

May 1964

## Religion and Psychiatry

Dana L. Farnsworth

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

### Recommended Citation

Farnsworth, Dana L. (1964) "Religion and Psychiatry," *The Linacre Quarterly*: Vol. 31 : No. 2 , Article 4.  
Available at: <http://epublications.marquette.edu/lnq/vol31/iss2/4>

# Religion and Psychiatry\*

DANA L. FARNSWORTH, M.D.\*\*

The old arguments concerning the hostility between religion and psychiatry are dying down. Clergymen may still be suspicious of psychiatrists and psychiatrists may be intolerant of the clergy but these are personal attitudes and do not represent any fundamental incompatibility between their two disciplines. Religion is concerned with spiritual matters; its central concern is the relationship of man (or his soul) to God. Psychiatry deals with the inappropriate or inadequate ways man copes with his problems here on earth. Clergymen and psychiatrists are similar in their desire to help people. Though their basic approaches differ radically, each can help the other by knowledge of one another's basic assumptions and methods.

Erikson's distinction between psychology (including psychiatry and psychoanalysis) and religion seems almost like poetry to me: "Psychology endeavors to establish what is demonstrably true in human behavior, including such behavior as expresses what to human beings seems true and feels true. . . . Religion, on the other hand, elaborates on what feels profoundly true even though it is not demonstrable; it translates into significant words, images, and codes the exceeding darkness which surrounds man's existence, and the light which pervades it beyond all desert or comprehension."<sup>1</sup>

Psychiatrists are primarily concerned with all kinds of troubled people

while clergymen must deal with those of their parishioners who are troubled; perhaps they must spend more of their time with them than with those who are not involved in any quandaries. But troubled people appear in many places and under a variety of labels. In the juvenile courts the delinquents appear. In the schools the troubled ones appear as truants, disciplinary problems, drop-outs, or underachievers. In family service agencies the quarreling parents and their children who respond with anxiety, physical symptoms, and behavior problems are omnipresent. Police officers find them as chronic traffic violators, alcoholics, drug addicts, robbers, and molesters of women and children. Judges deal with the troubled in divorce proceedings, custody problems, and in their decisions as to what should be done with those who disturb the peace of a community. In the confessional priests must deal with every form of behavior not acceptable to society or to the individual confessor. Public officials must learn how to cope with cranks, zealots, members of hate groups, and those who would bribe or be bribed.

It is all too easy to classify people as troubled or untroubled, sick or well, bad or good, dishonest or honest. This tendency is not logical. All people display admixtures of desirable and undesirable characteristics. Our task as individuals is to learn how to keep our desirable qualities in control; as clergymen and physicians our energies are directed toward teaching our troubled parishioners

<sup>1</sup>Erikson, E. H.: *Young Man Luther*. New York: W. W. Norton, 1958. page 21.

\*Talk given to the Guild of St. Luke of Boston at Boston College, March 4, 1964.

\*\*Henry K. Oliver Professor of Hygiene and Director of the University Health Services, Harvard University; Physician, Massachusetts General Hospital.

and patients to cope adequately with forces working against their best interests. Always we try to minimize the evil, the destructive, the impulsive, the irrational, the hatred in the troubled; we try to enlarge the good, the constructive, the self-control, the rational, and the capacity to love and to be loved.

Psychiatry, a young specialty in medicine, has undergone an almost complete revolution in the last few decades. An earlier revolution was encouraged by the activities of reformers like Dorothea Lynde Dix, who went throughout New England as well as to many other states and countries trying to get the mentally ill out of the attics, the basements, the jails, and the poorhouses and into hospitals. She succeeded almost too well, in that, thinking that we were acting with the best of humanitarian motives, we developed a system of large mental hospitals, most of them operated by the states. Many of these had (and still have) several thousand patients, some as many as 15,000. We tended to assume that once we got patients into hospitals they would get good care; this has not necessarily been the case because of our tendency to act on the "out of sight, out of mind" principle.

As a result of knowledge gained in the armed services during World Wars I and II by those who were responsible for the emotionally ill and unstable, new and fresh ideas began to affect psychiatric practice. Increasing attention was paid to social and cultural influences in the etiology of mental illness.

