

THE CHALLENGE TO OUR SEMINARIES

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As a chaplain in a hospital for mental disorders and as research worker in a theological seminary, I have been much interested in the articles by Justin Wroe Nixon on "Theological Education at the Crossroads," and that by Richard C. Cabot on a "Clinical Year for Theological Students," so ably reviewed by Mr. Eastman in *Christian Work*. These articles call attention to what seems to me the great weakness in present-day theological education and point the way to the line of developments next in order. If I have any criticism it would be that they do not go far enough. Dr. Cabot thus stops short of the crucially important proposition that in mental disorders we are dealing with a problem which is essentially spiritual. He counts himself among the large group of physicians who look-upon mental disorders as due to physiological causes. If with the new and rapidly growing group of psychiatrists—among whom in this country Dr. Adolph Meyer, Dr. Macfie Campbell, Dr. W. A. White, and Dr. Thomas W. Salmon are leaders—he accepted the "psychogenic" explanation he would recognize in the field of mental disorders a problem of even greater significance to the theologian. It should be just as important for a religious worker to spend a "clinical year" in such a hospital as ours as it is for a physician to serve his time in a general hospital before he goes out into general practice.

In support of this assertion let me point out that at least two-thirds of the cases which come each year to our hospital are without discoverable physical explanation. Neither are they to be explained in terms of intelligence or reason. As measured by the intelligence tests, of which we hear so much today, our patients will average just about as high as the people outside. The difficulty is rather one of attitude and belief, and is rooted in a sense of personal failure. It is important to bear in mind that in a large proportion of our cases religious ideas figure prominently. At a staff meeting in almost any hospital for mental disorders one will hear about as many religious terms as he will at a gathering of ministers. One of the very common questions which is asked of a patient is, "Have you ever heard God talking to you?" If the patient answers "yes," the presumption is that he is

hallucinated and therefore committable. Those psychiatrists who accept the "psychogenic" interpretation of the functional mental disorders find the explanation in a conflict of wishes or desires. Such an explanation is by no means new. It was expressed a great many years ago by the Apostle Paul, who found "a law in his members" which warred against the law that he had accepted as his own and who proclaimed the good news of a means of escape from the situation. It is however new to have such a conflict thus recognized as the explanation of mental disorders.

It would follow, then, that functional mental disorders and religious conversion experience may have a relationship which is at once very close and very far apart. They may each be solutions of a common situation, a conflict within the personality. But one is a happy solution and the other an unhappy solution or else no solution at all, but a condition of unstable equilibrium with the issue still in the balance. If this be true, then it follows that we can understand the one only in the light of the other, that mental disorders concern the religious quite as much as they do the medical worker, and that religious experiences are quite likely to have pathological elements.

But of any such possibility the Church is utterly oblivious. She takes no interest in cases of pronounced mental disorder. While she is active in caring for the sick and, according to the Interchurch Survey of 1919, 381 hospitals are supported and are controlled by the Protestant churches of America, only three of these hospitals, so far as I have been able to discover, are especially concerned with the problem of mental disorders, and even in these three the approach is almost wholly medical. The large and rapidly increasing group of sufferers from mental disorders, aggregating more than a quarter of a million inmates of institutions, are therefore cared for almost entirely in our state hospitals for the insane. Here they are left practically without Protestant religious ministrations. We have therefore this truly remarkable situation—a Church which has always been interested in the care of the sick, confining her efforts to the types of cases in which religion has least concern and least to contribute, while in those types in which it is impossible to tell where the domain of the medical worker leaves off and that of the religious worker begins, there the Church is doing nothing.

Nor is that all. The Church's efforts to deal with those conflicts which make for mental disorder, and to do so before they reach the advanced stages which we encounter in our hospitals for the insane, are at present without scientific basis or intelligent direction. The conservative evangelical churches are, it is true, still concerned with the problem of the sick soul. If one asks a minister of the "Fundamentalist" persuasion what he is trying to do, a question which I have asked many times in the survey work which I have done, he will usually answer, "We are trying to save souls." Their message is indeed a message of salvation. To them man is innately bad. To be saved he needs to be born anew. To carry the message of salvation they

have the revival meeting. Undoubtedly they are doing some good, for their methods are rooted in the experience of centuries. To many a sufferer the traditional message has brought a new hope and a new purpose in life which makes it worth while for him to go on living. It gives him in prayer all that suggestion and auto-suggestion can accomplish as a means of re-education, and far more besides. And it surrounds him with the fellowship of the believers. But it is treatment without diagnosis. And it has no clear idea of what salvation means, nor of what people need to be saved from. Its hell is a future affair and it has been blind to the hell which was right before its eyes.

