

The Journal of Pastoral Care

VOL. XV

SPRING, 1961

NO. 1

IDEAS OF PROPHETIC MISSION

THE REV. ANTON T. BOISEN, D.D.

Chaplain Emeritus, Elgin State Hospital, Elgin, Illinois

In a recent account of his experience as a psychiatric consultant to the Garrett Biblical Institute,¹ Dr. Carl Christensen states that candidates for the ministry who lay claim to special calls are suspect in his eyes. Such calls he explains in terms of a "weak ego." He regards them as indicative of mental illness so serious that such persons should seldom be encouraged to proceed with the training course. In this opinion Dr. Christensen reflects a common medical view, but it is of special interest as coming from the psychiatric consultant of a Methodist seminary. Some of us can remember the time when dramatic conversion experiences and special calls to the ministry were highly esteemed among our Methodist brethren. This view is of especial interest to me as one who must plead guilty to just such a call. Not only that, but my own call was attended later on by a severe psychosis. I have often wondered what would have happened to me if Union Seminary, fifty years ago, had been psychiatrically sophisticated. Fortunately for me it was not. I was not screened out, and the years I spent within its walls I count among the happiest and most profitable of my career. Hence the question which I am raising in this paper: In the light of thirty-five years of service as a mental hospital chaplain, what would I say if I had been called upon fifty years ago to pass judgment upon myself as a candidate for admission to a school for the ministry?

Paper read before meeting of the New England Section of the Association of Mental Hospital Chaplains at Westboro State Hospital, Westboro, Massachusetts, on May 4, 1959.

¹Carl W. Christensen, "The Role of the Psychiatric Consultant to a Seminary," *Journal of Pastoral Care*, IX (1955), No. 1, 1-7.

I may begin by agreeing with Dr. Christensen, at least in part. I recognize that many, perhaps most of those who lay claim to a divine call, are or have been mentally sick, and that those of them who have rebuilt their lives upon that claim are likely to be hard to live with.

Where I differ from the prevailing view is in my interpretation of their sickness. I see them in their acute phases as representing a type of disorder which is closely related to religious experience and should be sharply contrasted with the rank and file of mental hospital cases. The latter are commonly persons who make and accept some malignant adaptation to defeat and failure. They escape into alcohol. They indulge in erotic phantasy. They become bitter and suspicious. They maintain self-respect by blaming others or by developing an organic scape-goat. Their's is a chronic character difficulty. Such persons seldom show religious concern and their chances for recovery are poor. Those, on the other hand, in whom calls to the ministry are most likely to be found are persons in whom the better self has been struggling so desperately for possession that they become temporarily disordered. In that struggle they are likely to feel themselves face to face with ultimate Reality. Their eyes may be suddenly opened to their undreamed-of importance, and great responsibility seems laid upon them. In such periods religious concern is much in evidence and the creative forces are exceptionally active. So also are the forces of destruction. They are periods of seething emotion which tend either to make or to break. As such they are analogous to fever or inflammation in the body. They may thus be regarded as manifestations of the power to heal and closely akin to the conversion experience so well known in the history of the Christian Church since the days of Saul of Tarsus. With such experiences they form a continuum in which the degree of freedom from malignant tendencies and the value of the results achieved become the significant variables.

I therefore agree with Dr. Christensen that those who undergo such experiences are sick, sometimes very sick. They may even be sick enough to receive the label, "schizophrenia, catatonic type," and the outlook for recovery may indeed be very grave. But that does not alter my conviction that such experiences have religious significance. May it not be that the divine is nearest when the struggle is keenest and that the call to preach which comes so frequently under such conditions has a significance and a validity which needs to be reckoned with?

Most students of religion will probably agree that vital religious movements begin with experiences which are interpreted as communication from a superhuman, divine source. They arise generally under the stress of crisis situations when the individual feels himself faced with the ultimate issues of life and is forced to do fresh and creative thinking. The religionist speaks of such experiences as "inspirations," or "revelations" and ascribes to them a greater or less degree of authority. But the suggestion that there was anything in common between these "inspirations" and the phenomena of pathology would be likely to fill him with horror.

