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COMMON GROUNDS FOR PSYCHIATRISTS AND PRIESTS

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THE Catholic church has sometimes been charged with being hostile to psychiatry and occasionally the statements of a Catholic spokesman are quoted, or misquoted, in proof of this contention. The assertion must be distinguished. The church is not antagonistic to true, scientific psychiatry, but she does condemn certain fallacies that masquerade under that term. It is true that she is unalterably opposed to certain theories that are advanced by some psychiatrists and to certain practices that may follow from such theories. Her protests are not prompted by narrow-mindedness or obscurantism, rather they are the results of her enlightenment and of her deep understanding of the nature of man. She cannot approve of speculations that deny free will, that contend that man is only a physiological machine, a slave to his unchristian hormones or as powerless against his animal impulses as is a sparrow against the fury of a cyclone.

Such assertions run counter to sane philosophy. They contradict divine revelation. They are unscientific. In condemning them the church does a service to science and to truth.

Unfortunately, such false teachings are all too common in psychiatry. No field of medicine has been so hampered by rash speculations and by mystical, far fetched theories as has psychotherapy. Neurology, for example, has not fallen so readily a victim to such excesses. It is not necessary to dilate upon the many causes underlying the muddled thinking that is found so frequently in medical psychology today. Suffice it to say that such thinking has hindered the progress of psychiatry. It has provoked the amusement, or the impatience of other medical men

who are accustomed to deal with more tangible diseases and who demand objective data as foundations of acceptable theories.

Of course, not all psychiatrists have fallen victims to the fallacies into which some of them have stumbled. A great many of them recognize that man has a spiritual nature. They realize, therefore, that since he is a composite being, made up of a body and a soul, his behavior, whether healthy or pathological, cannot adequately be explained as organic responses alone. They do not fall into the mistake of attempting to describe man's activities in terms of merely bodily responses anymore than they would give full credit to one of two engines that laboriously drag a heavy train to the top of a mountain.

This sane, scientific kind of psychiatry the church welcomes. She recognized its value and its need. She is happy to profit by its genuine findings. She encourages priests who deal with mentally abnormal penitents to enlist the aid of reliable psychiatrists.

Speaking generally, it is not psychotics who constitute the real problem for a priest. Occasionally these do find their way to a priest's parlor or to the confessional, but they are easy to recognize and are rare compared to the number of psychoneurotics who seek counsel and comfort from a confessor. Many of these individuals need the help of a physician before they respond to the guidance of a priest and so the physician and the priest can work together to their mutual aid and to the common advantage of the patient.

It is not a question of the priest functioning as a psychiatrist or the physician assuming the role of a priest. In either case grievous harm may result. Both indeed are interested in the same individual, but from very different points of view. The priest's concern is in the moral well-being of his patient, while the physician's aim is to find the causes of the patient's trouble and to restore him to mental health. This latter objective will often be realized more fully through the wise cooperation of a priest.

The therapeutic power of healthy religious faith is recognized even by numbers of psychiatrists who are not religious themselves. They have observed, for instance, the calming effects that sane religious attitudes exert on their patients. Often they advise their Catholic patients to make a good confession, not because they admit its sacramental value, but because they have seen that it makes the afflicted person more responsive to medical treatment. They are glad to have an understanding priest to whom they may refer patients for spiritual direction.

There is another genuine way in which a psychiatrist may profit by the assistance of a priest. The neurotic is not cured simply by dispelling his symptoms. He must build a healthy attitude toward life. He must

break the habit of running away from reality or compromising with it. In other words, he must learn to face difficult facts squarely and make the most of things he cannot change. Otherwise it is exceedingly probable that his old phobias or compulsions or scruples or anxieties will engulf him again. A priest, because of the confidence that his Catholic people have in him, may be of vast assistance in helping a person build up the wholesome attitude that will protect him against relapsing into his neuroses.

It is not necessary that a priest be a specialist in psychiatry in order to play a real part in a patient's rehabilitation. It is desirable, however, that he have some knowledge about the mechanisms underlying mental abnormalities. He should, moreover, be able to recognize conditions that call for expert psychiatric care and refer them to a trustworthy specialist.

It is not absolutely essential that the specialist be a Catholic provided he is a man of high moral and professional standards and has at least a respect for his patient's religion. As a general rule, however, a competent Catholic psychiatrist is likely to have the best success with Catholic patients, as he understands their viewpoint, and should their case be accompanied by religious doubts or anxieties, as sometimes happens, he may appreciate these better than could his non-Catholic confrere.

It is not the psychiatrist's function to preach to his patients or to condemn them for moral delinquencies. They may resent such a venture on his part and his influence over them is lost when their confidence in him is weakened. He makes suggestions rather than proposes motives. His hope is that the patient, as a result of the suggestions, will build up his own motives, but he can frequently suggest ideas that are at the same time good medicine and good morality. For example, he can emphasize the truths that abnormal impulses are not irresistible even in the neurotic.*

He can impress a homosexual with the conviction that his problem is essentially the same as that of a normal man: they both must keep themselves clean, they both must protect themselves against temptations and avoid situations which experience has proved dangerous. It is, of course, true that social traditions and customs are an aid to the heterosexual in his struggle, while they are likely to multiply difficulties for the homosexual; I am referring to the familiarities allowed to members of the same sex. But the great majority of homosexuals are able to safeguard themselves provided they become convinced that they are not among the hopelessly damned and are encouraged to make the effort they must make if they are to be moral. The likelihood of their success

* This statement would need qualifications in the case of psychotics.

is heightened when the same advice is given by a psychiatrist on medical grounds and by a priest on religious grounds.

This positive healthy influence exerted by high-minded psychiatrists is real and eminently worth while, but they confer negative benefits also. They spare the patient the danger of falling into the hands of those practitioners who are hostile to religion. The suggestible, self-centered neurotic is in real danger of having his own faith harmed, when a man with the reputation of an expert scorns religion as an outgrowth of primitive fears, or of ignorant superstitions as a threat to mental health and unworthy of our enlightened scientific age. When the patient is assured with a great show of learning that religion is a myth, that God is simply the figment of a despondent mind that is struggling to recapture a sense of uterine omnipotence, he may come to regard faith and its teachings as such lowly things that they have power neither to encourage nor to stimulate. Thus, he is robbed of his confidence in a provident God, of his hope in prayer and the sacraments, in a future life, and in the other consoling truths of religion which are at the same time the best preservatives of mental health and one of the most powerful agencies for its restoration.

There are two medical specialties in which religious-minded doctors are urgently needed, obstetrics and psychiatry. It is true, there are many Catholics eminent in both of these fields. Some of the outstanding psychiatrists of the country are exemplary members of the church. There is need for more of them and it is to be earnestly hoped that many of our young men from our Catholic medical schools will take up this specialty. Psychiatry has ceased to be regarded as the stepchild of medicine. It not only has become "respectable" but has proved its value and need in these days when men and women are battered by the emotional strains of our complex modern life. To fulfill its functions perfectly, it must regard its patients not as sick bodies, but as sick *persons* with spiritual natures and spiritual destinies. It must recognize that a man who is to live a full, contented, healthy life must have moral ideals and live up to them. And one of the surest protections against devastating conflicts and a most effective means of recovering from them is a trust in a provident God, the aid of religion, and the hope of unending happiness. Such a goal can best be achieved by team work between a psychiatrist who knows something about sin and a priest who knows something about psychiatric symptoms.