It was increasingly evident that the social deprivation brought about by close confinement in a mental hospital did still further damage to minds already impaired by emotional conflict. In the early 1950's the introduction of the tranquilizers made it possible for many patients, heretofore

inaccessible to reason because of their conflicts and the effects of social deprivation, to respond to kind treatment and to psychotherapy. For the first time the number of patients in mental hospitals began to decline, even though very slowly. It is possible that the beneficial effects of the new drugs on mental functioning caused physicians, nurses, attendants and relatives to be more thoughtful and considerate of mental patients than they might otherwise have been, thus creating a beneficial cycle. One of the very encouraging developments outside psychiatry, but involving it to a considerable extent, is the growing attention being paid by priests and ministers to the psychological aspects of their counseling of parishioners. The Academy of Religion and Mental Health, to which many physicians and clergymen belong, now publishes the *Journal of Religion and Health*, and stimulates collaboration among clergymen, physicians, behavioral scientists, and other persons interested in mental health projects.

The most successful of the post-graduate educational ventures of this type with which I am familiar is the one conducted by St. John's University at Collegeville, Minnesota. Beginning in 1954, under the direction of Father Alexius Portz, O.S.B., at least three seminars of one week's duration have been conducted each year. A typical group consists of about 50 persons made up of a "faculty" of 5 psychiatrists and a psychologist and a "student body" consisting of 25 to 30 priests, 10 to 20 Protestant ministers, and 1 to 3 rabbis. The format of the seminars has been changed repeatedly but over the years a favorite method has gradually evolved which achieves a maximum of benefit to both students and faculty.

Two lectures are given daily, at the beginning of the morning and after-

noon sessions, followed by questions from the audience. The assembly then breaks up into four discussion groups, each with a faculty member as leader, in which issues and principles presented by the lecturer are discussed in detail, using illustrations derived from the experience of the clergymen.

In the evening panel discussions are conducted by the faculty during which there is always spirited audience participation. The subjects are usually those chosen by the clergymen.

The subjects covered are indeed varied: growth and development, character formation, how values are transmitted, social and cultural influences affecting behavior and accomplishment are among the popular topics affecting everyone. Anxiety, the significance of symptoms, the nature of mental and emotional disorders, alcoholism, marital problems, depressions, scrupulosity, sexual disorders, suicide, neuroses, and psychoses are discussed in various ways in practically every seminar. The theory and practice of pastoral counseling is always a popular subject; occasionally an entire week may be devoted to it.

One of the most pleasant and distinguishing features of these seminars is the informality with which they are conducted. The parish priests, the Protestant ministers, the rabbis, the psychiatrists, the abbots, and the bishops look remarkably similar when they appear in their informal attire; only the lecturers feel impelled to put on coat and necktie while lecturing. Over coffee, "cokes," or beer, spirited discussions follow each session. The common tasks and simple friendliness take precedence over the theological or doctrinal considerations, and new and lasting friendships are made; professional misconceptions and prejudices weaken. Happily, the

faculty members learn as much if not more than the students.

Some persons become concerned that cooperation between representatives of religion and psychiatry will result in religion being "watered down" to a special kind of social work or to rules for right living. These fears are groundless, at least in our experience at St. John's. Great care is taken by members of both groups not to invade the central concern of the other. The only person more to be regretted than the clergyman who thinks of himself as an amateur psychiatrist is the psychiatrist who mixes religion and psychiatry in such a way that neither he nor his patients know what they are doing. The professional identity of each person is carefully guarded. By knowing as much as possible about the nature of the human beings they are trying to serve, each can do the work of his own profession most effectively—at least that is the theory and we think it is borne out in practice.

These seminars have been sponsored for ten years by the Hamm Foundation of St. Paul, Minnesota. In my opinion, no foundation has ever accomplished so much good with a relatively small amount of money (though large for the Foundation).

As examples of areas of common interest we might consider two items out of many—the inculcation of meaning and purpose into the lives of our young people and the state of family life.

I was asked a few weeks ago by a group planning a course of lectures on the problems of young people what I considered to be their main quandary at the present time. I replied that I thought it was an overwhelming attitude of uncertainty; many of them lack an awareness of meaning and purpose in what they

are doing. The values of their elders seem to them confusing and contradictory.

I would suggest that perhaps the present generation of parents of young adults have been so preoccupied with their own earlier rebellion against repressive customs that they have become so tolerant and understanding that their children don't know what their parents stand for. Obviously our students of today are not in a mood to adapt standards imposed on them by someone else. They have difficulty developing acceptable standards because of too little serious communication on these subjects between themselves and their older friends and colleagues — parents, teachers, community leaders—and because the need for such interchange of ideas has been inadequately appreciated by members of the older generations.

