Through Their Eyes: Reflections on the Life and Witness of the Association of Mental Health Clergy

Growing up in the shadows of New Hampshire’s White Mountains and rubbing shoulders with folks who scaled those peaks gives one opportunity to reflect on the words of an old mountain climber: “It’s hard to live in the valley once you’ve been to the mountaintop.” Mountaintops are magical places. The experiences that go with them invigorate the soul and help one rethink his or her perceptions of what is possible or impossible to accomplish.

The authors of this article have been to the mountaintop. Early in their careers they learned the art of chaplaincy from Pappy (Anton) Boisen’s disciples and grew in their professional lives to the place where they played significant roles in the nurture and development of the Association of Mental Health Clergy (AMHC). All three helped build key relationships between AMHC and other cognate groups, including participation in decision making that led to the founding of the Association of Professional Chaplains (APC). The authors’ passion or “calling” was a perfect fit with one of the goals of AMHC which was to help persons afflicted with mental illness have a voice.

These chaplains, and their chaplaincy colleagues in psychiatric facilities, were rays of hope in a time when persons with mental illness were warehoused, marginalized—victims of social neglect. They helped to establish trust between chaplains and the psychiatric community, and much progress was made in addressing the spiritual needs of clients. In the latter half of the twentieth century, as mental hospitals began to depopulate, what had seemed to be a golden era for institutionally based mental health ministry ended abruptly because of shifting political, economic and cultural impingements. Welcome to the valley.

The authors present this article to remind us of several core concepts:

- **Service to persons who have no voice is part of the APC historical, theological and ethical heritage and is as valid a goal today as it was in 1948 when AMHC was founded.**

- **By taking the path called the “ethical high ground,” APC, as an organization, continues to strive for the mountaintop by speaking on behalf of those who are marginalized, including homeless and incarcerated persons.**

- **Even in a time of restructuring, APC is called upon to continue making a credible witness through advocacy.**

George R. Robie BCC (retired), Coordinator
A history of events

 WHEN CHAPLAIN GEORGE DOEBLER WAS ASKED TO IDENTIFY some of the contributions the Association of Mental Health Clergy (AMHC) made to the profession of chaplaincy today, he wrote the following.

AMHC gave me the opportunity to sit and learn from a remarkable group of people who had a “calling” to serve those whom Ernest E. Bruder described as “deeply troubled people.”\(^1\) The small group that founded AMHC consisted of chaplains who were ministering in state and federal mental hospitals, a group that included a deeply troubled minister by the name of Anton R. Boisen. Though Boisen was not one of the founders of AMHC, he was a teacher to most of them.

I first became aware of AMHC in 1965 while a resident chaplain at St. Elizabeth’s hospital in Washington, DC. The organization met each year concurrently with the American Psychiatric Association (APA), which enabled psychiatric chaplains to participate in lectures and forums presented by some of the most renowned psychiatrists in the world. The kinship between psychiatric chaplains and the APA was such that when AMHC was created in 1948, APA formally invited the new association to become part of its mailing list.

In 1973, Obert Kempson, one of the founders and a board member of AMHC, asked me if I would consider becoming its “part time” director. I laughed because there was no such position. In fact, he had been assigned to recruit me to provide continuity in the work of the association, to give it a permanent address and a face. For the next twenty years, AMHC was a daily part of my life. In my view, AMHC’s gift to the pastoral care/chaplaincy movement was—and is—the men and women who served in mental hospitals and ministered to the “least of these” our brothers and sisters across the United States. They were a remarkable group of people, but they received scant recognition for their ministries. In fact, Granger Westberg observed that some ordaining denominations were under the impression that these chaplains had “left the ministry.”

One chaplain in the Georgia Mental Health System defined himself and his colleagues as a “motley crew” that came together once a year to present papers, discuss their work and share what they were learning about psychiatry and religion. The Community Mental Health Center Act of 1963 heralded a “new vision” for persons with mental illness; however, by 1970, AMHC realized that what was happening to the mentally ill was not a “return to their communities and families” but rather an emptying of mental health facilities through a process known as deinstitutionalization. Those of us who were part of this process became alarmed because we knew that community mental health centers were not in place to care for these people, nor were there sufficient resources to do so.
Deinstitutionalization, exile and broken promises

Chaplains Timothy Little and Thomas Summers, both ACPE supervisors, describe some of the pressures placed on society as a result of deinstitutionalization. By the early 1960s, the overall patient population had reached 500,000. The first shock wave was felt across the nation as state hospitals began to close, and employees lost their jobs. Patient population ultimately dropped to approximately 15,000.

