

SOCIAL WORKER AND MINISTER

IN WELFARE SERVICES

An Exploratory Study of
Inter-professional Relationships

by

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ABSTRACT

This study was undertaken (a) to examine some areas where the activities of the social work profession and the ministry overlap, (b) to throw light on the attitudes of one profession toward the other and (c) to exemplify instances of collaboration. Because the subject is very large and extensive, limits were set by confining it to the relationships between social work agencies and ministers of Protestant denominations.

After a brief discussion of the historical background of the subject, areas of common concern and areas of difference between the two disciplines are outlined. Examples are given of the role of the clergyman as an institutional chaplain, as a pastoral counsellor in a social agency and as a counsellor in his own parish. Other areas in which the roles of the clergyman and social worker show similarities are found in the institutional church, the church-sponsored social agency and the independent, religiously-oriented agency. The lay volunteer movement in both church and social work is given some attention. Research projects which relate to both fields, and special activities where there is active collaboration between social work and the ministry, are discussed. This section, which draws its material from Canada and the United States generally, concludes with some mention of the education of each profession in terms of what it teaches about the other.

To gain information from social workers and ministers actually concerned with welfare matters in the Vancouver area, a questionnaire was sent out to both groups. The one to the clergy was organized by the Vancouver Council of Churches for a somewhat different purpose but its results were made available to the writer. As its focus was specifically on mental health, further opinions directly related to social work were secured by interviewing a small group of ministers.

In the final chapter, the findings from the questions and from the literature are summarized. General implications are easier to draw than specific directions for particular problems or kinds of collaboration. The interest on the part of each profession in the work of the other is clear; there is also awareness of the contribution the other can make in meeting individual needs, and a desire for further understanding. The ministry is found to be making more use of the resources offered by social work agencies than vice versa. Some suggestions are made arising from these findings and a number of areas for further investigation outlined.

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SOCIAL WORKER AND MINISTER

IN WELFARE SERVICES

CHAPTER 1

CHANGING RELATIONSHIPS

The Problem

An ever-increasing number of individuals and families are today crying for help as they struggle with problems ranging from persistent, nagging worries to overwhelming crises. Where they turn to seek the succour they need depends largely on their previous experiences. Many would turn to the family doctor; others to social agencies, although there is still something of the savour of "charity" or "welfare" surrounding them. Still others may think of a minister as a "helpful person" even though they have not been to a church for many years. Have they chosen the best resource? If not, will they be referred to the right one? Social workers do a good deal of thinking about referral to other agencies, to doctors, psychiatrists or clinics. Do they include ministers and the resources of the church in this thinking? If not, should they? The pastor, on the other hand, may not feel competent to deal with the problems presented to him. Does he know where the troubled parishioner can get help or does he take a "shot in the dark?"

This study is being undertaken in order to try to find out some of the answers to these questions and other related ones, such as the following. Relatives of a patient recently admitted to mental hospital ply their minister

with questions about the meaning of the illness, what to do when the patient is discharged, whose fault is it? The social worker has a client whose difficulty seems to be mainly a religious one; who can supply the answers? The deaconess of a down-town church is constantly faced with serious social problems; does she have good communications with the agencies that serve these? A group of ministers believe that religious counsel should be offered to those in correctional institutions but are themselves inadequate to meet the situation; who can cope with it? A social agency is concerned because local ministers do not refer individuals and families until the situation has become acute; can this be remedied? In order to see this matter in perspective, let us look at the background of the two professions - the ministry and social work - and the history of their relationships.

Historical Aspects

Many of the broad aspects of social welfare had their roots in the church in European and North American culture. For centuries, education, care of the sick, alms-giving and concern for the widow and fatherless were centered in the church. Social welfare divorced from the church reached significant proportions only with the advent of secular education and medical care, and the assumption by the state of responsibility for the indigent. We read in the *Social Work Yearbook*:

The fragmentation of the religious community occasioned by the Reformation made the dominance of the church as impracticable in social work as it came to be in education. The mere factor of growth in size and complexity of community life had tended to make social services a community responsibility ... (also) the secularization of the common life loosened the hold of the church on social activities.¹

1. Johnson, F. Ernest & Villaume, William J. "Protestant Social Services." *Social Work Yearbook*, ed. Russell H. Kurtz, National Association of Social Workers, New York, 1957, p.422.

New types of specialized social agencies emerging about the beginning of the century were frequently begun by religious bodies although many were conceived and promoted by lay people who were active members of their individual churches. Neighbourhood houses, child care centres, adoption agencies and many other welfare programmes came into being as off-shoots, as it were, of churches that were concerned with the need that faced them. The Roman Catholic church, for the most part, has continued the practise of maintaining such agencies under the direct control of the church. The Jewish pattern in many cities has been to provide its own social services, too, although not as completely as the Roman Catholic.

The Protestant picture has been very different. It is partly because of that difference that this study is being confined to the relationships between social work and the Protestant Church. To explore the Catholic and Jewish relationships, would necessitate different approaches. And the scope of such a study would be beyond the bounds of what can be attempted here. Indeed, many aspects of the Protestant scene will have to be omitted.

Distinctive Protestant Attitudes

Perhaps because Protestants were the majority group and because Protestant ethics and philosophy have had a great influence on the culture of the United States and non-French Canada, there was not the need to develop sectarian programmes. Even where the church has developed its own welfare institutions, "Protestant social services are not, in general, directed toward particular Protestant objectives."¹

1. Ibid. p.421.

The article continues:

The transfer of social work to secular control was...on the whole acceptable to the Protestant majority. This is to say, the majority group did not feel a need for its own educational and social work programs as aids in the preservation of a faith and a way of life.¹

A little later another statement is made along the same lines:

...The Christian motive of Protestant church members tended to find its social expression through their professional and voluntary participation in activities and agencies conducted under secular auspices.²

The total situation, however, is a very complex one. The attitudes of the various denominations toward social welfare are as varied as their theologies. There is a group of churches whose theology compartmentalizes man into mind, soul and body, which have little interrelationship. The church for them exists only to save souls, and other matters, including social welfare, are largely extraneous. Other denominations believe that much social welfare practise should be directly under church auspices, while still others wish to turn over to secular bodies most of the formal responsibility for it. Since 1950 the literature shows an increasing trend on the part of the last two groups toward a careful examination of the problem.³ The Department of Social Welfare of the National Council of the Churches of Christ in the U.S.A. has been vocal in this regard.⁴ Although most Canadian churches are not formally included in the Council, many of them make use of its publications and are influenced by its studies.⁵

1. Ibid. p. 422

2. Loc. cit.

3. See below, chapter II, section 3.

4. Hereafter this body will be referred to as the National Council of Churches.

5. Some Canadian sects have an informal connection with the National Council through their American counterparts. Some branches of the Lutheran Church in Canada are officially part of the parent bodies in the U.S.A. and, therefore, are members of the Council if the parent bodies are members.

Volume I of the report prepared for the Cleveland Conference of 1955 on Churches and Social Welfare covers the historical bases of thirteen American denominations for participation in social welfare and the theological presuppositions underlying them.¹ It also includes statements about the role of the church in social service; for instance, that of the Congregational Christian Church: "...It has been the policy of the denomination to encourage public agencies to assume welfare and educational functions."² Some of the others believe that the church should be rather more active in promoting its own welfare services. All of these churches say unequivocally, however, that it is the duty of the church actively to interest itself in matters of social welfare.

The Church as Pioneer

In many cases, the job of the church in social welfare has been that of the pioneer meeting needs as they arise. Many a settlement house has been started by a church, later to become completely separated or retaining only a vestige of the former connection. At the present time, many churches sponsor and establish housing units for senior citizens. Such projects may well become the concern of government in the future. As populations move and change, so do the functions of churches in down-town or deteriorating neighbourhoods. This may result in an increase or decrease of the social service functions of these churches. In many parts of Western Canada, sects established residential schools and hostels to meet the needs of children living far from educational centres. The provision of regular state-supported schools has made many of

1. Bachmann, E. Theodore, ed., The Activating Concern: Historical and Theological Bases, National Council of the Churches of Christ in U.S.A., 1955

2. Ibid., p. 22

these residences superfluous. In the United States, there have been extensive efforts, many on an inter-denominational basis, to ameliorate the unsatisfactory social conditions of migrant workers. Speaking on this subject, Martha Eliot, Chief of the Children's Bureau in the United States, said, "Of all the groups who are reaching out to them I know of none that merits more praise than United Church Women."¹ The public welfare authorities are now, however, gradually undertaking to meet the need. In British Columbia, various church groups and boards met many needs of the relocated Japanese during the war - needs that the government, which moved these people, did not see fit to meet. Unfortunately, some church-sponsored agencies and institutions cling to programmes which are now considered out-of-date and even harmful by modern social work standards, although they were once very progressive.

Conflict Between Church and Social Work

With its tradition of centuries of welfare work, the church found it difficult to accept the young "upstart", social work, with its emphasis on scientific method and, often, a seeming disregard of all that the church had done and was doing. This conflict has been expressed by several writers, among them the director of the Community Service Society of New York who says,

"...The clergyman may feel - and I fear with justice many times - that when members of his flock come under the ministrations of a social agency, he and the church and the role they may well play in the whole process

1. Eliot, Martha, "Putting Social Fission and Fusion to Work for Children." The Emerging Perspective: Response and Progress, ed. E. Theodore Bachmann, National Council of the Churches of Christ in the U.S.A., 1956, p. 38.

Note: The United Church Women is an inter-denominational organization in the United States. It has no connection with the women of the United Church of Canada.

are overlooked or ignored."¹

But he continues,

"The social worker on his side may well feel that altogether too many of the clergy fail to reach out and learn about what social agencies in their modern role really have to offer."²

Another writer in the same volume illuminates the complexities of the problem of co-operation when he shows that the basis of it lies in "fundamental and far-reaching philosophical questions."³ There are problems of semantics; what is meant by "sin?" "permissiveness?" - problems of self-determination over against theological dogma - problems of points of view between minister and non-religious caseworker. There are no simple answers to the conflict. We can only try to point out here some current trends and a few suggestions for the future.

Why is This Subject Important?

Firstly: The complexity of the physical, psychological, spiritual and social ills to which human beings are exposed to-day demands the skills and resources of all those engaged in the helping professions. Gone are the days when the village doctor or minister could, unaided, deal with most of the local human welfare problems. Specialization and team work are the order of the day.

Writing in 1917, Mary Richmond quoted Hans Gross:

"Only the sham knows everything. The trained man understands how little the mind of any individual may grasp and how many must cooperate in order to explain the very simplest thing."⁴

There has been, for the most part, co-operation between psychiatry and social

1. Davies, Stanley P., "The Churches and the Non-Sectarian Agencies, "Religion and Social Work", ed. F. Ernest Johnston, Harper & Brothers, New York, 1956, p.86.

2. Ibid. p. 87

3. Bigham, Thomas J., "Cooperation Between Ministers and Social Workers," Johnson, Ibid., p. 142

4. Richmond, Mary, Social Diagnosis, Russell Sage Foundation, New York, 1917, flyleaf.

work. The medical profession, including public health, is more and more realizing the contribution that social work can bring to human problems. What about the pastor and the social worker? If they are continuing to work in isolation from each other, much skill may be lost, for each is trained to help human need.

Secondly: There is today a growing emphasis on studying and treating "the whole man." Psychiatrists are concerned with the social environment of their patients more and more; many doctors want to know about their patients' thoughts and feelings; the minister realizes that more than spiritual counseling is necessary for a parishioner who is severely emotionally disturbed. More slowly has there grown up a recognition of the importance of man's spiritual needs. Because of the scientific emphases of medicine and psychiatry, these disciplines have tended to discount any suggestions that man has a spirit. Social work has looked to these two for much of the direction of its thinking and, consequently, has also discounted, or just ignored, the matter of spiritual values. A lawyer, active in social welfare, says:

"The alienation of church and social work may be attributed in large measure to the fact that training for social work in the established schools...is tied to those social sciences that claim little connection with religious philosophy."¹

It is a cardinal assumption in this study that man has deep spiritual needs. He can be treated as a whole only as these needs are taken into account. Two quotations from social workers bear out this belief:

...Spiritual needs of the individual must also be recognized, understood, and respected. They must be seen as distinct needs and they must also be seen in relation to other human needs.²

1. Weil, Frank L., "Cooperation of Church and Social Work," The Social Welfare Forum, National Conference of Social Work, 1949, Columbia University Press, New York, 1950, p. 126.

2. Towle, Charlotte, Common Human Needs, National Association of Social Workers, New York, 1957, (original publication 1945), p. 8.

And this from the Director of the School of Social Work at the University of Tennessee:

We have long recognized the dangers of super-imposing our own values on the people who turn to us for help, of exploiting the defenceless even in the area of something of great potential value to them....But...have we really understood and accepted a responsibility for understanding the 'spiritual aridity', the sense of emptiness and futility, or the fears and sense of inadequacy which in many cases may arise from an absence of religious faith, or failure to understand and use the resources of religion?¹

If this premise is accepted, then to ignore the skills of the clergyman and the body of knowledge built up over the ages by the church would be foolish and wasteful. Those especially trained to be religious advisors can and must be the ones to help with spiritual problems. To divide any person's problems into "spiritual" and "non-spiritual" is, of course, impossible, just as physical and emotional difficulties cannot be completely separated. But an awareness of needs beyond the physical and emotional realms helps the doctor, psychiatrist or social worker see more accurately the place of the pastor.

Of course the converse is true. The minister must recognize the necessity for skilled treatment of mental and emotional illnesses and the skill required in handling social problems.

