I replied . . . that sanity in itself is not an end in life. The end of life is to solve important problems and to contribute in some way to human welfare, and if there is even a chance that such an end could best be accomplished by going through Hell for a while, no man worthy of the name would hesitate for an instant.

—ANTON BOISEN, AUGUST 25, 1921

In November of 1935, Anton Boisen suffered his fourth major psychotic episode and ended up hospitalized through mid-December. Between two earlier episodes, Boisen had joined with an eclectic mix of medical doctors, psychiatrists, Protestant ministers, and social welfare workers to establish a new program in ministerial education called clinical pastoral education (CPE). In 1925 Boisen had begun a summer training program for religious workers in which they could learn “scientific” methods for the study of the relationship between religion and mental illness. In Boisen’s model programs at Worcester State Hospital in Massachusetts and Elgin State Hospital near Chicago, theological students designed and participated in recreational activities for the patients, published a weekly newsletter, conducted a patient orchestra and choir, and organized baseball teams and picnics on the lawn. As Boisen intended, the students used those encounters to observe patient behavior and draw conclusions about how religious experience figured in mental illness.

The work and life of Anton Boisen illustrate the basic principles of the liberal moral sensibility in the first quarter of the twentieth century. Boisen self-identified as a liberal and lived out his professional life in the context of a network of Progressive reformers, social science profession-
als, and liberal Christians. At one point, he declared himself to be a “disciple” of liberal clergyman Harry Emerson Fosdick. He embraced the fundamental importance of science, believed in the possibility of the transformation of human beings through moral striving, and stressed the importance of making some kind of contribution to the social good. Boisen’s interest in the scientific study of religion was piqued early in his life and was fostered by his personal experience of mental illness; it remained a commitment throughout his life.

In his research he returned frequently to certain basic themes that had first occurred to him during a psychotic episode. This group of ideas included the belief that there were two kinds of mental illness, one “organic” and the other “functional.” By “organic illness” Boisen meant a disease of the body. By “functional illness” he meant a “disease of the soul” or of the mind. Boisen argued that functional mental illness was potentially “constructive” or “problem-solving,” analogous to the way fever in the human body works to cure illness. Functional illness was caused by “inner disharmony” brought on by a perception of personal failure. As a result of his research conducted at Worcester and Elgin, Boisen concluded that the content of functional mental illness was consistent across the population. Functional mental illness included delusions of grandeur and a sense of impending doom. According to Boisen, the person who suffered a functional mental illness had much in common with some of the world’s greatest religious figures, such as Jesus, George Fox—a key figure in the founding of the Society of Friends—and the Apostle Paul. Most important, both to Boisen’s theory and to his mental health, was his conviction that the best “solutions” to emotional disturbances helped others in some way. Boisen’s work challenged the idea that mentally ill people were depraved, a view articulated most fully in the early nineteenth century but one that persisted into the early twentieth century. In fact, he seemed to be arguing that the individual who suffered from functional mental illness was actually the most sensitive in moral and ethical matters. Boisen’s life and work provide one example of the confluence of science and religion in the early twentieth century, and his ideas provided the starting point for much that came later in clinical pastoral education and pastoral counseling.
The Meaning of Scientific Method

Boisen’s choice to pursue the study of religion through science was logical given his intellectual context. He shared the prevailing assumptions about the importance of a scientific method in the study of human behavior. Early in his career he had studied with religious educator George Albert Coe at Union Theological Seminary; Coe had, in turn, been influenced by William James. Both these men placed a premium on the scientific method of study. In many ways there was a straight intellectual line from James to Boisen. William James’s *Varieties of Religious Experience* advanced the same interest in the scientific observation of religious experience that governed Boisen’s research. Boisen went to Union specifically for the purpose of studying the psychology of religion and was disappointed to find that James’s work received little attention in theological education at that point.3

Scholars and professionals in many disciplines wanted to show the scientific validity of their field of study and its likeness to the natural sciences. So, while talk about the “scientific method” or the meaning of science may not have characterized the natural or “hard” sciences in this era, it dominated in the social sciences. As historian Dorothy Ross has pointed out in *The Origins of American Social Science* (1991), the scientific method became an end in itself for social scientists in the years between the world wars.4 Most social scientists did not agree on the meaning of science or the scientific method, but the question generated endless discussion. In an attempt to address the question of scientific method, the Committee on Scientific Method in the Social Sciences, a subcommittee of the Social Science Research Council, compiled an 824-page tome exploring the scientific method from almost every perspective, with chapters on economics, politics, law, sociology, social work, psychology, archaeology, history, and anthropology.5

Boisen had a specific definition of science and the scientific method that guided his research. In 1944 he opened his seminar in psychopathology for clinical pastoral trainees at Elgin State Hospital with a discussion session titled “Scientific Method in the Study of Human Nature” in which he outlined those views. Boisen’s discussion notes indicate that he drew on John Dewey’s *Logic, The Theory of Inquiry* (1938), E. A. Burtt’s *Principles and Problems of Right Thinking* (1928), A. D. Ritchie’s *Scien-
antific Method (1923), and Stuart Rice’s mammoth compilation Methods in Social Science (1931). Based on Dewey, Boisen defined science as the effort to “organize human experience by the classification of facts,” recognizing the “sequence and relative significance” of those facts and subjecting scientific “generalizations to rigid tests.” Boisen elaborated on that definition using Dewey’s steps in reflective thinking. Dewey’s fifth step in reflective thinking, paraphrased by Boisen, was “observation and experimentation designed to test [hypotheses] by empirical fact.” It was this fifth step that Boisen claimed in the name of Dewey as the “distinguishing characteristic of modern science.”

