

ANTON T. BOISEN

AND THE
ORIGIN OF THE MOVEMENT
FOR THE CLINICAL TRAINING
OF THEOLOGICAL STUDENTS

THREE ARTICLES

Reprinted from

THE CHICAGO THEOLOGICAL SEMINARY REGISTER

Volume XLI, Number 1, January, 1951

FATHER OF THE CLINICAL PASTORAL MOVEMENT

By FRED EASTMAN

[*Fred Eastman needs no introduction to the readers of THE REGISTER, a magazine which he piloted to national prominence among alumni periodicals. Well known for his plays and his writings in the field of biography, he is frequently consulted in the fields of radio, audio-visual aids, and motion pictures.*]

THIS is the story of the origin of one of the most heartening ventures on the frontiers of religion. It's the frontier where pioneering pastors and doctors, working together, have struggled to meet the need for ministers specially trained to serve men and women whose nerves and minds are breaking under the pressures of modern life.

One of the first to realize this need was Richard C. Cabot, a noted physician and author who also taught in Harvard Divinity School. He had introduced the case method into medical education and had a large share in the inauguration of hospital social work. In 1925 Dr. Cabot published an article in the *Survey Graphic* in which he proposed that something radical be done about this need for better-prepared pastors. He suggested that every student for the ministry be given a kind of clinical training for his pastoral work similar to the clinical training a medical student receives during his internship.

Behind Dr. Cabot's proposal lay not only his medical experience but his acquaintance with the work already begun by Anton T. Boisen, a middle-aged minister who had come through a serious nervous breakdown that had confined him for several months in a mental hospital.

[NOTE.—This is the major part of an article under the same title which appeared in *The Pastor* (Vol. XIV, No. 2) for October, 1950, and is reprinted by permission of the Editor.]

Boisen had a unique cultural background. His ancestral family tree was heavy with college teachers and presidents. He had graduated from Indiana University, Yale Forestry School, and Union Theological Seminary. He had received a Master's degree from Harvard University. He had been a sociological investigator for the Presbyterian Department of Country Church Work, had spent five years in the rural pastorate, and had made extensive surveys for the Interchurch World Movement. The collapse of that movement brought to a sudden end his sociological work and precipitated a nervous breakdown.

Being a genuine scholar, he studied his own case and those of his fellow-patients; and upon his release from the hospital he enrolled in Harvard University to study further the problem that had confronted him. There he found a group of men admirably suited to guide his thinking—Richard Cabot, Macfie Campbell, William McDougall, and Elwood Worcester—all deeply interested in the vagaries of the mind. With their help he prepared himself for a ministry to the mentally ill and, at the same time, for further researches which would be foundational for the more effective training of future ministers.

To have a great goal is one thing; to realize it is quite another. The difficulties he faced were staggering, chief among

them the lack of financial resources. On the other hand, he had no family responsibilities.

The first step came when William A. Bryan, superintendent of Worcester State Hospital with its 2,200 mental patients, offered him the Protestant chaplaincy of that hospital. Boisen accepted and soon demonstrated that a chaplain giving full time to an intelligent, day-in-and-day-out ministry to mental patients individually and in groups was far more effective than the plan in most hospitals: simply having pastors of local churches come in on Sundays to conduct a worship service.

Next, in June, 1925, came the introduction of theological students. There were four that summer, one each from Harvard, Boston, Union, and Chicago. There were four also in 1926. In 1927 there were seven, in 1928 eleven, in 1929 fifteen. These students worked on the wards, at first ten hours a day, then part time only. They wrote letters for patients. They also conducted recreational programs—baseball, play festivals, group singing, checker tournaments. They took walks with patients around the grounds. They made records of their observations. They read up on psychiatry, psychology, and religion. They attended psychiatric staff meetings and had special conferences with Boisen and the medical staff. Through it all they made friends with the patients and with each other.

The financing of this work constituted one of Boisen's major problems. The hospital could pay his modest salary and a limited amount for attendants' wages. It also provided room and board for the students. Other expenses had to be met from outside sources.

Obviously Boisen needed the support of an organization that would help on this financing and enlist the cooperation of theological seminaries, doctors, and ministers. One of his early students, Philip

Guiles, who had become so convinced of the value of the training that he had stayed on with it, volunteered to help secure funds. Fortunately, his own father-in-law, having previously manifested his interest, agreed to make a substantial contribution provided those who had been foremost among Boisen's helpers and advisers would form a corporate body to finance and otherwise promote the work. They agreed.