Thirdly: It is realized that many personal and family difficulties have their roots in the social conditions in which we live. To effect changes which will give each child the opportunity to grow up in a wholesome environment necessitates the working together of every person, group and organization which has a concern for the well-being of all individuals. Social work and social action have always gone hand in hand. There are periods when the latter has

1. Spencer, Sue W., "Religion and Spiritual Values in Social Casework Practice," Social Casework, vol. 38 (Dec. 1957) p. 525.

been lacking in vigour but there is surely no social worker who is not daily reminded of the need for great improvement in social welfare. The voice of the Protestant church has often been weak, partly because of the conservatism and drag of large institutions. It has always been divided. But it has never been completely silent. When it has been slow to denounce social evils, its conscience has generally been very uneasy. Co-operation between the social work profession and the church at this level is often indirect; representatives from both act on various committees and organizations which are tackling certain social problems. Again, the active participant in the community organization may be the dependable supporter of his local church and thus the two institutions are brought together in another way.

Definitions

The term "Protestant" is being used to mean all Christian churches other than the Roman Catholic. The scope of the study, however, is mainly confined to those denominations which show some interest in social welfare and which have boards or departments dealing with it. Many of these are included in the Canadian Council of Churches which has eleven participating groups - Anglican, Baptist Federation, Church of Christ (Disciples), Evangelical United Brethren, Greek Orthodox, Presbyterian, Reformed Episcopal, Russian Orthodox Greek Catholic, Salvation Army, Society of Friends and the United Church of Canada, with the United Lutheran Church in America in friendly relations. Most of the counterparts of these sects are included in the National Council of Churches. There are smaller churches which may be very interested in social services but which are not included in either of these councils. The situation cannot be clearly stated, either, in respect to the Vancouver Council of Churches. It includes much the

same group as the Canadian Council but is not formally structured. A certain small sect may be represented at one time and not at another. Sometimes this depends on the individual minister or congregation. Any church seeking membership would probably be admitted. Always within the Baptist group there are sub-groups with very different doctrines. Some would wish to be a part of the local and Canadian Councils; others would not.

The term "social worker" is used here in its broad sense to include not only those persons who are eligible for membership in the provincial or national association of social workers or the equivalent in the United States, but also many persons holding social work positions in social agencies who do not have these qualifications. "Social Work" is used to mean the activities of social workers within the structure of a social agency or in a secondary setting such as a hospital, jail, etc.

Social agencies and social work activities are as diverse and as difficult to categorize as the Protestant communions. There are the formally structured ones which are often part of a community chest or of a government department of welfare, but many are independently operated or connected with religious groups. That the church and social work touch each other at certain points will become more evident as we consider the subject further.

Common Concerns

Both social work and the church desire to create opportunities for healthy human development. Social workers may forget the influence of the church in providing close and warm fellowship so necessary in impersonal urban life; they may forget the therapeutic effects of the sacraments on troubled lives. Ministers often are unaware that modern social agencies do far more to meet

human need than the mere dispensing of financial assistance. Caseworkers may seldom hear of the family that has been tided over a period of unemployment through the use of a special fund which the church officials keep for such purposes or of the hours spent by the minister and a volunteer youth worker to help a delinquent boy. It is not unknown for a welfare agency to refer a needy family to a church for help until the public assistance cheque is issued. On the other hand, probably most clergymen have, at one time or another, referred an unmarried mother to an agency for the support that can be given her in planning for her child.

Undoubtedly the areas of overlapping may increase as clergy study more about the art of counselling. The same thing will happen if welfare agencies become more aware of spiritual needs on the part of their clients. Difficulties in referral are bound to occur. The minister may want to make a referral but learns of the long waiting list at the family agency. In the social work field, a caseworker in a hospital may find a patient who is spiritually confused and who has no church affiliation and no chaplain is available. Finding a pastor who is qualified to aid the patient without increasing other anxieties may not be easy. Some of the methods of collaboration which have been tried will be discussed in the next chapter.

One concern which both social work and the church consider to be very important is the achievement and preservation of healthy family life. Along with this goes an equally strong emphasis on the welfare of children. Speaking on this subject, one of the participants in the well-known Whitehouse Conference said,

"In spite of...shortcomings, however, it seems to be true that among social institutions, churches and synagogues rank high in promoting a sense of "belonging" through their efforts to bring children and young people into

the fellowship and to surround them with a sense of real community."¹

Social workers may underestimate the importance of this "belonging" in the lives of children - a feeling which may remain with the individual all his life.

Differences

There are also fundamental differences which must be recognized.² A social worker follows a definite method - case work, group work or community organization - within an agency or institution, and under supervision. He is usually in a working relationship with other social workers or other professional persons. The minister's task may involve him in personal counselling, in contact with groups of different ages and composition and in work with committees, boards, etc. In fact, he may in turn assume roles similar to those of case worker, group worker and community organizer all within one job. He is usually not, however, in a permanent working relationship with other professional people.

1. Witmer, Helen L. & Kotinsky, Ruth, eds., Personality in the Making - The Fact Finding Report of the Midcentury Whitehouse Conference on Children and Youth, Harper & Bros., New York, 1952, p. 222.

2. Several of the ideas in this section have been found in articles by Seward Hiltner, Faculty Member of the Federated Theological Faculty, University of Chicago, whose name is prominent in literature dealing with inter-professional co-operation. See "Tension and Mutual Support Among the Helping Professions," Social Service Review, vol. 31 (Dec. 1957) pp. 377-389. Here Dr. Hiltner develops the interesting concept of the "Village Green" - that area of human need which is a sort of common ground outside the narrow focus of each profession and on which each is apt to claim a preserve. Tensions arise from various sources - ignorance, bad experiences, cynicism regarding the work of the other, or support on a level of superiority feelings. Support without a good understanding of the other's skills is not enough because it is not built on a sound basis. With a better understanding of each other's language, an acceptance of value assumptions of the other, willingness to face points of difference and to accept necessary tensions, the co-operation can be secured which will best meet the needs of people. "All static views of mutual support, as something once and for all achieved must be put aside as undesirable as well as impossible." (p.382) The way to proper mutual support is to go as far as possible in discussion of the nature of the Village Green, "that aspect of each profession's responsibility that transcends its own focus and function." (p. 386)

In some sects he may have some direction from a superior but in others he may work alone much of the time. His role of preacher with a message to proclaim sets him in a special category which is foreign to any role of the social worker. Indeed the latter is always on the alert not to impose values on the client. Another difference is that the clergyman may see his parishioner in a counselling session about a family crisis on Friday, find him in the pew on Sunday and at the Men's Club banquet on Monday. This situation rarely occurs with the social worker and his clients.¹

The minister has no difficulty, usually, in finding a basis for his social concern.² He may be troubled by psychoanalytic theory but the literature shows numerous attempts to meet conflicts between it and religion. Social workers may have more difficulty in integrating their religious beliefs with professional values. This was recognized at the Cleveland Conference by one of the speakers:

Protestants are notoriously hesitant to identify themselves as churchmen in their secular vocations lest they fall into an error of exclusiveness which they deplore in any religious or other group. By avoiding this danger, we tend to fall into the other, a repudiation of the source of much of the motivation and power which is available in a culture indoctrinated through and through with Christian attitudes.³

Dr. Keith-Lucas, a professor of social work, has made a bold attempt to reconcile religious and social work beliefs in a recent article.⁴ He considers many of

1. How possible is it for the clergyman to maintain this balance? One writer believes the closeness of the counselling relationship will cause the parishioner to absent himself from church or avoid public encounters with the clergyman. This is a possibility which must be considered if counselling increases. Naegele, Kaspar D., "Clergymen, Teachers and Psychiatrists: A Study in Roles and Socialization," Canadian Journal of Economics & Political Science, vol. 22 (Feb.1956), pp.46-62.

2. See below, p. 63

3. Horton, Mildred McAfee, "Change and the Church", Bachmann, The Emerging Perspective, p. 46.

4. Keith-Lucas, Alan, "Some Notes on Theology and Social Work," Social Casework, vol. 41 (Feb.1960) pp.87-91.

the central beliefs of orthodox Christianity and shows that they are not only compatible with social work concepts but that the two are actually saying the same things at times - a fact which we can see only if we are willing to try to understand the real meaning behind the different terminology. He also finds relevance to social work practise in theology. He admits that the reconciliation is not easy but believes that it must be attempted by social workers whose religion is vital.

Scope of the Study

Some attempt will now be made to look at existing conditions. It was not possible to gather extensive data about areas of collaboration between social workers and Protestant ministers but examples will be cited which, it is believed, show current tendencies. Some effort will be made to answer the questions raised earlier by looking more closely at the situation in one community. Questionnaires and interviews were used to obtain data from social workers and clergymen. From the replies received, we will try to ascertain whether social workers make referrals to ministers and, if so, for what sorts of problems; whether they see any need for closer co-operation; what suggestions they have to offer regarding working relationships with the clergy. Indications of the attitude of the clergy toward social and emotional problems will be sought, as well as their understanding of the role of the social worker. Finally, the implications of the results will be examined and areas for further exploration outlined.

CHAPTER II

AREAS OF COMMON CONCERN

1. The Institutional Chaplaincy

The term "chaplain" here refers to a clergyman who is appointed to serve in an institutional setting such as a general hospital, mental hospital, correctional institution or treatment centre for disturbed children.

It may be argued that a study of the chaplaincy (the qualifying word "institutional" will be omitted from now on) is a matter for a theological dissertation rather than a social work paper. Any detailed study should, it is true, fall into the province of the seminary student but some reference should be made to it here. Both chaplain and institutional social worker are dealing with human problems and needs and there is a real necessity for some clarification of areas of service. In many instances, only one of the two professions is represented in the institution. The greater the understanding each has of the other field of knowledge, the better will he be able to locate and use its services on the "outside." Frequently the minister has had a place in the institution for a much longer time than the social worker, though with poorly defined functions. There may be the same mutual distrust as exists at times in the community and which we have already mentioned.

As early as 1925 some clergy saw the need for more highly skilled chaplains and Dr. Anton T. Boisen initiated a programme to meet this need. Since then, the Council for Clinical Training, Inc., has trained more than 2,000 persons in the United States, (probably including some Canadians who had no other resources for obtaining this skill and knowledge.) During the war, padres found themselves unprepared to meet the needs of the troops. This sense of inadequacy greatly increased the demand for clinical training. A second organization, The Institute of Pastoral Care, Inc., founded in 1944, is doing the same sort of thing as the Council. Some seventy centres of training are now operating in the United States under the auspices of these two bodies, giving this special education to small groups of clergy for periods of six weeks to twelve months. It is known that a course of this kind was offered in Toronto in 1959 at the General Hospital and the Toronto Psychiatric Hospital in which several denominations co-operated. The staff included doctors, nurses, psychiatrists, professors, social workers and ministers.

Standards of clinical pastoral education were adopted by the National Conference on Clinical Pastoral Training in 1953. Among them is this one: "A continuing concern for an integration of psychological, ethical and theological theory with practical understanding of the dynamics of personality and facility in inter-personal relations."¹ Another requirement for the student chaplain is that he learn "how to work cooperatively with representatives of other professions and to utilize community resources."²

1. "Standards for Clinical Pastoral Education," adopted by the National Conference on Clinical Pastoral Training, October 13, 1953. (A mimeographed brochure obtainable through the National Council of the Churches of Christ in the U.S.A.)

2. Brochure published by the Council for Clinical Training, Inc. New York, (undated).

The number of trained chaplains falls far short of the need. The picture today is, therefore, a varied one. There are institutional chaplains who are given the job because they are too old for a pastorate, or because they do not fit in anywhere else, and there are others who are well trained and who have a well-defined role on the professional staff of the organization. In between are many who have learned on the job and who perform a valuable service based on their rich experience.

The Function of the Chaplain in the Institution:

1. To conduct services of worship for the inmates¹ and to make the sacraments of the church available to them.
2. To provide a link with the community through referrals to local pastors when an inmate is discharged.
3. To counsel the inmate on spiritual problems at the request of his relatives, upon referral from other professional staff members or at his own request.
4. To provide religious education where needed.
5. To help in the interpretation to the community of the work of the institution through professional associations, personal contacts, etc.
6. To co-operate with the other professional staff in the total treatment plan for the inmates.

It is not the function of the chaplain to take over all spiritual care of those inmates who have had a good relationship with their own minister wherever it is possible for the latter to visit. His services might, however, very well be

1. The term "inmate" is used herein simply to obviate the use of several others - "patient", "offender", "disturbed child" - which may all be referred to at once.

needed to interpret to the pastor some things about the inmate's problems and what the institution is trying to do for him.

The Chaplain in the Correctional Institution

The function of professional staff in correctional institutions is at present in a state of flux. As the warden is the final authority, the status of psychiatrist, psychologist, social worker or chaplain depends largely on his conception of their role. This adds confusion to the difficulties already mentioned in clarifying the function of the chaplain and the social worker. It would seem that this is a matter which will have to be worked out in each institution at present although one would assume that, in time, professional bodies will bring more clarity to it. In some literature one sees the role of the chaplain defined in terms which sound very much like the role of the caseworker. Even the clinically trained chaplain does not usually have the knowledge and skill for this and so bad practice and bad feeling may result if this activity is carried on.