According to Boisen, eight “scientific principles” further governed the use of the scientific method, whether in the natural or the social sciences: empiricism (“scientific reasoning proceeds from the concrete to the abstract”); objectivity (the elimination of bias); continuity (“new phenomena are explained in terms of previous observations”); particularity (“the field of inquiry must be limited and the problem clearly defined”); universality (“the aim of all scientific work is to discover relationships that are universally valid”); provisionality (“all . . . findings are tentative and subject to revision”); economy (the simplest explanation is the best); and disinterestedness (“the desire to find the truth must be supreme”). While adhering to these principles, Boisen contended, the scientist also relied on three “scientific procedures”: “controlled experimentation,” “naturalistic observation” and “statistical studies.”

Boisen argued further that, for social scientists, controlled experimentation was not an option, since the complexity of human beings made the control of variables impossible. He likewise found statistical methods of limited value and instead focused on “naturalistic observation” as the primary tool of the social scientist—governed, of course, by the eight scientific principles. He observed, too, that the social worker and the “minister of religion” were in a particularly good position as “participant observers” to document the role of values in the lives of human beings.

Boisen shared the view of the first generation of social scientists that scientific study ought to change society for the better. Historian Mark Smith argues that the first generation of social scientists saw the scientific method as means to both control and improve society.6 Smith contends, in addition, that the second generation of social scientists, as part of the
process of professionalization and the institutionalization of social science in universities and foundations, stressed objectivity as a means to avoid professional penalties for activist scholarship. Perhaps Boisen was feeling the pressure of that second generation of scholars who stressed “objectivity” and were moving toward the notion of “value-free” science, because he pointed out that the scientific method did not preclude an interest in ethical or moral values. In fact, he wanted to use the scientific method as he defined it to study human values. He argued that this endeavor was as legitimate a subject for scientific study as “chemistry or physics.”

In the late 1930s, Boisen wrote an article about Pentecostal practice that illustrates the interplay he perceived among science, religion, and social justice. In the article, which was published in the journal Psychiatry and titled “Economic Distress and Religious Experience,” Boisen described the rising incidence of “holy roller,” by which he meant Pentecostal sects. He compared the religious experience of this sect to mental illness, arguing that much of what Pentecostals did and believed had much in common with what mentally ill people did and believed. He asserted that the social and “constructive” aspects of religious experience made it different from mental illness, noting that religious experience brought people into fellowship and community, while mental illness isolated its victims. His observations about the negative aspects of Pentecostalism, however, reveal Boisen’s liberal moral sensibility. He was willing to concede that parts of Pentecostal experience might be constructive, but he described most Pentecostal beliefs and practices as “dangerous,” “eccentric,” and “recessive.” For one thing, he saw Pentecostals as lacking social vision. He observed, “There is in their message nothing which goes to the heart of the problems of this sick and suffering world. . . . They have no social vision, no promise of social salvation except that which is to come miraculously when the Lord returns in glory.” According to Boisen, Pentecostals also suffered from an exceptionally narrow world view. In fact, he described their view of the universe as “diminutive,” so “tiny” that it had “no room for all that we have been finding out about stars and atoms and planet[s] and men.” In other words, it was a world view that left no room for science and its discoveries. For Boisen this was unthinkable. He viewed science as the tool for advancing a social
vision, and his social vision derived its meaning and purpose from his religious beliefs.9

**Early Life and Mental Illness**

The circumstances of Boisen’s early life and his subsequent mental illness spurred his interest in the scientific study of religion and contributed to his theories about the connections among science, religion, and a social vision. To some extent, all scholars and scientists find that their research agendas are driven by their personal experiences, but this was especially true for Boisen. He did not want to believe that his mental illness was organic or physiological and thus, by the medical standards of the time, incurable. Nor did he wish to believe that he was somehow morally degenerate or corrupt—the other possible explanation for his illness. He spent a lifetime arguing the opposite, using the language and methods of science to do so. This intimate connection between Boisen’s personal struggles and his intellectual life makes his biography central to understanding his contribution to the study of science and religion.

Boisen told the story of his mental illness in two places. The first was the introduction to a book published in 1936. In the book, *Exploration of the Inner World*, Boisen laid out many of his basic principles. He admitted in the preface to a subsequent reprint that the first edition of the book had been finished even as the last of his psychotic episodes was rapidly approaching. In any case, in the first chapter of the 1936 edition, he described his illness as an introduction to the theoretical work that followed. In 1960, shortly before his death, Boisen published a more detailed account of his illness, describing his life both before and after the illness. This second work, *Out of the Depths*, was strictly biographical, but the familiar themes first laid out in *Exploration of the Inner World* were very much visible.10

Boisen’s interest in the systematic study of both religion and mental illness was entirely consistent with his early experience. His story began in Indiana, where he grew up in a deeply religious and well-educated family. Boisen’s father, Hermann Boisen, taught modern languages at Indiana University in Bloomington; his grandfather, Theophilus Wylie, taught natural philosophy; and his uncle, Brown Wylie, taught chemistry. Even
Boisen’s mother was well educated, having graduated from a female seminary and been one of the first female undergraduates to enroll at Indiana University, where she studied for a year before leaving to marry Boisen’s father. His mother’s family, in particular, maintained an intense loyalty and commitment to the Presbyterian Church and its ways. After the death of Boisen’s father from a heart attack, in 1881, Boisen, his mother, and his sister went to live with his grandfather, who, in addition to his responsibilities at the university, served as pastor of the New Side Reformed Presbyterian Church. Boisen remembered his grandfather as a “faithful Scotch-Irish Covenanter” who was strict but not unreasonable.

