Explorations in Human Nature

An Opportunity In Theological Education

THE CHICAGO COMMITTEE OF THE COUNCIL FOR CLINICAL TRAINING of Theological Students in the United States and Canada 1944
An Opportunity for Theological Students

What We Are Trying to Do

The study of human nature, not from textbooks, but from life, is the task which the Council for the Clinical Training of Theological Students has set for itself. By bringing the minister-to-be face to face with human misery in centers of specialized study it seeks to accomplish three things:

1. To open his eyes to the real problems of men and women and to develop in him methods of observation which will make him competent as an investigator of the forces with which religion has to do and of the laws which govern these forces;

2. To train him in the art of helping people out of trouble and enabling them to find spiritual health;

3. To bring about a greater degree of mutual understanding among the professional groups which are concerned with the personal problems of men.

Pre-suppositions

This undertaking rests upon three fundamental assumptions:

1. That the living human documents are the primary sources for any intelligent attempt to understand human nature;

2. That the study of human ills in their terminal stages is a most important means of enabling us to grapple with them in their more complex incipient stages;

3. That service and understanding go hand in hand. Without true understanding it is impossible to render effective service in that which concerns the spiritual life, and only to those who come with the motive of service will the doors open into the sanctuaries of life.
Development and Accomplishments

This undertaking was begun in 1925 in the Worcester State Hospital in Massachusetts, when the Chaplain, A. T. Boisen, with the consent of the Superintendent, Dr. William A. Bryan, and the encouragement of Dr. Richard C. Cabot, brought four theological students to that hospital. Since that time the plan has been extended not only to other mental hospitals, but also to general hospitals, prisons and reformatories, and child-guidance clinics. In 1930 formal incorporation took place under the name of the “Council for the Clinical Training of Theological Students.” The Council now has its headquarters in New York City, with regional organizations in Philadelphia, Michigan and Chicago.

Since the inauguration of this plan some seven hundred students have received training under the auspices of the Council. These students have been drawn from more than seventy theological schools and from more than twenty-two church bodies. More than eighty per cent of them have gone into the pastorate.

From the beginning the Council has based its program of instruction upon a program of research. Except as an emergency measure it has recognized no training center which does not have a full-time supervisor. The task of such a supervisor is not merely to guide the student in his practical activities and in his relations with other professional workers, but also to seek the answer to questions of significance to the student of religion which the doctor and the social worker and the penologist are not likely to ask.

This program of inquiry has born fruit in an increasing number of publications by persons who got their start with the Council. In addition to a considerable number of articles in scientific journals, some of them of real importance, there have been a number of books. Among these are Emotions and Bodily Changes by Dr. Helen Flanders Dunbar, The Art of Ministering to the Sick by Rev. Russell L. Dick (in collaboration with Dr. Richard Cabot), The Exploration of the Inner World by Anton T. Boisen; Religion in Illness and Health by Carroll A. Wise; and Religion and Health by Seward Hiltner.

With eleven important theological schools and their total of more than nine hundred students Chicago is the center of theological education in the Middle West. Since the Middle West is the region of Protestantism’s maximum effectiveness, it is clear that there are strategic reasons for strengthening its clinical training program. It is therefore to be noted that from the beginning Chicago has had a part in the plan. Mr. Boisen’s work as chaplain at the Worcester State Hospital and his experiment in bringing theological students there was made possible by the Chicago Theological Seminary, which in 1925 took him on its faculty as research associate and lecturer. In 1932 Mr. Boisen transferred his work from Worcester to Elgin in order to make possible a closer relationship with the school which had been sponsoring his project. For some years Elgin has been the only training center in this area. Recently, however, other centers have been established and the Middle West now offers to its theological students a fully rounded program of clinical training.

The Major Fields of Human Distress

In the face of the appalling catastrophe of war other forms of human suffering seem insignificant. And yet the present emergency makes it all the more imperative that we learn to understand human nature and discover the laws on which the better world must be built. Human misery in its concentrated forms and the funded experience of specialists who have been dealing with it have thus a claim upon the attention of those who would equip themselves to cope with the disastrous hatreds and the human
wreckage which war leaves in its wake.