One might surmise from the literature that the chaplain is often appointed to the institution through pressures from religious bodies and may be unwelcome to the administration - more or less so than other professionals. However, two experts in the field of criminology say, "...At best he (the chaplain) can offer to the prisoner a kind of acceptance and a possibility for growth beyond the potential of any other member of the prison staff."¹ And these same men acknowledge the need for trained psychiatric and social work staff. They go on to say that only clinically trained chaplains should receive

1. Barnes, Harry E. and Teeters, Negley K., New Horizons in Criminology, Prentice-Hall, Inc., Englewood Cliffs, N.J., 1959 (copyright 1945), p. 495.

state support. Other writers have stressed the need for research and pilot projects in this area.¹

The Chaplain in the General Hospital

The situation here is a little different from that of the prison chaplain because the professional roles are clearly defined for the medical and nursing groups. That of the social worker is also more firmly established than in the correctional institution. The sight of the clergyman in the general hospital is common because visitation of the sick has always been a part of the pastoral duties. The new type of chaplain, especially trained in working with other disciplines and having more than the usual knowledge of human growth and behaviour, is relatively rare. Possibly the advance of psychosomatic medicine has had more than a little to do with the realization that there is a very real place for the right chaplain in ministering to the sick. Texas Medical Center's new building to house its Institute of Religion is an example of the developing interest. Here, doctors, nurses and ministers each learn how they can work together to help the sick.²

In Mental Hospitals

Psychiatrists and ministers have had sharp differences of belief, especially over psychoanalytic concepts, which have aroused tension and perhaps even hostility. The trained chaplain would, in his preparation, necessarily

1. Kannewischer, Rev. A.E., "The Role of the Protestant Chaplain in Correctional Institutions," American Journal of Corrections, vol. 19 (Jan.-Feb. 1957) pp. 12 & 27-30.

2. "The Healing Team," Time, vol. 74 (December 14, 1959) Canadian Edition, p. 80.

have come to terms with these differences. A medical centre such as the one mentioned above would, one expects, help medical men gain more understanding of theological concepts as they relate to mental disturbances. The great dangers involved in untrained people attempting to counsel the mentally ill, particularly in religious terms, means that chaplains will have to demonstrate their usefulness and co-operativeness to the medical and social work professions before they are accepted as "one of the team" in mental hospitals.

In Institutions for Children

While these institutions are still very much a part of welfare work in the United States and, to a certain extent, in eastern Canada, there are relatively few of them in western Canada. Many of those which still exist grew up under church auspices. The children were frequently under the theoretical guidance of local pastors or a minister was superintendent of the home. Now, a little more attention is being paid to the role of the chaplain in such institutions, especially those newer ones for emotionally disturbed children. Here, more than ever, the chaplain must be completely in accord with the total treatment programme of the agency. A recent article in "Child Welfare" assigns a very helpful, creative and unique role to the chaplain in such a treatment institution.¹ He may give the child such a significant experience of worship, among other things, that it is carried over into his life after discharge and thus help him to find a place in the fellowship of the parish church.

1. Allaman, Richard, "The Clinically Trained Chaplain in the Child-Care Institution," and Murdoch, John C. & Nordstrom, Clayton E., "Further Examination of the Chaplain's Role," vol. 39 (Jan. 1960) pp. 6-11.

The Chaplain in Other Institutions

Part-time or full-time chaplains are often assigned to church-sponsored homes for the aged, for unmarried mothers, T.B. Sanitoriums, etc. In a local situation, a minister is conducting discussion groups for girls in a maternity home. In a Lutheran maternity home in Minnesota:

...Significant results are being demonstrated through close teamwork of chaplain, caseworker, and nurse....Where guilt, anxiety, and hostility are present, redemptive religious faith with its restorative power is offered through individual pastoral care and group worship.¹

2. The Pastoral Counsellor in the Social Agency

The "non-institutional chaplain" is the subject of this section. He is appointed to a certain community agency by the board or administration. As the clients of the agency have access to ordinary services of worship, it is not the duty of the counsellor to conduct these. His function is similar to that of the chaplain, however, in that he counsels with the clients about spiritual matters and is a link between them and the local church.

The only known example of this role is that of the counsellor in agencies treating alcoholism. It is probable that the importance of religion in the Alcoholics Anonymous programme led to experimentation with its use in other organizations dealing with the same problem. The Alcoholism Foundation of British Columbia in Vancouver had a Protestant counsellor on its staff for

L. Whiting, Henry J., "Current Emphases in Casework under Religious Auspices: Integration of Casework and other Programmes," Social Welfare Forum 1951, National Conference of Social Work, Columbia University Press, New York, p. 217.

one-half day every two weeks. Budget restrictions made it necessary to terminate this service in 1958 but its resumption is hoped for soon. The agency found the services of the minister most helpful. He was considered to be a member of the clinic team. There was no difficulty with over-lapping of duties between him and the social worker because any confusion in this respect was dealt with on a case by case basis. At first there was some opinion that the presence of a pastoral counsellor would cause clients to shun the agency but no proof of this was found; rather, his inclusion in the staff was considered to be a forward step. (He was chosen for the Foundation by the Council of Churches as one of the pastors most suitable for the job.)

The main duties of this counsellor were twofold. He held group discussions bi-monthly with a different group present each time. In these sessions they explored together ways in which help can be obtained from God through prayer. Most of the clients entered enthusiastically into the discussions and several asked for personal interviews afterwards.

A full-time, clinically trained counsellor is part of the therapeutic community in the Georgia (U.S.A.) Commission on Alcoholism. He is known as the Director of Religious Therapy. This agency is, incidentally, being used as a training centre for other clergymen or theological students and was the first such centre in the field of alcoholism in the country.

A sort of "unattached" chaplain working in the welfare field is the Port Chaplain with special responsibilities for immigrants. More than one denomination provides this service in port cities.

3. The Church-Sponsored Social Agency

This type of agency is far more common in the United States than in Canada. In the local situation, the main examples of such agencies are homes for unmarried mothers, hostels for single men and women, services for the aged and immigrants, and kindergartens. In other parts of Canada, churches operate, in addition to the above, day care centres for children, homes for normal and disturbed children, institutions for delinquent women, neighbourhood houses, missions to seamen, service centres for immigrants, etc.

The American picture has been quite thoroughly studied in the report prepared for the 1955 National Conference on Churches and Social Welfare.¹ Agencies, including hospitals, sponsored by twenty-two denominations (grouping the Lutheran and the Presbyterian bodies as one denomination each) were evaluated under many headings - financing, relation to the sponsoring church, numbers of trained social workers employed, types of services rendered, persons served, expansion programmes, year of establishment and others. A total of 2783 agencies was surveyed in part and more details were secured for groups varying from 362 to 978. This study comprising 214 pages cannot be summarized in a few words. It may be said, however, that many of these churches are looking closely at their social agencies and the standards that prevail in them. Many of them are trying to keep up with the times with regard to personnel and methods of operation. Of 1,641 social workers employed, 675 had degrees from accredited schools of social work and were employed in 451 agencies. Nevertheless, the social work functions

1. Clayton, Horace R. and Nishi, Setsuko Matsunaga, The Changing Scene: Current Trends and Issues, National Council of the Churches of Christ in the U.S.A., 1958.

of the agencies were quite inadequately staffed in many instances, although the percentage of trained workers was no lower than that of the general average in social agencies in the United States. The matter of community chest financing of church-sponsored agencies is tabulated and discussed in the report along with the related questions of the degree of church control and the religious character of the services offered. A large programme of expansion was indicated which does not suggest any anticipated withdrawal from the field.¹

As far as is known, no such survey of Canadian church-sponsored agencies is available although each sect would have much of the pertinent data at its headquarters. Nor is sufficient literature available to obtain even a suggestion of trends at the present time. If hospitals and homes for the aged are included, more than one denomination sponsors a vigorous programme of welfare services in Canada with no thought of retreat. It is noted in one annual report of the United Church that a few institutions which had been purely custodial are moving toward treatment programmes - notably some children's homes.² Also the Warrendale Anglican home for girls in Ontario is well-known as a treatment centre and is supported in part by the Toronto Community Chest.³

It has been said that many churches are carefully examining their social service structure. They do not seem to be at all sure what to do about

1. This is a very different picture from that drawn in 1935 when a study revealed, "...The church's part in welfare services as such is so diminishing that the question is seriously raised whether the church will not cease to occupy any considerable place in this field...." Douglass, H. Paul and Brunner, Edmund de S., The Protestant Church as a Social Institution, Harper and Brothers, New York, 1935.

2. United Church of Canada, Board of Evangelism and Social Service, 33rd Annual Report, Darkness or Dawn, Toronto, 1958.

3. "Institutions and Pastoral Care in the Dioceses," The Bulletin, Council of Social Service, The Church of England in Canada, November 15, 1952, Toronto.

it, however. No one can say to what extent they should operate their own agencies. In those cases where the agency has very little connection with the church and equally little religious involvement in regard to the programme, one wonders just how the church views the purpose of that agency, especially if there are non-sectarian organizations fulfilling similar functions. Perhaps the funds that go into it could be better used in a pioneer project which is being neglected by the community. One can appreciate and applaud the desire of Protestants to avoid creating services which, by their denominational character, exclude large segments of the community. On the other hand, there may well be a place for social institutions which include spiritual values without becoming narrow and exclusive. This is not easy to achieve but it warrants some experiment. Henry Whiting, Executive Secretary of the Lutheran Welfare Society of Minnesota, has something to say which is pertinent:

It does not follow that all casework must be under religious auspices, but such a setting, we believe, offers fuller opportunity for integrating the dynamics of religion into the helping and healing therapies....It would seem that this integration...can best be clinically explored and developed in an agency under religious auspices.¹

4. The Institutional Church

This term is used to mean a church, usually in a down-town or deteriorating district, which carries on something of a social service programme of its own in addition to the usual activities of a parish church. Frequently it is supported in part by other local congregations of the same denomination

1. Op.cit., p. 216.

or by the denominational headquarters. In many Canadian cities such churches have sought to give special ministrations to immigrants and often this has been so important a part of the programme that the church has been known as "The Church of All Nations" or "All People's Mission." In some denominations, the institutional church has accepted a sort of "welfare" role given it by other local churches. To it, the more prosperous churches may send the transient needing a meal or the new immigrant family seeking fellowship. Giving of material aid is perhaps more usual in this sort of church than in others. The programme may include a summer camp for the "under-privileged," a clothing exchange, a "soup kitchen", clubs and recreational activities of all varieties, day nursery or kindergarten facilities. Frequently the membership falls into two classes - those from the local population and those who have moved farther away but remain active in the institutional church and provide much of its leadership.

This type of church is exemplified in Vancouver by First United Church, and, to an extent, by St. James Anglican.¹ The structure and activities of the former formed the theme of a previous social work thesis.² In 1953, this same church made a further investigation to determine social conditions in the area and to plan its own programme in the light of the facts obtained.³ The report included summaries by social agencies operating in the area of the needs of the community as seen by these agencies. At that time, the church was already ex-

1. First United operates a summer camp, Welfare Industries, other language public worship, recreational activities. St. James has fewer services of this sort but does a special work with unemployed men. Both churches work closely with the social service agencies of the community.

2. Morrow, Henry M. , The Community Services of First United Church, Master of Social Work thesis, University of British Columbia, 1948.

3. Steiman, Boris, Progress Report of First United Church Survey, Vancouver, B.C., January, 1953.

panding its activities. The United Church British Columbia Conference is at present engaged in another review of that fast-changing inner-city area in relation to the work and plans of First United and its "satellites", (two small missions belonging to the same pastoral charge.) The imminent implementation of the long-planned slum clearance project by the city makes this a necessity.¹

St. James Church is also reviewing its role in the light of the action of the city which will make the area less residential and more industrial.

In reviewing the work of the institutional church, one thinks almost inevitably of the Salvation Army whose whole religious programme is inter-woven with its social services. It employs its own social workers and sponsors many agencies - hostels, homes for unmarried mothers, etc., - as well as its chaplaincy and relief services. A complete study of its welfare activities could form another separate project.

It may be noted in passing that institutional churches of various denominations sometimes become involved in wider social issues. In times of low employment, for instance, they have brought to the attention of the community the plight of homeless men who have not the qualifications for public assistance, and have provided the only shelter there was for these men until the local authorities took steps to ameliorate their condition.

Some of these churches have social workers or community workers on their staffs. Rarely in Canada do they have social work training although this is very much desired. As one minister expressed it, "A social worker's salary is far higher than mine!"

1. Compare with the study made in Winnipeg, section 8 of this chapter.

It can be seen that the institutional church is bringing the benefits of religion into areas where it is sorely needed. These churches were found to be very conscious of the need to be constantly re-evaluating their own roles. There is always the danger of them becoming just another agency and forgetting their unique purpose of bringing man into a consciousness of his relationship to God.