At the same time, Boisen also recalled compulsory church attendance, daily family prayers, and strict rules for Sabbath keeping. In other words, he grew up in an environment where there was no ostensible conflict between religion and scholarship.

Boisen never rebelled against the ties of church and family. Upon graduation from high school, he enrolled at Indiana University. After his graduation from college, unable to settle upon a career, he spent some time taking graduate classes at the university and serving as a French tutor there and a part-time high school teacher. During these years he first encountered a problem that would cause him recurring difficulties: he struggled with what he saw as overwhelming—and unacceptable—sexual desires and urges. The struggle was resolved, at least temporarily, with what he described as a “spontaneous religious conversion” on Easter of 1898. In the wake of this experience, he decided to follow his father’s interest in nature and the outdoors and pursue a career in the U.S. Forest Service.

Although Boisen explicitly declared his liberal affiliation in his scholarly work, there is a sense in which he was part of the Progressive community without being fully aware of the extent of his involvement. For one thing, the Forest Service was in many ways the quintessential expression of liberal reform. He was also connected to the Young Men’s Christian Association, worked for the Presbyterian Mission Board, and attended Union Theological Seminary, all flagship organizations of liberal Protestant culture. Shortly after making his decision to enter the Forest Service, Boisen met a woman who substantially changed the course of his life. Alice Batchelder, employed by the Young Women’s Christian Association, ended up having a profound effect on Boisen’s career and his
spiritual wellbeing. After meeting Alice, Boisen felt “called” to the ministry, in part, he admitted, because he hoped it would allow him to join her in religious work. Throughout this period, Boisen continued in his forestry career; but he was hovering near psychosis, apparently because of Alice’s refusal to accept him and his profession of love. It was with Alice’s encouragement that Boisen had enrolled in Union Theological Seminary and, upon graduation in 1911, pursued a pulpit. Initially unsuccessful in securing a church, he took up survey work in Missouri and later in other areas of the mid-South for the Presbyterian Board of Missions. He described his work as “a fine introduction to sociology and economics,” more evidence of the way in which a particular scholarly and scientific mind-set permeated religious organizations involved in reform at the time.

Having secured a pastorate, he discovered that he was, at best, a mediocre parish minister. After serving with the Overseas YMCA during World War I, he came back to the United States with an invitation to do more survey work, this time for the Interchurch World Movement. Both the YMCA and the Interchurch World Movement (IWM) are good examples of the Progressive network to which Boisen belonged. Both had their roots in religious liberal reform. Though historians have tended to treat it as a secular phenomenon, the YMCA served as a missionary outlet for liberal Christians and supporters of the Social Gospel in the early twentieth century. The Interchurch World Movement emerged after World War I as a short-lived liberal Protestant ecumenical movement. Participants in the IWM relied on the methods of sociology and social work to document American religion through survey work. As one of their projects, the movement’s members worked for social justice for industrial workers. Outspoken support of the 1919 steel strike resulted in the demise of the IWM.

Anticipating the collapse of the movement, Boisen left North Dakota, where he had been doing survey work, and renewed his search for a parish, meanwhile working temporarily in the IWM office in New York City. Throughout these years, his relationship with Alice had been tumultuous and his mental health precarious. Every time she agreed to see him or correspond with him regularly, he imagined that she might be inclined to return his affections. He wanted a parish because Alice wanted that for him, but also, he hoped to be able to propose to her.
and believed he needed a parish with a reasonable income in order to do so.19

Late in 1920, after almost eighteen years of unrequited love, Boisen seems to have acknowledged finally that Alice did not want him. The result was the first of three psychotic breaks that resulted in hospitalization. Two of the three episodes seem to have been directly precipitated by events in his relationship to Alice. What Alice thought of all this is unclear. The only known accounts of the relationship are from Boisen’s perspective, so it is difficult to determine the exact nature of their relationship. Perhaps Alice had turned him away years before and he simply could not accept it. In any case, this first episode marked the beginning of his intellectual productivity. It was from this point that Boisen began to think about the ideas that would become the central themes in his work.

While a patient at Westboro Psychopathic Hospital, in Westboro, Massachusetts, Boisen discovered the inadequacy of most therapeutic techniques of the time. In his memoir, he recalled spending a fair amount of time on the “disturbed ward,” where he was subjected to beatings by staff who were angry with him because he insisted on going to the “tub-room” and demanded to be put in the tubs in place of one of his fellow “inmates.” Medical professionals of the era considered the baths therapeutic, but Boisen recalled seeing them as punishment and so offered himself as a sacrifice for his friends. In any case, the attendants gave Boisen a very thorough beating, what they called “the old bug house knockout.”20

Boisen recounted that his most important moment on the “disturbed ward” was when he realized that his perception was skewed. Images of the moon were central to his delusion, and one night he thought he saw a cross in the moon (the cross representing suffering) and concluded that this was some “dire portent.” But several nights later he discovered that when he changed his position, the cross disappeared because he was no longer viewing the moon through the wire screening that covered the window. He recovered rapidly after this discovery and was moved within a week to the convalescent ward. Boisen concluded that the beatings he had received actually made him more violent and that when he finally started to get well it was not because of any “treatment” he had received or as a result of the physical abuse but because he had allowed “the faith-
ful carrying through of the delusion itself” (Boisen’s emphasis). He believed that the delusion should be allowed to play itself out until the patient was able to see an alternative explanation for the events in his or her life, and that treatment of the body (like the hydrotherapeutic baths) would have little effect, since the patient’s mind was sick, not his or her body.21

