

# THEOLOGICAL EDUCATION VIA THE CLINIC

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RELIGIOUS EDUCATION ASSOCIATION

CHICAGO, ILLINOIS



The  
Fine  
Art  
of  
Listening

## Theological Education Via the Clinic

ON THE twenty-first day of January in the year 1930 there was incorporated in the State of Massachusetts a new organization, the Council for the Clinical Training of Theological Students.

This council is in part the outgrowth of an experiment which for the past six years has been under way at the Worcester State Hospital in providing to students of theology clinical experience in dealing with the maladies of personality. It is also the outgrowth of the "Plea for a Clinical Year for Theological Students" made by Dr. Richard C. Cabot in the *Survey Graphic* for September, 1925. Dr. Cabot is himself the chairman of the new organization. The other members include Reverend Henry Wise Hobson and Dr. William A. Bryan of Worcester and Dr. William Healy, Reverend Ashley Day Leavitt and Reverend Samuel A. Eliot of Boston. The staff includes in addition to myself Reverend Donald C. Beatty of the Pittsburgh City

Home and Hospital at Mayview, Pennsylvania, Reverend Alexander D. Dodd of the Rhode Island State Hospital and Reverend Philip Guiles, the field secretary, three men who have served two years in this hospital and are now seeking to extend this undertaking to new fields.

It will thus be seen that from the beginning this undertaking has had to do with the service and the understanding of the mentally ill. It has been my view that the functional group of mental disorders are of peculiar interest to the religious worker. According to this view, they are disorders of emotion and volition, of belief and attitude, rooted not in cerebral disease nor in the breaking down of the reasoning processes but for the most part in the age-old conflict which the Apostle Paul so vividly describes, the conflict between the law that is in our minds and that which is in our members.

Such conflicts, when they result happily, as in the case of Augustine, George Fox and John Bunyan, we recognize as religious experience. When they result unhappily, we send the sufferer to a hospital for the mentally ill and speak of him as insane. As chaplain in such an institution, I have felt that the religious worker might do well to take account of the unhappy solutions of the inner conflict and that he might with profit learn from the medical profession the importance of the study of the pathological as an approach to the understanding of the normal. I have also been impressed with the methods of instruction used by my medical friends. I have watched with interest the medical internes who came to the hospital to do work under guidance as part of their medical education. I have seen how real and how vital such instruction became as they and their teachers dealt together with the actual raw material of life, and I have become convinced that the theological student might well spend less time with his books and more time with the human documents in such a hospital as ours. I have become convinced that clinical experience should be just as important to the man who is to be

charged with the cure of souls as it is to the man who is to care for the bodies of men.

With this view of mine Dr. Cabot has never fully agreed. He has indeed from the beginning been my advisor and helper in this undertaking, but in mental disorder he sees nothing of any peculiar interest to the religious worker. In his judgment all the thoroughgoing insanities have an organic basis and psychotherapy can be little more than palliative. He believes that the physically ill, the handicapped, the disabled, the aged, the feeble-minded and the delinquent have just as much claim upon the attention of the religious worker as have the mentally disordered, and his plea for a clinical year in the course of theological study had reference to bringing the student into close contact with concentrated human misery in all its forms. For this reason we have made the name of our organization sufficiently broad to permit of its extension to other kinds of institutions. And we plan in the not far distant future to explore the possibilities of some of these other fields of human distress. But for the present I can speak only of the work among the mentally ill, and the reader must take warning that I write

Theological  
Students  
of  
1928





with the inevitable bias of the specialist and from a point of view which is challenged by other medical men besides Dr. Cabot.