5. The Independent, Religiously-Oriented Agency

Into this category fall particularly the "Missions", whose work is primarily with transient, homeless or delinquent men and boys. While Christianity holds a central place in the guiding principles of the organization, it is often not affiliated with any church but has its own board. If Vancouver's Central City Mission is taken as an example, there is no assistance from the Community Chest or from the City. Probably most missions prefer this independence. The 50th Anniversary brochure of Central City Mission contains letters of congratulation and appreciation from many local churches or denominational bodies. Many of the churches of the community give annual donations, and clergymen are among the members of the board. Like the institutional church, the mission is often looked upon by churches in more favoured districts as doing a needed job for them. (And one which they are glad to avoid?) The Vancouver mission we have mentioned has as its main avenue of work its central hostel where relief, shelter and food are provided as well as some recreation. In the recent period of high unemployment, it has co-ordinated its efforts with other organizations serving needy men. A few years ago a Youth Residence was

purchased and staffed with house-parents. Early in 1959, this work with youth was augmented by the addition of a ranch at Haney, B.C. The objective of this mission is stated as, "The betterment of the entire man in body, mind and soul."¹

Many of the missions in Canada and the United States (and a few elsewhere) are affiliated with the International Union of Gospel Missions which was organized in 1913 and now has about 250 affiliates. Each mission is independent but the Union "does maintain certain standards...in order to further the interest of the work and to increase the respect and support of people of the churches."² The missions in the Union are never thought of as substitutes for the church but are often defined as agents of the church. Some do not undertake the welfare activities outlined above; others extend them to provide employment in an affiliated Welfare or Goodwill Industry.³

6. Pastoral Counselling

There is a total religious life of the parishioner to be drawn upon; and there is the total power of Christianity to be offered -- its searching ethical scrutiny; its gospel of forgiveness; the fellowship of the Church; the purgation and aspiration of prayer; the affirmation of psychosomatic wholeness within the self....The function of pastoral counselling is not to pipe faith and strength into a parishioner from the outside, but to provide a situation in which his existing or latent

1. Central City Mission, 1908-1958: 50 Years of Service, Central City Mission, Vancouver 4, B.C. (a pamphlet).

2. Tippet, Ernest A., ed., Directory, International Union of Gospel Missions, Bridgeport, 1, Conn. (undated).

3. Paul, William E., The Romance of Rescue, Osterhus Publishing House, Minneapolis, Minnesota, 1959 (first printing 1946).

Note: In Vancouver, none of the missions, as far as is known, are affiliated with welfare industries though First United Church does operate one.

accessibility to the saving power of God can be deepened and clarified. Therefore, permissive, individual-centered counselling is not simply a technique....It can reflect...respect for the freedom of man and hope for the redemption of man.¹

The literature indicates that seminaries are becoming more and more concerned about equipping their students for the art of pastoral counselling. Along with this skill, the minister needs to know in what situations his counselling is adequate and when and where referral to someone else should be made. Among the many books on the subject of pastoral counselling should be noted a recent Canadian publication, "Pastoral Counselling for Mental Health."² This manual for clergymen covers a wide range of topics competently, though in a purely secular manner. The bibliography is large and varied.

The extent to which ministers engage in counselling will be dealt with in greater measure in the next chapter. We may say here that the amount depends largely on the interest and aptitude of the individual pastor, and on the time he has to devote to it. Some churches engage an assistant minister to do just this work or to relieve the minister of other duties so that he may devote more time to counselling. Probably this arrangement would be more common were there more ordained men and women available. In one eastern American city, a group of clergymen of different denominations worked together on this problem, setting up a central place for counselling and taking turns manning it. A few congregations have engaged the services of psychotherapists who work with the minister.

The type of counselling again varies with the skill, understanding and training of the clergyman. Unfortunately, there are some who dabble in

1. Roberts, David E., "Concluding Reflections," The Church and Mental Health, ed. Paul B. Maves, Charles Scribner's Sons, New York, 1953, p. 274.

2. Laycock, Samuel R., The Ryerson Press, Toronto, 1958.

situations too complex for any but highly trained specialists. There are others who wish they had more discernment in separating the severe illness from the more easily managed problem.¹

We may speak again of the over-lapping of professional interests. Distinctive lines can never be drawn in this phase of the helping professions. Counselling is done by public health nurse, social worker, doctor and psychiatrist. Just as there are cases which may be handled by the psychotherapist or the social worker equally well, so do minister and social worker find themselves treading the same ground at times. There is increased specialization on the one hand and a blurring of roles on the other. Another comment of Dr. Hiltner's seems applicable here:

Dynamic knowledge on which all counselling and psychotherapy are based is much closer to being the village green than a private lot....Maintaining the proper distinctiveness of one's profession no longer implies that every tool or bit of knowledge one uses must be considered the exclusive property of that profession.²

Special sorts of counselling have been tried. One thinks of the Mission to the Suicides in London, England, begun by an Anglican priest and now including social workers and others on the staff. Locally, the radio programme, "The Pastor's Study", has sought to give counsel to distressed persons who telephoned the studio. Frequently the pastor in charge of the broadcast referred the client to a social agency.

1. See below, p.59

2. Hiltner, Seward, "The Role of the Clergyman as a Counsellor," Social Work in the Current Scene, National Conference of Social Work, Columbia University Press, New York, 1950, p. 373.

7. The Lay Volunteer Movement

This century has seen a vast increase in social service projects carried on by the efforts of volunteer church members both within and without the church. It would be impossible to measure the amount of service given to social agencies by volunteers who are also active church members. Within the organizations of the church, a multitude of activities are constantly being undertaken which could fall within the broad scope of social welfare - a men's club raises funds and supplies much of the labour to erect a boys' camp; a women's society provides many of the material needs of a children's institution; a mixed group operates a social club for elderly persons. In the recreational sphere, the church's contribution is often unnoticed but, staffed for the most part by volunteers, it has tremendous scope.

Its (the church's) more highly organized groups for women, young people, boys and girls, realize many, if not most, of the values found in the organizations undertaken for similar age groups in the name of social work.¹

More recently, one would add men's groups to this list.

The great lack in this area, especially in the work with youth, is sufficiently skilled leadership. In spite of great training schemes for volunteer leaders, there are never enough.

The programme of the study group of a women's society in a local congregation might not appear to do anything more than skim the surface of social problems and the projects developed to meet these same problems are often feeble but the continued effort of countless small groups has produced a large body of women who are much more alert to the social situation than they would otherwise be and their activities have a real impact.

1. Douglass and Brunner, Op. cit., p. 188.

Further mention will be made later of the role of the social worker as a volunteer in the local church.¹

8. Areas of Collaboration

Research

In several Canadian cities, surveys of the churches in down-town, or inner-city, areas have been made. The one completed in Winnipeg by the Presbytery of the United Church of Canada in 1958 is an example.² Many topics were included in this study - the services offered by the individual churches in the area; the proportion of membership coming from the district surrounding these churches compared to that from a distance; the changes taking place or predicted in the locality; the needs of the residents in the parishes which might be considered the responsibility of the church; the extent to which the churches were or were not meeting these needs. The recommendation was made that an inner-city welfare council be appointed as a committee of Presbytery with a permanent secretary, among whose duties would be that of co-ordinating the efforts of these churches with social agencies. (It is understood by the writer that this recommendation was carried out.) Two other recommendations are of interest here:

That the Welfare Council be asked to arrange area meetings embracing social workers and clergy to discuss common problems of social welfare.³

and

1. See below p. 71

2. Report of the Down Town Survey Committee of Winnipeg Presbytery, June 18, 1958.

3. Ibid., p. 11

That the Inner-City Council work closely with the School of Social Work at the University of Manitoba with a view to co-ordinating the research projects of senior social work students with our needs for surveys of specific community areas.¹

(Actually the School of Social Work did take an active part in preparing material which was used in the report.)

It was noted in the report that the Anglican Church was pursuing a down-town survey about the same time. While there was some co-operation, it seems regrettable that each denomination must carry out its own survey, possibly with much over-lapping, but this is a not infrequent occurrence.

In the field of research, another example is the study of church-sponsored agencies already mentioned.²

A third is "The Churches of Exploding Suburbia"³ which is an investigation similar to the one in Winnipeg except that the area studied was of a very different socio-economic structure and the study was made by an interdenominational body and included almost all the churches and synagogues in the area. It deals with many matters not related directly to social services but does have a large section covering the role of the minister in personal and social problems, the social service activities of the local congregations, pastoral counselling, and referrals to social agencies. This same body which made the study published an attractively illustrated, informative and well-organized directory of welfare services for the use of the churches. It is called a "problem-centered directory!"

1. Ibid., p. 12.

2. Gayton and Nishi, op. cit.

3. Church Welfare Bureau, Council of Churches of Greater Houston, The Churches of Exploding Suburbia: A Study of the Social Welfare Problems and Resources in the Churches of Southwest Houston, Houston, Texas, Nov.1, 1958.

An examination of the social work content of seminary curricula is currently being made by the McCormick Theological Seminary of Chicago, under the sponsorship of the National Council of Churches.¹

No recent inquiries have been discovered which compare with the scope and detail of that done by Douglass and Brunner for the Institute of Social and Religious Research in 1935. The preface of their book states that this was only one of forty-eight research projects.²

Only one example was found of research initiated by a social agency and this was of a general nature and was completed in 1945. Statistics were kept of the number and nature of referrals made by a group of ministers to a family and child agency in St. Louis over a three year period.³

Generalized statements about the attitude of the churches toward research and the amount carried out by various sects are found in the preparatory study for the Cleveland Conference of 1955.⁴ These statements were obtained directly from the thirteen denominations which were questioned. Three statements did not mention research but the other ten showed concern and nine had active projects to report.

The examples given are only a few of what is undoubtedly a growing field of research.

1. Administrative Assistant of the Dept. of Social Welfare, Division of Christian Life and Work, National Council of the Churches of Christ in the United States of America, New York, Letter to the writer, Nov. 5, 1959.

2. Op. cit., Preface V.

3. Baldwin, Ruth M., "The Minister and the Social Worker," The Family, vol. 26 (June 1945) pp. 149-154.

4. Bachmann, The Activating Concern,

Co-operative Activities

In 1952 the Federation of Protestant Welfare Agencies of New York reported on a demonstration workshop which was organized to try to answer the following questions:

- Should churches and welfare agencies be 'natural partners'?
- Do social workers and ministers understand each other?
- Can the person in need be helped by more cooperation between ministers and social workers?
- Do laymen have a special role in fostering this cooperation?¹

Sample cases were discussed as well as the roles of the two professions.

'Pointers Toward Cooperation' were drawn up,² and the workshop was evaluated.

Similar to this workshop but extending over a much longer period was the "Institute on Church and Social Welfare Services" initiated in Vancouver in September 1950 through the interest and efforts of a few persons. The Canadian Association of Social Workers and the Vancouver Council of Churches became the sponsoring bodies. A membership of about twenty-six (changing from time to time in personnel) held monthly meetings for nearly seven years. Clergy, social workers and a few lay church members made up the group. Cases were discussed, papers presented by individuals within or without the group, statements prepared and panel discussions held "to bring the work of the institute to other clergymen and social workers in the community, as well as to theological and social work students."³ The presence in the group of the then Director of the School of Social Work at the University of British Columbia brought the question of professional education into the centre of the discussions at times. An ad-

1. Federation of Protestant Welfare Agencies, Inc., Cooperation Between Churches and Welfare Agencies: Report of a Demonstration Workshop, New York, September 1952, p. 3.

2. Ibid., p. 11.

3. Bradley, Eleanor J., "A Venture Towards Understanding," The Social Worker, vol. 19 (December 1951) p. 23.

visory panel was formed of clergy and social workers which could be called on by either group for consultation in difficult problems. The minutes, to which this writer has had access, show time after time the benefit that was derived through personal contact with members of the other discipline and through the programmes of the Institute which led to greater mutual understanding.

"The Changing Scene" tells of the many types of meetings between social work representatives and churches in the United States, listing examples.¹ Many of these have grown out of efforts of councils of churches both at the local and state level. In the case of 200 such councils, there is a paid worker which makes the situation very different from that prevailing in most parts of Canada. Here the local councils must carry out their activities through the exertions of already heavily burdened pastors or lay persons.

On a different level, the Church Conference of Social Work, as an associate group of the National Conference of Social Welfare, has been held annually since about 1930. It is "a co-operative and supplementary body to the National Conference of Social Work, expressing the peculiar concern of the churches in the field."²

Paul B. Maves writes about the Department of Social Welfare of the Council of Churches in Washington, D.C., which provides "comprehensive information about hundreds of social agencies and other resources of the city" and sends ministers monthly news sheets with articles on special social needs and resources.³

1. Cayton and Nishi, op. cit., pp. 92-111.

2. Ibid., p. 154.

3. Maves, Paul B., "Securing More Adequate Facilities in the Local Community," The Church and Mental Health, Maves, p. 222.

Mention was made in an article of a Protestant chaplain collaborating in the writing of a "Primer of Short-term Group Counselling" for a detention home - the Youth Study Centre of Philadelphia - but no other aspects of his role were discussed.¹

On the local scene there is some formal collaboration between the Community Chest and Council and church groups. There is a standing committee (of the Community Council) on recreational and educational needs of the aged which is made up of representatives from the Community Council, the Vancouver Council of Churches, neighbourhood houses, professional groups and others. The purpose of this committee is to promote projects which will meet the needs of the aged in this field. One service which the committee is presently undertaking is the preparation of a directory of services which are available to the aged through the churches, community centres and elsewhere.

In the summer of 1959, the Vancouver Community Council co-operated with an official of the Canadian Lutheran Council who was making a study of the local welfare services in order to establish a national welfare policy for that church. At the moment it is co-operating in the project of the United Church previously mentioned.² The church asked the council to take part in the survey and the latter's responsibility will be to stimulate participation by the social agencies of the community.

Certainly efforts at collaboration seem to be increasing, especially those initiated by religious groups, but, on the whole, they are sporadic at the local level if they exist outside the framework of a particular structure such as the chaplaincy or the institutional church.

1. Sharp, E. Preston, "Group Counselling in a Short-term Institution," Federal Probation, vol. 23 (Sept. 1959) p. 9.

2. See above p. 28, chap. 2, sec. 4.

9. Professional Education

It was not possible to make a comprehensive survey of the two fields of education as related to one another but some indications can be given of current practices. It is not known when the results will be available of the study previously mentioned concerning social work content of seminary courses.¹ They will be of interest to anyone who is concerned about the relationships between the two professions.

