

## CLINICAL PASTORAL TRAINING IN RETROSPECT AND PROSPECT

Remarks at Faculty Luncheon -- Union Theological Seminary

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In a recent account of his experience as psychiatric consultant to Garrett Biblical Institute, Dr. Carl Christensen states that candidates for the ministry who lay claims to a special call are suspect in his eyes. Such calls he explains in terms of a "weak ego". He regards them as indicative of mental illness so serious that such persons should seldom be encouraged to proceed with the training course. In this opinion, Dr. Christensen reflects a common medical view, but it is of special interest as coming from the psychiatric consultant of a Methodist seminary. Some of us can remember the time when dramatic conversion experiences and special calls to the ministry were highly esteemed by our Methodist brethren. It is of special interest to me as one who must plead guilty to just such a call. Not only that, but my own call was attended by a serious psychosis. I have often wondered what would have happened to me if Union Seminary 50 years ago had been psychiatrically sophisticated. Fortunately for me it was not. I was not screened out and the three years I spent within its walls I can count among the happiest and most profitable of my career.

Union Seminary in 1908, at the time I entered it, was still located on Park Avenue. It had then a student body of about 170 and a faculty of perhaps twelve. I chose it because Henry Sloane Coffin and Charles Cuthbert Hall were on its faculty and two sermons they had preached at Battell Chapel at Yale in 1905 had had much to do with my "call". I was disappointed on my arrival to find no courses either in the psychology of religion or in religious education but in 1909 that defect was rectified with the coming of George A. Coe, who inaugurated the first course offered by any American Theological school. I took all that he offered and I am happy to acknowledge my great indebtedness to him. I regard him as one of the great teachers I have known. But in some respects I found myself at variance with him. For me, faith in the reality of mystical experience has been fundamental. For Professor Coe it was something in the nature of a red flag. He had long been leading a crusade against the excesses of Middle Western revivalism and he was convinced that the mystic derived from his mystical experience nothing which he had not brought to it. He also had an aversion to the pathological and held that the study of the pathological lay outside his province as a specialist in the psychology of religion. On this score he was quite critical of William James'

"Varieties". As a specialist in the psychology of religion, I, therefore graduated from Union without knowing that such men as Pierre Janet or Sigmund Freud or Adolph Meyer existed.

But we did at that time stand on the threshold of a new era in theological education, an era symbolized by Union's removal in 1910 to the portals of Columbia University on Morningside Heights, where our class was the first to graduate.

How I got started in the field of psychopathology, how I was picked up and plunged into it, is a story I have already told, but it may be worth while to call attention to certain points.

In the first place, the culminating experience followed a crucial decision. The Interchurch World Movement, for which I had been working after my return from two years overseas, had folded up. I had had a tempting offer from Arthur Holt of a position on the staff of the Congregational Social Service Commission. But largely because of this idea of a special call, I turned it down. I had the feeling that I wanted to deal more directly with living religious experience rather than in the gathering of facts and figures. For this reason I decided to take a church. But here I ran into difficulties. For one whose record as a pastor had been none too good, suitable openings were slow in coming. While waiting, I therefore conceived the plan of trying to clarify the situation by writing out a statement of experiences and a Statement of Belief. This was something which had been required at the time I had come up for ordination before the Brookline Presbytery. Since in a very real sense I was presenting myself anew, this seemed to me appropriate. I therefore threw myself into this task and became intensely absorbed in it, so much so that I lay awake at night letting ideas take shape of themselves. This was for me nothing new. Writing has never been easy for me and it is only under strong feeling and concentrated attention that ideas come. I was therefore merely following what I regarded as a necessary, and for me normal procedure. But this time the absorption went much beyond the ordinary and ideas came that simply carried me away.

In the second place I would call attention to the suddenness of the onset and the violence of the disturbance. There was no possibility of failing to recognize it for what it actually was - a psychosis of the most pronounced severity. I was equally convinced of its religious validity. At least, I knew that during the onset I had been absorbed in prayer and I had never been closer to the things of central importance than I had at that time seemed to be.

In the third place, this experience, wild and apparently destructive though it was, brought a solution of my vocational problem. It showed me a vast, unexplored territory and an unmet need of greatest importance. Here I saw my future work.

