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Religion at the American Psychiatric Association

by

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I. Historic Audience

A papal audience greeted the attendees of the 147th Annual Meeting of the American Psychiatric Association in San Francisco, May 23-27, 1993. It was billed as "An Historic Audience"¹ and hailed as an effort to improve the public image of psychiatry. APA President Joseph T. English considered it to be one of his three major accomplishments.²

Dr. English had succeeded Dr. Lawrence Hartmann, who had taken credit for dropping homosexuality from the list of psychiatric disorders, establishing the APA Committee on Gay and Lesbian Issues, and for appointing many homosexuals to APA positions.³ Dr. Hartmann was subsequently "outed" by homosexual activists at the 1992 meeting in Washington, D.C.⁴

In his 1992 Presidential address, Dr. Hartmann, son of the famous psychoanalyst who developed "Ego Psychology", had reflected on "Humane Values and Biopsychosocial Integration." Dr. Hartmann stated that the "whole area of bio vs. psycho vs. social will probably remain central to psychiatry for a while, and an area where we are at risk of major premature closures." In so predicting, he may have unwittingly opened the door to the religious and spiritual dimension which highlighted the following APA Meeting.

In his response to Hartmann's address, Dr. English chose for the theme of his tenure "Patient Care for the 21st Century" and cited sexual and other abuses of psychiatrists. These abuses have contributed to the poor public perception of psychiatry, dramatized by the Academy Award winner *Silence of the Lambs* "about a psychiatrist who eats his patients."⁶ Dr. English claimed that "no specialty of medicine has worked harder to enforce the code of medical ethics" but acknowledged "we must demonstrate a renewed and highly visible commitment to professional and ethical values." He anticipated his address "in San Francisco let us . . . be prepared to tell each other tales of how we labored during the year to promote understanding of what 'one nation, indivisible' is

really all about.”⁷

At the meeting in San Francisco, a Special Presidential Commendation was presented to Archbishop John P. Foley in recognition of his extraordinary contribution in enhancing the relationship between religion and psychiatry. What the President of the Pontifical Commission for Social Communication at the Vatican had actually done was arrange the papal audience for Dr. English and other psychiatrists.⁸ The Archbishop had been a classmate of Dr. English at St. Joseph's Preparatory School in Philadelphia. He had heard Dr. English in 1992 speak at St. Joseph's, acknowledging “the historic roots of medicine's professional and ethical values as being derived from the Judeo-Christian tradition and the other great religious traditions.” As explained in the official flyer “Impressed by Dr. English's passionate concern for advancing ethical concerns of the profession, Archbishop Foley offered to arrange for Dr. English and other psychiatric representatives to address this issue directly to the Holy Father and to seek his help in advancing the common concerns of psychiatry and religion.”⁹ In his introduction of Dr. English at the San Francisco meeting, Dr. Melvin Sabshin, the Medical Director of the APA noted that Dr. English had begun his professional career as a star, by being selected out of his residency to head the Peace Corps at its inception. He had declined the offer of APA presidency in the past and seemed destined for it at this time of the “Historic Audience.” Dr. Sabshin had been personally evangelized by the Jesuit-trained Dr. English who would end their weekly telephone conversations with “AMDG.” When he asked Dr. English what the letters stood for and was told “Ad Majorem Dei Gloriam,” he got into the spirit and would respond back: “AMDG.” Dr. Sabshin hoped the papal audience widely reported in the news media would convince “tens of millions of Catholics . . . that psychiatry is a profession respected by the church and that seeking psychiatric treatment for mental disorders is not inconsistent with their religious beliefs.”¹⁰ Yet the same Dr. Sabshin dutifully carries out the APA's abortion advocacy positions, as evidenced by his reassurance to the Committee on Women that the APA would join with Planned Parenthood in supporting legislation to allow public family planning clinics to counsel for abortion.¹¹

The remarks of Dr. English to “Most Holy Father” took “pride in its (psychiatry's) diversity” and acknowledged that “many members of our profession would question some teachings of the Catholic Church.” Likening himself, and other psychiatrists of the APA and other countries' psychiatric societies, to the Magi seeking knowledge and wisdom, he claimed, on the day after Epiphany that “we also affirm the common cause we have with the church, especially in its passionate concern for the most vulnerable members of society.” He credited the Pope with writing on “the transcendent importance of the dignity of human life” and pledged that “maintaining commitment to these (Judeo-Christian ethical) values is a sacred trust, never to be destroyed.”¹²

A. Abortion and Homosexuality in the APA

The exuberance of the moment must be weighed-in against the reality of APA activity in the passionate lack of concern for those the pope and others

usually refer to as "the most vulnerable members of society."¹³ The Committee on Women and the Committee on Gay, Lesbian and Bisexual Issues have recently reaffirmed APA positions advocating contraception, abortion, and homosexuality and have attacked any group of peers who oppose them. The head of a homosexual physicians' group considers psychiatry the "most accepting" of medical specialties and notes that there are 500 members of the Association of Gay and Lesbian Psychiatrists.¹⁴ Dr. Prater reported that the APA banned groups that discriminate on the basis of sexual orientation from exhibiting at its conferences. Among such groups must be the National Association for the Research and Treatment of Homosexuality (NARTH) which held its own meeting in San Francisco prior to that of the APA. Just as the Committee on Gay, Lesbian, and Bisexual Issues has attempted to isolate NARTH,¹⁵ the Committee on Women has resurrected the 1978 APA position declaring abortion "a mental health imperative" and expanded it in 1991 in response to a group formed to declare the APA neutral on abortion.¹⁶