Newly released from the disturbed ward, Boisen began to think more carefully about the nature of his illness. Almost immediately, he became convinced that it was necessary to distinguish between “cerebral” disease and mental disorder (he later referred to this as a distinction between organic and functional illness).22 In the former, the illness resulted from the disease of a bodily organ—the brain—and, in the latter, the mental processes were somehow disturbed. The distinction Boisen insisted upon making between organic and functional mental illness cost him dearly in social and professional support, but he was adamant on the subject. Among American psychiatrists at the time of Boisen’s hospitalization, the organic view (that mental illness had a physiological basis) prevailed. This distinction would turn out to be critical not only for Boisen but also for colleagues who later became interested in counseling and psychotherapy. For most medical doctors of the time, Freud notwithstanding, functional illness referred to mental illness for which no organic or physiological cause could be determined. These doctors argued that one could not conclude that such mental illness was psychogenic, only that the cause would be found eventually and that it would be discovered to be physiological in origin. The view that treating the body was tantamount to treating the mind persisted, especially among psychiatrists who worked with institutionalized populations.23 As a result, American psychiatrists continued to privilege somatic cures, such as electroshock therapy, hydrotherapy, and drug therapy.

But Boisen recalled noticing that his fellow patients were apparently in good physical health. As he observed them he was struck by an intuition: “It came over me in a flash that if inner conflicts like that which Paul describes in the famous passage in the seventh chapter of Romans can have happy solutions, as the church has always believed, there must also be unhappy solutions which thus far the church has ignored. It came to me that what I was being faced with in the hospital was the unhappy solutions.”24 He concluded that if what he was seeing was not rooted in
organic causes, there was a good chance that at least some of his peers had been hospitalized with religious or spiritual problems they had failed to resolve.

Boisen decided that his own illness, diagnosed as “catatonic dementia praecox” (also, then as now, referred to as schizophrenia), belonged in the category of functional illness. In several pivotal works published in the 1930s, Boisen developed his ideas more thoroughly, identifying two different groups within the category of dementia praecox. He argued that some people fell ill as a result of “malignant character tendencies such as easy pleasure-taking and aimless drifting and concealment in its various forms.” Here Boisen was describing a familiar nineteenth-century image—individuals suffering from serious character flaws. They lied and cheated and indulged in all of the petty vices that nineteenth-century reformers found objectionable. In this view, mental illness resulted from the progressive degeneration of the character. In this line of reasoning, Boisen resembled those contemporaries of his who would have identified their work as “the cure of souls” and who drew a fairly straight line from immoral behavior to mental illness, or, put another way, from sin to sickness. But Boisen identified another kind of dementia praecox that he found more interesting from the religious perspective. He argued that this second group did not exhibit “malignant features” and that, in these cases, the “emotional disturbances” these individuals experienced should be seen as akin to “fever or inflammation in the physical organism.” In the same way that fever was the body’s attempt to fight off illness, emotional disturbances were the mind’s attempt to heal itself. Elsewhere, Boisen described this type of schizophrenia as the individual’s “attempt at reconstruction [of the personality]” in response to the emotional distress brought on by “an intolerable sense of inner disharmony and of personal failure.”

The idea that mental illness resulted not from moral failure but from the individual’s perception of failure was crucial to Boisen’s intellectual construct. For anyone with even a passing knowledge of Freud, the idea that unnecessary guilt spawns mental illness will sound familiar. But Boisen resisted association with Freud and, instead, insisted that he owed his intellectual debt to American psychologists. Drawing on the work of George Herbert Mead, Boisen argued that language was crucial to understanding both schizophrenia and the construction of a conscience,
because language was central to the construction of personality. Boisen did not use the word “identity,” but to a large extent that was what he was describing. He observed, “Language is the distinctive basis of not only human social organization, but also of the structure of personality.” Further, Boisen argued that personality was shaped by interaction with “the generalized other,” a term he took from Mead, and “the particular rôle [the individual] assumes as his own.” He posited that individuals grow by assimilating new material: “These materials, in the case of personality, are the stuff of experience, and it is assimilated by discovering relationships between it and organized experience. This involves the use of language.”

So, what did all of this have to do with the construction of conscience and the perception of moral failure? In the process of conversation both with others and with the self, claimed Boisen, the individual “is able to build up within himself an inner organization, a conscience, by which his conduct may be determined not by outward compulsion, but by inner self-direction.” Boisen, drawing heavily on Mead, argued that individuals saw themselves through the eyes of other members in the group and judged themselves accordingly: “Conduct is thus determined by self-criticism which is at the same time social criticism[,] and the system of values is dependent upon and a function of social relationships.” All of this, in Boisen’s view, was possible only because of language.

At the same time, Boisen conceded the importance of “feeling and intuition,” which preceded language. He concluded that the schizophrenic’s problems arose because he or she had accepted the authority of the generalized other and then had failed to live up to those standards, usually because of a failure to control certain “instinctual tendencies.” Again, this resembles Freudian theory, with feeling and intuition being roughly equivalent to the realm of the unconscious and “instinctual tendencies” similar to Freud’s instincts or drives. But Boisen resisted recognizing Freud’s contribution, asserting that Mead’s “generalized other” was the same thing as Freud’s superego and predated it. Boisen also rejected the idea that instinctual tendencies were “unconscious” and insisted that they were only unarticulated (“not put into words”). According to Boisen, unresolved guilt feelings in the schizophrenic led to anxiety and eventually fragmentation of the personality. He was arguing that the method some people used to deal with guilt made them sick, not
sinful. It was in the midst of the moral struggle to be a better person that the individual was overcome by illness.

