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SOME THOUGHTS OF A RETIRED MENTAL HOSPITAL CHAPLAIN

Rev. Wilbur F. Wheeler

In this paper I want to express some of my thoughts on the Catholic chaplaincy in a public mental hospital. They are my personal thoughts and are the result of reflection on a chaplaincy which lasted for over twenty years. I shall set forth my ideas in the form of answers to seven questions:

- I. Why should a mental hospital have its own chaplain?
- II. Should a chaplain have special training?
- III. Should a chaplain practice psychotherapy?
- IV. May a Catholic chaplain minister to non-Catholics?
- V. Who should pay the chaplain, and how much?
- VI. Where should the chaplain live?
- VII. What kind of priest makes a good chaplain?

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I. Why should a mental hospital have its own Catholic chaplain?

It is generally agreed that a person is an integral whole. You cannot really separate his life into various separate compartments: physical, emotional, intellectual, and spiritual. Each of these "phases" affects the others. The mental hospital attempts to pro-

vide for the total care of the patient. The specialists in the various disciplines are sometimes referred to as a team, because they all work together for the good of the patient, not because they all do the same things. The chaplain, of course, is a specialist in religion. It would be a mistake to ignore the resources of religion in trying to bring about a cure of the mentally ill.

There are certain unique contributions that a priest can make to the welfare of the patients. The most obvious is, of course, the administration of the sacraments, especially Confession, Holy Communion, and the Anointing of the Sick. A local parish priest could be called in to administer them. But it stands to reason that he would be recognized. The Roman collar gives us priests a great advantage. Whether people see us from the front or from the back, whether they know us personally or not, they are aware of the presence of a priest.

Most Catholics — and many non-Catholics — are "prejudiced" in favor of priests. They expect them to be friendly. Sometimes they are disappointed, but that does not prevent them from giving the next priest the benefit of the doubt. There are probably two reasons for that. One is that they

know personally some priest whom they admire and like. The other is that, for the most part, they have found priests in the Confessional to be sympathetic and helpful.

I would like to say just a few words about pastoral counseling. I am not quite sure that "counseling" is what I mean. I mean something that is broader than that. Probably "consultation" would be better. Catholics are accustomed to talking over their problems with a priest. If the discussion is very short the problem is frequently dealt with in the confessional. Otherwise, the priest suggests that the person make an appointment to come to the rectory parlor. Or, the person comes to the parlor in the first place. At not be able to do much more than administer the Sacraments to those who sent for him. On the other hand, a chaplain can seek out those who need, and can profit by, the reception of these rites.

Another important contribution

is his pastoral work, that is, his visits to the wards and to individual patients, and what is often called his "pastoral counseling".

The chaplain's visits are important because of what he represents. When a chaplain visits the patients either in groups or individually, it is the Church which is showing personal interest in them. It gives them a feeling of importance to be sought out by a representative of the Church. And that is true whether the conversation gets around to religion, or not.

I'll never forget what one of the doctors said to me, "Father, I wonder if you realize what your visits to the ward mean to the patients. As soon as a priest comes on the ward, the whole atmosphere changes for the better. All the patients 'perk up' right away, whether you speak to each one or not, even whether they are Catholic or not." I am sure that that would be true of the Protestant chaplains also, if they were

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any rate, consultation with a priest is something that most Catholics are already familiar with. It is not something that is new to them, another experience that they have to get used to, in the hospital.

Another reason why I am not too pleased with the term, "pastoral counseling", is that there is a tendency to think of pastoral counseling as being the same kind of counseling that psychiatrists and psychologists do, except that it is done by a "pastor", i.e., priest, minister, or rabbi. I not only concede, but I strongly recommend that chaplains learn as much as possible about the kind of counseling that psychiatrists and psychologists do. They can learn much from their techniques and insights. But what is called "pastoral counseling" is based on the unique relationship between priests and people. It is this, rather than the person who does the counseling, or even the contents of the counseling, that makes the activity "pastoral counseling". Also, the ultimate (although not necessarily the immediate) purpose of each individual session should be to help the patient see how he can apply the resources of religion to his problem. The point I want to make is that the chaplain (Catholic, Protestant, or Jew), and only the chaplain, can do "pastoral counseling."

II. Should the chaplain have special training?

If it is at all possible, the chaplain should have special training. Training will enable him to make his ministry to the patient most ef-

fective, from the very beginning. On taking over his assignment, he will make a good impression on the patients, the staff, and the employees. They will know that he knows his business. And that is important. He will gain respect for his place on the hospital team.

Training will acquaint him with the organizational functioning of the hospital. He will know who does what and will be able to appreciate the work of the various departments. He will know enough to confine himself to his own field, while co-operating with the other disciplines.