At Union College (United Church of Canada) on the campus of the University of British Columbia the students receive some background lectures by a member of the faculty about common concerns of the church and social work. Representatives from three or four social agencies speak to the students each year and one field trip is arranged. During his three years at the college, each student hears a report on the provincial welfare services and one on the Vancouver Community Council. Students are encouraged to do their special third year project in the field of social welfare. All this is in addition to the courses in pastoral counselling which are given by a faculty member with special training in psychology.

The curriculum at the Anglican College, on the same campus, is in a state of flux because of a recent complete turnover in staff. There is, however, a real interest in seeing that the students have some orientation to social agencies. They are given some direct contact with agencies and, if any student has a special interest along this line, he is encouraged to follow it up. There are also the courses in pastoral theology.

1. See above p. 36.

A noteworthy innovation has been made in Connecticut where the Institute of Church and Community was established by Hartford Seminary Foundation in conjunction with the University of Connecticut. Students live on the Seminary campus during the entire three year period. The first year consists of religious and sociological subjects taken at the Seminary. The courses of the second and third years are those of the School of Social Work at the University, plus a weekly seminar at the theological school to relate the professional instruction to Christian beliefs. Students receive a fully accredited Master of Social Work degree from the University and a certificate in Church and Community from the Seminary Foundation. It is believed that a similar course is offered at the University of Chicago.

All the accredited non-denominational social work schools in Canada have methods courses which teach the student to deal with problems of referral and of collaboration with other disciplines, including the ministry. The director of the School of Social Work at McGill University, Montreal, described a plan for discussion between the staff of the school and the Faculty of Divinity on the subject of values, a matter about which the school is exercised at present. He added, "There is a plan for discussion between the staff of the school and the Faculty of Divinity on the subject of values, a matter about which the school is exercised at present. He added, "There is a plan for discussion between the staff of the school and the Faculty of Divinity on the subject of values, a matter about which the school is exercised at present."

"There is a fairly frequent expression on the part of our staff of the need for a better working relationship between clergy and social workers and this, I think, can be accepted as evidence that the former group of professional people is important to the most effective functioning of social workers."¹

From the Toronto School came this statement,

"Our students often express keen interest in the relationship between their religion and social work, and faculty is agreed that the question should be discussed wherever relevant, in any course, rather than in a separate course."²

1. Moore, John J.O., letter to the writer, February 3, 1960.

2. Govan, Elizabeth S.L., letter to the writer, January 27, 1960.

The same school participates in a course on the Church Worker and Social Work given to the Anglican, Presbyterian and United Church Training Schools for Women Church Workers.

That portion of the curriculum study of the Council on Social Work Education concerned with social welfare services has given very little attention to the subject of inter-professional relations or to social institutions.¹ The volume on values and ethics states that, when schools of social work were surveyed about their curriculum, they were asked if they discussed the basic beliefs of the three major religious groups.² The answers received are not given but the trends they revealed are, one assumes, incorporated with other data. There is also a discussion of the difficulties facing students in situations where there are deep differences of belief. In such instances it is necessary for the student of social work to be able to determine whether the problem can be met on the level of generally accepted codes of behaviour or whether it is rooted in one of the differing points of view which are "essentially irreconcilable,"³ - namely, the belief in supernatural bases for conduct or the belief that human experience alone determines values. The author goes no further in suggesting how the student is to be helped to meet the situation if it falls in the latter category.

It would seem fair to say in summary that the relationships between the clergy and social work are given about as much (or as little) attention in social work education as are those with teachers or public health nurses, al-

1. Weissman, Irving, Social Welfare Policy and Services in Social Work Education, Council on Social Work Education, New York, 1959.

2. Pumphrey, Muriel W., The Teaching of Values and Ethics in Social Work Education, Council of Social Work Education, New York, 1959, Appendix B.

3. Ibid., p. 83.

though questions involving religious attitudes may receive special consideration. The statement of the director of the School of Social Work at the University of Manitoba would be the case in any non-denominational school:

...There is probably more emphasis of collaboration with medical and psychiatric personnel than there is with any other single group.¹

The opinions of local social workers and ministers on this subject will be shown in the next chapter.

1. Mann, Helen, letter to the writer, February 1, 1960.

CHAPTER III

PRACTISES AND ATTITUDES DISCOVERED IN THE GREATER VANCOUVER AREA

Sample surveys were conducted by means of questionnaires and interviews. A questionnaire¹ was distributed in three social agencies - a private family agency; a public agency which deals not only with child and family difficulties but also with financial assistance; the social service department of a hospital. Its purpose was to elicit information about certain opinions, attitudes and practices of the workers. The agencies were chosen to represent broad areas of social work in greater Vancouver.

It had been the writer's plan to distribute another questionnaire among representative clergymen. It was discovered, however, that the Vancouver Council of Churches was in the process of doing this and it was thought unlikely that the ministers would answer two of them. (The poor returns from the Council's questionnaire validated this.) The Council had been asked to present a brief to the American Psychiatric Association, which had been retained by the Government of British Columbia to study mental health facilities in the province. The questionnaire which was sent out at the end of December, 1959, was the method used to gather material for this brief,² and the writer was permitted to use the

1. See Appendix A.

2. See Appendix B.

material thus gathered.

Although many of the Council's questions were related to social work in a general way, its focus was on the field of mental health. In order to gain more information about the opinions of the clergy on social agencies and social workers, a small number of interviews were held with a diverse group of ministers.

1. Questionnaire to Social Workers

Thirty-three questionnaires were returned - almost 100% of the non-supervisory social work personnel of the three agencies. It is realized that this is a very small sample of social workers and that the results can only indicate trends and attitudes. The results are analyzed below in the order of the questions asked.

Need for Greater Mutual Understanding and Cooperation Between Social Workers and Ministers:

Only 4 of the workers thought there was no need for this. One of these explained that he did not see any relation between the two fields. He added: "Religious and moral problems are handled quite differently by these disciplines." Nor did he think there are problems which can be better treated by ministers than by social workers. Two of the 4 restricted themselves to religious problems or matters of dogma and ritual as those better left to the clergy.

Professional Training:

Almost three-quarters reported no orientation to the work of the clergy

in the field of individual and family counselling and no part of their training acquainted them with ways in which they and the clergy could work together on specific cases. The same number, however, had learned from experience ways of working together. One-half of those who had had no such orientation thought there was a need for some.

Referrals:

Questions 3, 4 and 5 dealt with this topic. Twenty-three workers had referred clients to ministers but only 12 had done so in 1959. The numbers referred ranged from 1 to 15, or an average of 3.7 per worker referring. As the figure of 15 was the only one over 6, the worker who made that many referrals is unusual in this respect. A more realistic average is obtained by omitting his reply, and the figure of 2.5 referrals for 11 workers is reached. We may conclude that roughly one-third of the social workers refer clients to a pastor less than once a year and one-third refer from 2 to 3 a year. The remainder do not make such referrals. Seventeen reported good co-operation from the ministers; 2 did not. The ministers' practices in reporting back to the agency were equally divided between "seldom" and "usually" with only two checking "never". Fifteen workers have had, at one time or another, continuing co-operation with a member of the clergy in a specific case. The same number have never experienced this situation. One could recall from 5 to 10 instances of this and 2 had had over 10 experiences.

In summary it may be said that, since two-thirds of the social workers have referred cases to ministers at some time, they have, or have had, a belief in the worth-whileness of the practise. Not all were satisfied with the co-operation received; 2 were negative about it, and 4 failed to answer. The number of referrals is small and so is the number of cases involving continuing mutual

participation. The number of referrals from the clergy is almost equally small although more workers were involved in transactions going in this direction than in those going the other way.

Problems Better Handled by Ministers:

Four of the agency people do not believe there are any, but only one of these was among the group seeing no need for greater mutual co-operation. The specific types of situations which workers thought should come within the province of the minister are listed in the following table.

TABLE A. Opinions of Social Workers: What Social Problems are Better Handled by Ministers than by Social Workers.

(Survey Area: Vancouver, 1960)

<u>Problems</u>	<u>Number of Replies</u>
"Spiritual" or "religious" (undefined)	11
Feelings of guilt (including those centered on religious values); religious conflict involving dogma or ritual	17
Fears concerning illness and death	6
Need of the acceptance and support of the fellowship of the church	4
Need for increased sense of personal worth	2
Any problems (including family difficulties specifically) where the religious affiliation has meaning or where the individual has more confidence in the minister than in the worker	5
Where the strong, supportive relationship of the minister is needed	2
Where the authority of the minister has meaning	3
Immigrant ethnic groups where language is a problem	1
Need of strength to meet daily demands	1
To be determined on a case by case basis	2
Need for spiritual values or a purpose in life	2
TOTAL	<u>56</u>

Source: Questionnaire sent to sample group of social workers by the writer.¹

1. Subsequent tables in Section 1 of this chapter are all drawn from material received from the same questionnaire.

The implications of these answers is that the group of social workers questioned definitely believe that there are specific spiritual problems which should be met by ministers, although these are, in many cases undefined. The large group who mentioned difficulties of guilt or conflict have touched on an area which is very close to the territory in which their own profession operates. One can see further questions emerging: Can the boundaries of the two disciplines be clear-cut? What does the social worker do about the client who is torn by such conflicts but whose affiliation is with a church which has rigid doctrines in the area of the conflict? Does the social worker know who is the most qualified minister to help with the problem if the client has no church affiliation?

It is rather surprising that more mention was not made of problems relating to illness, age and death as ministers have traditionally been called on in these crisis-producing situations. Possibly the reason is that workers outside hospital settings do not come into as close a relationship with these problems as with some others. One of the non-hospital personnel who mentioned this item works with the aged. One wonders about the suggestion, "The use of church authority in persuading clients to more constructive behaviour," which appears to be a negation of social work teaching about the use of authority.

How May Mutual Understanding be Increased?

The social workers were asked to give their opinions about the usefulness of certain specified devices. Then they were asked to give their own suggestions. The replies are tabulated below:

TABLE B. Opinions of Social Workers: What Methods or Resources Would Increase Mutual Understanding Between Social Workers and Ministers.

<u>Suggested Methods</u>	A	B	C	Total
Occasional workshops to discuss common problems	8	14	7	29
Study groups dealing with common problems and the skills and training of each group.	7	14	8	29
A liaison person with knowledge in both fields (e.g. some cities have a Church Welfare Bureau or Secretary functioning within the Council of Churches.)	4	15	8	27
Individual social workers who are church members acting as resource or interpretive persons within their own church.	5	14	10	29
TOTALS	24	57	33	114

A = Very effective; B = Worth developing; C = Doubtful Value

Two of the 33 persons did not complete this section. Almost all of the 31 respondents checked one item in each section, the average being 3.7 items checked.'

There is no significant difference in the weight given the various methods except that there is slightly more doubt that No. 4 is of value. This could arise from the fear that the individual church might exploit the social worker as a sort of unpaid worker within the church. One answer made this fear explicit.

Regarding the above question and the following one presented in Table C, this notation was made on one reply, "I don't feel that it would make much sense to answer this page if question 1 is answered no." One other person followed the same course without explanation. The others who answered No. 1 in the negative were not as consistent; they checked part of Table A as being "worth trying."

TABLE C. Suggestions of Social Workers: How to
Increase Co-operation and Understanding.

Understanding arising from discussion on a case by case basis	7
Sharing of certain aspects of cases rather than all or none basis of referral	1
Appointment of one resource person in each major agency who would help ministers with referrals, resources, etc.	1
Clearer interpretation of goals and functions of one or both professions	2
Co-operation of both in community development	1
Social workers should know the clergy in their own districts - both workers and ministers need knowledge of community resources.	5
Orientation to the work of the other discipline at University or elsewhere - some joint training. .	2
Encourage ministers who are eligible to join B.C. Association of Social Workers.	1
Need to differentiate between community work and pastoral counselling.	<u>1</u>
TOTAL	<u>21</u>

Sixteen respondents had no suggestions.

In summary, the general opinion of those who did offer further suggestions was that the individual worker could promote mutual understanding by the interpretation given to pastors as they consulted together on cases or as they worked together in community projects. Both need a working knowledge of the community. One person thought it would be helpful if social workers had spot maps or directories of churches and clergymen, and if ministers all had directories of agencies. One worker noted that, if there is confusion between

the two professions about the roles of each, the clients feel confusion, frustration and anxiety.

Obstacles to Effective Co-operation:

The workers were asked to check a prepared list of possible hindrances and then to add their own suggestions. The results are found in Tables D and E.

TABLE D. Opinions of Social Workers: Main Ob-
 stacles to Effective Co-operation.

Lack of mutual understanding of function	24
Reluctance to "hand over" cases	9
Doubt of the other's skill	18
Pressure of work	9
Client or parishioner's reluctance	7
Other	<u>11</u>
TOTAL	<u>78</u>

TABLE E. Suggestions of Social Workers: Other
 Obstacles to Co-operation.

1. The two fields are not related - religious and moral problems handled quite differently by the two professions.
2. Lack of importance attached to religion by families.
3. Most of cases who could use a minister aren't affiliated with a church.
4. Church often out-of-date and out-of-touch with today's problems.
5. Clergy bewildered by plethora of agencies and use only the most familiar.
6. Communication between clergy and social worker not established early enough in the case.
7. Confidentiality restricts sharing of cases. (2)
8. Frequently ministers assume that social workers have no understanding of spiritual values and therefore hesitate to ask for their help. They also seem to be disillusioned, almost judgmental, if every social worker is not a practising Christian or Jew.