The opportunity to try out my plan was not easy to secure. Most hospital superintendents, as I have good reason to know, look somewhat askance at religious work among their patients. Even though with Freud or with Adolph Meyer, they may recognize the "mental factors" in the genesis of the disorders of the mind, as Dr. Cabot does not, they do not recognize the religious aspects of mental disorder or the religious implications of the psychogenic interpretation. Church services on Sunday they generally accept in accordance with hoary tradition as part of the hospital routine. They even pay a small honorarium for these services. But they call in ministers from neighboring churches who know little or nothing of the special problems of the hospital inmates, and these ministers receive little encouragement to visit the patients or to try to understand the nature of their difficulties. In my own case, after spending a year and a half in graduate study of psychiatry at Harvard, I had to wait a whole year before in the Worcester State Hospital I found the chance for which I was looking. This hospital, under the able leadership of its superintendent, Dr. William A. Bryan, takes the position that the problems of mental disorder are very complex and must be approached from many angles. It is even willing to admit that the religious worker may have something to contribute as well as something to learn. This position is not due to any ecclesiastical bias. Dr. Bryan, unlike some of the other superintendents to whom I applied, is not a churchman. He is, however, much interested in his patients. When criticized for the rank innovation of bringing in a chaplain on full time, he is said to have remarked that he would not hesitate to bring in a horse doctor if he thought there was any chance that he might help his patients.

And not only did he consent to bring in a chaplain, but he also consented to let the chaplain enlist some theological students to serve in the hospital during their vacation periods under conditions which would permit them to learn something of the problems with which the students were dealing.

This experiment in theological education began in a small way. At first the students worked ten hours a day on the wards as ordinary attendants. There were not many of them the first summer—only three. The plan was only moderately successful, but we were encouraged to try it again with some modifications the following year. This time two men were secured to take charge of a recreational program for the benefit of the patients. For each of these men the hospital furnished maintenance, and salaries of fifty dollars a month were paid from contributed funds. In addition, two students who applied later on and were anxious to come were given positions as ward attendants. The following year we had seven students and the next year ten. Under the present plan, each student serves five hours a day as an attendant on the wards and three hours a day under the direction of the chaplain's department in the conduct of a recreational program. In addition, each student is required to do special case work, to attend conferences and staff meetings and to do a certain amount of reading. Two students thus do the work of one attendant on the wards. In consideration of this fact, the hospital pays one of the men. The other is paid from contributed funds. In addition to those who have come for the summer, three men have spent an entire year with us and one man two years, each one of these doing some special service.

It is to be noted that this plan calls for a definite program of service to the patients and that it is made possible through contributed funds. We seek to contribute as much and ask as little of the hospital

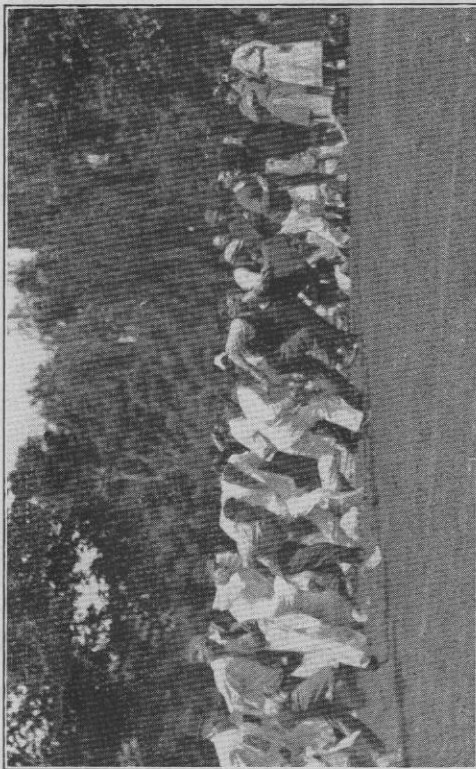
as possible. We feel that it is time that the church and those interested in religion were paying some attention to the group of sufferers found in our mental hospitals. It seems a truly astounding situation that a group of sufferers larger than is to be found in all other hospitals put together, a group whose difficulties seem to lie in the realm of character or personality rather than in organic disease, should be almost entirely neglected by the church. Notwithstanding the fact that the church has always been interested in caring for the sick and that the Protestant churches of America are today supporting some 380 hospitals, scarcely any attention is given to the maladies of the mind. Only three of these hospitals, so far as I have been able to discover, are concerned particularly with that problem and the 375,000 mental sufferers are cared for almost entirely in state institutions. And there they are left almost without Protestant religious ministrations. It seems not inaccurate to say that if a man has a broken leg he can be cared for by the church in a church institution. But if he has a broken heart he is turned over to the state, there to be forgotten by the church. We feel, therefore, no hesitation in appealing for assistance in behalf of our patients and in behalf of those students of religion who are seeking to understand their difficulties.

