

CLINICAL TRAINING IN THEOLOGICAL EDUCATION: THE PERIOD OF BEGINNINGS

By ANTON T. BOISEN

ONLY after long hesitation have I acquiesced in permitting myself to be singled out as mainly responsible for something which was really a joint affair. I have, however, finally decided to take advantage of the opportunity which you have afforded me to set the record straight with reference to the contribution of friends without whom my own efforts would have come to nothing and to summarize very briefly certain convictions which have grown out of my experience with mental illness.

No consideration of the beginnings of this movement can leave Dr. Richard Cabot out of account. Without his powerful support the movement could hardly have got under way. He stood behind the earliest proposal, that of a research project at the Boston Psychopathic Hospital in 1923, ready, if need be, to provide financial support. It was he who found the opening at the Worcester State Hospital, and it was he who gave nation-wide publicity to the idea of a clinical year for theological students. Dr. William A. Bryan's part as superintendent of the Worcester State Hospital is also well known, and that of Dr. Charles F. Read at Elgin has been for me of crucial importance.

Among those whose part is less well

known I think first of all of Fred Eastman, who has been my close associate ever since we left Union Seminary in May, 1911, to undertake a joint study of rural church conditions in northeastern Missouri. The acute disturbance which in 1920 plunged me into this new field of labor began under his eyes, and in the dark days at Westboro the intelligent support which he gave me and the lengthy correspondence which he encouraged were for me all-important in finding the way through to a constructive solution. I have thus had evidence in my own experience that psychotherapy, or "counseling," is not dependent upon specialized professional training and techniques but upon interpersonal relationships of understanding and friendship on the one side and trust on the other. Fred Eastman has been for me a representative of psychotherapy at its best.

Equally important in the early development of the movement was Arthur Holt. I had known him in Kansas in 1913-14, and in 1920 I had declined a tempting offer to become his associate in the Congregational Social Service Commission in order to take a church and devote myself to what I regarded as more strictly religious work. Following my release from Westboro in 1922, I saw much of him, and, when in 1924 he ac-

cepted the call to the Chicago Theological Seminary, it was with the understanding that my undertaking at Worcester was to be an integral part of his department in the Seminary. In all my experience I have never known a more intelligent listener or one who equaled him in the capacity to stimulate and guide others in differing fields of creative work and to help them to co-ordinate their findings and view them in their larger perspectives. To him the clinical-training movement in its period of beginnings owes an enormous debt; also to the Chicago Theological Seminary, which through him took the Worcester project and later the Elgin project under its wing.

Mention should also be made of Norman Nash, my associate in World War I, and of the Episcopal Theological Seminary, where he taught, for enabling me to spend two and a half years at Harvard in the study of the problem with which I had been so dramatically confronted. That period of study has been of decisive importance in any contribution which I have been able to make.

Not least among those to whom the movement was indebted in its early years are the students who responded to its call and contributed in all sorts of ways to the welfare of the institutions where they served. They worked on the wards, took patients out for hikes, directed intramural softball, organized and led patients' choirs, and published mimeographed news-sheets. And at the same time they won the respect of the medical men through their intelligent observations and case reports on the patients to whom they ministered. Among these students are some who have given their lives to the cause. I think thus of Aleck Dodd, who in 1927 entered upon a two-year training period at Worcester and who now comes as close as anyone I know to being a true physician of souls. I think also of Don Beatty, now associate

chief of chaplains for the Veterans Administration, who came full time to Worcester in 1927 and has since given to this movement fifteen years of his vigorous life. Don Beatty could do more things well than any student we have had, except perhaps Frank McPeck, and I have often wondered where we would now be if we had not had his invaluable help. Another to whom we are especially indebted is Phil Guiles, now of Andover-Newton, who came to Worcester in 1928 and who was responsible for the formal organization of the Council in 1930. As its first executive secretary he extended our operations to general hospitals and penal institutions, and he was himself at Massachusetts General the first of our group to undertake work in a general hospital. For all these twenty-two years he has been actively engaged in clinical training. Special mention should also be made of Wayne Hunter, now associate director of the chaplains' training school at Carlisle Barracks, who was the first student to make his appearance at Elgin. His capacity for making friends and his devoted work on ward and playground did much to set the project on its feet in the Chicago area, and for the movement as a whole it was he who spearheaded the way into the federal correctional institutions.