9. Inability of either to share in a helping relationship largely due to all or nothing attitude.
10. Planning and working through the referral and transfer.
11. Lack of knowledge of community resources.

Agency Differences:

There were few significant differences in the replies received from the three agencies. All of the hospital workers saw a need for greater mutual understanding and co-operation, all had made referrals to ministers, all thought there were problems better handled by the clergy. The only two reports of poor co-operation from the clergy came, however, from this group, and two of them did not answer this question. The hospital group also registered more emphasis on lack of understanding being the chief hindrance to co-operation. One of these workers noted that perhaps fewer referrals were made to ministers because of the presence of chaplains in the hospital who would probably see the patient automatically. The public agency group put much more emphasis on pressure of work as an obstruction to understanding and joint planning. This is understandable as this agency is less able to limit intake than the others. It was noticed that the public welfare workers were much less inclined to rate any of Table B as "very effective". They gave far fewer suggestions of their own than the other groups. The largest percentage of people answering "no" to the first question came from the family agency.

2. Questionnaire to Ministers

The questionnaire was distributed to about 300 Protestant clergymen. The exact number sent out by the Council cannot be determined because some denominations attended to their own mailing but it was in the neighbourhood of 225. A further 60 to 75 were distributed to members of the Evangelical Ministerial Association of Vancouver and district. Of the 42 replies received, approximately 38 came from those affiliated with the Council. (Without speaking to the individual ministers, it is impossible to ascertain positively to which group some of the congregations belong.) This is a small number of replies on which to base conclusions and so, as with the social workers, approximate trends only can be shown. On the surface it would seem that few of the clergy are interested in the matter and yet it is known that some who have publicly expressed considerable interest in social and emotional problems did not complete the questionnaire. Time was definitely a factor as a good deal of work was needed to report at all accurately and only two weeks was given for replies.

Some of the questions were considered irrelevant to this study and are omitted entirely. It is unfortunate that some points were phrased in such a manner as to lead to diversity of interpretation. There were, however, sufficient data from which to draw some conclusions. (In no case did all 42 replies deal with every question so the total number of answers is given in each instance.)

Analysis of Replies in Terms of Denominations, Districts and Congregations:

Fifteen replies were from United Church of Canada clergy, one of whom was a field secretary without a regular pastoral charge. Replies from Anglicans comprised 12 more of the total. Among these was one from Cloverdale which can scarcely be considered in the greater Vancouver area at present. The five

Presbyterian replies included the Mt. Lehman and Bradner charge and also Abbotsford - a rural area and a small town. Baptists accounted for 5 returns, Free Methodist and Christian Reformed one each, and 3 Salvation Army. One Baptist was in Cloverdale and two of the Salvation Army were completely outside the lower Fraser Valley (Powell River and Vernon). All were included in the final tabulations in order to give as wide a representation as possible.

No complete analysis was made of the socio-economic-cultural items. It should be noted, however, that there was great variation in the composition of the congregations. Two had a large percentage of university students; a few were reported to be from 75 to 100% in the upper-middle-class with high economic status; two contained large groups of recent immigrants; two included 40 to 50% retired persons; several congregations were 90% or over working class; five claimed to have over 10% living at subsistence level. These figures were all given by the ministers. Even though the terms are not at all precise, it can be seen that there were great differences in class.

Persons Counselling by Ministers:

The questionnaire used the term "emotional illness" without defining it and, in the same section, asked about "problems", listing several which do not necessarily involve emotional illness in its narrow sense. Moreover, the term "counselling" was undefined. One clergyman stated that he took the question to include only problems of some proportions and so he omitted regular pre-marital counselling which others doubtless did include.

TABLE F. Report of Ministers: Number of Persons Seen and Hours Spent in Counselling.

(Survey Area, Greater Vancouver; January 1960)¹

Counselling Sessions	Total	Range	Average	Number of Replies
Persons seen last month.	270	0-30	6.75	40
Persons seen since Sept. 1959	925	0-100	23.1	40
Hours last month	484	0-100	12.4 ²	39
Hours since Sept. 1959	1746	0.350 ³	44.8 ²	39

Source: Questionnaire circulated to Protestant ministers by the Vancouver Council of Churches.⁴

The average time spent with each person is 1.5 hours when calculated on the figures for one month and 1.6 hours when calculated on the (revised) figures for the period since September 1959. This proximity would seem to validate the figures to a certain extent.

Problems for Which Counselling was Provided

As can be seen from the next table, there could be a good deal of overlapping in this list as no definitions of terms was made. It must be remembered that a number of these counselling sessions would be for those who wished the minister to perform their marriage ceremony.

1. See page 53 for a more detailed explanation of the survey area.

2. The last two averages were weighted by one reply in which a minister said he had spent 100 hours with 2 persons and 350 hours with 18 persons. As this was exceptional, revised averages were computed without his reply. These were 10.1 and 36.7 respectively.

3. Omitting the same reply, the range was 0-170.

4. Subsequent tables in this section are all drawn from the same source.

TABLE G. Report of Ministers: Problems for Which Counselling Provided Since September 1959.

<u>Types of Problems</u>	<u>Numbers</u>
Personal	200
Courtship & Marriage	203
Vocational & Financial	62
Alcoholism	56
Delinquency	21
Threatened Divorce	38
Family	58
Of Old Age	81
Nervous or Emotional Illness	95
Drug Addiction	2
Threatened Suicide	10
Emotional (connected with physical illness)	58
Other: Unmarried Mothers, Foreign Language & Customs, Personal Faith (no numbers given).	

Thirty-four ministers reported giving an average of 26 problems per pastor. For most part, the replies listed one problem per person counselled, but there were a few who gave as many as 5 problems per person.

Relationship Between Church Membership and Problems

In an attempt to discover whether those who came to the clergy for counselling were active in the church or not, the ministers were asked to state whether most of the persons with problems were members, adherents or others and whether they were active participants in the church programme or not. As some gave percentages and some put check marks, no exact data could be secured. It is clear, however, that the vast majority of the problems were found among inactive participants even though some of them would be nominal members. Only a very few of the clergy found a large proportion of the problems among the membership whereas 22 out of 40 found none among members. "Others" (those who hear about the minister from friends, radio broadcasts, other sources) accounted for

a majority of the problems in at least 12 replies. These relationships give rise to some interesting questions. Do church members who are active participants in the life of the church have fewer of the problems listed than those who are inactive? Or do those members who do have problems consult someone other than their own pastors? A very different type of investigation would be needed to try to answer these questions.

Referrals from Ministers:

TABLE H. Report of Ministers: Referrals Made to Other Resources Since Sept.1, 1959.

<u>Referrals to:</u>	<u>Number Made</u>	<u>Number of ministers referring.</u>
Doctor	59	23
Lawyer	28	17
Social agency	73	17
Nurse	1	1
Other (a)	16	8
TOTAL	<u>177</u>	

(a) "Other" included mental hospital, psycho-analyst, police and more unnamed.

Nine clergy made no referrals at all, leaving 33 who did. The average was 5.5 referrals from each of the latter group. The largest number were made to agencies but we have no way of knowing to what agencies or for what purposes. The ministers were asked if the referrals helped. Eighteen answered in the affirmative, one in the negative, 5 gave a qualified "Yes", and 3 did not know. They were asked whether they experienced any difficulties in collaborating with the other persons. Twenty-eight replied in the negative; 6 in the affirmative. One was concerned about the low rates of social assistance and the inadequate staff

at the provincial mental hospital. Another found agencies slow because of lack of staff. A third said that agencies and medical personnel were "...more than slow to share information and so hinder the work of the minister." One spoke of the high cost of psychiatric services. Six spoke highly of the co-operation received.

Referrals to Ministers:

TABLE J. Report of Ministers: Referrals Received
From Other Resources Since Sept. 1, 1959.

<u>Referrals From:</u>	<u>Number Rec'd.</u>	<u>Number of minis- ters receiving.</u>
Doctor	21	12
Lawyer	12	6
Social agency	35	14
Nurse	3	3
Clinic	10	3
Employer	10	4
Friend	84	21
TOTAL	<u>175</u>	

Eleven of the clergy received no referrals at all. Those who did receive some averaged 6.1 each. We see that the largest group of referrals comes through friends. From one comment, it is believed that some of these were for weddings. The largest group of professional referrals came from social agencies with the doctor second. It would be helpful for this study to know why they were referred but we do not have this information.

Theological Training

Twelve clergy out of 41 said they had received training in the art of counselling emotionally ill persons. That there was some ambiguity in the question is shown by one man's comment, "How ill?" It seemed that some considered their courses in pastoral psychology sufficient for an affirmative answer while others did not. Twenty-nine answered this question with a straight "No." A few had training in counselling in another discipline. Three had had some instruction in casework - two from the Salvation Army and one Christian Reformed. Nine indicated instruction in psychological counselling, one adding the notation "B.A. in Psychology." Two men had training as Army Chaplains, another with the Naval Medical Services and one in Juvenile Court work.

TABLE K. Report of Ministers: Own Knowledge of Emotional Illness and Community Resources

<u>Questions about Emotional Disturbances</u>	<u>Yes</u>	<u>No</u>	<u>Some</u>	<u>N.A.</u> <u>(a)</u>	<u>Total</u>
"Can you identify people whose sickness requires special help?"	19	12	9	2	42
"Do you know how doctors, social workers, other professionals, are equipped to meet the needs of emotionally ill people?"	24	11	5	2	42
"Do you know the community resources for treatment and rehabilitation of the emotionally ill?"	26	8	7	1	42

(a) N.A.: Not answered.

Table K shows that almost half of the ministers believe they can identify problems needing special help and more than half are sure they know the community resources and the ways in which other disciplines operate to meet special needs. The number who admit their ignorance is about one-quarter of the total. They were asked whether this knowledge was acquired by theological training or personal study.

None said solely by the former; 23 gained it from their own study and 13 from a combination of both. One mentioned his Army training and two acquired some of this knowledge from undergraduate studies. One wonders if these men know as much as some think they do about the processes of social work in view of the replies given in the personal interviews (sec.3).

Dates of ordination ranged from 1921 to 1958. Of those who completed their training before 1940, only one-sixth had received training in the art of counselling the emotionally ill. The group ordained since 1940 were more evenly divided - 9 had received this specialized training and 12 had not. Many expressed a desire for more knowledge in this field. One man was "thoroughly dissatisfied" with his college training.

Responsibility of the Church Toward Disturbed People:
Resources to Meet Their Needs; Preventive Efforts.

The answers to three different questions in this area over-lapped and they are being grouped together here. Twenty-eight....pastors stated definitely that they were interested in the counselling and healing services of the church and 12 more emphasized their interest. (Two did not answer.) A significant number, however, were equally definite that this interest should not detract from the full scope of the pastoral ministry. Thirty said that the church has a definite responsibility in the area; the other twelve did not answer the question specifically but further comments of several indicated that they agree with the majority. One-third regretted their own inadequacy in this field. Several were dissatisfied with their own training and suggested that more clinical training be available or that they be given the opportunity to participate in further courses and workshops, in related fields. One man stressed that the "...deepest weakness in Protestant church activity" is the lack of specialized ministers;

even in large churches there is seldom any diversification of function; each minister is too isolated from the others. Five were concerned that there be more co-operation between all professions working with these problems. Two suggested greater psychiatric resources for the churches, and another mentioned a need for more chaplains in mental hospitals and penal institutions.

Other suggestions included more pastoral visiting to detect emotional problems, a far greater effort by laymen to help and befriend the mentally disturbed, specially trained pastors and laymen to work with immigrants (this from a church with a considerable immigrant population), more directed opportunity for the church to help.

The pastors were asked what resources their churches had to offer to people having a mental or emotional problem, and whether these were adequate. An additional question was asked about the activities of the church to help prevent emotional disturbance. The two sets of answers were very similar and are amalgamated in the table below.

TABLE L. Report of Ministers: Resources in the Church to Prevent and Handle Mental & Emotional Problems.

Pastoral ministry - including counselling	16
The "Means of Grace" - sacraments, worship, faith, prayer - bring release from guilt, fear, etc., - special services to bring healing power of Christ to those in need.	13
Christian fellowship - an influence toward emotional stability	6
Group activities - discourage isolation, provide fellowship, give opportunities for service.	6
Preaching	7
Christian education - school for parents, pre- marital counselling, instruction of young	5
Help destitute	1
Lectures to parish priests.	1
Special facilities for the aged	1
Doctor in the congregation.	2
Referral.	3
No answer	<u>4</u>
TOTAL	<u>65</u>

Some of the ministers seemed to be thinking in terms of acute illness when they indicated no resources. A few of the comments point up particular opinions:

- "Most of the problems have had a spiritual background and were met with spiritual help."
"We have a group of very skilled and sound people just to be friends and keep contact. A weekly gathering for the lonely."
"The principle resource I guess would be me and I'm not adequate!"
"Denomination has three mental institutions in the U.S.A. but none yet in Canada."
"We have a fellowship group for persons discharged from mental hospital."
"Ministers should have enough training to recognize psychoses and know when to refer. All psychiatrists and social workers should be in touch with the church and refer those whose problem is fundamentally religious."
"I make it a practice of establishing personal contacts for emotionally disturbed people so that they can receive the warmth of friendship they need as well as spiritual guidance."

A few answers mentioned particular services rendered by the denomination as a whole. These were:

- An itinerant ministry to immigrant and ethnic groups in their own language.
Home for Senior Citizens.
Welfare services in a down-town church.
Five church hospitals in British Columbia which "do more than simply treat physical needs."