Of all the work done by our students, the most important both from the standpoint of the hospital and of the students themselves is undoubtedly the work on the wards. From the standpoint of the hospital it is of great importance to have the wards manned with efficient and intelligent attendants. There is probably no one in the employ of the hospital upon whom the welfare of the patient is more dependent than the attendant or nurse who is with him on the ward all day long. But to secure such attendants is no easy matter. There are indeed devoted men

and women whose faithful service on the wards cannot be too gratefully recognized, but the fact remains that the average new attendant is a man with a mental age of about thirteen years who has no interest in the patients or in the problems which they present. He is generally a floater who has previously worked in some other hospital, who stays about three and a half months and is then either discharged for inefficiency or brutality or drunkenness, or else he leaves without notice. And the limitation in pay and the fact that the position carries with it no promise of a career and no encouragement to home-making makes the situation difficult to rectify. Under such conditions the hospital can easily make use of a group of intelligent and willing college graduates who are keenly interested in the patients and their problems. From the standpoint of the student, the work on the ward has the advantage that it brings him into close contact with the patients. He sees them day in and day out. He is able to observe what they do with their leisure time, what attitude they take toward their work and toward other people and how they meet the irritations, the disappointments, the successes, the set-backs and other critical situations which because they are genuine furnish the really reliable tests of character. He is thus able to obtain an insight into the mind of the patient which is possible in no other way. The notes which our students have thus been able to get have proved of value to the physicians in their efforts to understand the patients' difficulties.

The recreational program, which constitutes the other major contribution to the welfare of the hospital inmates, is of varied character. Intramural baseball, baseball games with other institutions, volleyball, hikes, play festivals and carnivals, choral singing and entertainments and the publication with the aid of mime-





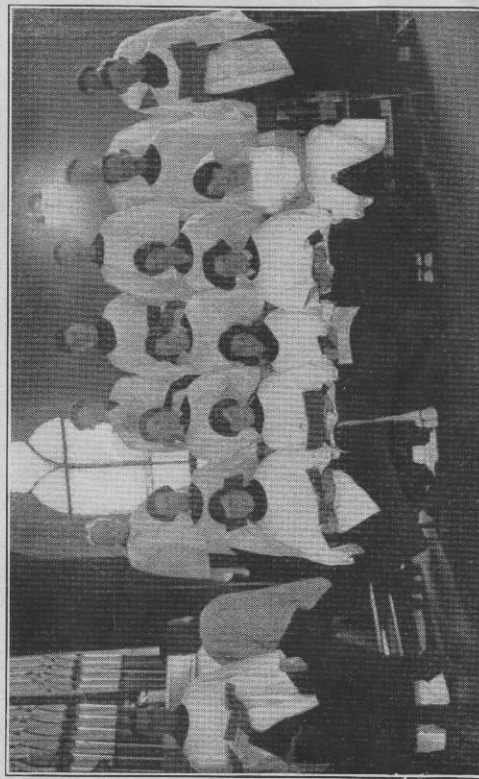
The Free-for-All Dash on the Fourth.



Nine Patients and Five Employees are in this Picture. Which is Which?



A Breath of Fresh Air for Closed Ward Patients.



The Patients' Choir.

ograph and bulletin boards of a semi-weekly news sheet and of a weekly pictorial have thus far been the chief activities. Toward this program, the student is required to give three hours a day.