On January 21, 1930, Richard Cabot, Henry Wise Hobson (now Episcopal Bishop of Southern Ohio), Samuel Eliot of the Arlington Street Unitarian Church of Boston, William A. Healy of the Judge Baker Foundation, and Ashley Day Leavitt of the Harvard Congregational Church of Brookline met in the study of Dr. Eliot, adopted a constitution and by-laws, and signed the incorporation papers for The Council for Clinical Training of Theological Students. Philip Guiles was made the executive secretary and Helen Flanders Dunbar, of the 1925 group, the medical director.

An important fact needs stressing at this point. The founders made it clear to every student that he must not think of himself as under training to become a psychoanalyst or a psychiatrist. That would take years of specialized graduate work in the proper institutions. The Council aimed only at bringing the minister-to-be face to face with human misery in various institutions and there, under competent supervision, 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 mu-

tual understanding among the professional groups which are concerned with the personal problems of men.

Underlying these aims and the whole undertaking were three assumptions which Anton Boisen stated:

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. . . .

The State Hospital at Elgin, Illinois, caring for 3,600 mental patients, called Boisen to become its chaplain. He had been offering courses on religion and mental health at the Chicago Theological Seminary for some years. He could continue these and make the Elgin Hospital not only a training center for the Council but a basis for fundamental research, a laboratory where theological students could discover fresh insights which would bear upon their work as students and as ministers. So he accepted the call and served both institutions until his retirement. And in his retirement he continues his researches. Out of them have come his great book, *The Exploration of the Inner World* (1937); his manual for pastors, *Problems in Religion and Life* (1946); his service book for hospitals, *Hymns of Hope and Courage* (1st ed., 1930; 5th ed., 1950). Just now he is completing another book.

Meanwhile the movement for the clinical training of theological students has grown steadily. There are now some

thirty training centers where 140 theological students from twenty-five seminaries work for periods ranging from five weeks to twelve months preparing themselves for more adequate service as pastors of churches and as specialized workers in hospitals and reformatories. More than 2,500 students have availed themselves of the opportunity to study in these centers.

Boisen has thus pioneered the way to a field of far-reaching importance. His constant emphasis upon the firsthand study of persons in difficulty has brought forth published works of real significance by those who have been associated with him. These include such contributions as Flanders Dunbar's *Emotions and Bodily Changes* (Columbia University Press, 1935), *Psychosomatic Diagnosis* (Harper & Bros., 1943), and *Mind and Body* (Random House, 1947); Russell Dicks's *Art of Ministering to the Sick* (Macmillan Co., 1936), which he wrote in collaboration with Dr. Cabot; his *Pastoral Work and Personal Counseling* (Macmillan Co., 1949); and *My Faith Looks Up* (Westminster Press, 1950) and his monthly department in *The Pastor*; Carroll Wise's *Religion in Illness and Health* (Harper & Bros., 1942); and Seward Hiltner's *Religion and Health* (Macmillan Co., 1943) and his newest book, *Pastoral Counseling* (Abingdon-Cokesbury Press, 1949).

Many of his former students now hold positions of strategic importance. For example, Donald Beatty is in charge of the training of chaplains for the Veterans Administration; Wayne Hunter is associate director of the Chaplains' Training School at Carlisle Barracks, Pennsylvania; Harold Hildreth is chief psychologist for the Veterans Administration; Fred Kuether is executive secretary of the Council for Clinical Training; Seward Hiltner for the last twelve years has been Secretary of the

Federal Council of Churches' Commission on Religion and Mental Health and is now Associate Professor of Pastoral Theology on the Federated Theological Faculty of the University of Chicago.

But the vast majority of the students have remained in the pastorate, as Boisen and the Council intended from the beginning. The grateful testimonies of these pastors cheer the Council leaders when the going gets tough. And they warm the heart of their spiritual godfather who

started this great adventure. Here is but one sample:

I have found my clinical training increasingly helpful in understanding the reactions of the people to whom I seek to minister. Instead of becoming discouraged, I realize that there is something troubling them, of which they may not be fully aware, but which forces them to act as they do. Sometimes, because of my training I can help them to discover what it is, and to help correct it. I minister to their needs with a sympathy and understanding that I would not have had without my training.

