PSYCHIATRIC TRAINING FOR THEOLOGY STUDENTS: A REPORT

BY W. W. MEISSNER, S.J.

In recent years, psychiatry has co-operated more actively with religious personnel in attempts to utilize the resources of religion in the service of mental health. Ministers, priests and other religious leaders, on their part, have become more and more aware of the need of psychological and psychiatric information in the exercise of their pastoral duties. Consequently, religious personnel have become more directly involved in programs of active cooperation with psychiatrists. The role of psychiatry in this evolving relationship is for the most part educative. Psychiatric programs for training clerics have taken the shape of clinical training, and for the most part members of the clerical profession have been quick to recognize that such programs have been beneficial and even a necessary adjunct to the theological curriculum.

However, such clinical programs are not readily adapted to the training of large numbers of priests and ministers. There is need, therefore, of educative programs which can provide the young cleric with a proper orientation toward psychiatry and provide him with the basic types of experiences and information which will serve him in his ministry. An experimental program of this nature has been attempted at St. Elizabeths Hospital in Washington, D.C. This article is an evaluation of the effectiveness of this program.

Program

The program in question was organized under the direction of Arthur H. Kiracofe, M.D., co-ordinator of clinical training, in cooperation with the Rev. Wilbur F. Wheeler and the Rev. Joseph A. O'Brien of the Catholic chaplain's office. The program consisted of nine separate days spent at St. Elizabeths. The days were spaced over alternate days spent at St. Elizabeths. The days were spaced over alternate weeks so that the program lasted from the beginning of September 1960, to the middle of January 1961. The activities for each day lasted from 9:00 a.m. until 4:00 p.m. The morning sessions started with a lecture and demonstration, usually involving an interview between psychiatrist and patient before the group. The group was encouraged to ask questions of both psychiatrist and patient. The rest of the morning was spent
in direct contact with the patients on the wards. This was regarded as a most important feature of the program.

Members of the group were encouraged to get to know the patients, and hospital records were made available to them so that comparison of first-hand impressions gained on the wards and the psychiatric case records could be integrated. Members of the group were rotated through the various services of the hospital, spending an average of two weeks on each service. After the daily lunch recess, more time was made available for visiting the wards; the total time available for patient contact was about two and one-half hours. The final event for each day was a concluding lecture and question period, conducted by a staff member, usually a psychiatrist.

The morning and afternoon lectures and demonstrations covered the following subjects in this order: the role of the priest in mental health, signs and symptoms of mental illness, the major psychoses, psychoanalysis, individual psychotherapy, antisocial behavior, group psychotherapy, alcoholism and drug addiction, somatic treatment in psychiatry and research, paraphilias, psychology, brain disorders and senescence, social service and rehabilitation, problems of adolescence and childhood, psychoneuroses, and the history of psychiatry. A concluding period was reserved at the close of the program for discussion of the program, its evaluation by the participating group, and suggestions for future adaptation and improvement.

Subjects and Methods

The participating group consisted of 26 Roman Catholic priests in the terminal stages of their theological training. The age range of the group was 31 to 35 years; the median age was 32. Prior to the beginning of the program, the Loyola Test of Religious Attitudes was administered to each participant. After the program was completed, the same test was re-administered. The test is a Likert-type test of attitudes toward psychiatry, composed of 35 statements. The responses are given in terms of a five-point scale of agreement or disagreement. The test includes a measure of subjective estimation of attitudes, in which the subject is asked to indicate his position on a line which stretches from “Strongly Favorable” through “Neutral” to “Strongly Unfavorable.” These subjective evaluations were compared and ranked. Correlations between subjective measures and test scores were obtained for