At the time of his first hospitalization, Boisen had not yet worked out all the details of his theory; but a kernel of the idea was there, and his newly discovered convictions about the nature of mental illness and its “functional” character initially caused a problem. At Christmas of 1920, he was planning a visit to his mother; but hospital staff denied the visit because Boisen happened to mention his ideas to one of his doctors, who took immediate exception to Boisen’s views on the etiology of mental illness. In a letter to Boisen’s friend Fred Eastman, the Westboro superintendent noted that “[Boisen] still believes that the experience through which he has been passing is part of a plan which has been laid out for him and that he has not suffered any mental illness. This mistaken idea is sufficient to tell us that he is still in need of hospital treatment.”

His convalescence continued in January and February of 1921, and Boisen became ever more convinced that, as he wrote in the letter to his mother, “in many of its forms, insanity . . . is a religious rather than a medical problem.” He also became convinced that he was going to spend his life exploring the exact nature of the relationship between religious experience and mental illness. He was still, however, not well. After arranging, with the help of his good friend Fred Eastman, to transfer from Westboro to Bloomingdale, in White Plains, New York, but before the transfer had taken place, Boisen suffered another psychotic break. In retrospect, he believed it was brought on by a fear that at Bloomingdale he would be subjected to psychoanalytic treatment—something he feared greatly. In any case, he remained at Westboro and spent ten more weeks on the “disturbed ward.”

About ten days after his transfer to the convalescent ward, Boisen began to realize that he was just as unhappy with the treatment plan on the convalescent ward as he had been on the more intensive ward. He then took it upon himself, as a patient, to transform life at Westboro. In July of 1921 he wrote a memo to hospital staff describing in some detail the deficiencies of the Westboro program for those who were at the convalescent stage of their illness. He observed that the patients had little to do besides ruminate and think “gloomy thoughts.” He inventoried the amusements available to patients—a Victrola, a set of checkers, and a few books and magazines—all of which were locked away from the
patients. He recommended and implemented Fourth of July and Labor Day programs and took up the job of hospital photographer. He even began a survey of the facility similar to the surveys he had conducted earlier in his life in rural churches. As a result of his experience, he began to think about further seminary education that would allow him to explore more carefully the connections he saw between religion and mental illness.

Clinical Pastoral Education

Even before his release from Westboro, Boisen began to contact people he thought would be receptive to his venture. First, he renewed his relationship with George Albert Coe at Union Theological Seminary. Coe was receptive, but he did not necessarily agree with Boisen’s view of mental illness. In a letter of September 1921, Coe indicated that he thought that the origins of mental illness could be found in “the physiological.” He wished Boisen the best and encouraged him to continue his newfound work as a photographer. Boisen also contacted Elwood Worcester at Emmanuel Church in Boston, from whom he received a much more sympathetic response—a response he had good reason to expect.

Worcester had gained national prominence for establishing a clinic with his fellow minister Samuel McComb at their church, in November of 1906. Initially, the clinic enjoyed the support of important members of the medical and academic community, including Harvard’s James Jackson Putnam. As historian Eric Caplan describes the program, it “consisted of three mutually reinforcing elements: a medical clinic where physicians provided free weekly examinations; a weekly health class . . . [with lectures] on a variety of issues relating to physical, mental, and spiritual health; and private sessions during which the minister employed psychotherapy.” The psychotherapy practiced by Worcester and McComb was a form of suggestion used to relieve a wide variety of symptoms and complaints ranging from neurasthenia and neurosis to alcoholism and hysteria. But Worcester was only permitted to meet with those patients who had first been declared by medical doctors to be free of any disease that might have an organic or physiological origin.

The activities at Emmanuel Church gained national attention. Elwood
Worcester published a number of popular works that fostered interest in the movement. In addition to articles in *The Ladies Home Journal*, Worcester coauthored, with McComb and medical doctor Isador H. Cioriat, a book that described the principles and practices of the Emmanuel Movement. The book, *Religion and Medicine: The Moral Control of Nervous Disorders* (1908), included chapters on the origins of nervousness, the principles of suggestion, and the application of those principles in psychotherapy. In regard to the practice of suggestion, the book’s authors observed, “The most important fact which has yet been discovered in regard to the subconscious mind is that it is suggestible, i.e., it is subject to moral influence and direction.” The application of suggestion involved substituting positive thoughts for negative thoughts. In their chapter on fear and worry, they advised:

Morbid thoughts can be driven out only by other and healthy ones. Substitute for the fear the thought of some duty not yet achieved, or the thought of the Divine presence which is near us alike in our going out and in our coming in. Cultivate that condition of mind which, conscious of God’s fatherly regard, feels safe in His hands, and is willing to meet good or evil as He wills it. In a word, re-educate yourself, morally and spiritually. Summon the forces of your nature against this debasing fear, and through prayer, through obedience to law moral and law physiological, through concentration on some enterprise that carries you beyond your petty interests, win back the gift of self-control which is the secret of every life worth living.