Training will teach the chaplain about mental illness and the various types of treatment. This will enable him to understand the patients and their problems better. The chaplain should learn as much about the behavioral sciences as possible, because such knowledge will help him in his work as chaplain.

While I am convinced that the chaplain *should* have training, I am also convinced that he does not have to have it. It would certainly be a disadvantage to him, not to have it, but it would be a mistake for the hospital to refuse to have on its staff any but trained chaplains. There are many priests who, with experience could become excellent chaplains. Their lack of training could be compensated for by reading, attendance at clinics and conferences, study of case histories, informal conversations with doctors and other staff members, and attendance at the annual meetings of various chaplains' associa-

tions, such as the National Association of Catholic Chaplains, and the Association of Mental Health Chaplains (inter-denominational) — and above all, by experience in dealing with patients.

I mention this compensatory, on-the-job, self-training, because sometimes it is the only kind available. It never even occurs to most young men studying for the priesthood to become mental hospital chaplains. What happens is that the hospital authorities ask the local Bishop for a chaplain. The Bishop usually assigns a priest who has been engaged in parish work. Most Bishops would not select men who would be unhappy in the work, nor would they assign a priest who would not willingly accept. Sometimes they tell the priest that they know it is hard work, and that they will assign him elsewhere at the end of four or five years. Who will take time out for training, for a job that will last only four or five years?

What often happens is that after a priest has been a chaplain for a year or two, he finds that he likes it and is willing to spend the rest of his active priesthood as a chaplain. I think that the mental hospital chaplaincy is a special vocation, and that if a man wants to remain in it, he should be allowed to do so. Usually the Bishops are quite happy about this, because it is not easy to get a priest to accept this kind of chaplaincy willingly, even for a few years.

Once a priest decides to remain in the chaplaincy indefinitely, he could take a course. At St. Eliz-

abeths Hospital, Washington, D.C. there is a Catholic Chaplaincy Training Course that lasts for a full year. Those who take the course receive a stipend which more than takes care of their expenses. The National Association of Catholic Chaplains has workshops of one and two weeks for chaplains several times a year. In attending several of these workshops, a priest can get a certificate in chaplaincy training.

I am firmly convinced that a Catholic chaplain can be trained properly only by Catholic chaplains. A Catholic chaplain's ministry to the Catholic patients is essentially different from that of Protestant chaplains to their patients. A Catholic chaplain is a different from a Protestant chaplain as a Catholic priest is from a Protestant minister.

III. Should a chaplain practice psychotherapy?

My answer to that question is a decided NO! I'll never forget a speech by the newly elected President of the American Psychiatric Association, a number of years ago, to the annual meeting of the Association of Mental Health Chaplains. He said, "I have no objection to the chaplain doing psychotherapy, provided he is qualified. But in that case, he should get another clergyman in to do his chaplaincy work."

There are some priest psychiatrists, but they are not chaplains. They make a very great distinction between their function as priests and their function as psychiatrists. At least, the few I know do. When

they are exercising their priesthood, they wear the Roman collar. When they are acting as psychiatrists, they dress in lay clothes. Further, they will not hear the Confessions of their psychiatric clients, nor will they give them spiritual direction.

If a chaplain acts like a psychiatrist, the patients will treat him like a psychiatrist. And they will no longer have anyone to whom they can talk in the way they are accustomed to talking to priests. He, therefore, ceases to make his unique contribution to the hospital. It would be better if the hospital let him go, and got a real psychiatrist to take his place.

Also, if he does psychotherapy, he should do so only under the supervision of a real psychiatrist. In which case, he becomes an assistant to the psychiatrist. At most he will be an amateur psychiatrist. That would be as bad as a psychiatrist who would put himself under the supervision of a chaplain, and would work as an assistant to the chaplain, when he was being employed as a psychiatrist. A chaplain is a specialist in religion, just as a psychiatrist is a specialist in psychiatry. Each will be more effective as he limits himself to his own discipline. For a chaplain to engage in psychotherapy means either that he does not have enough chaplaincy work to keep him busy, or that he is neglecting it to do something that is not his job.

All this is not to say that the chaplain's work is not therapeutic, if you define therapy as anything which makes the patient better.

If the ministrations of the chaplain were not helpful to the patient, there would be no reason for leaving him in the hospital. But in the strict, technical meaning of the term, religion is not just one more kind of therapy.

IV. May a Catholic chaplain minister to non-Catholics?

The answer to this is "Yes" and "No". There is never any excuse for being anything but courteous to all the patients. Being friendly with, and pleasant to, others is just a part of ordinary Christian charity. But if a Protestant or Jewish patient wants an extended consultation, the Catholic chaplain can always say, "Wouldn't you rather see your own chaplain?" If he says, "No, I want to talk to you," I do not see how he can do anything else but grant the request. It would be a good idea to remind him that a Protestant (or Jewish) chaplain could be more helpful to him than a priest.