American Psychiatrists for Neutrality on Abortion (APNOA) was formed after APA's President Elissa Benedak invited Planned Parenthood's President Faye Wattleton to address the Convocation at APA's 1991 annual meeting in New Orleans. Co-chairs Patricia Wesley of Yale University School of Medicine and Audrey Michal, M.D. found that many psychiatrists did not know of their association's promotion of abortion. Moreover even many pro-abortion psychiatrists opposed the APA's taking sides on this complex moral issue.¹⁷ Behind the scenes, Dr. English supported APNOA during his tenure. It not only had a booth in the exhibit hall, but was able to make some headway on one of its three goals, i.e., "that presentations of research on abortion at APA conventions be balanced and unbiased."¹⁸

Dr. Wesley moderated one of the three main presentations on abortion at the APA meeting in San Francisco which included four professors, in addition to herself, who made formal presentations. As another of the three panels also noted, there is a dearth of recent studies on abortion. Nada Stotland, M.D., who chaired the third panel on "The Impact of Abortion Restrictions on Psychiatric Practice", had written in the *Journal of the American Medical Association* that the Post Abortion Trauma Syndrome was a myth.¹⁹ Yet, while claiming "There is no evidence" of such a phenomenon which "does not exist", she cites several studies which contradict her assertion, including one which reported a 34% "unfavorable" outcome to abortion and another which revealed post abortion reaction in 72% of a high risk group.²⁰ An interesting sidelight of Dr. Stotland's panel on "The Impact of Abortion Restrictions on Psychiatric Practice" was her failed attempt to evict a baby girl of one of the speakers from the room to prevent a potential disruption. The child would not leave the mother's sight and Dr. Stotland lay beside her on the floor occupying her in play during the entire session. The Hound of Heaven still suffers the little children to come and confront those who would not see.

While a baby can be counted on occasionally to remind APA women of the consequences of sexuality, the Committee on Gay, Lesbian and Bisexual Issues seldom has such an opportunity. This Committee proposed in 1990 a statement

on the right to privacy which was approved by the APA in 1991:

Be it resolved that the APA supports the right to privacy in matters such as birth control, reproductive choice, and adult consensual relations conducted in private, and supports legislative, judicial, and regulatory efforts to guarantee this right.²¹

After promulgating this wide-ranging endorsement of the contraceptive view of sexuality, this committee then tackled a book by Dr. Joseph Nicolosi entitled *Reparative Therapy of Male Homosexuality*. The Chairman of the committee had already contacted Dr. Marshall Forstein of the Association of Gay and Lesbian Psychiatrists, and his counterparts in the American Psychological Association and National Association of Social Workers about organizing action against Dr. Nicolosi, a psychologist, and his book.

The following year, in 1993, this committee had labelled reparative (conversion) therapy as unethical and was attempting to label it an abuse of psychiatry in addition to isolating NARTH, of which Dr. Nicolosi is a cofounder. The president of NARTH, Dr. Charles Socarides, in a letter to the editor of the Journal of the APA, countered that NARTH members treat homosexuality only when the patient requests and that the charge of abuse of psychiatry belongs more appropriately to

those forces which Dr. Isay leads, which advises patients to 'relax and enjoy homosexuality. You're only neurotic if you complain.' It is an abuse of psychiatry to abridge the freedom of patients to seek help for a condition that they may find intolerable and painful. To not offer them help is to be both cruel and intellectually dishonest. We believe that the statement 'finding a way to isolate NARTH' is a fascistic method to suppress intellectual freedom and further the erosion of psychoanalytic knowledge of this condition.²²

When Dr. English told the pope that "psychiatry has often been used to impose the bonds of suppression rather than to break the chains of mental illness," he might as well have been referring to the ongoing suppression of psychiatrists by the APA who would dare to treat homosexuals who want to change. When he asked the pope to help end "the plague of stigma which still affects the mentally ill"²³ he could have been referring to APA members who stigmatize themselves by promoting abortion and denying homosexuals therapy to change. He may not have anticipated the pope's response when he appealed to him to call "out for liberation of the mentally ill from this stigmatization" rather than call for the liberation of the truth about what abortion does to women and what psychiatry can do for troubled homosexuals. What kind of "greater collaboration between religion and psychiatry"²⁴ can be expected when Dr. English's earlier observations about psychiatry's poor image are not only validated but obscured?

B. The Pope Invokes Truth

Although the pope's response did not directly raise these questions he did offer "assistance in evidencing that through the proper practice of our art and science, we may help men and women to achieve health of mind and body in the fullest sense of its meaning."²⁵ The pope noted that psychiatry "involves a sensitivity to the often tangled workings of the human mind and heart, and an openness to the

ultimate concerns which give meaning to people's lives." The Church's commitment to caring for the sick

is rooted in the conviction that the human person is a unity of body and spirit, possessing an inviolable dignity as one made in the image of God and called to a transcendent destiny. For this reason, the Church is convinced that no adequate assessment of the nature of the human person or the requirements for human fulfillment and psychosocial-well-being can be made without respect for man's spiritual dimension and capacity for self-transcendence. Only by transcending themselves and living a life of self-giving and openness to truth and love can individuals reach fulfillment and contribute to building an authentic human community.²⁶

The pope would mention truth five more times in the next paragraph above, the "truth about man, and in his human freedom to form his instincts and passions according to the objective requirements of the moral order." He quoted John 10:47 linking freedom and truth and his encyclical *Centesimus Annus*, 46 that "freedom attains its full development only by accepting the truth." He may also have been anticipating an encyclical on truth.

It follows that no genuine therapy or treatment for psychic disturbances can ever conflict with the moral obligation of the patient to pursue the truth and to grow in virtue. The moral component of the therapeutic task makes great demands upon psychiatrists, who must be committed to attaining a more adequate grasp of the truth of their own lives and to showing profound respect for the dignity of their patients.²⁷

What can pro-abortion and homosexual psychiatrists offer their patients if they do not accept their violation of human life? The pope predicted psychiatrists "will make an important contribution to the future of society by seeking to point out, in the light of a dispassionate commitment to the truth, the limits of certain models of social life which can lead to the manipulation of persons and to an unhealthy conditioning of human freedom." He pledged the Church's cooperation in "strengthen(ing) the family as the basic unit of society"²⁸ which again would seem to exclude those dedicated to the contraceptive mentality.