As the clinic and the movement flourished and seemed poised on the verge of extraordinary growth, some medical doctors reasserted the physiological ground of all illness and, therefore, their exclusive right to practice psychotherapy. Boisen was not at all interested in psychotherapy, but he *was* interested in demonstrating his idea that at least some mental illness was functional rather than organic. He rightly assumed that Worcester would offer a sympathetic ear. And, indeed, Worcester became somewhat of an advocate for Boisen in his release from Westboro. Boisen met with Worcester for a series of interviews conducted over a
period of six months, and the two commenced a correspondence that lasted until Worcester died in 1940.45

Boisen's greatest patron was another of the original Emmanuel Movement supporters, Richard C. Cabot. The two men met after Boisen was released from the hospital in January of 1922 and enrolled at Andover Theological School and Harvard Graduate School to study the psychology of religion. He began his studies by taking Cabot's social ethics course.46 Cabot shared and encouraged Boisen's interest in the relationship between medicine and religion even though he disagreed with Boisen's understanding of the etiology of mental illness. The subject later became a serious point of contention between the two. At least initially, Cabot seemed willing to overlook the differences. An influential medical doctor from an old, respected, and progressive Boston family, Cabot had already made his mark both in his own discipline and in the field of social work, cooperating with Ida Cannon to establish one of the first medical social work programs in the United States, at Massachusetts General Hospital. He had been one of the early supporters of Worcester's Emmanuel Movement but had later withdrawn that support. Boisen probably should have seen that reversal as a warning, but he welcomed Cabot as an advocate.

With Cabot's assistance, Boisen secured a position as chaplain at Worcester State Hospital, near Boston, so that he could continue his research on the connection between religion and psychology.47 The chief of medicine at Worcester was William Bryan, a medical doctor who had a reputation for open-mindedness and for innovative techniques if he thought they might benefit his patients. Once Boisen was established at Worcester, Cabot sent a few of his students to Boisen to inquire about summer jobs at Worcester. This, in turn, inspired Boisen to design summer training sessions for theological students. The same year Boisen taught his first summer school, 1925, Cabot published "A Plea for a Clinical Year in the Course of Theological Study."48 The clinical training programs Boisen established, first at Worcester State Hospital and later at Elgin State in Illinois, reflected his interest in the scientific study of religion. In fact, he and friend Arthur Holt, who took a position at Chicago Theological Seminary at about the same time that Boisen went to Worcester, both believed that seminaries "had been failing to make use
of scientific method in the study of present-day religious experience.” And both, according to Boisen, took up their respective positions hoping to change theological education. Boisen welcomed religious workers generally, not just theological students, because he saw them all as potential scientists of religion, and he planned to use the training programs to further his own research agenda and to train the next generation of social scientists.

The idea of offering a clinical training for theology students gained momentum. To administer the growing program, Boisen, along with a small group of medical doctors and theologians with similar interests, cofounded the Council for the Clinical Training of Theological Students (CCTTS) early in 1930. Boisen’s cofounders included Richard Cabot, who served as first president of the council, and Philip Guiles, an Andover-Newton seminary professor and Boisen student, who served as its first executive secretary. The new council members appointed Helen Flanders Dunbar as director. Dunbar was one of the first graduates of the summer program at Worcester. When she first met Boisen, she was midway through her divinity studies at Union Theological Seminary and pursuing simultaneously a degree from Columbia University in medieval literature and another from Yale Medical School. Intensely loyal to Boisen, she shared his views on the etiology of mental illness and played a key role in the council’s development.

Whatever similarities the first council members shared, there were subtle but important differences in their educational goals. Boisen made his goals clear in a lecture he gave in the morning session of the first annual meeting of the council. In his lecture, entitled “Our Objectives,” Boisen articulated his view of clinical education. He outlined a program intended to teach religious workers about mental illness and give them the skills they needed to work as peers and colleagues of medical workers. He called worries that his program would produce “pseudo-psychiatrists” ill founded, pointing out that his students’ focus on the connection between religion and mental illness would give them a distinctive role. Moreover, he assured his listeners that he saw both his own task and that of his students as primarily theological. He expected that clinically trained ministers and other religious workers would, as a result of their work with mentally ill patients, draw conclusions about what he called “spiritual laws” and reflect upon the theological implica-
tions of those laws. Also, he imagined the growth of a “scientific” theology. Using the language of the scientific method, he talked admiringly about the possibility of long-term studies that might result in “a body of tested facts” regarding the relationship between religion and health. With equal enthusiasm, he described the importance of “accurate observation” and careful recordkeeping as means to a “more conscious and intelligent [religion] capable of verification and transmission.” The idea that the scientific method could be applied profitably to the study of religious experience guided all that Boisen did. 

Boisen understood that his students needed to begin by acquiring basic information about “disorders of the personality” in order to make the intellectual connections he envisioned. Thus, his program in the summer of 1930 at Worcester devoted about half of all the sessions to describing various types of psychosocial disorder; included, for instance, were sessions on “The Anxiety Reaction,” “Despair,” and “Problem Children.” A handful of sessions, such as one titled “The Problem of Sin and Salvation,” sought to address explicitly the connections between religion and mental health.

In addition, Boisen intended that clinical pastoral education should prepare ministers to meet a need that he believed the liberal churches had failed to address. Early in his career Boisen published an article on this topic, and he raised it again in his autobiography. The liberal churches, he argued, had failed to offer an “authoritative message of salvation.” Instead, they had focused on “bringing in the kingdom of God” and had turned the “sick of soul” over to the medical doctors. As Boisen saw it, they were attempting to explain their “ancient faith” in “modern” terms but were “failing to go forward in the task of exploring the field which was distinctively their own.” As a result, he concluded, the fundamentalist churches stepped into the void, offering revivals and “saving souls.” Boisen intended clinical pastoral education to give parish ministers the skills that would allow them to diagnose and treat human suffering—that was his message of salvation, one that he believed was better than the relief offered by a revival experience.

To teach his students the skills he thought they would need, Boisen required trainees to serve either as ward attendants or research assistants. In addition, the students maintained a musical program (an orchestra and singing sessions twice a week in the chapel as well as taking
the singing program to the wards twice a week) and an athletic program (softball and hiking) and published both a weekly news sheet and an annual hospital pictorial album. At least one student, Carroll Wise, worked on the “research wards” working for the Research Service of the hospital and helping with “observations.” All students wrote observations on a group of patients, wrote up a report on a case assigned to them, and presented the report in seminar. Boisen wanted his students to learn as much as possible from studying “the living human document.”