The psychiatrist has probably the greatest opportunity to become acquainted with such phenomena, but he has seldom seen them in their true significance. He calls them "voices," or "auditory hallucinations." According to his observation they are most in evidence among his acutely disturbed and disorganized patients. He explains them in terms of repressed and dissociated wishes, or impulses, and he assumes that their presence is evidence that the personality is in process of disintegration. There is seldom a psychiatric interview in which the patient is not questioned directly or indirectly as to whether or not he "hears voices," and if he says, "Yes," he is likely to be labeled "schizophrenic" and given a gloomy prognosis.

It has long been my conviction that the phenomena of "voices" furnish the best key to the understanding of those complex disorders which are grouped together under the name of "schizophrenia." I have therefore made it my business to talk with many patients who were said to "hear voices." I have found that, if left to themselves, they will describe the experience in different ways. The commonest term is *voices*, but most patients make a sharp distinction between such *voices* and those they hear with their ears. Here are a few examples:

Patient 1: "I heard a voice which seemed to be God's voice, and words from the Bible came into my head. I had an idea so big that it just carried me away and I ran out into the street in my underwear. No, I didn't exactly hear anything. It was just like when you sit and think. Something comes to you."

Patient 2: "I began to get directions. Ideas came to me. The greatness and the allness of it drove me goofy."

Patient 3: "I began to have a flood of mental pictures as though an album within were unfolding itself. Communications came to me from out of the ether. I felt as though I were being directed by some one higher than myself."

Patient 4: "I had to give up work and sit around and brood. Then ideas came to me. I didn't have to search for words. It was just like I was commanded to say certain words I had never heard of before."

Patient 5: "I got the inspiration to write poetry. It just seemed to flow without my trying. There weren't any voices. Ideas just came to me. I got up one morning at five and wrote my first poem."

Patient 6: "I got inner pushes."

Patient 7: "I got such funny thoughts. Things just popped into my head."

Patient 8: "It was shown to me that I should take the name of Jesus."

Patient 9: "I can't explain it. It was just the way I felt. It came to me as a revelation in a dream."

Patient 10: "It seemed as though something were controlling me. Words formed themselves within my mind and I found myself

talking about the coming Day of Judgment and about the necessity of fleeing from the wrath to come."

I could give other instances, but these will be sufficient to indicate that the psychological process involved in the schizophrenic's *voices* is not confined to mental hospitals and that it is, in fact, identical with the *inspiration*, or *verbal automatism*, so frequently encountered in religious experience and in the creative operations of the human mind. As such it may be explained as an idea, or thought formation, which after a period of incubation in the region of dim awareness leaps suddenly into consciousness, so vividly, sometimes, that it is ascribed to a superhuman source. It is a mechanism which is common to poets, to inventors, to creative scientists and, according to Professor Coe, it is the primitive root of all mystical experience from spiritism to religious ecstasy at its best.²

Professor Eliot Dole Hutchinson has described this "dynamism" as among the phenomena of "insight." His words are worth quoting:³

The scientist, the artist, the practical thinker—the profession makes little difference—has before him a problem involving some explicit production or decision in life situations. For months, or it may be for years, this problem remains unsolved, this creative intention unfulfilled. Attempts at solution have ended only in bafflement. But suddenly, usually in a period when the work has been abandoned temporarily, or when attention has been absorbed by irrelevant matters, there comes an unpredicted *insight* into the solution. As if "inspired," or "given," ideas arise which constitute a real integration of previously accumulated experience—an answer, a brilliant hypothesis, a useful 'hunch,' forming, it seems, a short-cut to artistic or scientific advance. Exhilaration marks such moments of insight, a glow or elation goes with them, a feeling of adequacy, finality, accomplishment.

Professor Hutchinson goes on to point out that the distinction between religious and scientific or artistic insight is to be found in the nature of the problem which is at the focus of attention. In the case of the artist, and especially of the scientist, the new insight will pertain to something which can be more or less readily verified by others and fitted into the structure of organized and tested experience. In the case of the mystic, on the other hand, the new insight is likely to be intimately personal and have to do with his own role in life. It is therefore not readily subject to verification and it arouses tremendous affective reactions.

