course, and if the counseling is cross-gender, you must remove any hint of sexual intention. Eliminate any interruptions, including telephone calls and uninvited visitors. Maintain eye contact, even if the person is looking at the floor. Be ready to engage his eyes whenever possible.

Let the person know you are listening. Respond to his pain verbally. “That must be very painful for you,” or “I understand,” or even a mere murmur are all appropriate responses. Avoid making judgmental remarks such as, “Didn’t you know better than that?” There will be time for confrontation later if that is indicated. Right at first the task is to attend (pay strict attention) to your counselee. Repeat key phrases to her in your own words to be sure that you understand her. This also lets her know that you are listening. Listen for a theme; the counselee will often tell you the problem in several different ways. Pick up the theme and repeat it: “It sounds as if you have had it with that job.”

Responding

The process of attending involves both the context and the “feeling tone.” Allow yourself to experience as closely as you can what the client is feeling. When you respond, you are responding to where he is emotionally. We have referred earlier to empathic understanding, and it is an absolute necessity at this point. “You’re really angry at your wife for putting you down like that in front of other people.” Be prepared sometimes for denial; he may not be at the point where he can admit his anger. You can then say, “I thought I detected anger in your voice when you talked about what she said at the church supper.” You may want to call attention to his
posture, or his clenched fists, or his clenched teeth as he related the incident, which can help him get in touch with his feelings. By responding, then, you are reacting to his feelings so that he can explore the areas that are causing him difficulty. When he has done that, he is ready for the initiating phase.

**Initiating**

This stage takes the counselee beyond where he is. Carkhuff calls this stage additive empathy. The counselee who experienced physical discomfort before going to work was helped to see where he was. He got in touch with his feelings and he should now be ready to make a move to get out of his rut.

The counselee will tell you in various ways that he is ready. He may say, “But what do I do?” The real message is, “I know where I am, I know how I feel about it, and now I’m ready to move.” Be sure that he is committed to where he needs to be. At strategic points, try to personalize the issue: “You are disgusted with this job and you want to make a move.” However, he may not be quite ready to “make a move,” in which case you may have to confront him, going back to the “feeling tone” of his dislike for the job. Check to see if he is at the point where he wants to be. If he has really understood where he is and where he needs to be, he will be ready to act.

The task now is to establish a problem-solving technique. Richard Vaughan, a noted pastoral counselor, has suggested the following seven steps:

Define the problem.

1. Establish the goals. What does the person hope to achieve?
2. Establish possible courses of action the counselee could take to solve the problem.
3. Evaluate the pros and cons of each course of action, based on its value to the overall goals of counseling, the likelihood of success, and the person’s Christian faith and values.
4. Get the counselee to decide on one course of action.
5. Devise a plan to implement this course of action.
6. Arrange for the person to report on his progress in implementing the chosen course of action.

Vaughan makes three points about this scheme. First, there is overlap in these steps. They are not separate and discrete. Second, this outline is not meant to be followed slavishly. The steps should be viewed as general guidelines. Finally, this procedure should be seen as a collaborative effort involving the therapist and the counselee. The following case will illustrate how this strategy operates.

An urban pastor is asked to provide counseling for a problem that has arisen in the church’s Christian school. An eighth grade girl has been caught with drugs in her school bag. She is a very bright student who recently arrived in the city school from Jamaica. She plays in the orchestra.
and her services are needed at the upcoming graduation. The school is small and the news that she was found with drugs has spread through the student body like a prairie fire.

The central problem to be solved is: What should be done with this girl? She is a new arrival in this country. Further investigation reveals that she was safeguarding the drugs for a boyfriend who did not attend the school. The student has felt rejected by her mother and craves attention. She kept the drugs for her boyfriend, fearing that he would leave her if she did not. What does the pastor hope to achieve? He wants to help the girl, who appears penitent and has asked for forgiveness, yet he must also establish the fact that the possession of drugs is absolutely forbidden.

There are at least three courses of action open to the pastor. First, he can expel the student. Second, he can suspend her for a semester, which means she would not graduate. She would then be ineligible for admission to a special high school for gifted students for which she qualifies. Third, he can bar her from participation in the graduation exercises, call the Parent-Teachers Association together, and apprise them of the case, and can then tell the PTA that he will, if they agree, let the student continue in school.