Mental Illness

The problem of mental illness is one of peculiar interest to the student of religion. In any mental hospital there are three types of patients: (1) those whose difficulties are rooted in organic disease; (2) those whose illness represents the end result of malignant character tendencies such as day-dreaming, dwelling on one's grievances, seeking alibis and the like; and (3) those who are aware of their danger and are striving desperately for the reorganization of their personalities. It is with the third group that the student of religion is particularly concerned. Studies of the second group are instructive, but such patients are not often interested in religion and their chances of recovery are poor. They represent the dark background against which the third group should be viewed. When we see the marked religious concern which characterizes this third group and the relatively high recovery rate, we may be ready to recognize the kinship of such disturbances to the religious conversion experience which has been so prominent in the history of the Christian Church ever since the days of Saul of Tarsus. The one as well as the other is an attempt at reorganization. The difference lies in the values attained. And even in religious experience of recognized validity we are likely to find psychopathic manifestations when the difficulties to be overcome are deeply rooted and the struggle severe.

In the second place the mental hospital offers an opportunity to bring help to a group of sufferers whom the church has thus far strangely neglected. It is a large group. Mental and nervous patients today occupy more than half of the hospital beds in this country. And yet the church is doing almost nothing for them. Out of some four hundred hospitals maintained by the Protestant churches of America only three are mental hospitals. And in the state institutions, where the great majority of them are cared for, religious ministration, with few exceptions, is confined to the conduct of formal services of worship by ministers of religion who have little knowledge of the special problems of the people to whom they minister. If we include those who are not institutionalized the number of mental sufferers is greatly increased. According to some of our studies not less than ten per cent of the people in an ordinary community are seriously maladjusted.

In the third place, there is probably no professional worker who is in position to do more effective work in the prevention of mental illness and the achievement of mental health than the competent clergyman. The fact that he deals with personal difficulties in their incipient rather than in their advanced stages makes his opportunity and responsibility all the greater. He has the entree to the homes of his people. In his professional capacity he is supposed to talk with them individually about their personal problems. In his pulpit he preaches to them regarding the end and meaning of life. With the necessary understanding he has unlimited opportunity to fortify his people against the strains and stresses of life and to help them meet the difficulties which have already arisen. Without understanding he may be worse than useless. He may do positive harm.

Juvenile Delinquency and Crime

As an approach to the understanding of the personality, experience in a child guidance clinic or a correctional institution is an indispensable supplement to that in a mental hospital. Where the mentally ill person is likely to have been a good boy—one who has accepted for himself the system of values represented by his parents and teachers—the delinquent, as a rule, does not allow his conscience to trouble him. He is commonly a rebel against society, or else he has never learned to take seriously its organized atti-
tudes. For this reason the study of delinquents offers rewarding leads in the matter of family relationships and throws much light upon the task of moral and religious education. It throws much light also upon the cultural factors in the development of the personality. From wayward young people one can learn much regarding the significance of conflicting cultures, of groups within groups, of social pressure upon the individual, and regarding the fundamental motivations and problems of the individual in his community relationships.

The correctional institution also offers to the future minister an unrivalled opportunity to find his actual role and function in relation to other professional workers. Nowhere else are the respective functions of professional workers more sharply defined or better correlated. The student who has received training in such an institution should be able thus to recognize the roots of crime and other social problems in family and community conditions and to co-operate effectively with the community agencies for their eradication or amelioration.

The United States Bureau of Prisons has recently become interested in the possibilities of the religious approach to the problem of crime. It has provided for chaplains in its correctional institutions and has made it a requirement that no man should be appointed to a Protestant chaplaincy who has not had training with the Council.

The Physically Sick

The conditions in a general hospital offer striking contrasts to those in a mental hospital. In the first place, the general hospital is much smaller. Where mental hospitals like Elgin with its five thousand patients are by no means unusual, a general hospital with five hundred patients is considered large. Its patients, moreover, stay but a short time and, while there, they are for the most part confined to bed, under the strict care of doctor and nurse. There is thus little opportunity for religious services and for community activities. Nevertheless the need and the opportunity are great. More than offsetting the fewer beds in the general hospital is the vastly greater number of persons who are admitted each year. Where in one year the admissions to our mental hospitals are about 175,000, the number admitted to the general hospitals is about 7,000,000. Most of the physically sick are aware of their real situation and are responsive to attention. Many of them do some serious thinking. Moreover, it must not be forgotten that many of the physically ill do not go to hospitals but remain at home. No small part of the responsibility and opportunity of the minister of religion lies in his ability to bring comfort and strength to the sick and to their families.

