

CLINICAL TRAINING FOR THEOLOGICAL STUDENTS

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THE idea of a clinical year in theological education was first put in circulation by Dr. Richard C. Cabot in an article which appeared in the *Survey Graphic* for December, 1925. As the man who had introduced the case method into medical education, who had been chiefly responsible for the inauguration of hospital social work, and one who was at that time teaching in the Harvard Divinity School, he had been impressed with what seemed to him a strange lag in theological education. It was assumed, he said, in the theological school that skill and ability in dealing with persons in trouble could not be taught and that the knowledge of religious experience dealt with in the classroom could be gleaned from library shelves or deduced from the inner consciousness of teacher and student. There was thus no body of concrete experience held in common by pupil and teacher, serving as a field for illustration, holding discussion down to reality, and linking in profitable union the minds of those present.

The term "clinical training" was thus borrowed from the medical profession. As used by them it has had a fairly precise meaning. It has designated firsthand experience under guidance in dealing with sick people, and it is required of all medical students that they serve at least one year's "internship" in some institution

where sick people are congregated in considerable number and are receiving expert attention. The medical profession requires that institutions eligible for internships should measure up to certain exacting standards.

The Council for the Clinical Training of Theological Students, which grew directly out of the movement launched by Dr. Cabot, has accordingly proceeded on the assumption that its task was to provide firsthand experience under guidance with sick people and that its training centers should measure up to certain standards. It has not been willing to include under the concept of clinical training the plan of placing students in parishes under the direction of older ministers, no matter how able; because such a plan does not provide for introducing the student to any specialized study of the infirmities of mankind in institutions where those infirmities are receiving expert care and study.

DIVERGENT VIEWS

It is to be noted that Dr. Cabot's emphasis was upon *skill* and *ability* in dealing with persons in trouble. He believed in the need of studying actual human experience. He demanded that the minister should share the experiences of the dying, of the aged, of the blind and the deaf and the disabled, of the chronically ill, and that he should make careful records of his ob-

servations. He was, however, skeptical regarding the possibility of arriving at any knowledge of the laws of the spiritual life. He did not accept the psychogenic interpretation of mental illness, and the psychoanalytic doctrines he looked upon with something approaching horror. He was awed by the "wisdom of the body," but he did not have a high regard for the wisdom of the mind.

Dr. Cabot's position regarding mental illness has led, even from the beginning, to a somewhat sharp divergence among those who have been concerned with the clinical training of theological students. As the first one to put this plan into effect, I have been chiefly interested in mental illness, and I have been rather more ambitious in my objectives. It has been my assumption that in mental illness of the nonorganic types we are dealing with those who are breaking or broken under the strain of moral, or spiritual, crisis. We are therefore concerned with the problem of sin and salvation in flesh and blood, with sin and evil in its destructive manifestations, and with nature's marvelous powers of healing. I have assumed that the study of human ills in their terminal stages is an indispensable condition of being able to grapple with them in their more complex incipient stages. And just as in medicine the study of disease has led the way to the knowledge of normal physiology, so also in any attempt to study normal human nature and normal religious experience we need to take account of those experiments in nature, the physical and mental breakdowns and the social deviations which serve to dramatize and thus lift into the field of clear awareness what might otherwise escape attention. I have thus been far less concerned with the study of techniques and skills than in the effort to discover the forces involved in the spiritual life and the laws by which they operate. My chief interest lies in a cooperative at-

tempt to organize and test religious experience and to build a theology on the basis of a careful scrutiny of religious beliefs and inquiry into the origin, the meaning, and the consequences of particular beliefs.

POINTS OF AGREEMENT

Among all of us, however, there has been full agreement in regard to the crying need of an empirical approach to the study of religious experience and the requirement that an adequate program of instruction should be based upon a program of research. It is for this reason that we have been unready to recognize any training center which did not have a full-time theological supervisor. This does not mean that we hold that every supervisor must himself be a research worker. That would be neither possible nor desirable. But in the clinical training movement as a cooperative undertaking research must be emphasized. We cannot expect the doctor or the social worker or the penologist to ask, much less to answer, the questions with which we as students of religion are most vitally concerned. All our supervisors must therefore be keenly alive to these questions and alert to the current studies which are being made and to their implications.

We are happy to point to the fact that this emphasis upon research work has already borne fruit in contributions of real importance on the part of persons who have been associated with the clinical training movement. Dr. Dunbar's two books, *Emotions and Bodily Changes* and *Psychosomatic Diagnosis*, and her numerous scientific articles; Russell Dicks's *Art of Ministering to the Sick*, which he wrote in collaboration with Dr. Cabot, and his other books and articles; Carroll Wise's *Religion in Illness and Health*; and Seward Hiltner's *Religion and Health* are among our exhibits.

