

THE SERVICE OF WORSHIP IN A MENTAL HOSPITAL: ITS THERAPEUTIC SIGNIFICANCE

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The occasion of this paper is a proposed revision of the hymnal¹ for use in hospitals which the writer first compiled twenty-four years ago. It has seemed worth while to formulate and re-examine the principles upon which that volume was constructed, and to consider changes which now seem desirable in the light of our accumulated experience in the ministry to the mentally ill.

The assumption which underlies the compilation of such a hymnal is that the service of worship, which has been distinctive of the Hebrew-Christian religion, is the outstanding exemplification of the group therapy of which we hear so much today and that its employment in a mental hospital calls for certain adaptations, if its potential effectiveness is to be realized.

The therapeutic significance of the service of worship can best be understood in the light of George H. Mead's theory that the personality is the internalization within the individual of the group organization by means of language.² It is, he holds, dependent upon the common response to symbols which arouse in us the same response as they do in others. The personality is thus a set of social responses which have become organized and habitualized. According to this view the social response which is the basis of the personality is not just to others in general but to those we love and admire and whose authority we accept, those who for the religious man are associated with his idea of God.

Now any crowd is likely to evoke an emotional response in so far as it is thinking and feeling together with reference to some common idea. If the feeling is at all strong, the previous organization, which is dependent upon verbal symbols, is likely to be swept away. The response to the organized best may thus give way before the response to the present living mass. The mob is thus likely to do what the individuals who compose it would not do in their sober moments. The mere mass of a crowd may thus carry it with a certain authority and the sense of identification with a crowd—as felt at a football game or called forth by the sight of the nation's armed forces on parade—is likely to carry with it a sense of exhilaration.

¹ *Hymns of Hope and Courage*, New York, Harper's, 1937.

² Mead, George H., *Mind, Self, and Society*, Chicago, University of Chicago Press, 1936.

In the case of a religious assemblage attention is consciously focused upon what is conceived to be supreme in the hierarchy of loyalties. The Christian Church thus represents to the believer the fellowship of the best, and its meetings are designed to keep alive the loyalty to each other and the common loyalty to the God whom the worshipers regard as the source of their life, the controller of their destiny and the one to whom they owe unreserved allegiance.

At its best a church service calls forth in the participants a deep emotional response. It brings back tender memories of their loved ones and of those to whom they have most looked up, and it directs their attention back across the ages to a beautiful and luminous figure in whose life and teachings they see the norm by which to direct their lives. They see this figure glorified by a sacrificial death and exalted by the devotion of countless men and women who down through the centuries have responded to His appeal and have given all that they had to the cause He represents. These memories and associations can be used with telling effect by the able preacher, aided by religious symbolism and music, to stir the hearts and consciences of his hearers. Even those who are half-hearted in their devotion commonly turn to the church in the great crises of life when they find themselves standing on the threshold of the unknown. They turn to the church at the time of marriage, of the birth of children and of death, to seek its blessings and its support.

Not only does the church service call forth an emotional response, but it provides also an opportunity for instruction and for re-thinking the fundamental beliefs in the light of changing conditions and for modifying the ethical standards in the light of growing knowledge. Most sermons are anything but stimulating, but the pulpit is there for the prophet, when he comes; and the class meeting is a medium for the exchange of experience and belief on the part of the people. Church and synagogue have then enormous social significance and the fact that the Hebrew-Christian religion is the only one of the great ethical religions which has religious assemblage for instruction and common worship may help to explain why that religion has been associated with dynamic and changing cultures.

In the mental hospital the religious gathering will have a somewhat different significance from what it has in the normal parish. Where the normal church is based to a large extent upon the family unit and the congregation is made up in large part of those who are bound together by ties of love and friendship, the religious gathering in the hospital is made up of individuals. The social and familial ties are lacking.

These individuals are likely to have one important common characteristic. They are persons who have taken life seriously. They may be sharply contrasted with the inmates of a reform school or penitentiary,

who very commonly have rebelled or failed to take seriously the loyalty represented by their parents and by the church. The non-organic type of mental patient is one who has accepted that loyalty. Where the delinquent is judged by society, the mental patient has judged himself. There are of course many mental patients who in the face of moral self-condemnation have thrown up the sponge and have withdrawn into a private world of their own. There are many others who stubbornly refuse to admit defeat or error and resort to all sorts of concealment devices in order to escape self-blame. But there are others, not a few of them, who feel themselves face to face with the ultimate realities of life, persons in whom the better self is struggling desperately to gain control. For such persons the symbols of the church and of religion are likely to have profound meaning and it is among these that we find the largest proportion of recoveries.

It seems obvious that the ministry of religion in a mental hospital should concern itself chiefly with the latter group, those for whom there is still hope of rehabilitation. This does not mean that the leveled-off institutionalized patients and others of the less hopeful types are to be neglected. On the contrary their true needs will best be met as we focus on those whose problems are still acute.