Though the process of dismantling mental hospitals brought with it the promise of a greater awakening for community care of mentally ill persons, the reality was a continuance of a major social injustice, which eventually became apparent via an exilic trek from timeworn hospital wards to unprepared communities. Local mental health professionals were overwhelmed; families were panic-stricken; promises were broken. Many mentally ill persons ended up fending for themselves, resulting in an even poorer quality of life than they had previously experienced, essentially journeying from “back wards of hospitals” to “back alleys.”

AMHC also felt the impact. Summers recalls that many mental health hospital chaplaincy positions were lost due to the disarrayed public mental health system and budget reductions. The association responded by using its energy and resources to develop programming and goals focused on the need for congregational and community support. Though this addressed real needs AMHC clearly needed to change if it was to survive. Ultimately, members looked within to identify leadership capable of creating a vision for the future.

Little remembers how AMHC capitalized on two of its key strengths: religious inclusivity and the fact that it had ongoing, active and assertive conversations with various pastoral care organizations. Summers emphasizes that even in difficult times, AMHC continued to strengthen its ties with APA and other groups, such as the National Alliance for the Mentally Ill.

Through an informal group called the Commission on Ministry in Specialized Settings (COMISS), AMHC met with leaders of the Association for Clinical Pastoral Education (ACPE), the College of Chaplains (COC) and the National Association of Jewish Chaplains (NAJC).

A number of AMHC members also were ACPE supervisors and/or members of COC. Little, Summers and Clark Aist, all CPE supervisors working in psychiatric facilities, along with Rabbi Terry Bard and several Catholic chaplains, began discussing ways to bring AMHC into another association. David Carl was asked to lead in accomplishing this task, the outcome of which was a merger with COC to form the Association of Professional Chaplains (APC).

Advocacy then and now

AMHC was known as an organization that brought a strong commitment of advocacy to the table. Summers points out that advocacy became not so much promoting the organization as speaking out on behalf of the critical needs of the severely mentally ill. Regarding the merger with COC, he says that AMHC brought to this consolidation its cherished history and intent to encourage not only pastoral care with suffering individuals but, equally important, a pastoral advocacy for the socially neglected and marginalized.

Little offers a prospective view: “The contribution of AMHC was its ministry to the mentally ill and their families, a ministry that is needed as much today as ever. The mentally ill are largely a forgotten part of the health care discussions for many reasons, not the least of which is that they have no voice.” Summers further expands awareness of the current mental health crisis with his statement, “Today, one third of the United States homeless persons carry with them a mental illness. Additionally, there are now 350,000 persons with a mental illness in US prisons and jails. The nation’s three largest inpatient psychiatric facilities currently are located in incarceration settings.”
Looking toward the future

After Little identified the mentally ill as those who have “no voice,” he raised the possibility that “perhaps this is a place those of us who have grown older and left the daily task of being with the ‘deeply troubled’ might become that voice.”

The following appeared in the “History Corner” of a recent issue of APC e-News:

In May of 1979, the Joint Commission on Accreditation of Hospitals (JCAH – today known as The Joint Commission) completely omitted its long standing “standard for pastoral services” in its new Consolidated Standards. JCAH recognition of pastoral services in its Accreditation Manual for Psychiatric Facilities had long been viewed as a major legitimizing endorsement for spiritual care. This omission was perceived as a major crisis. What followed were several rounds of meetings at JCAH headquarters in Chicago and a full scale mobilization of the entire religious and pastoral care communities in a letter writing protest. Although adequate standards were not restored, JCAH received an outpouring of correspondence of “biblical proportions,” by far the largest ever on any issue. It was the clinical pastoral field’s largest collaborative endeavor mounted to date.2

The letter writing protest described above is one form of advocacy that now includes various types of communication that have become known as “social media.” These are very powerful tools and easily available to APC and to its individual members. The kind of advocacy described arises out of passion for the work chaplains do and is put in motion by those who have faith in the ability to live positively and creatively in the midst of change. APC is about to enter into another time of change; it is called restructuring. As we take this next step into the future of professional chaplaincy, let us remember our roots and continue to use our voices to help others discover voices of their own.


2 Communication from Clark Aist BCC to Mark LaRocca-Pitts BCC, chair, APC History Committee, APC e-News 14, no. 3 (May 2012).