By thus cutting the required routine work to eight hours a day, the student has left sufficient time and strength to do the special case work, to write up his notes, to do the reading and attend the ward walks and staff meetings and the special conferences which are held twice each week for the benefit of this group, all of which are essential if the student is himself to profit by his experience. In the special conferences, members of the medical staff have contributed generously of their time and interest and the student has the great advantage of seeing the same case approached at once from different angles. We are especially fortunate in being able to profit by the very thoroughgoing research work on the endocrine factors in dementia praecox, which is now being carried on at the Worcester State Hospital under the direction of Dr. Roy G. Hoskins, Director of the Memorial Foundation for Neuro-Endocrine Research. We also seek to give each student some part in the research work which has now been going on for six years in the religious and social factors in mental disorders.

The plan seems to be working out to the satisfaction both of the hospital and of the students. The attitude of the hospital authorities is sufficiently indicated by the steady increase in the number of student workers which has been authorized and that of the students by their enthusiastic response and by the increasing number and quality of the applicants.

Of the thirty-five students who have served in the hospital during the first five years of this undertaking two are planning to devote themselves to psychiatry by way of the regular medical course. Three others, as already indicated, after two years of training at this

hospital, are now serving as specialists in other hospitals. Eight are either teaching or preparing themselves to teach. One is studying to be a medical missionary. Twenty-one have gone or are preparing to go into the regular pastorate. It will thus be noted that five out of the thirty-five have been sufficiently interested in the problem with which they have been confronted to devote themselves to it as specialists. I should have been much disappointed if this had not been the case. We are greatly in need of specialists. Trained psychiatrists who have any insight into the religious aspects of the cases with which they are dealing are at present none too common, while the supply of trained religious workers thoroughly grounded in psychiatry who are ready to give themselves to the large group of sufferers who inhabit our hospitals has been totally lacking. But the great majority of the theological students who have taken advantage of this opportunity are going into the pastorate, there to apply to the ordinary problems of the ordinary parish such psychiatric understanding and technique as they may have gained. It is particularly to be noted that the students are all following the established channels of service. We have not been encouraging them to set up as psychotherapists or to start church clinics. It is our conviction that psychotherapeutic work can often best be done, without any advertising of the fact, by anyone who has the necessary understanding and technique. We are furthermore convinced that, in the disorders of the mind as well as in the disorders of the body, the study of the pathological is one of the best approaches to the understanding of the normal and that the main application of the hospital experience should be in dealing with the problems and difficulties of ordinary people. We know of no one who has greater need for such understanding or who has it more fully in his power to do effective



work in the prevention of mental difficulties than the adequately trained representative of that profession which for hundreds of years has been chiefly concerned with the inner adjustments of individuals.

Let there be no misunderstanding. We are laboring under no illusion in regard to the adequacy of the present-day understanding of the disorders of the mind or the sufficiency of three months of training, no matter how thorough, to place at the student's disposal the understanding and the tools now available. We recognize that we are as yet but touching the fringes of this most difficult of difficult problems and we have too much respect for the human personality to suppose for an instant that after one summer at our hospital a student is equipped to deal successfully with the delicate and baffling inner difficulties of his people. We only hope that we may have been able to start something. We hope that we may have awakened in the student an interest in the personal experience of individuals and that we may have acquainted him with methods of observation and generalization which will lead him on into life-long devotion to patient, accu-

rate, reverent exploration in all its range of that inner world with which religion is concerned. We hope that it may lead to a new insight into the issues of life and death, which may be at stake in the lives of even the apparently commonplace, which will pervade and determine the minister's religious message and give to it increasingly the authority of truth and the power to inspire confidence. And we hope that he may gain constantly in that insight and wisdom which shall make him for the man in distress a safe counsellor and guide. More than this, we hope that this attempt at providing for students of theology clinical experience in dealing with the maladies of the personality may contribute toward the development of a body of workers who, through patient and painstaking co-operative effort over a long period of time, may arrive at a new understanding of these disorders of the mind and of the laws and forces therein involved which shall reinterpret and revitalize the enduring elements in the religion of their fathers and lead onward toward the realization of the new and better types of personality and the new and better social order.

Ward  
Duty