Yet, in spite of themselves, homosexual psychiatrists discovered at the APA meeting glimpses of truth as a lesbian psychiatrist reported that a study of openly homosexual therapists showed 13% had sexual relations with their patients. Dr. Peggy Hanley-Hackenbreck advised not to reveal one's homosexuality to patients at the beginning of therapy and to separate one's professional and social life. Another lesbian psychiatrist, Dr. Rochelle Klinger, hired because she was a lesbian, as the Director of Psychiatry at the Medical College of Virginia, also warned against revealing one's homosexuality at the beginning of therapy. The workshop discussing this issue was sponsored by the APA Committee on Gay, Lesbian and Bisexual Issues chaired by Dr. Richard Isay and was entitled "The Openly Lesbian and Gay Therapist: Clinical Issues." However, Dr. Isay disagreed with these two lesbian psychiatrists saying that "society persecutes homosexuals, so they should seek an openly gay therapist."²⁹

In his own presentation Dr. Isay seemed to confirm the classical analytical view of homosexuality and its refinement by Dr. Nicolosi. He spoke of one patient who longed for the love of his father and was angry at Dr. Isay for depriving him. The patient wanted to be a woman, like many women his father

consorted with, and felt like he was an open dress. Another patient of Dr. Isay's felt deprived by his parents who left him with his grandparents and complained that Dr. Isay was too busy with Dr. Isay's homosexual lover. Another patient had been warned about risky sexual behavior by Dr. Isay but eventually died of AIDS after a four-year analysis. The rage of this patient Dr. Isay attributed to the patient's mother while Dr. Isay acknowledged his own anger at the loss of his friends to AIDS.³⁰ One wonders if Dr. Isay will ever become angry at himself for endorsing such destructive behavior in his patients and depriving them of therapy which could liberate them from such self-destructive behavior.

Ever since the homosexuals stormed the APA meeting in San Francisco in 1973 and, through physical intimidation, got the APA to drop homosexuality as a disorder from its Diagnostic and Statistical Manual, the bitter fruits of homosexuality have become increasingly evident. Homosexuals have a life expectancy thirty years less than non-homosexuals.³¹ Even as the APA Committee on Gay, Lesbian and Bisexual Issues is suggesting a task force "to deal with the problems of suicide among gay and lesbian youth," it is networking with many of the 7,000 homosexual organizations promoting the homosexual agenda, including "insurance for domestic partners."³² Another workshop at the recent San Francisco meeting, entitled "Hetero-or Homosexual? The Therapist's Dilemma," raised the question of considering homosexuality a "fixed" state and thereby rendering efforts to change unethical. The ubiquitous Dr. Isay participated in that panel, which used his book *Being Homosexual* as a reference.³³

No discernable effort by Dr. English to challenge the homosexual agenda within the APA was evident except inviting his predecessor Dr. Hartmann to the Papal Audience. Dr. English's strategy for accomplishing such a juxtaposition of opposing positions was formulated with pragmatic concerns for the economic survival of psychiatry. His Presidential Address, "Patient Care for the Twenty-First Century: Asserting Professional Values Within Economic Constraints," highlighted the current health care reform. This was followed by an invocation by Tipper Gore, who serves as Mental Health Advisor for the President's Task Force on National Health Care and who has master's degree in psychology.³⁴ After soliciting the pope to clean up the tarnished public image of psychiatry, Dr. English's efforts to ensure a future for psychiatry extended to "the recruitment of new talent to our field and the all encompassing issue of mental health policy."³⁵

II. The Religious Spiritual Program

While the Papal Audience was left outside the door of the convention and merely mentioned by Drs. Sabshin and English in their remarks, there was much focus on religion in the actual program with no less than eleven separate presentations, in addition to a reception sponsored by the faculty of a course on "Transpersonal Psychiatry." At the reception was a display of the *Journal of Transpersonal Psychology* which has been published in the Bay Area for 25 years.³⁶ A premise of the transpersonal approach seems to be moving beyond a personal relationship with a religious figure which allows one to focus on oneself.

The only film on religion, entitled "The Rapture", portrays a mother who

carries her conversion to tragic extremes when she takes her young daughter into the desert to await The Rapture.³⁷ The Transpersonal Psychiatry course featured eight doctors as faculty, including Dr. Francis Lu, who also participated in several of the other religious or spiritual events. Spiritual experiences were considered the culmination of an individual's life span. Transpersonal states were differentiated from pathological conditions and "therapeutic use of alternate states of consciousness including meditation and visualization techniques drawn from Eastern and Western spiritual traditions" was presented.³⁸ As with the other two courses, resistance to addressing these issues was discussed.

A course entitled "Religion: A Research and Clinical Overview" ambitiously posed ten educational objectives, including correlating James Fowler's faith stage theory with psycho-social development, obtaining and interpreting the meaning of a patient's view of God, two common countertransference responses to religious material, and identifying potential value conflicts between religious and psychotherapeutic views of psychological health. Suggestions were given for differentiating healthy and unhealthy religious systems and working with clergy.³⁹

The third course was more explicit in advocating a basic theme of all the presentations, "contrast(ing) spirituality to religion." The title gave away the emphasis on the former, "Practicum on Spiritual Issues in Treatment." This course aimed to show "how spiritual issues apply to specific disorders and cases (and that) spirituality is neither vague nor anti-intellectual (but rather) can add a great deal of practical value to our understanding of patients (specifically with) anxiety, depressive states, suffering, and the urge to commit suicide."⁴⁰