The task of re-education must then be taken seriously. The aim must be not merely to re-awaken a faith which, in many cases, is based upon erroneous pre-suppositions, but also to modify and re-direct it, to substitute a wholesome religion for one which may have been associated with the patient's difficulties.

In the service of worship, therefore, the problem is how to make use of all available resources—music, pageantry, group participation, sermon—to re-inforce therapeutically valuable suggestions. Religious emotion is not to be looked upon as an end in itself, but as a means of re-making and stabilizing character. It is thus not to be regarded as sufficient that a particular hymn or tune should win immediate acclaim. What is important is the behavior sequences which result, especially in those who are in the process of re-making.

In the working out of the order of service as given in this hymnal, the aim has been to provide for much participation on the part of the entire group, not only in song, but in prayer and response. There is also provision for change of position, standing for the Gloria, for the Confession of Faith, for hymns of praise and action and commitment, kneeling or sitting with bowed heads during prayer or during the singing of prayer hymns. It is intended that these changes of position should succeed each other in such a manner as to be restful and stimulating. Care is thus taken not to keep the congregation standing to the point of fatigue or sitting until they become restless or sleepy.

The order of service as thus worked out provides for both repetition and variation. The following of a regular order, especially in a hospital congregation, is conducive to the orderliness and effectiveness of the service, and the repetition Sunday after Sunday of the Lord's Prayer, of the Confession of Faith and other selections of unquestioned value helps to impress them more deeply. Provision for variety may be made by the use of other prayers and passages of Scripture which deal constructively with the problems of the patients.

In the selection of hymns and tunes it should be assumed that the words really matter. Tunes are important but their function is to re-inforce the words and serve as an aid to recall. To those who may object that we sing the tune and not the words, it may be pointed out that in pre-literate times it was the general practice to put into verse and music those things which it was important to remember. It seems safe to say that to-day religious ideas are implanted more readily through the medium of hymns than in any other way.

Careful consideration of the words will of course rule out a number of well-known hymns, and other widely used worship materials. The following are types of worship materials which should be excluded as likely to be disburbing:

1. References to enemies, as in the imprecatory psalms. Concern about enemies is a malignant reaction and needs no fostering.

2. Materials likely to re-inforce the belief in the authority of "voices" and other subconscious promptings. For example: "O Christian dost thou see them?" evokes not only visual but also auditory and tactile hallucinations and calls for action besides. The writer of this ancient hymn had undoubtedly passed victoriously through an acute psychotic episode, but his hymn is strong medicine for a congregation of mental patients. "O speak to me that I may speak," is a less striking example of a group of hymns which should be used sparingly in the mental hospital situation.

3. Materials likely to re-inforce belief in the magical. "There is a fountain filled with blood" and "Rock of ages cleft for me" are representatives of a large group which give expression to a magical concept of the atonement which is unsound therapeutically as well as theologically.

4. Materials likely to intensify the patient's sense of helplessness, fear and isolation. "Once to every man and nation" is thus a useful hymn in summoning men to social action in times of national danger, but it does not help discouraged patients to be told that "The choice goes by forever." "Before Jehovah's awful throne" and "O worship the King in the beauty of Holiness" are other examples of a considerable number which represent God as a stern judge and ruler and are therefore of questionable value.

5. Materials out of keeping with the situation and mood of those patients in whom we should be most interested. "Rejoice ye pure in heart,"

“Joyful, joyful we adore Thee,” “For the beauty of the earth,” and “My God I thank Thee who has made the earth so bright,” are thus so out of place that they must seem like mockery to the thoughtful patient. Many hymns while not disturbing, simply do not apply to the hospital situation. Here belong most missionary hymns, social action hymns and children’s hymns.

The excluding of materials which are clearly unsuitable is of course merely a first step. Then comes the task of selecting those materials which most effectively bring to bear the great resources of the Christian faith upon the actual problems and needs of mental patients. The following are the categories which may be recognized in the materials which have been included:

1. Materials giving expression to the consciousness of sin and need and to aspiration for the better life. It is here assumed, on the basis of controlled observation, that the consciousness of sin is a benign reaction³, that it may indeed be a first step toward the realization of higher possibilities and that the confession of sin, or guilt, brings release from the sense of isolation and estrangement, in which, rather than in conflict and self-condemnation, the most potent factor in mental illness is to be found. The Fifty-first Psalm, the General Confession and such hymns as “Father to us thy children humbly kneeling,” “Lord Jesus, think on me,” and “Immortal Love, within whose righteous will” have therefore a place in this collection.

2. Materials portraying the love and forgiveness of God. Those who are already undergoing severe inner conflict do not need to be reminded of God’s sovereignty and majesty. They do need to be reminded that their world is under the control of friendly forces. Hence we say in our Confession of Faith, “We believe that the sufferings of this present time are not to be compared with the glory which shall be revealed to us hereafter,” and use such hymns as “There’s a wideness in God’s mercy,” “God is my strong Salvation,” “Here in this maddening maze of things.”

