

February 1970

## From the Chaplain of the National Guild of Catholic Psychiatrists

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### Recommended Citation

Rowley, Francis P. (1970) "From the Chaplain of the National Guild of Catholic Psychiatrists," *The Linacre Quarterly*: Vol. 37 : No. 1 , Article 6.

Available at: <http://epublications.marquette.edu/lnq/vol37/iss1/6>

## From the Chaplain of the National Guild of Catholic Psychiatrists:

The days have just about gone when the clergy was grudgingly given a peripheral, and insignificant role in psychiatric affairs, on the ground that some fundamental incompatibility existed between Faith and Science. Little by little, the presumed gap has closed and now Priests, Ministers and Rabbis are being asked to participate in more and more psychiatric areas. This is surely a good thing and it is our duty to respond as well as we can, offering our special skills, our definite orientation, and our unique message in order to give comfort to the troubled in mind.

Psychiatry is still a fledgling science, possessing comparatively little medical fact and a lot of personal theory. It is a science which needs help from many areas, and whose practitioners are accepting more, and with better grace, than they did formerly. Psychiatry is increasingly recognizing the need for inter-professional cooperation — nurses, attendants, psychologists, social workers, teachers, etc. The field is accessible to the clergyman, and is becoming more so; the responsibility of accepting or rejecting this area of pastoral opportunity can no longer be ignored or delayed by the clergyman, to say nothing of psychiatry.



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Modern work suggests that multiple factors involving various strata tend to fragment the breaking mind, and that following an episode of psychosis, many forces, and not just one, are needed to heal the distraught, and secure their rehabilitation in society. We have a lot to offer to psychiatric patients and we must not be discouraged by a few bigots (i.e., a form of mental illness as a "fixed false belief") in and out of the medical field, or by personal failures of men of faith. We have much to offer and we must be less reticent about offering it. The Chaplains have their place in the field of mental health and it is time to be less hesitant about it. Theologians, educators, psychiatrists, nurses, attendants, sociologists, psychologists, vocational counselors, rehabilitation experts, along with social workers,

occupational therapists, recreational therapists, and research workers, and a number of others should all contribute if realistic plans are to be drawn up for patients, in order to prevent 1) the emergence of mental illness, 2) avoid hospitalization and/or if possible shorten the stay in hospital when in-patient care is needed, and 3) aid rehabilitation and resocialization when feasible. All the current plans concerning mental illness boil down to 1) preventing hospitalization when possible, 2) preventing chronicity if hospitalization takes place, 3) preventing relapses following release from hospital by careful placement in society and 4) aftercare follow-up clinics.

The Chaplain should be involved in pre-care, hospital care, and post care, for all three benefit by his participation.

The Chaplain offers a point of view, a cosmic frame of reference, a meaning to life, a system of ethics and morals, a guide to behavior and, above all, a hope of salvation regardless of the real or exaggerated guilt feelings. Guilt is so often the feature of mental illness, and who better to absolve or comfort than the man of God. If the clergyman refuses to help a person with his guilt, then he is denying his interest in sin and his capacity to offer absolution or comfort. Where guilt exists, the clergyman must surely have a place. However, psychiatric ailments appear to be changing somewhat in appearance and symptomatology.

The psychiatric patient is frequently a man without roots, without belief, who suffers from a terrible eroding boredom, and a sense of futility. The offices of psychiatrists are filled by patients searching for some meaning in

life, and who, to our discredit, have sought salvation from the physicians rather than from us. We would be foolish to ignore the implications of this fact, for it suggests that we are not reaching the public as well as we should, and we are not presenting our case as clearly as we could. A desire for spiritual direction should lead to a church — not a clinic, and yet the public, or at any rate, a percentage of it feels that a fledgling science and not religion holds the key to significant living and possesses the answers to difficult questions.

The fault is ours and we could commence correcting it by more skilled communication, and by participation in any groups which exhibit such a lack of spiritual direction. If the clergy fail to help in pre-care agencies, and fail to detect their own in distress then someone else will treat the people, and obviously not as well.