The profounder struggles of the human soul, in which mystical experiences so often appear, begin usually with a period of preoccupation and sleeplessness, during which the sufferer is intensely concerned about his own role. There is a narrowing of attention which is conducive to creative mental

²George A. Coe: *Psychology of Religion*; University of Chicago Press, 1916, Chap. 16.

³Eliot Dole Hutchinson, "The Phenomena of Insight in Relation to Religion," *Psychiatry*, V (1942), 499.

activity, but unfavorable to cool and balanced judgment. Perspective is therefore lost and wide limits are set to the validity of inner promptings. It is therefore not to be wondered at that such states of mind are fertile in new ideas growing out of what may be on the patient's mind.

The ideas which present themselves in such disturbances are a bewildering array. They are seemingly meaningless and most of them may actually best be explained as due to the play of imagination when the brakes are off and the mind is stirred at its deeper levels. But some of these ideas are recurrent, common to many cases and probably to all cultures. Such is this idea of prophetic mission, the "call to preach." It appears in case after case along with ideas of death, of world disaster, of rebirth, reincarnation and cosmic identification.⁴ Where we find one of these ideas we are likely to find the others also. Nearly all such patients show profound religious concern and a relatively large proportion make good recoveries.

Is there any special meaning in these recurrent ideas? I think there is. Their basis may be found in the structure of human nature and in the significance of the acute schizophrenic disturbance. The idea of world disaster thus represents death or failure of the individual in its more far-reaching ramifications. The idea of rebirth stands for the hope of a new beginning which so often accompanies death or tragic loss. The sense of cosmic identification reminds us that we are social beings, each one important beyond his wildest dreams. These ideas, coming as they usually do in the form of voices or revelations, offer a solution of the problem on the patient's mind, that of his own role, and the predominance of such ideas, when free from malignant trends, such as hostility and fault-finding and transfer of blame and crude eroticism, means usually that the healing forces are at work, that hidden difficulties are being brought to light and that the sufferer is striving earnestly to face what for him is ultimate Reality.

Among these recurring ideas that of the call to the ministry seems especially significant. It may be recognized as a true insight which comes to the disturbed person who is honestly trying to answer the question, "Who am I? What am I in the world for?" That answer is that we exist, each one, not for himself alone but for the sake of humanity and of humanity's God. In the sense of prophetic mission and the willingness to give one's life for the great Cause, lies the basis of all vital religion. In such prophets and their followers we may see religion in its creative stages. They are persons who have taken their religion in earnest. With all their crudities we may see in them provision for the re-creation and perpetuation of religious faith and we may trust the social process and their own critical judgment to sift out the superior from the inferior beliefs.

Any candidate for the ministry who laid claim to a special call would command my serious and sympathetic consideration. If I should see in him

⁴A. T. Boisen: *Exploration of the Inner World*; Harper and Brothers, New York, 1952, Chap. 1.

features which seemed to me pathological, that mere fact would not rule him out. I should not, however, be easy on him. Here are some suggestions which might guide me in my decision. I offer them for what they may be worth:

1. I would neither accept or reject a candidate on the basis of some purported "call," but upon his ability to measure up to the school's standards.

2. I would condition his admission upon his readiness to accept the guidance of a competent counselor and to abide by the social judgment of some recognized group.

3. My Protestant up-bringing inclines me to believe in a sanctification of the secular which would turn religious zeal into the service of this suffering world and lead to a broader interpretation of the "call to preach."

4. I would want to be sure that the candidate's motives were not contaminated with self-regarding ingredients and that the readiness to be called was balanced by an equal readiness to be denied the call.

5. I would consider his potentialities rather than his past record, his tomorrows rather than his yesterdays, what he is striving to become rather than what he now is.

6. I would take careful account of his reaction to frustration, not hesitating to change a negative decision if he accepted it in really fine spirit.