To know what to do and what not to do in the sick room and in the hospital is the first task of students in the general hospital. They are required to keep careful records of just what they did and said in dealing with the patients assigned to them and of the results which followed. The training is designed to make the student at home in the hospital and in the sick room. He learns something of the different types of illness, of the attitudes of physicians and nurses and of the part which religious faith may have in aiding nature in her task of healing.

In considering the pastor's responsibility in relation to the sick persons in his parish it is to be recognized that psychic factors figure prominently in physical illness. Competent physicians estimate that perhaps half their patients come to them because of difficulties which are primarily mental. Physical disease is frequently a means of escaping self-blame. In not a few cases it is a means of claiming attention or sympathy. Frequently it is due to lowered vitality consequent upon discouragement and hopelessness. By the same token attitudes of courage, of faith, of calm assurance that all is
well no matter what happens make it possible for the healing forces to operate more effectively. A wise and understanding minister of religion who has knowledge of the emotional attitudes of the sick may therefore be of real assistance in relieving the fears and anxieties which block recovery.

Other Fields of Human Distress

In addition to these three fields of human need we have also the experiences of the aged and the infirm, the tubercular, the blind, the deaf and dumb, and the feebleminded, which always present opportunities for understanding and service.

Program of Instruction

Instruction is based upon the case method. In sharp distinction from the usual classroom procedure, the students in clinical training see actual human problems approached at the same time from different specialized viewpoints. The unit of study is thus not a particular specialty, such as psychology or sociology, but the total personality in its social setting. Throughout we are concerned with the task of explaining the experiences in question in terms of normal motivations and reaction patterns, all in the endeavor to discover the laws of the spiritual life which apply to all of us.

In each training center the resources of the institution are placed freely at the disposal of the student. He is allowed to attend staff-meetings. He has access to the case records. He has the use of the library and he has abundant opportunity for personal contact with the inmates. On the basis of these opportunities the student is required to turn in written observations on assigned cases, some of which are selected for intensive study.

Group conferences, usually eight to twelve hours a week, are devoted to the consideration of cases studied and reported by members of the group and of the broader principles involved in the problems and experiences with which the student is confronted. Members of the staff where the students are working have given freely of their time to assist with these seminars.

Inasmuch as the present Chicago training centers are close together it has been possible to hold frequent joint conferences in which the exchange of experiences has been most valuable. The subjects considered at these joint meetings have included the bodymind problem, types of pathological processes, scientific methods in the social sciences, uses and limitations of psychological tests, the social basis of the personality, types of mental illness, types of delinquency, religion and personal crisis, religion and social crisis, religious beliefs and their validation, the minister's distinctive task in the cure of souls.

The regular conferences are augmented by a two-day, mid-summer regional conference which helps to throw into relief the results of the summer's experience.

Financial Support

The training centers now in the Chicago area have been supported chiefly by the institutions with which they are connected and by some of the theological schools. At the institutions the supervisors are employed as chaplains with the understanding that their task includes the recruiting and supervision of students, and at some institutions full maintenance is provided for the students.

The overhead expenses, which are of course unavoidable in any such project, are met by special contributions from the theological seminaries and from interested friends.

Organization

The Chicago Committee is associated with the national Council for Clinical Training as an autonomous, co-operating unit. It is composed of representatives of the theologi-
cal schools, of influential physicians and clergymen and laymen. This Committee holds meetings three times a year and at other times as occasion may require. Matters of business are handled by an executive committee.

Conditions of Admission

The opportunity to study at one of the Middle Western training centers is opened to a limited number of qualified students of theology. Candidates for the summer period should be able to stay throughout the training period which begins about the middle of June and extends until Labor Day. There are also openings for those who wish to remain for a full year. A personal interview is required. There is a registration fee of five dollars. At most of the training centers maintenance is provided.

Application should be made to the Committee's secretary, Rev. Frederick Kuether, Jr., Box No. 122, St. Charles, Illinois, or to the supervisor of the training center to which the applicant wishes to be assigned.