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Some Thoughts of a Retired Mental Hospital Chaplain

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solution must be sought.

The neutral ground lies in another direction. Both the religious ministry and the psychotherapist can find a common terminology and sophistication in value construction and communication if they expose themselves to the field of ethics. Since psychotherapists are in fact the area of value communication, an organized review of ethical theories and traditions would greatly assist them in the process of judgment involved in therapy. It would also make them more conscious of the importance of their clinical observation to the furthering of value study as well as their responsibility in communicating value.

REFERENCES:

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 provide 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 recognize. 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 ac-
customed 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.

Another important contribution
is his pastoral work, that is, his
visits to the wards and to in-
dividual patients, and what is
often called his "pastoral counsel-
ing".

The chaplain's visits are im-
portant because of what he repre-
sents. 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 conver-
sation 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 atmos-
phere 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 Pro-
estant chaplains also, if they were
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, "pasto-
rural 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 con-
cede, but I strongly recommend
that chaplains learn as much as
possible about the kind of counsel-
ing that psychiatrists and psychol-
ologists do. They can learn much
from their techniques and insights.

But what is called "pastoral coun-
seling" is based on the unique rel-
ationship between priests and
people. It is this, rather than the
person who does the counseling,
or even the contents of the coun-
seling, 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 (Cath-
olic, Protestant, or Jew), and only
the chaplain, can do "pastoral coun-
seling".

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. He will be able to ap-
preciate 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 en-
able 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 chap-
lain.

While I am convinced that the
chaplain should have training, I
am also convinced that he does not
have to have it. It would certain-
ly 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 chap-
lains. 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 his-
tories, informal conversations with
doctors and other staff members,
and attendance at the annual meet-
ings of various chaplains' associa-

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chiatrists and the Newsletter of
the Association of Mental Health
Chaplains.

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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. Eliza-beths Hospital, Washington, D.C. is a Catholic Chaplaincy Training Course that lasts for a full year. Those who take it course receive a stipend while 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. By attending several of these workshops, a priest can get a certification in chaplaincy training.

I am firmly convinced that Catholic chaplaincy 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 as 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. It he ministrations of the chaplain were not helpful to the patients, 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 rectories. 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 easier 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 in religion just as a psychiatrist is a specialist in psychiatry, and a psychologist 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, but not have to take it off in order to feel at ease.

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 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 refining 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.