It is true that many mental ailments seem to be composed of disorders of different strata of body and mind which mutually inter-react for the worse if a breakdown ensues. But, surely if some spiritual tranquility be given the sufferer, the break might at times be avoided, and the other other strata changed for the better. Religion cannot avert all nervous breakdowns but it can ameliorate, can soften, and can ease terrible tensions.

In a hospital the chaplain must be guided by the degree of contact that the patient has with reality. Frequently, when the disordered mind begins to heal, it invariably turns to its old beliefs for re-enforcement of re-emerging health. True kindness never goes awry, and the offering of hope is invariably helpful. A soul in torment

may not be receptive to anything, but as the torment fades, the receptivity rises for words, and the spiritual re-awakening of the patient is possible. People who get well want their old beliefs rekindled and need familiar reassurances spelled out for them.

A mind of the mend requires the hope of salvation, and the certainty of forgiveness. It is minds that do not mend, that flee their Faith and distort Divine blessings into formless fears. The Chaplain can always help the hospital patient who is starting to improve, regardless of any past rejection of religion on the patient's part.

The role of the Chaplain in a state hospital is vital, and despite all the paper plans and all the grandiose orations, the state hospitals are likely to be with us for a long, long time. They evolved slowly and they will not be abolished by wishing that they were not so large, or so complex, or so lacking in certain vital areas. The state hospitals exist with all their imperfections because there is a need for them, and they will continue to exist because as other facilities open up, the number of patients who are attracted to state hospitals will increase, and the more difficult cases will inevitably gravitate back to them, for Community Mental Health Centers will be swamped with neurotics.

This may sound pessimistic but it is not. The more facilities that are available, the more people there will be who use them. The bad press of the state hospitals has kept fewer and fewer persons out of them, one can imagine what problems a well appointed Community Center will face; a tidal wave of patients, a growing number of litigants, and a staff less and less able to deal with the numbers involved.

Publicity has made everyone conscious of psychiatry, and thus the more facilities that are made available, the more patients there will be who are likely to be attracted. The state hospitals have been censured time and time again, and still they survive, and the numbers treated, steadily grow. The state hospital will be with us for many years and the Chaplain will have his difficult job for as long as one foresees. Dreamers may dream away the state hospitals but reality will cause the dream to fade. Finance, staffing, tradition, and the immense numbers of patients involved make the disappearance of the state hospitals most unlikely.

The state hospitals do over 80% of the institutional psychiatric work in the United States, and if they are abolished, just who is going to do that work. The state hospitals may be modified, and they are being modified, but they will not just disappear, and it is time to accept this truth and act accordingly to better those old hospitals, instead of waiting in the wings for the new. We have a job to do in state hospitals and we must do it.

The rehabilitation and resocialization of the ex-patient in society is a new and growing field. It calls for the help of the clergy and considerable flexibility on the part of us all. An ex-patient needs guide lines, help in job placement, clinic access, medication, a person to turn to when the stress rises too high or too fast and needs ordinary help in many ways. The role of the Chaplain can be as big or as little as the Chaplain wishes, for the ex-patient all too often desperately needs someone to turn to and has no one. We clergy can play a vital role in the complex aftercare situation if we choose, and we can also do nothing to our eternal shame if we wish.

But, as mental health looms larger and larger on the horizon, and the numbers of persons afflicted swell ominously, the Clergy should take a significant role in the movement, unless it wishes to be pushed aside by young and growing secular sciences, which in all conscience cannot provide total patient care, but which will provide religious absence, if religion fails to offer its skills. Religion, if it is to be central to mankind's existence, must participate in the great crusades of the 20th Century. If the Clergy allows itself to be excluded or relegated or downgraded or made insignificant in the area of mental health, it cannot blame anyone but itself if the public regards Religion as somehow outside the main stream of

the national life. If Religion does not pervade its adherents, it has failed seriously. Psychiatry and several other current social, moral and ethical preoccupations, offer the Church a test to see if it is still the central stream of our culture. I believe we will answer positively because we can contribute well and can offer something no one else can, peace of mind in this world and eternal happiness in the next. We are faced with great challenges and we can only meet them with belief and action, for any inaction must lead to social depreciation and the charge of being irrelevant to this day and age. Our duty is clear, so let us perform it and aid the resurgence of Faith in the Modern World.