

IMPROVING PROTESTANT WORSHIP IN MENTAL HOSPITALS

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IT is a rare hospital that makes no provision for worship on the part of Protestant patients as well as those of other faiths. Indeed, worship is frequently the only religious activity, although the pioneering work of Anton T. Boisen, Carroll A. Wise, Donald C. Beatty, and a few others has demonstrated beyond question that a trained, full-time chaplain has tremendous usefulness in a mental hospital. This is true from the point of view of the health and recovery of patients as well as from that of the comfort and encouragement of institutionalized inmates. The most desirable progress in this field will come only as more hospitals recognize their obligation to provide such ministry—available now in only a few places—not as a tribute to religion, but as a therapeutic measure.

Pending the arrival of such trained, full-time religious workers on a large scale, the hospital can do much to improve the value of what is now the only universal religious activity—services of worship. Improvement in this direction is more important now than ever, in view of the way in which various hospital services are being curtailed owing to the war's claim on personnel. Suggestions as to how these services can be improved are made here as briefly as possible.¹

1. *Secure suitable hymnals.* The ordinary hymnal contains much material that is inapplicable, if not actually disturbing, to the mental patient. Impressed by this fact, Anton T. Boisen has prepared a hymnal especially for use in mental hospitals.² In this he has brought together a compact collec-

¹ The Commission on Religion and Health, 297 Fourth Avenue, New York City, will be glad to consult with hospitals or ministers' associations about special problems in connection with Protestant worship in mental hospitals.

² *Hymns of Hope and Courage.* Edited by Anton T. Boisen and Cecil M. Smith. Third revised edition. New York: A. S. Barnes and Company, 1942.

tion of hymns, prayers, and passages of Scripture designed to give suggestions of positive value to the mental sufferer. The musical editor, Cecil M. Smith, has tried to select the best and most singable hymn tunes, and has pitched them low enough for unison singing. Naturally the hymnal, now in its third revised edition, does not state that it was designed for mental patients, but it has proved very valuable for that purpose. One of its features is an order of service designed especially for the hospital situation. This makes it possible for the patient to have a large part in the service, in prayer and response as well as in song. The value of the worship service in relieving the sense of isolation and estrangement is thus greatly increased. In the event that this hymnal cannot be purchased, a multigraphed order of service, comparable to that worked out by Boisen, should prove of real value.

2. *Establish an understanding with the local council of churches or ministers' association.* The hospital—in any case, but especially when it gives fees to the clergy for officiating at worship—has the right to request that the conduct of worship be in accord with certain standards. Most ministers' associations or councils of churches will be glad to coöperate in improving worship, and might well begin by establishing a small committee on mental-hospital coöperation. If the service of pastors is rotating, it is highly desirable that each man assume responsibility for an extended period—not less than two or three months—instead of for merely one Sunday at a time. This insures a continuity of value both to the patients and to the officiating minister. Should any officiating pastor be obviously lacking in helpfulness, the hospital can request action on the part of the ministers' association instead of taking such action on its own responsibility.

3. *Provide appropriate equipment.* Most hospitals have only an auditorium of some kind in which worship can be held. This means that the atmosphere of worship must ordinarily be created by the provision of appropriate equipment for the chancel or platform, and that the equipment must be movable. Most hospitals have carpentry, machine, and weaving shops, in which—with the aid, perhaps, of the ministers' association, which may help to secure plans or even blueprints—the basic items can be constructed: altar, pulpit, lectern,

cross, curtains (with which much can be done), altar cloths, and possibly such other items as candlesticks, reredos pictures, robes for the choir, and the like. Although all these items can be purchased, every sizable institution has the ability to produce them at low cost. The value of simple, but appropriate chancel equipment is great, even conducing to the quietness of the patients during the service.

4. *Instruct nurses and attendants as to their duties in connection with worship.* Supervision of patients during the service can be made unobtrusive. The patient who is too disturbing can be removed with a maximum of dignity and a minimum of disturbance. Minor disturbances may be ignored. Arbitrary refusal to permit certain patients to attend worship should be discouraged. It is possible to usher patients to and from services in a quiet and dignified manner, and this is important. Both lack of good ushering and undue regimentation tend to create disturbances. It is especially important that, wherever possible, patients be permitted to speak to the minister briefly after the service if they wish to do so. The distribution and collection of hymn books can be handled with a dignity befitting a service of worship. The conduct of patients is frequently better if those from each ward are permitted to sit together, with their nurse. Where possible, it is recommended that the nurses themselves participate in the service.

5. *Give publicity to the services of worship.* Use the same publicity media for worship as are used for other institutional activities—institution paper, radio, bulletin boards, and the like. Announce the topic of the minister's sermon. Such publicity aids in making worship a natural activity in the life of patients as it would be in the open community.

6. *If possible have a patients' choir.* Although this is a later step, no other kind of group activity has more therapeutic value with equivalent effort. If a nurse or other employee has talent along this line, training the choir may be made one of his assigned duties. Officiating ministers may be able to aid with the choir, but they seldom have the skill or the time needed to train it. If a choir can be formed and maintained, robes are recommended. It is usually helpful if

the minister wears a robe. The best possible organist or pianist should be secured to play for the services.

7. *Suggestions to officiating ministers.* Services are most effective when not more than forty to fifty minutes in length. This suggests a sermon of from ten to fifteen minutes. It should not "talk down" to patients, whose intellectual level is about the same as that of the average parish, but should be as concrete as possible, avoiding conceptual generalities. The only cure for the feelings of fear and inadequacy that most clergy have in dealing with mental patients is understanding and experience. But some of that will help the pastor to be natural and to avoid a patronizing or sentimentalizing attitude. The service is usually more meaningful if it can be held in the morning instead of the afternoon. While a Sunday morning service may be difficult for most ministers to arrange for, the enhanced value should compensate for the sacrifices made. Communion services have been found appropriate from time to time if prepared for carefully.

These suggestions are simple and practicable, involve little expense, and are relatively easy to put into practice. They will not take the place of the services of a full-time, trained chaplain. But with their help Protestant worship can become more significant, not only in a religious sense, but also as an effective form of group therapy.