In addition to the three courses on religion there was a symposium and six workshops listed on the Preliminary Scientific Program on Religious/Spiritual Issues.⁴¹ In response to a 1977 request by the APA to examine meditation's usefulness, the workshop on "Meditation Research and Therapeutic Applications" reviewed the benefits of meditation for somatic disorders, such as hypertension and chronic pain and hypercholesterolemia, and for psychological disorders such as anxiety, post-traumatic stress and insomnia. Meditation was also advised for therapists to enhance empathy, introspective sensitivity and calm, and participants were invited to do two meditation exercises.⁴² Another workshop on "Existential and Spiritual Issues in PTSD Treatment" claimed that "successful post-traumatic adjustment almost universally involves the processing of existential issues that frequently have spiritual dimensions, such as the struggle between good and evil, the morality of wartime actions, and man's relationship with a deity."⁴³

One workshop that did not appear on the Preliminary Program was entitled "Co-Creating with Mary: Psychotheatre" and aimed to integrate "theatrical techniques and spiritual beliefs in group and family therapy via the creation of psychotherapeutic myths compatible with all moral religions." Mary and the Wise Men in a therapeutic exercise co-created with members of the audience using techniques derived from psychodrama and play-back theatre.⁴⁴ It seems that the persons of God the Father and Holy Spirit are omitted to render the creation of this psychotherapeutic myth compatible with non-Christian religions. Moreover, what

issues from Mary and the Wise Men hardly seems to be the Son of God.

A. *The Healing Spirit*

The focus on religion each year at the APA meeting is supposed to be the Oskar Pfister Award Lecture, established in 1983 and administered by the APA Committee on Religion and Psychiatry. This is currently chaired by Richard J. Thurrell, M.D. Oskar Pfister was a minister who viewed Freud as a father figure and teacher. Freud looked to Pfister to spread his views among clergy and Pfister "studied and used psychoanalytic principles in his work."⁴⁵ The 1993 recipient of the award spoke on the subject of his book *The Healing Spirit: Explorations in Religion and Psychotherapy*. It was written after another book entitled *The Therapeutic Action of Vipassana Meditation*, which seems to have derived from his travel in "India, where he studied Ayurveda, the traditional medicine of Sanskrit culture, based on Hinduism."⁴⁶

What is this healing spirit but various "religious elements (which) entwine to form the human spirit" containing both "life-giving energy, but also . . . sources of violence, primitive fantasy, and destruction." The lecture prospectus ends with a rationale for itself, reminiscent of Dr. English's perception of psychiatry's bad public image:

Psychiatry as a profession is beleaguered, and one aspect of its recovery will include recognition, appreciation, utilization, and advocacy of the spiritual magma beneath the crust of pathology and vitality.⁴⁷

Whereas Dr. English appealed to the pope, the Committee on Religion and Psychiatry looked to Hinduism. In contrast to H. Scott Peck's presentation the previous year where the author of *The Road Less Traveled* and *People of the Lie* acknowledges the devil as the father of lies and destruction and Christ who overcame evil by resisting the temptations of the devil and conquering death, the 1993 APA meeting reverted back to oneself, ignoring both the devil and Christ, his rival and man's champion. Where Peck derives voices to kill oneself from the devil's temptation,⁴⁸ Fleischman attributes such destructive tendencies to the human spirit alone.

The workshop following and discussing Dr. Fleischman's lecture gave ample opportunity for each respondent to evoke his own spirit and criticize Judeo-Christian religion. Freud's antipathy to religion was rationalized as necessary to set up psychiatry. Concern about a Christian psychiatry had prompted the Committee on Religion and Psychiatry to establish in 1990 "Guidelines Regarding Possible Conflict Between Psychiatrists' Religious Commitments and Psychiatric Practice" prohibiting psychiatrists from "forc(ing) a specific religious, antireligious or ideological agenda on a patient" or "substitut(ing) . . . religious concepts or ritual . . . for accepted diagnostic concepts or therapeutic practice." The first two examples of breaches in these guidelines included a therapist who informed a depressed homosexual patient that homosexuality was sinful and a devout psychiatrist who engaged a patient in prayer at the initial visit.⁴⁹ The guidelines have been recently acknowledged by the Committee as helpful in responding to inquiries and complaints from APA members and other concerned citizens.⁵⁰

Western religion with its emphasis on a Chosen People was considered the perpetrator of violence in holy wars, destabilizing and divisive. African-American women were now identifying with Hagar against the chosen wife Sara of the patriarch of the three monotheistic western religions. Dr. Ruth Barnhouse, a psychiatrist and episcopal priest, sees us 200 years into a 500-year transition period out of 10,000 years of patriarchy. The story she told to different audiences at least twice may have prompted her to become a priest, since she views religion as more inclusive than psychiatry. A woman patient who sat in a corner in a hospital would not interact with others except to say "I need a priest, I need to confess something." Dr. Barnhouse called an Episcopal priest in Cambridge who spent one hour with her and afterwards told Dr. Barnhouse the lady in her 50's did have something to confess. She left the hospital cured in two weeks.⁵¹

B. Freud, Jung and Confession

Dr. Barnhouse is not the first psychiatrist to discover the therapeutic effect of confession. Freud knew also as he related in an interview cited Paul Vitz' *Freud's Christian Unconscious*, p. 105:

Confession is liberation and that is cure. The Catholics knew it for centuries, but Victor Hugo had taught me that the poet too is a priest, and thus I boldly substituted myself for the confessor.⁵²

Jung went to Freud as a father-confessor to confess his affair with a young woman patient Sabina Spielvein. He wrote to Freud:

Although not succumbing to helpless remorse, I nevertheless deplore the sins I have committed, for I am largely to blame for the high flying hopes of my former patient . . . my action was a piece of knavery which I very reluctantly confess to you as my father.⁵³

When Freud refused to divulge to Jung the real life situation of his dream about his wife and sister-in-law, Minna, claiming "But I cannot risk my authority," Jung noted fifty years later in his *Memoirs*:

At that moment he lost it altogether . . . The end of our relationship was already foreshadowed. Freud was placing personal authority above truth.⁵⁴