Unless we can improve communication between our generation and the younger generation, represented by our children, there is going to be more misunderstanding, more of a gap in communication, than we have now.

We have many people, as Charles Frankel has pointed out, who feel that they are moving in a direction they do not like and cannot control.<sup>2</sup> They feel overwhelmed by problems and inundated by the tidal wave of events; they fear the lack of a sense of purpose. To them society seems at odds with itself. This lack of purpose is one which, of course, the Church would supply right away, but it is not successful in having everybody embrace its particular point of view. And this is why those in psychiatry and those who are engaged in religious pursuits, the lawyers, and business men, and those who are teaching in the schools and colleges should co-

ordinate their efforts to understand more clearly than they have in the past the conditions which bring about this listlessness and lack of meaning and purpose. We must try to get people to be more thoughtful, more considerate, more perceptive of subtle factors in human growth and development, more aware of the needs of children, who, it is to be hoped, will develop into persons with strong character and personality.

Our children need love and affection, particularly in the early years; they need good role models; they need strong and friendly discipline applicable not only to them but to all members of the family; they need respect as separate individuals with emphasis on helping them make wise choices rather than in making choices for them. Most of all, they need good role models for emulation.

Since they are quite vulnerable to peer group influences, a part of our job in bringing up children is to understand those influences, hoping that this knowledge will be useful in combatting those which are destructive in their effects. A strong family life is one of the best antidotes to negative attitudes in the community.

Walter Lippmann (as quoted recently in the *Harvard Crimson*) expressed the predicament of the teacher, which applies in some measure to ministers and psychiatrists as well. ". . . There is a terrible loneliness that comes to men when they realize their feebleness before a brutally uninterested universe. In his own life-work, say as a teacher, a person may be making some one class-room serviceable to a few children. But he will feel, as the more imaginative teachers do, that his work is like that of Sisyphus, he no sooner achieves a thing than it is undone. How can he educate a child for a few hours a day,

when the home, the streets, the newspapers, the movies, the shops, are all busy miseducating? Wherever there is a constructive man at work you are likely to find this same complaint, that he is working alone."

The priest or minister and the psychiatrist can profit from knowing and appreciating one another's problems, central tasks, and limitations. Although each has his distinct domain of interest and activity, there is enormous overlap. All are interested in developing the highest type of human being possible among the persons who come to them for help and in relieving suffering from whatever source. Morality may not be a primary concern to the psychiatrist in his professional capacity but it certainly is to him as a citizen and a parent. Our University Preacher at Harvard, Reverend Charles P. Price, put the problem of morality in a frame of reference of great significance to me: "When we look at morality from the outside, we may well decide that a new code, a new systematic understanding of our world, is necessary. But looked at from the inside, the question of morals entails a question of morale, of authority, and of the

true freedom of man in which authority is rooted. For want of freedom, authority will be lost. For want of authority, morale will be lost. For want of morale, morals will be lost. For want of morals, humanity will be lost."<sup>3</sup>

It is profoundly to be hoped that the good beginning in cooperation between religion and psychiatry may be continued for the welfare of mankind, and certainly all religious men will know it is still another way of promoting the will of God.

#### SUGGESTED READINGS IN PSYCHIATRY AND RELIGION

Cuneen, Joseph E.: *Cross Currents of Psychiatry and Catholic Morality*. New York: Pantheon Books. 1964. 396 pp.

Braceland, Francis J., M.D., and Stock, Michael (O.P., Ph.D.): *Modern Psychiatry — A Handbook for Believers*. New York: Doubleday and Co. 1963. 346 pp.

Zilboorg, Gregory: *Psychoanalysis and Religion*. New York: Farrar, Straus and Cudahy. 1962. 243 pp.

Braceland, Francis J., M.D. (Ed.): *Faith, Reason and Modern Psychiatry*. New York: P. J. Kenedy and Sons. 1955. 310 pp.

<sup>3</sup>In a sermon at Harvard Memorial Church, Cambridge, Sept. 29, 1963.

<sup>2</sup>Frankel, C.: *The Democratic Prospect*. New York: Harper & Row. 1962. page 1.