TRIBUTE TO ANTON T. BOISEN

By SPAFFORD S. ACKERLY

[On the occasion of the Silver Anniversary of the Council for Clinical Training, Dr Ackerly made the following address. The author graduated from Yale Medical School with internship and postgraduate work in New York, London, and Vienna. He is Professor of Psychiatry and Chairman of the Department at the University of Louisville School of Medicine, and Director of the Louisville Mental Hygiene Clinic.]

I AM grateful and happy to have been asked to say a word of formal tribute to a man whose life and works have contributed so much to the understanding and treatment of mental and spiritual maladjustments. As I worked side by side with him at the Worcester State Hospital in those early years of the Council, I was struck with his broad cultural and educational background. He never paraded his scholarship. In fact, he tried to conceal it, but at the same time he used his knowledge of the classics and the romance languages he once taught for the benefit of the patient and for the edification of all of us at staff meetings and on the wards. He must have learned this practical application of academic knowledge in his years as a rural pastor and surveyor of rural conditions. I often wish I could have had some of his experience in the country as a country

practitioner of medicine where one comes really close to people and their sufferings. One wonders if his early ideas concerning the training of theological students in this field did not originate at that time and were later crystallized by his own periods of turmoil as he went more deeply into his own sufferings. The theologian and the philosopher in him never escaped or became lured into any ivory tower. His strong vibrant nature could not be contained within the classroom, and so he found himself in the U.S. Forestry Service for several years (and he never let us forget it!). To him trees were like people. It almost seemed he took up forestry to interpret human beings better. At any rate it worked out that way.

Neither did he bury himself in a state hospital, for I found out later that during those Worcester years he was not only Lecturer and Research Associate at the

Chicago Theological Seminary but also lecturer at the Boston School of Theology. I think he must have felt too provincial in this because still later he took on the Pacific Coast also as Earle Lecturer in the Pacific School of Religion.

For the benefit of those who might feel Dr. Boisen confined himself exclusively to centers of theology, let me assure you that this was not the case, for on his way between these seminaries he stopped off in Kentucky, and, if he did not actually "play" the horses, he went out with me to see the horses "play" at Churchill Downs. Only once did I catch him reading a newspaper when the horses came around the turn! I am sure that, had he known the horses as he did trees, he would have a lesson for us there too.

As a youngster in the field of psychiatry I was probably too preoccupied with the great gaps in my own knowledge and understanding to appreciate fully some of the fundamental verities that Dr. Boisen tried to get over to us. Perhaps had he been more pedantic and more confusingly complex in his approach to the problems of the mentally ill, we would have hounded his footsteps more than we did. But his precepts and concepts have stood the test of time. He used to say, "This patient is really concerned," or "This one is not," or "This one is struggling through to some reorganization, and, while the going will be dangerous for him, I think he will come through." He never minimized the seriousness or dangers that tortured souls went through; he knew full well that some would not or could not achieve what we have termed "homeostasis." I wish I could have worked with Dr. Boisen at Elgin and heard him ex-

pound on such things as shock and insulin therapy, lobotomy and the later discoveries in endocrinology. Perhaps I will still have an opportunity to renew these more professional associations with him. I suspect, however, that the newer therapies have not changed his fundamental beliefs, for where strong "affect" exists there is "concern," *there* is contact with the world, and therein lies the path to recovery regardless of what specific modalities are used.

I believe with Dr. Boisen that religious concern—I speak of religion here as purposive strivings for a positive way of life—engenders, fabricates, and elaborates—in short, creates—"affect" whether through the medium of the pituitary hormones and their effect upon the adrenals or through substances yet unknown. Certainly the issues for struggle are made in man's mind.

Such positive strivings can be called none other than love, that soul-sweeping concern of a father for his children. Lesser concerns, narrowly conceived, that seek neurotic advantages as a way of life, had better be called by another term, perhaps "anemic emotivity" rather than sanguine "affect."

One might say in closing that Dr. Boisen's life and works as we know them have come down to us as a labor of love which not only sustained him in times of shadow and doubt but also brought richer meanings to the search for mental and spiritual health.

Dr. Boisen, we wish you continued good health, happiness, and as long and sturdy a life as some of those trees of the forest you love so well.

CLINICAL TRAINING IN THEOLOGICAL EDUCATION: THE PERIOD OF BEGINNINGS

By ANTON T. BOISEN

[Alumni and friends of C.T.S. will be glad to have Dr. Boisen's response at the celebration which honored him.]