Both Freud and Jung rejected their father's religion, Judaism and Protestant Christianity, respectively, and set the stage for psychiatry's rejection of the religious father-confessor and adoption of that role for psychiatry. Coincidental with his break with Freud, Jung began another affair with a 23-year-old patient depressed after the sudden death of her father. Jung maintained that affair with Toni Wolff over forty years until her death in 1953, telling Freud about his "polygamous components" and rationalizing "The prerequisite for a good marriage, it seems to me, is the license to be unfaithful."⁵⁵ Jung found a stumbling block in the Christian religion in the "unhappy combination of religion and morality." He relied rather on alchemy and psychotherapy to "disconnect religious experience from religious morality. In his last major work *Mysterium Conjunctionis* he writes:

Whereas the Christian belief is that man is freed from sin by the redemptory act of Christ, the alchemist was evidently of the opinion that the 'restitution to the likeness of the original end, incorrupt nature' had still to be accomplished by art, and this can only mean

that Christ's work of redemption was regarded as incomplete. In view of the wickedness which the 'Prince of This World' undeterred goes on perpetrating as liberally as before, one cannot withhold all sympathy from such an opinion.⁵⁶

However, just as did the alchemists, Jung failed in his own search for integrity, admitting "I have found no plain answer to myself . . . through familiarity with oneself one became still more alienated."⁵⁷

The rejection of Judeo-Christianity by the great pioneers of modern psychiatry has prompted their disciples to look elsewhere for religious and spiritual guidance. Another respondent to Dr. Fleischman's lecture was Francis Lu, whose five-day experience at Esalen Institute studying Hinduism and Buddhism and Joseph Campbell led to his purpose in life "to put together East and West." His mentor Campbell has shown him, through myth images, how to bear suffering and have compassion in the sorrows of others. He traces a trajectory from birth to death through three stages, prepersonal, personal and transpersonal. He has been most active in APA efforts in including cultural elements in residency training and religious and spiritual factors in the new Diagnostic and Statistical Manual, 4th Edition. He concluded his response at this time, however, with a meditation on the photograph of a pepper by Ansel Adams and comments such as "Art is an affirmation of life, expressions without doctrine, let souls be mountains, let our spirits be stars, let our hearts be worlds."⁵⁸

The only symposium offered on religion was entitled "Psychiatry and Faith: A Contemporary Perspective" and featured four individual presenters. In the "Psychodynamics of Belief," Dr. Ruth Barnhouse cited evidence that "all persons are concerned about their relation to the Ultimate, and consider the meaning of life." She acknowledged "some forms of religious instruction are oppressive" and that "neurotic manifestations and effects of religion . . . result from an abuse of religion, not from religion itself."⁵⁹ James Fowler, Ph.D. from the Candler School of Theology, Emory University, presented a faith development stage theory based on in-depth interview research involving more than 600 persons.⁶⁰ Bruce Fallon, M.D., of Columbia University Department of Psychiatry, had treated a religious patient for two years before treatment ended abruptly. That case raised several questions, such as whether the faith development perspective contributed to an understanding of the woman patient, whether the faith development or psycho-dynamic model has greater explanatory power, and whether "faith as a motivating force" represents more than just healthy ego development.⁶¹

The fourth presentation in the symposium was a critique of Jung and all depth psychology as Gnosticism and was entitled "Jung, Individuation and Religious Experience: Psychoanalysis as Modern Gnosticism." Jeffrey B. Satinover, M.D. of the C.G. Jung Foundation in New York acknowledged that Jung, of all the founders of psychoanalysis, paid the most attention to religion. Dr. Satinover concluded that all depth psychology is a modern form of Gnosticism and is therefore unable "to capture, non-reductively, the meaning of faith and . . . to support a moral view of man's purpose."⁶² In response to his mother's No. 2 or occult personality "You must read Goethe's *Faust* one of these days," Jung discovered that "Goethe had written virtually a basic outline of my own conflicts

and solutions” combining Faust and Mephistopheles in “a single person, and I was that person.” Thereafter, “I regard my work on alchemy as a sign of my inner relationship to Goethe,” a way of connecting Gnosticism with psychoanalysis, loosening the soul from the body. He studied mandalas and UFOs, because they were found and bespoke the reconciliation of opposites. Both Jung and Gnosticism sought salvation through art and without renunciation.⁶³ At least Dr. Satinover appreciates their common deficiency in not promoting a moral life.

The prospectus on the workshop “How Should Psychiatrists Treat Spiritual Issues?” recalled the crowded presentations on this topic of Dr. Peck and the 1992 Pfister lecturer Bishop Paulos Mar Gregorios, but failed to anticipate the extent of ongoing interest. About fifty chairs needed to be added to the room to accommodate all the attendees. The Chairman of the Committee on Religion and Psychiatry said such interest was a recent phenomenon, since there did not seem to be any in 1990. He referred to the pope’s call for mutual study and respect. He invoked the 1990 Committee Guidelines to warn against imposition of one’s beliefs. Dr. Barnhouse compared today’s ignoring a patient’s religion with doctor’s ignoring a patient’s sex life seventy-five years ago and appealed for religious history taking as well as sexual history taking. She maintained that all religions have the same Golden Rule epitomized by the Judeo Christian love of God, neighbor, and self. She appealed to the attendees to stop worrying about the truth of a patient’s religion, since we cannot judge it as bad for them, but rather should ask, is it working for them, and does it facilitate their life.⁶⁴

A past president of the Christian Medical Society, the psychiatric branch of which had early breakfast meetings during the APA meeting, focused on a standard of behavior of truth, love and forgiving. He would ask a patient what they believed of their respective faith and loan a value system to a patient who did not have one.⁶⁵ There seems to be an ongoing concern with Christian psychiatrists offering their views to patients not only evidenced by the 1990 Guidelines but also by the paper of Dr. Allen Keyser on Christian psychiatry. This was submitted to the Committee on Religion and Psychiatry, which consulted the ethics committee regarding the paper, and had not yet sent its comments to the APA Assembly.⁶⁶ The Christian psychiatrist ended with a clinical vignette of a patient with suicidal hallucinations. The patient later acknowledged the suicidal words as his own and rationalized that the hallucinations had relieved him of feeling guilty for the voice telling him to kill himself.