My liberal friends, however, supply neither treatment nor diagnosis. If Billy Sunday comes to town they do not co-operate or else they co-operate with reservations and exceeding discomfort. But they have nothing to substitute for Billy Sunday's message nor for his methods. For the soul that is sick they have no gospel of salvation. They are all too ready to turn him over to the doctors and then forget about him. They are chiefly concerned in the attempt to interpret the ancient tenets in terms of modern thought, and their practical emphasis is placed upon programs of social reform and religious education. And even in the task of religious education it may be questioned whether the real dangers and the real objectives are as clearly understood as they ought to be.

For this situation in the Church at large, the theological seminaries must take their share of the blame. I am not sure but they, upon whom the task of training the Church's leaders is placed, may not be chiefly responsible for the situation. I have in recent months examined carefully the catalogs of a number of theological schools and I have discovered that most of them are still concerned chiefly with the traditional disciplines—the Scriptural languages and literature, Church history, systematic theology, the philosophy of religion, and sermon making. With few exceptions it is still possible for a student to go through the theological seminary and receive the stamp of approval without ever having studied the human personality either in health or in sickness, or the social forces that affect it.

Such are my reasons for believing that the problem of mental disorders presents a peculiar challenge to the Church. I see here a field which from our standpoint is almost unexplored and a task which promises much, not merely in the help which it may be possible to give to a very large group of sufferers, but one which promises much in the insight which it may afford into the spiritual forces with which the Church has always been primarily concerned and into the laws which govern these forces; a task which promises much, also, in the new meaning which it should give to the Church's message of salvation. When we remember that what we know today about the human body has come very largely through the study of diseased conditions, is it any wonder that a Church which has so completely ignored the problem of the soul that is sick, is able to speak with so little authority concerning the laws of the spiritual world or even to prove that

there is such a thing as the soul at all?

And such, also, are my reasons for approving of the suggestion of a clinical year for theological students. In fact I have for more than a year been trying to recruit theological students to serve as attendants in our hospital because of my profound belief in the importance of confronting them with the problem with which we are dealing. For we have here a problem which must be studied from real life and not from books. It is, moreover, absolutely essential to have the co-operation of medical men, for here the provinces of religious and medical workers overlap, and the medical worker is now in possession of the field. The religious worker is a mere beginner, and he must be very careful not to embark in any half-baked attempt at "soul-healing."

In addition to the clinical year I should favor some plan for encouraging high-grade research work on the part of pastors in the field, comparable to that which medical men are now doing. If we are to make progress in our understanding of this problem and in the methods of dealing with it, some of the important research work must be done by them. No inquisitive investigator dares to trespass upon the sacred domain of the individual personality, unless the individual be in captivity. But the wise pastor stands in a peculiar relationship with his people. He is admitted to their homes. He is their trusted friend and guide. They come to him often with their problems and perplexities. It should be possible for him without violation of confidence to contribute much toward the understanding of the problem. The ordinary parish may thus become the laboratory of the new religious psychology and the opportunity for really worthwhile study and research greatest after the young minister leaves the seminary. With the view of encouraging such research I should favor the offering of higher degrees which might be earned with a minimum requirement of a residence at the seminary and a maximum of patient, careful, thorough work in the candidate's own parish.

With the inauguration of such a program no miracle need be looked for. Results are not going to come all at once. The problem of the human personality and of the laws and forces which are concerned therein is entirely too difficult and too baffling. Neither are we to expect any radically new message. Rather are we likely to find confirmation of the old message of Jesus and of Paul and new insight into the value of the work which the Church is actually doing or which it may do.

What is involved is a thoroughgoing shift of attention and a new method of attack and then, in the end, a new authority, grounded not in tradition but in experience. Theological education of the past and of the present is entirely too much after the order of the "culture" which I once heard defined before a woman's club as "something which you get from books or from a college and bring to the people." The theological training of the future will be a continuous affair, with the parish as the laboratory, and the

person in difficulty as the main concern, and the seminary as the clearing house of information and the supervisor of methods. The attention will be shifted from the past to the present; from books to the raw material of life. Experience will no longer be fitted to the system but system to experience. History will not be neglected but the present will be our starting point. Through the study of the present we shall be able to understand the past and the past may then throw light upon the problems of the present and of the future. Studying the human personality in health and in disease, in prosperity and in disaster, seeking patiently and systematically and reverently to discover the motive forces and the machinery which are involved and to formulate the laws which govern them, we may be able to lay the foundations of a new theology. And through the co-operation of many men working together over a long period of time, the Church may once more come into its own and speak no longer as the scribes and Pharisees and interpreters of traditions but with the authority of the knowledge of the laws of the life that is eternal.

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