Evaluation of the possible courses of action (step 4) is crucial. The third option was selected, which is step 5. The plan of action (step 6) is outlined within the choice selected. The pastor’s decision turned out to be successful in that he was able to help the student understand that drugs were forbidden. He was also able to engage the PTA in a way he had not done before.

In this example, we saw how the process of counseling functions with a clear, focused problem. But there are times when the problem is not at all clear. The counselee may seek counseling because he “feels depressed” or her “marriage is not fulfilling.” These issues require a different approach. When confronted with vague, unfocused complaints, you, the counselor, must probe carefully to determine the nature of the problem. You might ask such questions as “What do you feel is promoting your depression?” — “What is there about your marriage that bothers you?” — “Have there been any changes in your life lately?” Continue to reflect back the counselee’s responses and probe until she can give you some specific issues to examine. Ask for concrete examples, such as “Can you give me an example of what happens at work that seems to be associated with your headaches?”

**Communicating**

In this phase the therapist selectively rewards healthy behavior and selectively extinguishes unhealthy behavior. This can only happen after completing the first three steps of attending, responding, and initiating. There is now a basis for communicating conditional regard; that is, we do not accept the person at less than they can be. Because of the relationship of acceptance that has been established, the counselor can now confront the counselee about self-defeating behavior and discrepancies with positive therapeutic outcomes.

These are four specific counseling steps for problems that are not clearly focused. They are not totally discrete, but flow one into the other. The therapist need not spend more time than is necessary at any one point. If the counselee is ready, help him to move on to the next point.
HUMAN BEINGS AS SYSTEMS

To understand the counselee and promote healing, we need a conceptual framework. Human beings are unique creations and the capstone of God’s creation. It is said only of mankind that God “breathed into his nostrils the breath of life and man became a living soul.” One of the important meanings of *nephesh* (soul) is an “entire person.” Thus, God’s will for human beings is that they be whole, unified beings. Paul confirms this concept of wholeness or unity of the body, soul, and spirit in 1 Thessalonians 5:23, when he prays that their “whole spirit and soul and body be preserved … “ The word Paul uses for “whole” is *holokeros*, which means complete in every part.

The Christian counselor recognizes that the counselee is troubled because the unity God intended for human beings has become disturbed within him. The overarching purpose of counseling is to restore the wholeness that God intended through the healing power of God’s Spirit.

Human beings, after all, have been created in the image of God. It is of note that God’s name as creator is Elohim, the plural of Eloah, which indicates the unity of divine persons. In creation, the Godhead functions as one. C. I. Scofield aptly points out that we “can never divide the Essence.” Humanity is God’s crowning creation and was brought into being by the Godhead, thus attesting to our central importance to God. Just as the triune God is unified, so humanity should be unified—an integrated system of body, soul, and spirit.

The intended nature of human beings is, from God’s standpoint, whole and entire. We counselors need to remember that as we deal with our counselees. Elijah, after he raised the widow’s son (1 Kings 17:21), said that “the soul (*nephesh*) of the child came into him again and he revived.” Here soul is translated “life-soul.” Human beings are to have their life-souls revived.

If one part of the system is affected, the whole system goes with it. Cain’s sin in murdering his brother affected his visage. God asked him why his countenance (*panim*) had fallen. The shame and guilt he was experiencing showed on his face. The system in Cain’s case was affected negatively by his misdeed. God told him that if he did well he would be accepted or, as John Darby translates it, countenance would look up (sehyath).” Literally, he would be elated or have a good conscience. Another meaning of sehyath is restoration. The peace (shalom) that God intended for humanity to enjoy would be restored.

As the therapist holds in mind the view of humanity that God had at creation, he will be effective as he counsels. He will recognize the imbalance that has come into the system and seek to help the individual to restore it.

HEALING AS MULTIMODAL

One useful model that is compatible with the view that human beings are systems is the multimodal approach devised by A. A. Lazarus. Counselors and psychotherapists often stress the diagnosis of the individual when they attach a label such as obsessive-compulsive behavior or hysterical personality. Lazarus suggests that these labels do not necessarily lead to more
effective treatment because they are not precise enough. He proposes that the therapist use what he calls the BASIC ID. This is an acronym and what follows explores this concept. (It is not, by the way, a Freudian approach.)