During one of the breakfast meetings of the Christian Psychiatric Society, a case was presented by a psychiatrist who had done missionary work in Africa. During that missionary work a 20-year-old girl was returned to Africa from France, by her parents, who both had doctorates and practised witchcraft. They had wanted an African witchdoctor to cure her of what appeared to be diabolical possession. She was not cured by the local witchdoctors and was referred to the missionary doctor who attested to her diabolical possession by her adopting a different personality, referring to herself in the third person. She was also anti-Christ and refused to say “Lord Jesus,” but rather croaked like a frog instead. She had supernatural powers and after the successful exorcism did not recall the

possession. The girl subsequently became a Christian, which was considered a protection against the return of the devil.⁶⁷

Such a fascinating vignette, with its possible ramifications of adolescent rebellion against devil worshipping parents and providential rescue by a Christian missionary psychiatrist, was not much in evidence in the regular APA program. Sharing a meal together also added to the fellowship of the Christian psychiatrists who met each day.

A Jewish psychiatrist had specific recommendations he claimed derived from the Great Books, the laws of nature, and the Bible, but lost credibility when he declared premarital sex is not a sin and one should not put one's value judgments on abortion. He denied religion any role in patients with major psychiatric disorders which should rather be treated with medication. On the other hand, patients with personality disorders and addictions need guidance in good living principles from both clergy and psychiatry. He said it was all right to pray with a patient if it is not done primarily for one's own satisfaction.⁶⁸

On the contrary, Dr. Ruth Barnhouse was against praying with a patient, presuming that the patient would then be less free to discuss his/her problems. She related her history as a Presbyterian minister's daughter who had been frightened of hell excessively as a child and who had eloped at age 17 and was still picking out the splinters of her Calvinistic background. She conceived of Jesus as not being hierarchical or patriarchal and considered the conversion of Constantine a disaster. She chided fundamentalists for abusing religion by child and spouse abuse and regarded Jung favorably as promoting growth and the life force.⁶⁹ The diverse and contradictory views presented in this workshop led to a mass exodus of attendees during the session as it became clear from the prospectus that "rather than searching for the one and only 'true reality' we can recognize (with the constructivists) that we cannot know reality separately from our perceptual abilities."⁷⁰

C. Religion Enters DSM IV

Unlike the final workshop on abortion, which was scheduled at the end of the meeting and drew but a handful of people to hear the only balanced view on abortion presented at the APA meeting, the final workshop on religion was held in the morning of the last day and attended by the Chairman of the Committee on Religion and Psychiatry. There was a large attendance and a thick set of handouts, and the aura of psychiatric history in the making was evident. The three presenters had published an article in the *Manual of Nervous and Mental Disease*,⁷¹ which stated their case for the inclusion of religion and spirituality in the forthcoming Diagnostic and Statistical Manual IV. It had been persuasive in getting the Task Force on DSM IV of the APA to approve their proposition with a slight modification. Initially proposed in the journal article as psychoreligious or psychospiritual problem, the Task Force had recommended the prefix *psycho* be dropped and so the new category as of the time of the meeting read:

V62.61 Religious or Spiritual Problem

This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of

faith, problems associated with conversion to a new faith, or questioning of other spiritual values which may not necessarily be related to an organized church or religious institution.⁷²

In making its case "Toward a More Culturally Sensitive DSM IV — Psychoreligious and Psychospiritual Problems," the authors and presenters, David Lukoff, Ph.D., of the Saybrook Institute in San Francisco, and psychiatrists Francis Lu, M.D. and Robert Turner, M.D., both of the University of California at San Francisco, score psychiatry for ignoring or pathologizing the religious and spiritual dimensions of life which are evidently most important. They provide, by way of example, the current Diagnostic Manual which uses all twelve references to religion to illustrate psychopathology.⁷³ They take on Freud initially as promoting the tendency to associate spiritual experiences with psychopathology.⁷⁴

Dr. Lu hardly considers his spiritual experiences at Esalen in 1978 pathologic since they have given meaning to his professional life. This includes six years on the APA Committee of Asian-American Psychiatrists and now extends to his proposal for DSM IV and suggestions for requirements for residency training. Dr. Lu participated in the workshop on "Religious Issues in Residency Training."⁷⁵ His handout on suggestions was likely discussed in that workshop and included "gender, religious/spiritual, sexual orientation" factors . . . to enable residents to care for patients of various subcultures.⁷⁶

The Committee on Religion and Psychiatry is also attending "to educating residents on the importance of patients' religious backgrounds."⁷⁷ The Committee is preparing a book titled "What Every Psychiatrist Should Know About Patients' Religious Beliefs." It had also supported Dr. Lu's proposal "that psychospiritual disorders be included in the formerly designated "V codes" of DSM IV. If one wonders why Dr. Lu's suggestions include sexual orientation, it could well be from the input into the Committee on Religion and Psychiatry of the issue of "reparative therapy" raised by Dr. Isay's Committee on Gay, Lesbian and Bisexual Issues "which some religious leaders and denominations advocate for supposed problems of gender identity. There will be further discussion for a possible APA position paper on the subject." Also in the last official actions of the Committee on Religion and Psychiatry is a reiterated concern "that local and district branch activities in the area of religion and psychiatry, especially with the local clergy, have been less prominent . . . and should not be neglected."⁷⁸ One gets the impression that the homosexuals have easy access to many national committees which set APA policy, with little input from local branches. With religious and spiritual issues flanked by gender and sexual orientation issues in residency training, the indoctrination of psychiatric residents in the homosexual agenda seems assured. The prospectus on Religious Issues in Residency Training may be even more problematically prophetic in stating that "Residents who have, or who at one time had, strong religious faith may find the psychiatric residency at times confusing, if not a difficult context to integrate their religious understanding into their clinical practice."⁷⁹

The distinction between religion and spirituality seems to disparege the former, which seems to have been omitted in Dr. Lu's presentation to the

Committee on Religion and Psychiatry.⁸⁰ As stated in the journal article, "spirituality describes the relationship between the person and a transcendent being or force or a higher being; it is a quality that goes beyond a specific religious affiliation." David Lukoff, Ph.D., the principal author of the article, has specified features of this spirituality. His personal experiences are even more unusual and significant than those of Dr. Lu.