3. Materials giving expression to attitudes of resignation and faith. It is assumed that from the religious standpoint spiritual maturity involves the transfer of loyalty from the finite to the infinite and that dependence upon God becomes a source of strength as well as of comfort. Hence, such hymns as “Thy way, not mine, O Lord,” “Father, whate’er of earthly bliss,” “Still will we trust, though earth seem dark and dreary,” give expression of these attitudes.

4. Expressions of courage and action. The need for these is obvious. “Believe not those who say,” “Creation’s Lord, we give thanks,” “Father, hear the prayer we offer,” “He who would valiant be” are among the hymns of this type.

³ *Exploration of the Inner World*, (Willett & Clark, 1936)—chapt. 1.

5. Hymns of the Future Life. It must not be forgotten that there are not a few residents of the hospital community for whom the hope of a life beyond is about all that can make the present existence worth while. We see the expression of this hope in "Jerusalem the glorious," and "Hark, hark, my soul."

6. Materials dealing with special problems common among institutionalized patients:

Moods—"Twixt gleams of joy and clouds of doubt," "When we in darkness walk," "When shadows gather on our way."

Voices—"We pray no more, made lowly wise, For miracle and sign."

Locked Door—"Make me a captive Lord," "Not so in haste my heart."

Day-dreaming—"Abide not in the realm of dreams."

Frankness and Concealment—"Walk in the light."

7. Materials adapted to special purposes and occasions such as opening and closing of worship, morning, evening, Christmas, New Year's, Easter, Thanksgiving, Lord's Supper, etc.

The choice of hymns has to a large extent determined the choice of tunes. Given a fine hymn, the tune must be an appropriate one. Consideration must of course be given to established associations. The number of these associations is not, however, so great as might be supposed. Passing from one standard hymnal to another, one finds many variations. For a congregation made up of adherents of many different church bodies, as is the case in a large mental hospital, established associations are a factor in a relatively small number of cases.

In the 1932 revision of the hymnal we sought the help of two of the best advisers we could find, and we followed their advice, balking only in a few instances. The value of expert advice may be found in the fact that even though experts may differ one from the other, their differences will be far less than those of the rank and file and their judgments are far more likely to stand the test of our own best judgment later on.

One of the factors upon which our consultants laid great stress was that of pitch and range. In accordance with their advice about twenty of the plates in the original edition were discarded as being too wide of range or too high in pitch to meet the requirements of unison singing by the entire congregation.

In the book as it now stands there are 82 tunes. Of these 22 are in widest use, 38 are in general use and 22 are less familiar. A very few changes were made in established associations. *O Quanta Qualia* was thus substituted for *Morecambe* in the case of "Spirit of God, descend upon my heart!" *Martyrdom* was substituted for *Serenity* in the case of "Immortal Love, forever full." and *Hursley* was used instead of *Maryton* in the case

of "O Master, let me walk with thee." The musical editor regarded these tunes as so far superior as to justify the change. In the case of the less familiar hymns and of those without established associations our aim was to make use of the finest and most singable tunes available.

The printing of the entire hymn below the music was determined by the purpose of permitting the hymn to be read for its meaning. When the words are printed between the staves, this is difficult.

The purpose of a hymnal for use in mental hospitals and the needs which it should seek to meet may thus be summarized:

The perpetuation and re-creation of religious faith through the re-animation of the historic Christian symbols, beliefs and personages.

Re-orientation with reference to one's accepted loyalties with confession of sin and need as an indispensable condition of right relationship with God.

Reaffirmation of the love and forgiveness of God.

Surrender and commitment in accordance with the principle that spiritual maturity is dependent upon the transfer of loyalty from the finite to the infinite and the building of the life upon that basis.

Orientation in time, making one superior to the trials and vicissitudes of the present existence.

Courage and action leading toward the realization of one's accepted goals.

Modification of morbid religious beliefs is to be sought by means of the inclusion of therapeutically valuable materials and by the exclusion of that which is unwholesome and irrelevant.

It has now been eleven years since the latest revision. The book has not come into wide use. It has been criticized chiefly on the ground that too many of the hymns are unfamiliar.

The question which this paper is intended to raise is whether the principles observed in its compilation can be accepted as sound, and whether it may not be possible to meet the objection regarding paucity of familiar hymns by the printing of a supplement made up of old favorites, hymns which might not stand closest inspection but would be at least harmless.

Suggestions regarding the hymns and tunes which should be included in such a supplement will therefore be welcomed. We shall also welcome criticism of the book as it now stands. Such criticism, to be helpful, should be specific rather than general. We shall want to know what you disapprove of and why. Above all we are eager for suggestions regarding the principles upon which the book should be constructed in order to have maximum therapeutic value.