If there is only a Catholic chaplain in the hospital, he should get to know some of the local Protestant and Jewish clergy, on whom he could call, to deal with the spiritual and religious problems of the non-Catholic patients.

It goes without saying that no attempt should ever be made to proselytize. A person should be discouraged from changing his religion as long as he is in the hospital.

A good rule would be to act towards non-Catholic patients as you would want non-Catholic chaplains to act towards Catholic patients.

V. Who should pay the chaplain, and how much?

The hospital should pay the chaplain just as it pays its other staff members. If the doctors and nurses are paid by the hospital, there is no reason why the chaplain should not be. Would it be too much to say that not paying the chaplain's salary is an indication of what the hospital thinks of the value of religion?

The chaplain should receive the same salary as that of any other staff member with similar professional training. The priest has had six years of training: two years of philosophy, and four of theology. The two years of philosophy are the equivalent of the third and fourth years of undergraduate college. The four years of theology are the equivalent of four years of graduate work. If in addition to this, he has had special training for a hospital chaplaincy, that ought to be taken into consideration.

The fact that parish priests do not get that much has nothing to do with setting the salary of the chaplain. Besides, the salaries of military chaplains and Veterans' Administration chaplains is comparable to that of other staff members in these two organizations.

If a hospital pays a decent salary, it is more likely to get a good priest. The priest who receives such a salary is more likely to work hard to continue to receive it.

There are certain disadvantages to being in a hospital. The priest is out of the mainstream of Catholic

life. Most priests have always looked forward to parochial life. It is with real regret that they have to give this up. Bishops do not have an easy time finding priests who are interested in the chaplaincy. A decent salary helps to make the chaplaincy attractive.

VI. Where should the chaplain live?

Some chaplains live in local parishes. But I do not think this is at all ideal. A chaplain living in a rectory is a kind of "fifth wheel". He does not fit it. He has very little in common with the other priests. I know from experience. For almost two years I lived in a rectory. No one could want a better pastor than I had. And the two assistants were congenial not only with each other, but with me. However, our interests were quite different.

If at all possible, a chaplain ought to live on the hospital grounds. That makes him easily available for emergencies. It also makes it "fifth wheel." He does not fit in. He has weekdays as well as on Sundays for the patients who can leave their wards. If the hospital has a staff dining room, he has daily contact with the other staff members. Such contact could be valuable both for the chaplain and for the others.

If there are no living quarters available at the hospital, the chaplain should get an apartment nearby. This is not ideal. It is second best. But it is better than living in a rectory. (Also, it is another reason why a chaplain should be given a suitable salary.)

VII. What kind of priest makes a good chaplain?

First of all, he should be a religious man. He should be more interested in religion than in anything else. He should be a specialist in religion just as a psychiatrist is a specialist in psychiatry; and a psychologist is a specialist in psychology. There is a tendency on the part of a small minority of chaplains, to be so carried away by their interest in mental health, that religion becomes a secondary matter.

The chaplain should be proud of being a priest, and proud of wearing the Roman collar. He should be able to relax while wearing the Roman collar, and not have to take it off in order to feel at ease.

All this seems obvious. But there are a few priests who seem to be more interested in being "a good fellow" than anything else. They are a specialist in religion just as a psychiatrist is a specialist in psychiatry; and a psychologist is a specialist in psychology. There is a tendency on the part of a small minority of chaplains, to be so carried away by their interest in mental health, that religion becomes a secondary matter.

Secondly, a chaplain should like people. He should enjoy the company of others, but he should not be too dependent on them.

Above all, he should have a sincere desire to help people, especially those who are troubled. A good chaplain is a positive thinker. He looks for the good in

people and in things. He is genuinely interested in the welfare of others, and for that reason he is a good listener. He really wants to learn how they think and feel. While he is friendly and warm, he is not aggressive.

Finally, only a priest who is mature will make a good chaplain. I know the difficulty of attaining maturity. And I am not going to try. I just want to mention some of the elements of a mature priest. He should not be too young. By that I mean that ordinarily he should have had a couple of years of parochial experience, if possible, under the supervision of an older priest. He should be a man of prudence and common sense. He should be so sure of himself that he does not have to seek popularity. On the other hand, he should be humble and self-accepting enough not to be discouraged by occasional failures. A chaplain's life is a lonely life, but a mature priest has resources within himself by which he can deal with loneliness successfully.

Conclusion

In conclusion, I would like to say that my twenty years as a chaplain in a mental hospital were the happiest years of my life. I enjoyed working with the patients, and staff, and the employees. I prefer a mental hospital to a general hospital, because the patients are in the former long enough to get to know them. I heartily recommend mental hospital work to any priest who has the opportunity of engaging in it. Q