In 1971 he experienced hallucinations and delusions and dropped out of Harvard. After hitchhiking and taking LSD, he saw a hand glowing and believed himself to be a reincarnation of Buddha and Christ with a mission to write a new holy book to unite the world. Living communally, he slept little and wrote a forty-seven page book and spoke to many people living and dead. When people did not come flocking to him, he was allowed to live in his parents' cottage on Cape Cod and rewrite what he mistakenly anticipated would be a best seller. He read a lot, especially Jung, and became depressively suicidal and saw his skeleton and had a recurrence of Crohn's Disease. Suddenly he heard a voice saying, "Become a healer." Embarrassed, he left Cape Cod and stayed with friends for six weeks or a month at a time or with his family and took courses in Yoga and attended encounter groups. Finally an uncle directed him to a psychology training program and he interned at Camarillo State Hospital.

His supervisor for four and one half years was a woman Jungian analyst who encouraged him to receive messages from his unconscious, work with shamans and reconnect with his earlier experiences which were valid and could be controlled. While interning at Camarillo State Hospital he learned of a rabbi who conducted a group dealing with religious issues. Confronted with a woman who believed she was destined for hell and neglecting her child who was killed, the rabbi read about forgiveness from the New Testament, told her she was a child of God, prayed with her, and played cards with her with the result that the lady improved and was able to be discharged to a board and care home. Yet, even with such a manifestly Christian vignette, there was no mention of Jesus by Dr. Lukoff or the other panelists or attendees who spoke, including two priests who commented from the audience.⁸¹

One of the handouts at the DSM IV workshop included several references to Dr. Lukoff's other work in defining what constitutes a spiritual emergency. These phenomena seem to exemplify his own experiences and include ecstatic mood, sense of newly gained knowledge, perceptual alterations, delusions with themes related to mythology, no conceptual disorganization, a positive exploratory attitude toward the experience as meaningful, and a capacity to form and maintain an adequate working relationship, all of which distinguish the spiritual emergency from a brief reactive psychosis.⁸² The last characteristic in the list was not cited by Dr. Lukoff but by a colleague named Grof whose work on spiritual emergencies as distinct from psychiatric disorders was also made available in a handout at the DSM IV workshop.

In their book entitled *The Stormy Search for the Self: Understanding Spiritual Emergencies*, Christina and Stanislav Grof list the most prominent forms of spiritual emergency: the shamanic crisis, the awakening of kundalini, episodes of unitive consciousness ("peak experiences"), psychological renewal through

return to the center, the crisis of psychic opening, past life experiences, communication with spirit guides and "channeling," near death experiences, experiences of close encounters with UFOs, and possession states.⁸³ Some of these experiences suggest diabolic influence and, while recognizing their potential for provoking an "emergency", there does not seem to be an appreciation of the dangerous origin of those spiritual phenomena. Some could be included in the example of mystical experience provided by the workshop panelists in their journal article. Therein they describe spiritual problems as "experiences that a person finds troubling or distressing and that involve that person's reported relationship with a transcendent being or force."⁸⁴ They carefully distinguish such experiences from religious problems in that a spiritual problem "goes beyond a specific religious affiliation."⁸⁵

"Religious problems," on the other hand, "are experiences that a person finds troubling or distressing and that involve the beliefs and practices of an organized church or religious institution." Examples include "loss or questioning of a firmly held faith, change in denominational membership, conversion to a new faith, and intensification of adherence to religious practices and orthodoxy."⁸⁶ In their original formulation in the journal article the prefix "psycho-" was attached to the above mentioned spiritual and religious problems, but the DSM IV Task Force dropped the "psycho" prefix. That presented a problem in distinguishing what the authors were trying to delineate from purely spiritual or religious problems, which they stated "should be handled by individuals proficient in the relevant spiritual teachings and practices" for spiritual problems and "by the clergy" for purely religious problems.⁸⁷ An example of a purely religious problem which involves a conflict over questions of faith and doctrine and should be referred to clergy with no training in psychotherapy is family planning.⁸⁸ An example of a spiritual problem which could be handled by a spiritualist is a person experiencing perceptual changes as he begins meditating as a spiritual practice.⁸⁹

There is an acknowledgement that both religious and spiritual phenomena can appear in people with mental disorders and are thereby related to or possibly attributable to the mental disorder which should be treated by a therapist. However, the main thrust of the proposal to include religious and spiritual problems in DSM IV is to identify a third category of problems which are treated by mental health professionals rather than clergy or spiritualists. These are considered genuine phenomena and not the product of a disordered mind. The problems are amenable to treatment by a mental health professional, who will now be trained to treat people with such problems without considering the person thereby mentally disordered. This is a bold move, which could be interpreted as an encroachment upon religion by members of a profession who are generally not religious and who will be now trained by colleagues who seem more interested in spirituality which "goes beyond" religion and morality.