ONLY after long hesitation have I acquiesced in permitting myself to be singled out as mainly responsible for something which was really a joint affair. I have, however, finally decided to take advantage of the opportunity which you have afforded me to set the record straight with reference to the contribution of friends without whom my own efforts would have come to nothing and to summarize very briefly certain convictions which have grown out of my experience with mental illness.

No consideration of the beginnings of this movement can leave Dr. Richard Cabot out of account. Without his powerful support the movement could hardly have got under way. He stood behind the earliest proposal, that of a research project at the Boston Psychopathic Hospital in 1923, ready, if need be, to provide financial support. It was he who found the opening at the Worcester State Hospital, and it was he who gave nation-wide publicity to the idea of a clinical year for theological students. Dr. William A. Bryan's part as superintendent of the Worcester State Hospital is also well known, and that of Dr. Charles F. Read at Elgin has been for me of crucial importance.

Among those whose part is less well

known I think first of all of Fred Eastman, who has been my close associate ever since we left Union Seminary in May, 1911, to undertake a joint study of rural church conditions in northeastern Missouri. The acute disturbance which in 1920 plunged me into this new field of labor began under his eyes, and in the dark days at Westboro the intelligent support which he gave me and the lengthy correspondence which he encouraged were for me all-important in finding the way through to a constructive solution. I have thus had evidence in my own experience that psychotherapy, or "counseling," is not dependent upon specialized professional training and techniques but upon interpersonal relationships of understanding and friendship on the one side and trust on the other. Fred Eastman has been for me a representative of psychotherapy at its best.

Equally important in the early development of the movement was Arthur Holt. I had known him in Kansas in 1913-14, and in 1920 I had declined a tempting offer to become his associate in the Congregational Social Service Commission in order to take a church and devote myself to what I regarded as more strictly religious work. Following my release from Westboro in 1922, I saw much of him, and, when in 1924 he ac-

cepted the call to the Chicago Theological Seminary, it was with the understanding that my undertaking at Worcester was to be an integral part of his department in the Seminary. In all my experience I have never known a more intelligent listener or one who equaled him in the capacity to stimulate and guide others in differing fields of creative work and to help them to co-ordinate their findings and view them in their larger perspectives. To him the clinical-training movement in its period of beginnings owes an enormous debt; also to the Chicago Theological Seminary, which through him took the Worcester project and later the Elgin project under its wing.

Mention should also be made of Norman Nash, my associate in World War I, and of the Episcopal Theological Seminary, where he taught, for enabling me to spend two and a half years at Harvard in the study of the problem with which I had been so dramatically confronted. That period of study has been of decisive importance in any contribution which I have been able to make.

Not least among those to whom the movement was indebted in its early years are the students who responded to its call and contributed in all sorts of ways to the welfare of the institutions where they served. They worked on the wards, took patients out for hikes, directed intramural softball, organized and led patients' choirs, and published mimeographed news-sheets. And at the same time they won the respect of the medical men through their intelligent observations and case reports on the patients to whom they ministered. Among these students are some who have given their lives to the cause. I think thus of Aleck Dodd, who in 1927 entered upon a two-year training period at Worcester and who now comes as close as anyone I know to being a true physician of souls. I think also of Don Beatty, now associate

chief of chaplains for the Veterans Administration, who came full time to Worcester in 1927 and has since given to this movement fifteen years of his vigorous life. Don Beatty could do more things well than any student we have had, except perhaps Frank McPeck, and I have often wondered where we would now be if we had not had his invaluable help. Another to whom we are especially indebted is Phil Guiles, now of Andover-Newton, who came to Worcester in 1928 and who was responsible for the formal organization of the Council in 1930. As its first executive secretary he extended our operations to general hospitals and penal institutions, and he was himself at Massachusetts General the first of our group to undertake work in a general hospital. For all these twenty-two years he has been actively engaged in clinical training. Special mention should also be made of Wayne Hunter, now associate director of the chaplains' training school at Carlisle Barracks, who was the first student to make his appearance at Elgin. His capacity for making friends and his devoted work on ward and playground did much to set the project on its feet in the Chicago area, and for the movement as a whole it was he who spearheaded the way into the federal correctional institutions.