CLINICAL TRAINING IN THE THEOLOGICAL CURRICULUM

It follows that clinical training is not to be looked upon as an attempt to introduce any new subject into the theological curriculum. It is rather an attempt to introduce a new approach and to modify the methods of teaching.

This means that the various types of institutions in which clinical training is now being given are important because of the problems which they raise and the approach which they offer to the special branches of knowledge which are important to the minister of religion. Academic credit should not therefore be given for clinical training as such but rather in the special field which may be involved. If a student is working in a mental hospital, he may thus be concerned with some phase of theology or of psychology of religion, and credit should be given accordingly. If he is working in a general hospital, his central interest is more likely to be in the giving of comfort and in drawing upon the resources of the Christian faith. Credit should then be given in "pastoral care." An analysis of the fields of study represented in the different types of institutions is as follows:

The mental hospital . . .	{	Psychology of religion
		Theology
		Social pathology
		Religious education
		Personal counseling
		Pastoral care
The reform school and the child guidance clinic	{	Religious education
		Social pathology
		Personal counseling
The general hospital . . .	{	Pastoral care
		Personal counseling
The infirmary		Pastoral care

Those of us who are enlisted in the clinical training movement believe that its implications cut very deep and that it represents a point of view which ought to

have a profound influence upon theological education in general. I am thinking of our emphasis upon the empirical approach, in which theological education today is showing such a strange lag; of our insistence that service and understanding go hand in hand; and of our view that the proper unit of study is not some specialty but the total individual in his social setting. The acceptance of this point of view would make much difference in theological education.

SOME LIVE ISSUES IN THE STUDY OF HUMAN NATURE

In the cooperative attempt to explore human nature there are a number of crucially important problems in which the collaboration of students of religion is needed. Here are some of them:

1. *The body-mind problem.*—Academic psychology has been proceeding on the assumption that its task is to explain mental functioning in terms of physiological processes. In that task it has made little progress. The great contribution which Freud has made is a psychology built on the basis of desires and experiences of men rather than upon stimulus-response mechanisms. The body-mind problem is of vital importance in the treatment of the mentally ill. It also has to do with the belief in survival after death.

2. *Sin and guilt.*—Just at a time when many of our theologians were discarding the old idea of sin, the psychopathologists were discovering it. It is still among them a very live issue.

3. *The nature and function of conscience.*—Ever since Freud published his *Ego and Id* the doctrine of the "superego" has been central in psychoanalytic theory. Few psychiatrists, however, have any acquaintance with Mead or Dewey or Hocking, and few students of religion have any understanding of the experiences on which

Freud based his theory. Cross-fertilization is needed.

4. *The foundations of psychotherapy.*—The procedures and the dynamic factors involved in psychotherapy are of profound interest to the theologian. What is involved is the problem of sin and salvation and the principles relied upon are those of confession and forgiveness.

5. *The social and psychological roots of the idea of God.*—Psychopathological experience indicates that the idea of God stands for something which is operative in all men, whether they call themselves religious or not. It represents that which is supreme in the social relationships, that of which standards and values are merely functions. As such it crops out spontaneously under certain conditions, apparently without much regard to previous indoctrination. The forms which this assumes and the conditions under which it appears are a challenging problem.

6. *The nature and significance of mystical experience.*—Mystical experience tends to appear in association with crisis experiences and constitutes the fountainhead of religious movements. Some of these crises are turning-points in the struggle for personal self-realization which in their more severe forms assume pathological features. Some crises, such as war and economic depression, involve shared strain and are social in their nature. Such experiences need further investigation.

7. *The interrelationship of religion and culture.*—The types of religious and mystical experience and the symbols they employ in different cultures cannot be determined by the study of books. Only the study of living documents can give the

answer. Such studies are much needed. So also are exact and specific studies of the influence of different religions upon the ways of living and working together.

8. *The constants in human nature.*—According to Henri de Pirenne, all historical construction rests upon the postulate of the eternal identity of human nature.¹ But more careful studies are needed of what elements in human nature do remain constant and what elements vary as we pass from one culture to another and from one age to another.

9. *The major religious decisions.*—Conditions under which they are made; mystical elements, emotional accompaniment; results; means of inducing them.

10. *Means of perpetuating and re-creating religious faith.*

11. *Significance of the concept of the self.*

12. *Indulgence and abstinence, or self-control, in its relationship to religious experience.*

These are among the questions which challenge the attention of the student of religion. Their answer must be sought, not in books and not in mere reflection, but in systematic, painstaking, cooperative observation of actual experience. Thus, and thus alone, will it be possible to build up a body of tested and organized experience which will enable us to speak with some measure of authority regarding religious experience and the laws which are exemplified therein. This task is one of the main objectives of the clinical training program.

¹ In *Methods in Social Science*, ed. S. A. Rice (Chicago: University of Chicago Press, 1931).