TABLE M. Opinions of Ministers: The Adequacy of These Resources.

Adequate	3
Inadequate	9
Moderately adequate.	6
Adequate if fully developed. . .	1
No answer.	21
Depends on definition of the task of the church	<u>1</u>
TOTAL	<u>41</u>

One reason for the small number of answers may be the wording of the question which combined this item with a question about the nature of the resources available. Certainly there is no sign of complacency about the situation.

Institutional Chaplaincy

Only two of the ministers completing the questionnaire were themselves part-time chaplains, one at a home for senior citizens and the other with a hospital, the Legion and the militia. The clergymen did not know very much about the work of their own denominations in this field and gave a variety of answers. There is nothing to be gained by listing their statements here as correct information could be obtained through denominational headquarters. Evidently the clergy are not particularly concerned about this field of endeavour.

Psychological and Theological Presuppositions Which Underly Counselling.

This question brought forth detailed replies with great variations among them. Some quotations from these replies will show the general tenor of the thinking of the ministers.

"The Christian Church must by its very calling and nature always be interested and willing to help." (This idea was expressed fourteen times.)

"Faith is indispensable to health."

"I am convinced that in the last analysis these disturbances have as a root wrong relations with God." (Nine times.)

"The Christian concepts of love, mercy, trust ... are the therapeutic means by which the mentally or emotionally disturbed can find a way out."

"Man is a unity.... He must be healthy mentally and emotionally to be healthy spiritually." (Ten stressed the importance of seeing 'the whole man').

"Christian faith offers comfort, guidance, freedom from guilt, adjustment to ultimate reality leading to peace.... Gives life meaning."

"Christ is able to bring spiritual, mental and physical healing. I believe also in co-operation to the fullest with doctors, psychiatrists and all approved scientific means."

"All healing comes from God whether based on Faith or on dedicated skills, knowledge - or on both."

"God wills health."

"The emotionally disturbed can be helped greatly by establishing for them primary personal contacts in an environment of Christian love."

"There needs to be greater awareness on the part of both the medical profession and the churches of their limitations as well as (their) prerogatives."

"The church must show an interest because individuals will come to the church for help and not go elsewhere." (This from a doctor who collaborated with his pastor in preparation of the reply.)

"We underestimate the therapeutic effect of a Communion Service, a simple prayer, some particularly relevant words of Scripture committed to memory and the love and concern of a Christian congregation, or the presence of the Holy Spirit in a service of worship, yet all of these tools are at the disposal of the alert and sensitive minister of the Gospel."

"There is a need...for ministers to revitalize the ancient office of the 'cure of souls'. We are not psychotherapists, amateur or professional....We are ministers of God's grace to men....This does not mean that we are justified in being psychologically illiterate. It means that our function as ministers to people's souls is not in competition with, but rather complementary to the work of the physician and the psychologist...."

It is interesting that there was not as much emphasis on the influence the church can have for good mental and emotional health as one might have expected. It is quite possible that this is because the clergy see the primary function of the church as that of bringing man into a right relationship with God, to which all other values are incidental. Or it might be because they, in common with many other professionals, think in terms of mental illness rather than of mental health and fail to note those everyday resources which preserve good health. Certainly there would be psychological bases for the statements that were made about the fellowship of the church exerting a positive influence for mental and emotional health, or the preventive aspects

which the church gives in providing a deep purpose in life.

Although many of the ministers were definite that they did not want to become specialists, yet there were a few who showed such an interest in their role of counsellor that one might see in this a trend toward the church making a much greater effort in this area in the future.

The questionnaire was, of course, slanted toward the field of mental health but many of the comments are relevant for social work in other settings. It is obvious that the ministers see many problems which are in their province rather than in that of any other discipline. Many express the belief that right relationships with God are fundamental to health of body, mind and emotions. The need of the skills and knowledge of other professions, however, is explicit or implicit in many statements. What their opinions about the skills and knowledge of the social worker are, is the question which is not answered here.

3. Interviews With Ministers

In order to explore a little more this matter of the attitudes of the clergy specifically to social work, a small number of interviews (six) were held with a diverse group of ministers.

All of the six were of different denominations. An attempt was made to cover the different types of districts in the city. They were confined to the city itself because the range of social services available is greater and more accessible than in the suburbs. The districts included the heart of the most deteriorated area; a middle class apartment district containing many elderly persons; an old established working and lower middle class area; a working class, semi-deteriorated district; a mixed area of apartments in converted

dwellings and fairly expensive new homes. It was found, however, that in four cases the congregation came from a very wide area because there were few churches of the exact type or sect in the city, or because the people had moved farther out but kept up the connection with their original church. The social strata of the congregation, in such instances, did not accord with the makeup of the neighbourhood.

These clergy were ones who had not answered the Council of Churches' questionnaire.

As in the questionnaire replies, a wide diversity of attitude and practice was found. The down-town church, with a staff of four clergymen, considers co-operation with agencies to be part of its function. Though the membership comes largely from outside the immediate environs, the problems of the local population and transients are constantly being brought to the doors of the church. Referrals are frequently made to child and family agencies, services for alcoholics and drug addicts, public welfare offices and others. On the whole good co-operation has been received from agencies especially if the clergyman takes time to interpret the role of the church in the particular situation. The man interviewed at this church was certain that many ministers know little about the function of social agencies. Among the membership here is a group of workers who have done a great deal to interpret their professional concepts and policies to their pastors.

At the other extreme was the minister who does considerable counselling on a variety of difficulties but whose only contact with agencies is through one case worker who is a church member. This worker occasionally refers people to the pastor and he consults her but rarely makes a referral. (This man and his assistant have had a great increase in counselling during the last year because of a special type of broadcast.) He thought that referrals should be made

on the basis of the person, not the problem. If an individual has no religious background, then he is better to go to an agency; otherwise the church can be of more help.

Another clergyman, new to this city, had had some unfortunate experiences with social work in an eastern city. As a result he had not referred parishioners to agencies though he did make use of a professional marriage counsellor. He believed that people who come to him with problems had no faith in the young women workers at the local family agency. He found agencies helpful with financial difficulties only.

Like those who answered the questionnaire, the majority of the ministers interviewed stressed the danger of the church becoming too specialized. They emphasized its unique spiritual function and stated that it should leave matters of severe emotional and mental disturbance to the medical profession. One man believed that the lack of "professionalism" in the church provided a much greater flexibility than more circumscribed agency procedure. There was a spontaneous expression of the need to refer to and co-operate with the medical men but, except for the down-town church and one other, a lack of awareness of the function and role of social workers was noticeable. They all thought, however, that some method of bringing social workers and the clergy to a better understanding of one another would be salutary. The two pastors who were of the fundamentalist, evangelistic group had least belief in the value of social work in solving personal and family problems.

One pastor insists on a minimum of three hours pre-marital counselling for all couples wishing him to perform their marriage ceremony. Another does not do any of this at present although he is planning to give each couple a booklet on the subject in the future. The remainder fell in between these two

extremes. This appears to be purely a personal decision as there is nothing apparent in the doctrine of the sects which would lead to this difference.

One congregation has relatively few social or emotional problems but the minister and some of his people are concerned about the social evils around them. Through preaching, study groups and panel discussions, efforts are being made to enlighten the membership and to help them see their own responsibilities in the field of social action. A special booklet, written locally for the whole denomination, is the basis of study.¹ Another minister had done his bit toward reform by helping to found a child welfare agency in the area where he lived until recently.

Most of the men had not had special training for counselling but had done reading and studying on the subject and thought it to be important.

These few interviews confirm several points which were emphasized in the questionnaire. In addition they indicate confusion about the role of the social worker, a willingness to learn more, little referral back and forth between themselves and agencies. The greatest aid to better understanding came from social workers in the congregations who interpreted social work to the ministers.

1. Black, William G., The Church and Social Problems, A Publication of the Baptist Federation of Canada. (undated).

CHAPTER IV

FINAL CONSIDERATIONS AND QUESTIONS

It is fully realized that the replies received from both clergy and social workers about co-operative endeavours may be "surface" answers which would not always coincide with what the person would actually do if presented with such situations. There may well be underlying hostilities which have not been touched upon. Taking the data at their face value, however, we can see some patterns emerging.

Trends

We have seen a tremendous disparity in attitude, practice and point of view - all the way from the inclusion of a minister on a treatment team to a belief that the two professions of social work and the ministry are unrelated. In so far as the limited data have validity, we may say that there is a definite desire on the part of both to enlarge their understanding, each of the other. The majority of the social workers were aware of borderline situations where the skills of their profession and those of the ministry could both be of value. The ministers, while not wanting to become specialists outside their own domain, showed that they also endeavour to cope with many situations which are on the boundaries of both disciplines. Each indicated a willingness to co-operate with

the other profession. There was, however, considerable ignorance of the skills and duties of the other.

When Mr. Morrow made his study in 1948, he said, "Since...1927 there has been little material published dealing with the question of the church and social work."¹ While the literature cannot be called extensive at present, still there is a considerable amount available. This could well indicate a growing interest in the subject. More of the literature which was discovered by this writer came from church sources than from social work.

Theological education is bringing the two disciplines closer together in a direct way as students learn about agency purposes and characteristics. Indirectly, the greater emphasis on pastoral counselling and clinical training will increase contact between them. As ministers gain more knowledge of human behaviour, they will be likely to recognize severe personal or social disturbances in those who come to them for help and, hopefully, will be reaching out to other resources for these needy ones. Social workers should be ready to answer that outreach without "snatching" the case and ignoring the source of referral. Hopefully, too, the better training which the theological students receive will help them to see what case workers and group workers are trying to accomplish in their work.

Very few examples have been found of churches setting up specific counselling services staffed by specially trained ministers. There are some, however, and if they increase in number, social workers need to be aware of them and willing to co-operate. One would hope that ministers would initiate this sort of programme only after carefully thinking through what particular contri-

1. Morrow, op. cit., appendix A.

butions it could make and how it might fit in with other community resources.

Suggestions from Social Workers and Ministers

In the questionnaire, social workers made suggestions about ways of increasing understanding, some of which are well worth enlarging upon. One-third were doubtful of the value of individual social workers acting as resource or interpretive persons within their own churches and yet this was found, in several instances, to be the means by which pastors gained some comprehension of the scope of social work. Social workers who are church people need to make an extra effort to integrate their social work knowledge and their religious beliefs and to do a bit of missionary work in seeing that their own minister is aware of what skills social work can offer. If, as the questionnaire replies indicated, more understanding comes about as a result of discussion on a case by case basis, social workers who care about the place of religion in the lives of their clients, should take time to make referrals to clergymen wherever practicable, making sure that the latter understands what the agency has been trying to do for the particular clients.

We have noted that church welfare councils have prepared directories of welfare services in certain communities. No mention has been found of churches working on a co-operative basis to provide social agencies and others with a directory of religious resources with the exception of the small part they play in the project described previously.¹ If one church has the leadership to specialize in a vigorous teenage programme, another puts particular emphasis on work with the aged, another has special study groups and a fourth promotes prayer groups, then the community should know about these. Perhaps sectarian rivalry and shortage of staff have been the biggest obstacles to any such effort.

1. See above p. 39

Or it may be that the churches (justifiably) feel that this would involve them in a professionalism and a competition of which they want no part. However, a directory of churches and clergymen, as was suggested by one social worker, need not warrant these criticisms and could perform a useful service.

The social workers who were questioned showed a good deal of interest in the suggestion that study groups or occasional workshops could increase understanding between themselves and the clergy. The latter also thought along the same lines in many instances. As the clergy seem to be much more aware of the roles and competencies of the doctor and psychiatrist than of the social worker, perhaps joint meetings of all these disciplines would provide more initial interest than two-party conclaves. Many more references have been found to medical (including psychiatric)-clerical comings together than to social work-ministerial contacts. If there is a natural interest here, it had best be capitalized on in the manner suggested. The Social Workers' Association, the Council of Churches, the Community Chest and Council - any one of these might initiate such projects.

The value of a liaison person in a church welfare bureau has been mentioned but, in many communities, must wait upon a sense of need and the wherewithal (financial and in personnel) to meet it. There is no indication whatever that social workers or agencies or councils of social agencies would have any interest in providing any comparable position to direct people to religious resources. Perhaps one reason would be the one already mentioned - that the churches themselves do not have a compilation of these resources. But primarily, one would suspect lack of interest and low-priority on the part of the social workers to be the main reason.

Areas for Further Investigation

The previous brief discussion of institutions, organizations and activities in which social work and the ministry collaborate has merely opened up areas where much more investigation could profitably be made. As both social workers and chaplains become more numerous in institutions, the necessity of defining areas of function will become more pressing. At present there seem to be few, if any, clinically trained chaplains in the province of British Columbia and this makes the question somewhat theoretical. Some of the local chaplains, however, have undoubtedly learned much through experience and could contribute a great deal to a study of their role. The same problem of definition of function or role must occur if social workers are employed on church staffs or clergymen in agencies. We have seen that this was worked through satisfactorily in the case of the pastoral counsellor with the Alcoholism Foundation but the methods and criteria used are not known. Material for a study of professional roles might also be obtainable from social workers in eastern Canada who are, in a few cases, employed in churches and church-sponsored agencies.

The writer has not been able to discover data about the church-sponsored agencies in Canada with reference to such subjects as number, type, degree of control by religious authorities or religious content of programme. Here is a fruitful area for study. It was noted that some of these are changing their functions. Is this a general trend? What are the relationships between these agencies and community chests and to public welfare? Have the sponsoring denominations really thought through the purpose of their welfare agencies? The extent to which trained social workers are members of staffs would also be a significant piece of information for such an investigation.