**B** stands for the behavior that the individual exhibits. The counselor needs to know which behaviors are the most problematic and which behaviors would bring satisfaction and well-being to the counselee.

**A** stands for affect. What feelings affect or are troubling to the counselee? Are these feelings persistent and chronic, or are they recent and intense? What impact do they have on the person’s level of functioning?

**S** refers to physical sensations such as seeing, hearing, smelling, tasting, and touching. The therapist should ask about sensations that may be uncomfortable and may interfere with normal behavior.

**I** represents images. Here it is important to inquire how the person sees himself. What is his body image? What is her self-image? Moreover, how do these images influence behavior? A woman who perceives herself to be unattractive might be withdrawn and hesitant to interact with others. Other mental imagery that is anxiety-producing, fear-arousing, or obsessive in character should be noted as well. Memories that are still impacting a person’s self-image and choices should be uncovered.

**C** is for cognition, which includes the controlling beliefs and values of the individual and how his thoughts affect his emotions, behaviors, and relationships. In the example cited earlier, the woman who sees herself as unattractive might also believe that “no man would want her.”

**I** stands for interpersonal, which includes the important people in the counselee’s life and his relationship to them. Included here are significant expectations, conflicts, and misunderstandings, as well as any deficient social skills.

**D** is for drugs in a very broad sense, in that it includes the licit and illicit drugs the person may be taking, as well as the general health and biological well-being of the individual.

Clearly, any of the above areas might be more dominant in one individual than in others. For example, the area D—the abuse of drugs or alcohol—may present itself as the most prominent feature of an individual’s functioning. And if this is so, this aspect of his life affects every other.

As one twenty-seven-year-old heroin addict stated when asked if he was married, “Who would want a junkie?” Area D or drugs was his most prominent problem area, and it affected his cognition as well. Further questioning uncovered the fact that his interpersonal relations were seriously affected by his drug abuse. The purpose of multimodal diagnosis is to get, in Lazarus’ terms, “a thorough and holistic understanding of the person and his/her social environment.” With that understanding the healing process can begin.
The multimodal system must not be thought of as a mechanical checklist. At each step, along with the attempt to understand the counselee, the therapist must convey a sense of genuine caring. Ultimately, the process of healing begins after the multimodal diagnosis has been completed and the seven aspects of the counselee’s personality (BASIC ID) have been taken into account. Interventions should be specific and aimed at particular problems or themes identified in the multimodal profile.

The Christian counselor must also give consideration to spiritual issues that are either underlying or actively contributing to the person’s functioning in the seven dimensions of the BASIC ID. Spiritual assessment may also reveal certain strengths that can be utilized in the healing process (for example, that the person has very strong faith). In addition to less formal analyses of the spiritual dimension there are instruments such as the Spiritual Well-Being Scale, that have been shown to be related to a variety of measures of physical, psychological, and relational well-being.

The following case is an example of the multimodal method of counseling, typical of the cases one finds in an urban setting.

Case Study

Ms. B. W. came for counseling after she had been fired from her job for embezzlement. She had not, in fact, stolen money from her company, but had often borrowed money and had replaced it at a later time. However, before she could replace the last amount borrowed, the company audited the books. She confessed her misdeed and was fired from the company.

Ms. B. W. is a thirty-four-year-old woman, who looks older because of obesity. She was pleasant during the initial interview. Open and honest with her answers, she had been reared in Georgia by her unmarried mother. She attended college in North Carolina but had to leave after her sophomore year because she had become pregnant. Seeking better employment opportunities, Ms. B. W. left North Carolina for New York. There she met and married her husband, a janitor.

Using the BASIC ID, Ms. B.W.’s profile is as follows:

**Behavior**: Acceptance of the role of criminal; married to a man whose intellectual level is beneath hers; living in substandard housing.

**Affect**: Fear, depression, discouragement.

**Sensations**: False hunger; eats to ease anxiety.

**Imagery**: Poor self-image.

**Cognition**: “Everybody knows I’m a criminal.”

**Interpersonal**: Afraid to form relationships for fear that her “secret” will come out.
**Drug-Biology**: Overeats, obese, does not exercise.