D. Brain and Spirit

On the positive side, this acknowledgement of religion and spirituality by a profession which has heretofore officially disregarded or deprecated these areas is

probably necessary to salvage psychiatry, which is not drawing new trainees. A section in the journal article entitled "Biological Primacy" is provided as a reason for the "lack of sensitivity to religion and spirituality."⁹⁰ A medical student attending the DSM IV workshop commented that his classmates are not planning to enter psychiatry because it is so biologically oriented. A former colleague, who now teaches psychiatric residents at a prestigious university program, mentioned that the residents know a lot about brain synapses but don't know how to talk to patients. A recent article in the APA journal entitled "Psychodynamic Psychiatry in the 'Decade of the Brain'" argues that without psychodynamic perspective "meaning will be lost and both diagnostic understanding and informed treatment planning will suffer as a result." It decries using "chemical unbalance" to absolve responsibility for behavior and even demonstrates that psychological influences result in permanent alterations of a neurobiological nature" to underscore the influence of mind over matter.⁹¹

Stressing that point at this juncture could have been counterproductive, however, since the new DSM IV has eliminated Organic Mental Disorder as a category "because it incorrectly implied that other psychiatric disorders did not have biological contribution."⁹² To propose a spiritual category as a corrective measure for biological priority when the Task Force was attempting to view disorders generally in biological terms might have jeopardized the inclusion of the "religious/spiritual problem" area altogether. As it happened, the Task Force dropping the psycho- prefix from the proposed problem category may have reflected an assumption that even religious and spiritual problems have biological rather than exclusively psychological components. There is now greater opportunity to view these and other problems and disorders from a holistic mind-body perspective which the pope had referred to in his response to the psychiatrists "that the human person is a unity of body and spirit."⁹³

E. Where is Christ? The Pope Returns

As the committee on Religion and Psychiatry bemoans "the lack of representation of non-Judeo-Christian religious traditions and hopes that someone from those other faiths will be appointed to the committee in some capacity,"⁹⁴ one wonders where the present Judeo-Christian influence inserts itself in the APA at the present time. The breakfast meetings of the Christian Psychiatric Society dared to mention the name of Jesus as it spoke of missionary activity in Africa. The annual meeting of the Catholic Psychiatrists' Guild held in one afternoon session of the APA meeting may have mentioned Jesus but in the recent past has been even more intrigued with Jung than some of the current psychiatrists concerned with spirituality in the APA. While acknowledging "The Guild is a little more narrow than my own religious attitudes, which I see from Jung's point of view," the 1982 Catholic Psychiatrists' Guild president said "at the mystical level — the deepest level, the psycho-religious teachings of Judaism, Christianity and the Eastern religions all have a common ground."⁹⁵

However, psychiatrists do not have to get lost in the "common ground" which today seems to be increasingly taken over by the "Eastern religions" which ignore

a personal God and specifically Jesus Christ as the "way, the truth, and the life." Not long after addressing the psychiatrists, Pope John Paul II appealed to a group of German bishops to:

Seek to convince your faithful of the great advantage they can draw from personal confession. Confession is greater and better than any human encouragement, any psychological technique, or dialectical or sociological methods."⁹⁶

Rather than distancing himself from psychiatric tradition, he may be said to be reaffirming a truth acknowledged by Freud who, nevertheless, adopted for himself the role of the confessor. After rejecting the spirit world, including demons and gods as "creations of the human mind," he considered "my chief enemy" Father Wilhelm Schmidt, a priest and professor of anthropology at the University of Vienna and world authority on Australian native languages, who claimed that the pigmy tribes referred "to a Supreme Being, immaterial, eternal, omniscient and righteous and often addressed as 'Our Father'" and who was also the "Creator and Lord of Life."⁹⁷

Are we not experiencing those times predicted by St. Paul in his letter to Timothy, "when people will not endure sound teaching, but having itching ears they will accumulate for themselves teachers to suit their own likings, and will turn away from listening to the truth and wander into myths?"⁹⁸ Jung and the currently spiritually inclined psychiatrists in the APA are enamoured of myths but not of the reality of Jesus Christ. The theme of the pope's remarks to the psychiatrists was the truth. He repeated that same message in Denver when he predicted to President Clinton the demise of the United States if it "educate(s) without a value system based on truth."⁹⁹

Dr. English, in his remarks to the pope mentioning the APA founder Dr. Benjamin Ruth, who signed the Declaration of Independence, and the pope himself referred to truths which "are enshrined in the Declaration of Independence, the Constitution and the Bill of Rights, and they still receive a broad consensus among Americans." Finally, in his final comments to Vice President Gore, he described the culture of death rampant today and contrasted it to:

The culture of life means respect for nature and protection of God's work of creation. In a special way it means respect for human life from the first moment of conception until the natural end . . . The culture of life means thanking God every day for His gift of life, for our worth and dignity as human beings, and for the friendship He offers us as we make our pilgrim way to our eternal destiny.¹⁰⁰

III. Conclusion

If we follow the leaders of the APA who promote the contraceptive life style, frustrating the life-giving potential of sexuality and its consequences, the culture of death will devour us. They deny that killing one's own child can be emotionally disturbing and that homosexual activity which frustrates life-giving potential can or should be discouraged. With their stranglehold on the APA there is little hope in a positive development of religion in that association. A former episcopal advisor of the Guild, Archbishop Nicholas T. Elko at a Cardinal

Mindzenty Foundation Conference in Anaheim on February 7, 1987 summed up the problem thus:

The Church is a monarchy. The head is Christ. His prime minister is the Pope and we cannot change God. Those people who are not going to Confession, do you know where they are going? To psychiatrists.

And he added that "many physicians and psychiatrists have commented to him that the confessional is necessary not only for one's spiritual welfare but also for the health of the mind."¹⁰¹

Freud appropriated the confessional for himself and his colleagues. Spiritually inclined psychiatrists acknowledge Freud's dismissal of religion. Will they be humble enough to give religion its due and refer their patients to clergy for confession? Or will they merely acknowledge the "healing spirit" within them as they induce their patients to meditate on a pepper? After the pepper leaves them unsatisfied, perhaps they will convince their psychiatrists to prepare them for confession to a person who has the authority from Jesus to truly forgive their sins.

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