The work of the institutional churches and missions is an important part of the life of certain sections of Vancouver. The study made of one of these in relation to social work is out-of-date when one considers the changes which are taking place and which are proposed for the districts where they operate.¹ These churches probably work more closely with social problems and social agencies than any other religious bodies in the city. A study of their present efforts and an evaluation of the results would be most useful. This could include one or more of the following: Salvation Army institutions, First United Church and its affiliates, St. James Anglican Church, Central City Mission and its youth projects, Union Gospel Mission and others. It might be possible for the School of Social Work to establish some lines of communication with the major denominations or with the Council of Churches so that students could co-operate in study projects as was done in Winnipeg.

Policies and practices of inter-referral and case by case collaboration between clergy and social agencies can bear much more attention than was given here; also the opinions of ministers about social work. To obtain more comprehensive results, a method would have to be devised which would bring forth the views of more clergymen. It is quite possible that a greater number would answer a briefer and simpler questionnaire. That of the Council of Churches called for considerable work with a very short time to complete it. Many ministers do not keep records of the information desired and therefore found that the task of completing the questionnaire would take an undue proportion of their time. Some preparation for the reception of a questionnaire could be made through denominational structures such as the local presbytery or diocesan officials. Timing is also important. Many ministers are required to prepare

1. Morrow, op. cit.

yearly statistics for their sect in January and this month is also a usual time for local annual meetings involving more statistics. Indeed, one pastor stated that this did have a lot to do with the lack of response to the Council's questionnaire. A larger number of personal interviews, however, may yet be the best method of securing data needed, and of bringing out the negative responses.

Another field of investigation is that concerning the recreational, social and "character-building" activities of the parish church. What place do they have in preventing social problems or as rehabilitative forces? How do they compare with non-sectarian programmes of a similar nature? Such a study could limit the field to such groups as youth or ethnic units or specific geographical districts.

Many a cry is heard that the church does not take the stands it should on matters of social concern. Or the opposite - that it has no business "meddling" in controversial matters. What part it does take on our national and local scene in regard to social action is of interest to social workers and social agencies and would be worthy of extended consideration. Even broader is the world-wide welfare programme of the church which provides a vast field for study, much of it on an inter-denominational basis.

Some work has been done on the matter of examining theological terminology and dogma in the light of social work concepts. One such examination has been described.¹ A further study of this matter together with its converse - the meaning of social work values and concepts to theologians - would be of great benefit to those of either discipline who wish to understand the other better.

A final area which, if examined, would provide information most useful to agencies, is more remotely related to our general theme. It is that of the

1. Keith-Lucas, op. cit.

image held by different publics of social work and social workers. One of those publics would be members of other disciplines or clergymen in particular. Another aspect of the same problem is that of public opinion about the relative helpfulness of the different socializing professions when social problems arise. This was attempted in the field of mental health and juvenile delinquency in Louisville, Kentucky.¹ The popular misconceptions discovered in that study were most pertinent to the work of the psychiatrist. If social workers had these kinds of data concerning their own profession, they would be in a better position to know how to work with the clergy and other professions. If, for example, it were known that a majority of the populace held the opinion that the minister was more knowledgeable in matters of marital counselling than social workers or that the minister would keep confidences to a greater extent than caseworkers, the social work profession could try to correct misapprehensions and would be better able to build up a more realistic public image.

In most instances, the church is putting much less emphasis on doctrinal matters than it did in the early part of the century. For a time it seemed to be conceding the field of personal and social problems to the scientific expert, showing particular deference to the skill of the doctor and the psychiatrist. Now, if the majority opinions discovered in this study are a true guide, it is re-asserting its ancient function of the "cure of souls" and its belief in the therapeutic effect of the ministrations of religion, not in opposition to scientific skills but in partnership, giving of its unique know-

1. Woodward, Julian L., "Changing Ideas on Mental Illness and its Treatment," Mental Health and Mental Disorder, ed. Arnold Rose, W. W. Norton, New York, 1955, pp. 482-500.

ledge and faith. We must note, however, that this therapy is seldom seen as a direct function of the church but rather as the outcome of its central purpose of assisting man to become rightly related to the ultimate reality, God. With this focus, the scope of the work of the church has broadened to include the life of the individual as a whole. But to truly fulfil this role, the church needs to enter more wholeheartedly into it; to prepare its priests more adequately for the task. There is no need to mention the vastness of the need. To meet it demands the full dedication of ministers and laymen alike.

The social work profession has swung to many different foci during its short life. After drawing much of its early nourishment from the church, it chose another path in another direction. Now, if the indications found herein are again true, it is beginning to feel a loss of something important. This is not yet sufficiently marked to warrant definite lines of effort but it does call for determination on the part of those social workers who feel the concern to think through their own position carefully and clearly and to express it where it can make some imprint. To say that clients have spiritual needs and then to ignore them creates an inner conflict which will mar the worker's professional activities.

The coming together of clergy and social workers, possibly in the company of the doctor and psychiatrist, for the purpose of knowing each other is one of the answers to the many questions posed herein. That there are many settings in which this can be, and is being done, is apparent. If each group makes the most of these and creates other opportunities wherever possible, the tentative approaches to each other will become a continuous intermingling with resultant understanding, acceptance and sharing of skills to the ultimate benefit of the individual who is crying for help.

APPENDIX A
THE UNIVERSITY OF BRITISH COLUMBIA
School of Social Work

"COOPERATION BETWEEN SOCIAL WORKERS AND MINISTERS"

I am seeking your views and experience in this important area as part of my study of relationships between social work agencies and Protestant clergy in Vancouver. I am obtaining information from ministers but I am sure you will agree it is essential to assess this against the experience of practicing social workers. To keep the study within workable limits, it was necessary to confine it to Protestant clergy on the one hand and to two or three agencies on the other.

Many thanks for your help,

(Miss) Alfreda Skenfield (M.S.W. Student)

-
1. Is there a need for greater mutual understanding and cooperation between social workers and ministers? Yes No
 2. a. Did your own social work training include any orientation to the work of the clergy in the field of individual and family counselling? Yes No
b. Did your training acquaint you with ways in which social workers and clergy could work together on specific cases? Yes No
c. Have you learned from experience ways of working together? Yes No
d. If (a) and (b) are answered "No", was there a need for such orientation? Yes
No
 3. a. Have you ever referred any individuals or families to ministers? Yes
No Approximately how many in 1959?
b. Did you receive good cooperation? Yes No
c. Did the ministers report back? Never Seldom Usually
 4. Do you recall specific cases where there has been continuing cooperation between yourself and a minister? None 1 to 5 5 to 10 more than 10
 5. Did ministers refer families or individuals to you in 1959? Never A few times More than 10 times
 6. In your opinion, are there certain types of problems or situations that are better handled by a minister than by a social worker? Yes No Please specify the kinds of problems or situations.
.
.

7. a. What are your views on the following methods or resources?

	A	B	C
1. Occasional workshops to discuss mutual problems _ _			
2. Study groups dealing with mutual problems and the skills and training of each group _ _ _ _ _			
3. A liaison person with knowledge in both fields (eg. some cities have a Church Welfare Bureau or Secretary functioning within the Council of Churches) _ _			
4. Individual social workers who are church members acting as resource or interpretive persons within their own church _ _ _ _ _			

A - Very effective

B - Worth Developing

C - Doubtful value

b. Have you any other suggestions for increasing cooperation and understanding?

8. What are the main blocks to effective cooperation?

Lack of mutual understanding of function?
 Reluctance to "hand over" cases?
 Doubt of the other's skill?
 Pressure of work?
 Client or parishioner's reluctance?
 Other (please specify)

APPENDIX B

VANCOUVER COUNCIL OF CHURCHES

Questionnaire re Vancouver's Mental Health Needs and Resources As Seen and Served by the Protestant Churches

Dear Sir:

As you may know, the American Psychiatric Association has been retained by the Mental Health Branch of the Department of Health Services and Hospital Insurance, Province of British Columbia, to assess the needs and resources of our Province in regard to mental health.

Dr. Matthew Ross of the APA who is conducting the survey, is desirous of ascertaining what the Churches may be doing on mental health problems. Dr. A. E. Davidson, Deputy Minister of Mental Health Services, when referring this request for information to the Vancouver Council of Churches, quoted Dr. Ross as follows: "Is there someone interested in the subject of religion and psychiatry who can send us his ideas in relation to the situation in B. C. Perhaps some ministerial groups could be invited by you to submit briefs on the subject of pastoral counselling?"

This questionnaire has been designed to ascertain both the needs and resources as seen by the clergy and other interested individuals of Vancouver. You are invited to complete the questionnaire. If you have had experience in dealing with problems of mental health sufficient that you feel inclined to append a further statement, this would be most welcome.

As it is the wish of the Council to collate these replies for Dr. Ross by mid-February next, you are asked to return the questionnaire, together with other material you may wish to send, by January 15th, 1960.

Return to: Rev. Robert S. Christie
Chairman, Social Action Committee
Vancouver Council of Churches
505 Dunsmuir Street
Vancouver 2, B. C.

Thank you for your interest and cooperation.

Yours sincerely,

Robert S. Christie,
Chairman, Social Action Committee
Vancouver Council of Churches

MENTAL HEALTH SURVEY FOR
VANCOUVER COUNCIL OF CHURCHES

Question 1: General Questions.

(a) Size of congregation.

- 1) Adult membership____ 2) Church attendance____ 3) Sunday School attendance____.

(b) Socio-economic-cultural composition of congregation. Please give percentages.

- 1) Class: Upper Middle____, Lower Middle____, Working____, Unemployed____.
2) Economic Status: High____, Medium____, Low____, Subsistence____.
3) Ethnic Group: British born____, European born____, Asiatic born____, Canadian born____.
4) Education: Grade school____, High school____, University____, Vocational____.
5) Language used in the home:
(A) English____, Other(state)____.
(B) What percentage do not speak English fluently____.

(c) Does your congregation come principally from the district in which the church is situated?_____

Question 2: Problems confronting the minister.

(a) Time devoted to problems of emotional illness.

- 1) How many persons seen for counselling last month?_____.
Since September 1st, 1959?_____.
2) How many hours devoted to counselling last month?_____.
Since September 1st, 1959?_____.
3) What kind of problems for which counselling provided? Give numbers since September 1st, 1959.
(1) Personal problems____ (8) Problems of old age____
(2) Courtship & Marriage____ (9) Nervous or emotional illness____
(3) Vocational & financial problems____ (10) Drug Addiction____
(4) Alcoholism____ (11) Threatened Suicide____
(5) Delinquency____ (12) Emotional problems connected with physical illness____
(6) Threatened divorce____
(7) Family problems____ (13) Other (state)_____

(b) Are most of the problems you see amongst:

- 1) Members____, Adherents____, Others____.
2) Active participants____, Inactive participants_____.

(c) How many persons did you refer to any of the following resources since September 1st, 1959? Family doctor____lawyer____social agency____nurse____other____. Did it help?_____

(d) Did you experience difficulties in collaborating with any of them? Specify.

.....
.....

Question 3: Re: Theological Training.

- (a) Did you receive training in the art of counselling emotionally ill persons? Yes____No____. Has it proved to be adequate in terms of the demands placed on you in the pastorate? Yes____, No____.
- (b) Did you receive special training in counselling in another discipline? Psychology____, Casework____, Other_____.
- (c) Are you in possession of the following information?
- 1) How to identify people whose sickness requires special help? Yes____, No____.
 - 2) How doctors, social workers, and other professionals are equipped to meet the needs of emotionally ill people? Yes____, No____.
 - 3) The resources in your community for the treatment and rehabilitation of the emotionally ill and how they can be used? Yes____, No____.
- (d) Was the above information acquired by theological training?_____, Personal study_____.

Question 4: Resources in the church to deal with people having a mental or emotional problem.

- (a) What are the principal resources your church has to offer? Are they adequate?
-
-
- (b) How many persons were referred to you by the following since September 1st, 1959? Family doctor____lawyer____social agency____nurse____clinic____employer____friend_____.
- (c) Does your denomination in B.C. engage in the work of institutional chaplaincy? Yes____, No____.
- Where?_____Describe_____
- _____
- To what extent? Part-time____, Half-time____, Full-time_____.
- (d) Are you an institutional chaplain?_____.
- Time devoted: Part-time____, Half-time____, Full-time_____.
- (e) What does your church do to help prevent emotional disturbances?
-
-
- Have you suggestions for improving present efforts?
-
- (f) Does your church or denomination in B.C. carry on any specific program or programs of rehabilitation for mentally or emotionally disturbed people? Of what nature and extent?
-
-

Question 5: Has the church a basic responsibility towards meeting the needs and alleviating the problems of the emotionally and mentally disturbed within its boundaries? On what grounds? Would you care to provide a general statement of the psychological and theological presuppositions and aims which underlie the counselling and healing services offered by your church? (Please write on the back or use separate sheet).

Are you interested in this field of endeavour? To what extent?

.....
.....

We appreciate that it has taken much time and thought to complete this questionnaire. In expressing thanks for these efforts, we also wish to give you opportunity to indicate whether you would like to receive a copy of the findings. Yes____, No____.

Church:_____

Filled in by:_____

Relationship to Church_____

Year of ordination (if minister)_____

This questionnaire should be returned not later than January 15th, 1960, to the office of:

Rev. Robert S. Christie
Chairman, Social Action Committee
Vancouver Council of Churches
505 Dunsmuir Street
Vancouver 2, B. C.

APPENDIX C

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