**Spiritual**: She attended Sunday School as a girl and considers herself a Christian, but her religious commitment is not related to her ethics.

Completing the multimodal assessment, the therapist must answer this question: “What is the principal issue in this person’s life?” Or in Lazarus’ terms, “What is the major modality that is affected?”

In this case the therapist began with behavior, which appeared to be where B. W. was having most of her difficulties because of her belief that she was a criminal even though there had never been a trial or a conviction. The therapist confronted B. W. with the irrationality of these thoughts and in addition stressed “thought stopping,” which was a relatively easy procedure to learn. All B. W. had to do when she began thinking of herself as a criminal was to immediately think “Stop!” And because she was a Christian, it was effective to remind B. W. of the completeness of divine forgiveness. These techniques were also instrumental in dealing with her impaired cognition, in which she felt that “everyone knew she was a criminal.” (It should be pointed out at this point that the therapist will often find that the steps in the BASIC ID overlap.)

The issue of affect was tied to her concern that, given her history, she would never get another job. The therapist, however, encouraged her to seek jobs even if she was repeatedly turned down. When she followed this strategy, she was able to get a menial factory job that she disliked. The therapist then addressed the fact that she had two years of college and should consider returning to her studies. She did so, earned a B.A., and went on to do graduate study.

The issues of imagery and interpersonal resolved themselves when B. W. returned to college. After her first semester, she recognized that she functioned well and received good grades. This improved her self-image and she formed some satisfying friendships.

The drug/biology component was not resolved. Although she attempted to lose weight, she found it very difficult.

The BASIC ID provides the therapist with a direction in which to assist the counselee. How badly does the counselee want to change? This question must be addressed as part of the assessment since the extent to which the technique will work depends on the extent to which the counselee is motivated. In the case of Ms. B. W., she had hit rock bottom and therefore was highly motivated to make some changes in her life.

**FORMAL AND INFORMAL COUNSELING**

Formal counseling is that which takes place at a time and place that has been prearranged between the therapist and the counselee, and is the ideal. Often, however, the urban pastor will find himself in crisis intervention (informal counseling) situations that arise quite spontaneously. These crises most often include rape, spouse abuse, incarceration of a family member, crime victimization, and burnouts (fires).
Crisis intervention counseling is unique. It is usually time-limited, most often lasting from one to six weeks. Those involved usually feel overwhelmingly confused and helpless and if the issue is not resolved, it will return. In cases of spouse abuse, for example, the abuser must be dealt with sharply or he will do it again. There is, therefore, a need for formal counseling in some cases.\(^{19}\)

Crisis intervention is needed to bring about immediate relief for the counselee, but the counselor must determine if long-term counseling is also needed. A church worker brought a twelve-year-old rape victim in for counseling. After one session the counselor arranged for specialized rape counseling, but the church worker did not take the girl because “she was doing fine.” A few weeks later, however, the girl attempted suicide—very often a delayed reaction to a crisis situation such as this.

The immediate goals of crisis intervention are:

1) to relieve distress, especially anxiety, confusion, and hopelessness
2) to restore the counselee’s functioning
3) to help him find existing resources to assist him in the difficulty
4) to understand the relationship between the crisis and past problems; and
5) to develop new attitudes and coping behavior that might be useful in future crises.\(^{20}\)

(Very often, as noted earlier, what appears to be a crisis is the result of previously unresolved difficulties. For example, a man suffering from manic-depressive illness was constantly causing problems for his family because he refused to take his medication. He would become abusive and the police would have to be called.)

**SUMMARY**

Human beings are God’s special and unique creation, but as a result of the Fall, a host of physical and social ills have followed. The urban dweller appears to be more often the victim. The therapist is in a key position to help the counselee work through these problems and become a whole person again, and to be a healer, certain basic principles must be mastered. Most of all, however, the counselor must be a genuine, caring person who is committed to seeing individuals set free to grow.

**NOTES**

5 Ibid.


8 Carkhuff, The Art of Helping.

9 Ibid.


14 Harris, Archer and Waltke, Theological Wordbook of the Old Testament.


16 Ibid.


19 Korchin, Clinical Psychology.

20 Ibid.