These are just a few of those who had a part in the beginnings of the movement. I have not attempted to speak of those who are now most active. The work of Fred Kuether, Carroll Wise, Seward Hiltner, Russell Dicks, Rollin Fairbanks, Granger Westberg, and Wayne Oates is speaking for itself. It is thus borne in upon me ever more convincingly that this movement is one of many minds and many hands.

I think I ought to point out that this undertaking was not of my own devising but the product of forces above and

beyond myself. I had read no books on psychiatry, and I did not know that such a man as Freud existed at the time I "went crazy" and announced that the problem of insanity was important and that I had decided to investigate it. My idea during the period of delirium was that I had broken down the walls between religion and medicine. With these ideas I seemed to have nothing to do. They came surging in with such power and were so utterly different from anything I had previously thought or dreamed that they seemed to carry authority. Instead of accepting credit for my part in this movement, the question which weighs upon me is whether I have not sometimes got in the way of developments which might and should have been.

Let me also emphasize the fact that our movement, as I have conceived of it, has no new gospel to proclaim. We are not even seeking to introduce anything new into the theological curriculum beyond a new approach to some ancient problems. We are trying, rather, to call attention back to the central task of the church, that of "saving souls," and to the central problem of theology, that of sin and salvation. *What is new is the attempt to begin with the study of living human documents rather than with books and to focus attention upon those who are grappling desperately with the issues of spiritual life and death.*

The attempt to employ the methods of science in this hitherto unexplored field is perhaps a radical departure, so far at least as theology is concerned—but our findings are in line with the insights of Jesus and of Paul, of Augustine and of Luther. I might elaborate upon these findings at considerable length, but there is not time. Let me now present in the form of a personal creed some central convictions which have been derived

from my thirty years of work in the wilderness of the lost:

1. I believe that man is born subject to human frailties and perversities. Educators may learn much from a study of the consequences of mistakes made in early training, but it is a serious mistake to place all the blame for later maladjustments upon the parents. Even in the best of families and with the best of training unruly desires derived from our animal ancestry are likely to manifest themselves. The garden of the heart when left uncultivated is always taken over by weeds.

2. I believe that men have divine potentialities. The characteristic feature of human nature is social control through the internalization of the social norms within one's self in the form of conscience. The human being has thus the capacity for doing the right thing not through blind instinct or outward compulsion but through inner self-direction. This method of social control is a new emergence in the process of evolution, and mental illness is the price we have to pay for being men and having the power of choice and the capacity for growth.

3. I believe that certain forms of mental illness, particularly those characterized by anxiety and conviction of sin, are not evils. They are instead manifestations of the power that makes for health. They are thus analogous to fever or inflammation in the body. I am thus very sure that the experience which plunged me into this new field of labor was mental illness of the most profound and unmistakable variety. I am equally convinced that it was for me a problem-solving religious experience. My efforts to follow the leads derived from my own experience and check them in the experiences of others have convinced me that my experience was by no means unique.

4. I believe that the real evil in functional mental illness is not to be found in

discontent with one's imperfections, even when that discontent is carried to the point of severe disturbance, but in the sense of estrangement and isolation due to the presence of instinctual claims which can neither be controlled nor acknowledged for fear of condemnation. The aim of psychotherapy is not to get rid of conflict by lowering the conscience threshold but to remove the sense of alienation by restoring the sufferer to the internalized fellowship of the best and thus setting him free to strive for his true objectives in life.

5. I believe that love is the paramount human need and that there is a law within which forbids us to be satisfied with any fellowship save that of the best. Religious experience is the sense of fellowship raised to its highest level, and religion is thus an inevitable consequence of the social nature of man. This means that religion is not to be explained in terms of relationship to parents. It is rather the reverse

which is true. The parents are important to the young child because to a degree which is never repeated in the course of his existence they represent that in the universe upon which he is dependent for love and for protection. From the religious standpoint the aim of education is to lead the growing individual to transfer his loyalty from the finite to the infinite and to recognize that his parents are merely imperfect representatives of a higher loyalty to which he owes unreserved allegiance. For the religious man this higher loyalty is represented by his idea of God, and that idea stands for something which is operative in the lives of all men whether they recognize it or not. Ethical norms do not stand or fall with the belief in God, but they do not exist in a vacuum. They rest upon and are functions of living relationships symbolized by such a belief, and they are validated by their long-run consequences in the lives of those who hold them.