

The Opportunity of the Church

"And Jesus went about all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom, and healing all manner of sickness and all manner of disease among the people."

—Matt. 4:23

CHRIST came teaching, preaching and healing. His was a ministry of healing. As followers of our Master, we are constrained to bring to our fellowmen the ministry of healing. Our responsibility extends not only to those who suffer physical illness but to those who are ill in mind and soul.

The Christian Church has long been sensitive to its responsibility to teach and to preach. To a lesser degree has the Church been conscious of its mission to heal those who are ill. In America the Protestant Churches support 450 hospitals, of which only three are primarily concerned with the care of the mentally ill. The Christian Church has left to the State the responsibility of caring for those diseased of mind.

The Civilian Public Service program has awakened our Church to a whole area of need which we have somewhat neglected—the care of the mentally ill. Nine hundred men are now serving in the 25 mental hospital and training school units administered by the Mennonite Central Committee. Nine hundred young men of the Church have been confronted by the fact that there are people who are ill not only of body but also of mind and heart and soul. Young men of the Church serving in these 25 units are helping to nurture in the Church a sensitivity to the Christian's mission in the healing of these unfortunates.

This We Have Learned

Many things have we learned through our experience in C.P.S. hospital service. First, we have learned that our men make excellent attendants. They come to the hospitals with no previous institutional experience. They learn to know and understand and appreciate the needs of the patients. They master their responsibilities. Frequently hospital administrators have said that these C.P.S. men are among their best employees. In mental hospitals they serve in a number of capacities: attendants, ward supervisors, staff doctors, occupational therapists, recreational directors, music directors, farm managers, accountants, barbers, social case workers, laboratory technicians, maintenance men. Wives of C.P.S. men contribute their services in many phases of the institution program. Dr. O. R. Yoder, Superintendent of Ypsilanti State Hospital, has written: "There is very little doubt that the members of the C.P.S. units serving in mental hospitals throughout the country are well qualified to care for the mentally ill. . . . It has been generally agreed that intelligence, personality, interest in work, and moral character, are the most important qualifications in caring for mentally diseased patients."

Second, we have learned that there is no better treatment for mental illness than Christian concern and friendship. A leader of a C.P.S. unit writes of his two years'

experience in a mental hospital: "I have learned this, that the real Christian attitude and treatment of mental patients is coterminous with the best, the most scientific in psychotherapy." Institutions have many types of therapeutic treatment—electro, hydro, occupational, recreational—but the most effective of all forms of therapy remains the therapy of intelligent, Christian love and compassion.

Third, men in mental hospitals have learned that a good institution must be more than buildings. It isn't all just brick and mortar. A good institution must have an atmosphere, a soul. The soul of an institution is to be found in the men and women who serve there. They create the atmosphere which is conducive or which prohibits the patient's best efforts toward recovery. To realize the warm, friendly Christian spirit throughout a hospital, the whole institution should be operated by Christians.

Fourth, men serving in mental hospitals have become aware of the difficulties in translating their beliefs into action in institutional environments which are admittedly non-Christian. The men step into a pattern of custodial care and treatment which does not measure up to the Christian ethic. Here, however, we must confess our own failures. We have not always kept high our Christian idealism. We have succumbed at times to the prevailing standard of patient care. We have lowered our ceilings and said, "Well, what else can you do? The other attendants do it. If you worked on the ward where I do, you would handle the patients that way too." Here we stand under the condemnation of our own Christian profession and idealism. But there remains the feeling that a Christian attendant in a secular institution is inhibited in his desire to create a completely Christian environment for the patient.

Fifth, men serving in the C.P.S. program have become conscious of the imperfections of state institutions. They are aware of the impersonality of the large institution. To the weary attendant this impersonality sometimes seems almost to be an attitude of callousness toward patient and employee. Some state institutions are hampered in their program by the encroachment of political forces. In a large institution one becomes aware of the interdepartmental tension, the professional jealousies which prevent it from being a place of healing. Conscious of the limitations and problems of a large state institution, men in C.P.S. envision the possibilities of a private Church-supported hospital.

Sixth, it yet must be said that we have come to appreciate the manifold problems of hospital administration. A hospital administrator writes: "The treatment

THE OPPORTUNITY OF THE CHURCH (continued)

of mental illness is a much more diversified course of treatment, takes much more time than general diseases, and therefore is much more expensive. It is for this reason that the state and federal governments have assumed the responsibility for the care and treatment of the insane, epileptic, and the feeble-minded." Hospital administration is a big job—providing for the total care of hundreds of patients. It is expensive. C.P.S. men have come to understand more clearly the many knotty problems involved in operating large institutions.