Boisen’s second psychotic break ended his relationship with Cabot and precipitated his move from Worcester to Elgin State Hospital in Elgin, Illinois. The episode occurred in November of 1930, even as Boisen’s work with clinical pastoral education was thriving. Boisen believed that it was at this point that his views about mental illness became “abhorrent” to Cabot, who insisted, with Guiles’s concurrence, that Boisen not be involved in training at Worcester that summer. It appears that Boisen acquiesced to the prohibition but stayed on for another year at Worcester to work on a research project with the assistance of Geneva Dye before moving to Elgin in April of 1932. Carroll Wise, an exceptionally adept theological student whom Boisen mentioned in his first annual report, went on to assume the supervisory position at Worcester when Boisen made the move to Elgin. Wise ended up playing an important role in CPE and pastoral counseling.

Boisen interpreted the move to Elgin as serendipitous. He had ties to Chicago Theological Seminary and, at least in retrospect, saw Chicago as the center of American theological education. To be located at Elgin, where he could establish a new program along the lines of the original Worcester program and could teach at Chicago Theological Seminary where he had been a research associate since 1925, seemed propitious. More to the point, Alice Batchelder lived in Chicago, and she agreed to meet him occasionally downtown for dinner or the opera. So, what had appeared at first to be a difficult situation turned in Boisen’s favor, at least from his point of view.

At Elgin, Boisen implemented all of his most cherished goals. Upon his arrival, he found himself at cross purposes with the recreational director, who provided patients with “amusements” but not enough involvement in activities to suit Boisen. He apparently won that argument, because
subsequent years at Elgin saw a whole slate of new recreational activities, including softball, volleyball, bowling, play festivals, and separate sports programs for women, including rhythmic dancing. Among the educational activities offered by Boisen and his theological students to encourage patient participation were weekly talent shows, special classes for convalescent catatonics, a “news sheet” distributed to the patients twice per week, a choir, and an orchestra. In addition, Boisen and his students offered a mental health conference for patients who wanted to learn more about mental illness through the use of case histories and a small newspaper called “The Hospital Interpreter” issued to families of patients.

Boisen was most proud of the changes he made in the religious services at Elgin. Before his arrival, services were conducted on Sunday afternoons at 1:30 under the direction of visiting ministers from the community along with a pianist and a guest vocalist and with about 70 in attendance. He moved the services to Sunday morning, doubled the amount of music, introduced a new hymnal, and added an orchestral prelude and postlude. Attendance jumped to 170. Boisen argued that changes in the hymnal were especially critical, since some traditional hymns were not suitable for individuals suffering from mental illness. As he pointed out in his autobiography, “Of the fifteen psalms [in the hymnal then being used], six were of the imprecatory type, with all too many references to ‘enemies,’ and of the hymns some were actually disturbing. The classic example was the well-known hymn, ‘O Christian, dost thou see them?’ a hymn which evokes all the hallucinations, and calls for action besides.”

Boisen had good reason to be sensitive to these issues. He had still not escaped his own recurring illness. His final psychotic episode occurred in November of 1935 when he learned that Alice was terminally ill from cancer. He remained hospitalized until some weeks after her death in December. After Alice’s death, Boisen never suffered another psychotic episode, although he lived for another thirty years. He spent the rest of his life exploring the significance of his mental illness by studying the mental illness of others and demonstrating that the mentally ill person was not necessarily physiologically ill, incurable, nor morally corrupt.
In order to make his case that the functionally ill were the most morally sensitive individuals, Boisen focused his research on functional illness and on demonstrating its similarities to the difficulties suffered by some of Christianity’s most important figures. While Boisen’s theories differed substantially from those of many psychologists, medical doctors, and theologians of the day, his moral sensibility was liberal to the extent that he emphasized the importance of the will and moral striving and celebrated the possibility of individual transformation and of contribution to the social good. Like Mead, Dewey, and James, he placed the individual in a social matrix and recognized the importance of adjusting to that matrix in the interest of the good of the community.

From Boisen’s perspective, the delusions shared by the functionally mentally ill were an important element in understanding mental illness and the moral character of those who fell ill. In a 1932 article, Boisen recounted the case of a fifty-two-year-old man named “Oscar N” and others who suffered from schizophrenia, or dementia praecox. He argued that not only did these patients who had the same illness all have delusions but, most important, that the content of those delusions was consistent across the population. Oscar interpreted his experiences as “manifestations of the superpersonal”: he believed God was talking to him. He also saw himself as dead or about to die, leading to a concurrent belief that it was necessary for him to sacrifice himself for his family through suicide. He believed that a great world change was about to occur, that he would play an important part in that world change, and that he had been reincarnated over a period of 2000 years. These same ideas, Boisen claimed, were expressed by other patients with dementia praecox and had, in fact, figured in his own mental illness. Delusions that involved saving the world were characteristic not of individuals who were suffering a moral degeneracy but who, in fact, were morally sensitive. According to Boisen, their willingness to sacrifice and suffer for others set them apart from other mentally ill individuals.60

In his 1936 *Exploration of the Inner World*, Boisen developed many of the ideas he had addressed in discussing the case of Oscar N. He again based his conclusions on observations of patients who had been diagnosed with dementia praecox. Boisen’s exploration of the spiritual lives
of the mentally ill was part of a larger study begun at Worcester in 1927 and directed by Roy G. Hoskins, on the faculty of Harvard Medical School and editor of the *Journal of Endocrinology*. Hoskins focused on the “physiological” aspect of the investigation but allowed Boisen to explore the “behavior and ideation” of the 173 subjects in the study, of which Oscar N was one. The course of treatment prescribed by Hoskins and his colleagues included “glandular medication” and a combination of psychiatric care and recreational and occupational therapy. As part of the study, patients were periodically graded, and their grades were posted as a means to provide incentives for getting well.