The plan of campaign worked itself out step by step. After

fifteen months in the hospital, which I used to good advantage, I was given an unconditional release and with the help of Norman Nash and Elwood Worcester I was admitted to Harvard University. There, under the guidance of Richard Cabot, Macfie Campbell and William McDougal, I sought to acquaint myself with what was known about the problems of the mentally ill, and their relationship to those of religious experience. I became more and more convinced that the theories I had worked out by myself were essentially correct and that mental illness was indeed a problem which concerned the minister of religion as much as it does the medical man. These problems had to do with the sense of sin, or guilt, with salvation, or cure, with prophetic inspiration and the like. The problems were the same. The insights were often the same. But the vocabulary was different and the approach different. Most important was the fact that the religionist was making little or no use of scientific methodology in his attempt to explore and understand religious experience, while psychiatrist and likewise the psychologist, the sociologist and the anthropologist who made use of scientific methodology were very seldom carrying their inquiries to the level of the religious. The field of religious experience in its relationship to mental illness remained then a no-man's land almost entirely unexplored.

At the end of the first half year I began to look for some way of applying my new insights. My first thought was that of a chaplaincy in some mental hospital. But the doors did not open. Most of the state hospitals where 95% of our mentally ill were housed, had religious services on Sunday afternoons, but they were conducted by ministers from neighboring churches who had little acquaintance with the patients or their problems and who preached usually the same sermons that they preached to their own people in the morning. These services were looked upon as "public-relations" rather than "therapy". On the part of the psychiatrists in charge there was no desire to extend them. Any suggestion that a minister of religion had anything to contribute or something to learn in the mental hospital situation was coldly received.

My next thought was a research project at the Boston Psychopathic. The institute of Social and Religious Research, with which I had had some connection, was interested and encouraged me to formulate a project, and Dr. Campbell gave his consent. On this project I spent numberless hours, but it came to nothing. The approval of the National Committee for Mental Hygiene was needed, and that was not forthcoming. Dr. Cabot came to the rescue with an offer to back the project himself; but in the letter which he prepared to send out to his friends asking for their support, he made it very clear that he did not believe the religious worker could accomplish anything with mental patients beyond giving some measure of comfort. This letter was prepared and ready to send out, when he called me in. It had come to his attention that Dr. Bryan of the Worcester State Hospital was willing to try out a chaplain. Here then was just the opening

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It so happened that Arthur Holt at this time was considering an offer from the Chicago Theological Seminary. He had become very much interested in the experiences I was unearthing at the Psychopathic and we were agreed that something needed to be done and that the strategic point of attack lay in the theological schools. I therefore accepted Dr. Bryan's offer and Dr. Holt went to Chicago with the understanding that I was to have a place as research associate on his staff.

Thus it came to pass that on July 1st, 1924, I arrived in Worcester to take over the duties of chaplain. So far as I am aware, I was then the first full-time chaplain in any mental hospital who had had any special training. I undertook my new task with the clear understanding that the chief application of my new office would be to the field of theological education, but always I have insisted that I was not interested in adding any new courses to the already over-crowded theological curriculum. I was concerned rather with a new approach to age-old problems of sin and salvation and prophetic inspiration.

In accepting the Worcester chaplaincy, it was understood that I was to come as chaplain and research worker. I was to have no responsibility for such things as recreational activities, library or post office and that I was to have free access to the case records, the right to visit patients on all the wards, to attend staff meeting at which the cases were discussed and that I was to be recognized as part of the therapeutic team. Several months after my arrival, however, these plans were somewhat altered. I had a visit from a couple of young gentlemen, theological students whom I had known at the Episcopal School in Cambridge. They came out, at Dr. Cabot's suggestion, I believe, to inquire into the possibility of coming to the hospital as attendants in order to learn something about the problems of mental illness. Actually neither of them came, but they gave me an idea. I went in to Boston and then down to New York to see if there were not some other theological students who might be interested in such an adventure. In the summer of 1925 we had four such students. That was the beginning of the clinical training plan, so far as I was concerned in it. The next summer we again had four; in 1927 we had seven -- two of whom gave themselves to the cause; in 1928 there were eleven; in 1929, sixteen. In 1930 the movement was legally incorporated. Since that time, it has grown rapidly and has been extended to other institutions. There are today some 45 different training centers. Approximately 5,000 persons have taken advantage of the opportunity thus afforded. There are now more than 200 full-time chaplains in our mental hospitals, most of them with special training, and perhaps double that number in the general hospitals and penal institutions.

This developement has been the work of many persons and it is due to complex forces. My own part in it has been limited. I was not even the first. Already in 1923 Dr. William S. Keller of Cincinnati had inaugurated a somewhat similar project, and in the Worcester undertaking Dr. Cabot, Dr. Helen Flanders Dunbar,