These are just a few of those who had a part in the beginnings of the movement. I have not attempted to speak of those who are now most active. The work of Fred Kuether, Carroll Wise, Seward Hiltner, Russell Dicks, Rollin Fairbanks, Granger Westberg, and Wayne Oates is speaking for itself. It is thus borne in upon me ever more convincingly that this movement is one of many minds and many hands.

I think I ought to point out that this undertaking was not of my own devising but the product of forces above and

beyond myself. I had read no books on psychiatry, and I did not know that such a man as Freud existed at the time I "went crazy" and announced that the problem of insanity was important and that I had decided to investigate it. My idea during the period of delirium was that I had broken down the walls between religion and medicine. With these ideas I seemed to have nothing to do. They came surging in with such power and were so utterly different from anything I had previously thought or dreamed that they seemed to carry authority. Instead of accepting credit for my part in this movement, the question which weighs upon me is whether I have not sometimes got in the way of developments which might and should have been.

Let me also emphasize the fact that our movement, as I have conceived of it, has no new gospel to proclaim. We are not even seeking to introduce anything new into the theological curriculum beyond a new approach to some ancient problems. We are trying, rather, to call attention back to the central task of the church, that of "saving souls," and to the central problem of theology, that of sin and salvation. *What is new is the attempt to begin with the study of living human documents rather than with books and to focus attention upon those who are grappling desperately with the issues of spiritual life and death.*

The attempt to employ the methods of science in this hitherto unexplored field is perhaps a radical departure, so far at least as theology is concerned—but our findings are in line with the insights of Jesus and of Paul, of Augustine and of Luther. I might elaborate upon these findings at considerable length, but there is not time. Let me now present in the form of a personal creed some central convictions which have been derived

from my thirty years of work in the wilderness of the lost:

1. I believe that man is born subject to human frailties and perversities. Educators may learn much from a study of the consequences of mistakes made in early training, but it is a serious mistake to place all the blame for later maladjustments upon the parents. Even in the best of families and with the best of training unruly desires derived from our animal ancestry are likely to manifest themselves. The garden of the heart when left uncultivated is always taken over by weeds.

2. I believe that men have divine potentialities. The characteristic feature of human nature is social control through the internalization of the social norms within one's self in the form of conscience. The human being has thus the capacity for doing the right thing not through blind instinct or outward compulsion but through inner self-direction. This method of social control is a new emergence in the process of evolution, and mental illness is the price we have to pay for being men and having the power of choice and the capacity for growth.

3. I believe that certain forms of mental illness, particularly those characterized by anxiety and conviction of sin, are not evils. They are instead manifestations of the power that makes for health. They are thus analogous to fever or inflammation in the body. I am thus very sure that the experience which plunged me into this new field of labor was mental illness of the most profound and unmistakable variety. I am equally convinced that it was for me a problem-solving religious experience. My efforts to follow the leads derived from my own experience and check them in the experiences of others have convinced me that my experience was by no means unique.

4. I believe that the real evil in functional mental illness is not to be found in

discontent with one's imperfections, even when that discontent is carried to the point of severe disturbance, but in the sense of estrangement and isolation due to the presence of instinctual claims which can neither be controlled nor acknowledged for fear of condemnation. The aim of psychotherapy is not to get rid of conflict by lowering the conscience threshold but to remove the sense of alienation by restoring the sufferer to the internalized fellowship of the best and thus setting him free to strive for his true objectives in life.

5. I believe that love is the paramount human need and that there is a law within which forbids us to be satisfied with any fellowship save that of the best. Religious experience is the sense of fellowship raised to its highest level, and religion is thus an inevitable consequence of the social nature of man. This means that religion is not to be explained in terms of relationship to parents. It is rather the reverse

which is true. The parents are important to the young child because to a degree which is never repeated in the course of his existence they represent that in the universe upon which he is dependent for love and for protection. From the religious standpoint the aim of education is to lead the growing individual to transfer his loyalty from the finite to the infinite and to recognize that his parents are merely imperfect representatives of a higher loyalty to which he owes unre-served allegiance. For the religious man this higher loyalty is represented by his idea of God, and that idea stands for something which is operative in the lives of all men whether they recognize it or not. Ethical norms do not stand or fall with the belief in God, but they do not exist in a vacuum. They rest upon and are functions of living relationships symbolized by such a belief, and they are validated by their long-run consequences in the lives of those who hold them.