For his part of the study, Boisen developed a list of questions that he used to interview the first 80 subjects in the study. He also used a ward observation form that he had developed for his CPE students to use while they were working as attendants on the wards, and he relied on his students, using these same forms, to collect information for the research project. Boisen admitted freely that part of his goal was to show that his own experience of mental illness was not “an isolated one.” He hypothesized that dementia praecox could “be explained in terms of the disorganization of the inner world consequent upon the upsetting of the foundations upon which the critical judgments are made and that, as such, it [a particular kind of dementia praecox] is closely related to certain types of religious experience.” To explain the conclusions he had drawn from the study, Boisen used one extensive case study, that of Albert W, as a starting point for examining the remaining cases. He described the nature of the illness and identified “causative factors” such as heredity, intelligence, early influences, health, and “life situation,” which included “social relations,” like how well the patient interacted with family and friends; “sex adjustments,” such as whether the patient engaged in homosexual behavior or masturbation; and “vocational adjustments,” like whether the patient had been frustrated or successful in achieving his career goals. He also documented the patients’ behavior, or “reactive patterns,” and the “content” of their thought, or “ideation.” Boisen concluded that how patients reacted to their illness was a good predictor of recovery. Those who experienced an acute onset of the illness accompanied by a reaction of panic, but who also had an attitude of “frankness and self-blame,” as well as evidence of a marked “religious concern,” had the best chance of recovery. In contrast, among those
patients with “certain malignant character tendencies,” given to “drifting” and “concealment,” evidencing “surly and bitter attitudes,” and showing “little religious concern,” recovery was rare. For the former group, “psychoses are essentially problem-solving experiences” similar to “certain types of religious experience.” The psychosis, Boisen argued, allowed the patient’s personality to disintegrate and then, given the right attitudes, to reintegrate or reorganize.66

To underline the moral character of the individual who was functionally ill, Boisen pointed out that many of the same delusions were shared by some of the most important religious figures of the previous several centuries. In Exploration of the Inner World, in a chapter entitled “Some Successful Explorers,” Boisen examined the religious experience of some famous Christians, including George Fox, founder of the Society of Friends, Fox’s contemporary John Bunyan, author of a widely read classic in Christian devotional literature, Pilgrim’s Progress, and the Apostle Paul. From Boisen’s perspective, each of these important figures in the history of Christianity had episodes in his life in which, if he had been under the care of a doctor, he might have been diagnosed as mentally ill. Boisen described his patient Albert W and the Quaker founder Fox as “fellow travelers in that little-known country.”67 Drawing on Fox’s account of his life written while he was imprisoned for his beliefs, Boisen made a case for the similarities between Albert W’s delusions and those of Fox. Like Albert W, Fox experienced a sense of impending doom, saw himself as a key figure in resisting the powers of evil, and believed himself to be a “recipient of direct revelation from God.” As with Albert W and Boisen, the precipitating event for his “disturbance” was relatively minor, but Boisen saw Fox’s response as an indication of his moral sensitivity. Fox’s response to the episode was constructive; he made an earnest effort “which enabled him to bring order and even something of beauty out of the chaos”: Fox helped to establish a vibrant religious movement that had thrived into the twentieth century.68

Boisen went on to analyze the stories of John Bunyan, Emmanuel Swedenborg, the Old Testament prophets Ezekiel and Jeremiah, and the Apostle Paul, in each case trying to show how mental disturbances could result in much good, both for the individual and for society generally. In telling these stories, he was attempting to prove not only that mental illness could be transformed into something socially useful, but that some
of the people who suffered from mental illness were the most morally sensitive. He noted, “Common to all our men of religious genius has been the presence of a will to righteousness and moral achievement.” Boisen’s attempt to apply the scientific method in studying the intersection of religion and mental illness was also an attempt to affirm the value of moral striving and to make his own contribution to a better society. In doing this, he epitomized the liberal moral sensibility.

While it would be unfair to describe Boisen’s ideas as static, it is true that his intellectual work was founded on a number of key principles that changed very little in the course of his career. His idea that human beings were essentially moral beings who could strive for something better even when they were ill and who, when they did fall ill, did so because of their better moral nature, was truly original and entirely consistent with a Progressive perspective. Boisen’s ideas about how to help the mentally ill were also consistent with these basic principles. He worked to create an environment where the reintegration of the personality could occur and sought to provide mentally ill people with the information they needed to get better, through his scientific study of religion. His intention in providing clinical training to ministers and other religious workers was that they too would help to create the necessary environment for healing to occur and that they would do so by joining him in “the study of living human documents” to “discover the laws of the spiritual life applicable to all of us.” Boisen did not talk about social change the way a Progressive reformer might have, but he did think of individuals as located within a social matrix and with social obligations to make that society better. Such a theory had, potentially, wide-ranging implications for society. Boisen did not envision, at any point, that psychotherapy would be a part of the work of either clergy or other religious workers. So when, as is discussed in the next chapter, his colleagues who had helped him found the Council for the Clinical Training of Theological Students began to develop training programs that differed substantially from his original vision—including training students in the basics of pastoral counseling—he was deeply distressed.