Here the Church May Serve

I never cease to stand in awe of the tremendous opportunities which the Civilian Public Service hospital program has opened to the Church. In our M.C.C. units are 900 men. These men ought to come out of their mental hospital experiences as a group of more enlightened Christian citizens, knowing and understanding the problems of mental health and illness. In our home community we know a friend who sank into the slough of depression. Another acquaintance burned himself out in ceaseless activity that led to a nervous breakdown. We should come out of these mental hospitals knowing the rules of mental health, being in a position to befriend folk caught in the tensions of life. Perhaps after C.P.S. someone in our home community will say, "There's John. When in C.P.S. he worked in a mental hospital; he would know what to advise in this case."

This leads to the first and most important suggestion: the Church should be intelligent and concerned for those ill of mind. It has a responsibility for preventative mental hygiene. Early diagnosis and treatment is important in the treatment of mental ailments. The minister and the Christian worker should have an awareness of the symptoms of illness so that professional care can be invited at an early stage. Men who have served in mental hospitals should have a sensitivity to the characteristics of mental illness. Through Christian counsel and friendship with brethren who are distraught of mind and soul, mental illness can often be prevented.

With this awakening concern in the Christian care of the mentally diseased and with the hundreds of young men of the Church serving in mental hospitals, the Church should be encouraged to think seriously of establishing institutions for the care of the mentally ill. The Society of Friends pioneered in the movement to provide better care for the insane. One of the first philanthropic institutions was the Friend's Asylum in Philadelphia, established in 1817. The Mennonites in Russia recognized their responsibility by maintaining "nervous institutes" for those suffering from mental diseases.

With the current interest within our Church in the care of the mentally ill, this is the time to investigate carefully the need for a Church mental hospital. Suggestive of the contribution of a small Church institution is the following statement of the late Dr. William J. Ellis, Commissioner of Institutions of New Jersey:

"In the light of the recognized need for progress in the field of care of the mentally ill the church may well think of continuing this work today, for it is only through bold and extensive research and the testing of new techniques that we will find the means to master

the problems of mental illness. A modern mental hospital conducted under church auspices should be small enough to serve as a demonstration center and would do well to align itself with one of the medical schools or other teaching institutions. Through such connection the current progress made in psychiatry may be introduced in the day-by-day treatment program and the observations and results, carefully recorded, would be path-finding and could be made available to the whole mental hygiene field."

This is a stirring challenge from the psychiatric profession. The Church should study the field carefully.

We may doubt whether the Church can afford to establish and maintain separate, well-equipped mental hospitals. To provide full therapeutic care, a mental hospital needs a variety of expensive equipment which only a large institution can afford. A competent professional staff is required. Can this be provided? The Church must be prepared to give full support to the program of a mental hospital. Will the constituency respond with enthusiasm? If the job cannot be done well, it should not be done at all. There are already enough hospitals which are doing a poor job. If the Church is not prepared to do a superior job for the care of the mentally ill, it is best not to duplicate the efforts of the state institutions.

Realizing the problems involved in Church administration of a mental hospital, a more practical proposal might be that of establishing psychiatric wards in conjunction with our Mennonite general hospitals. These psychiatric facilities would make possible the early examination of those suffering from nervous and mental disorders. In the psychiatric ward of the Church hospital the patient would receive understanding treatment. There would be competent psychiatric and medical care by Christian personnel. The psychiatric ward would be available for the patient during the convalescent period. If the mental illness of the patient necessitates prolonged hospitalization, the patient would then be taken to a state institution. The psychiatric staff of the general hospital would hold day clinics for those in need of psychiatric counsel.

For years to come most of the mentally ill will be hospitalized in state institutions. The Christian has a responsibility to these hospitals. Hundreds of members of the Mennonite Church are being cared for in state mental institutions. These hospitals have long suffered from inadequate support from the Christian citizenry. Public apathy has been the curse of state institutions. Church members should be intelligently concerned about the mental hospital in their locality. Qualified C.P.S. men have been thinking of post-war service in mental hospitals. Some of these men should be encouraged to pursue their Christian vocation in service in a state institutional program.

It is my hope that two things can be said in years to come of our C.P.S. hospital program: The men served well. They awakened the Christian conscience to the needs of the mentally ill.

—ROBERT KREIDER
Director of Hospital Units