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THE THERAPIST AS A PERSON

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Psychiatry is a field of medicine in which the average layman does not expect to find an emphasis on morals. If he happens to be a layman on his own part pretty much convinced that morals constitute an outmoded system of restrictions, his attitude to "scientific" psychiatry is likely to be that of one who is content to have his convictions reinforced. And if anyone should allege, that with such a patient the materialistic psychiatrist can anticipate favorable rapport, he is deceived by the appearance of things. For therapy implies much more than initial rapport. In the therapy situation two personalities, each human and therefore moral, enter into a relationship of mutual trust and confidence. Any "scientific" abstraction which demoralizes that situation so distorts its nature, that it is no longer therapy. But if our layman happens to be one who does not propose to be deprived of his moral values, his attitude to the psychiatrist is likely to be reserved, perhaps antagonistic. At best he may temper his antagonism and approach his interview prepared to accept the therapeutic minimum. In this case we can predict a degree of rapport which, at least initially hovers near the vanishing point.

It is clear, at any rate, that the therapy situation and psychiatric gains will be impeded as long

as there prevails in the lay mind the notion that psychiatry is not interested in morals. Though it is not part of my present purpose to examine the justice or the possible sources of the average layman's viewpoint, there are psychiatrists who have been sufficiently humble to utter a contrite *mea culpa* for what they feel has been the responsibility of some of their colleagues. One even speaks of psychiatrists embarking upon an "era of professional imperialism" in attempting to manage problems of education, law and religion with means that are purely scientific. However, I have chosen here to point out a twofold reorientation toward morals and moral values within the psychiatric profession. The first of these has had reference to the patient as a person to be cured and is now old enough to be designated as a definitive orientation. It has already made its influence felt in some of the text-books. The second has reference to the therapist as a person. It is not yet old enough to be designated in any other way than as the hope of a reorientation. But it is significant, so significant in fact, that until it is properly formulated and applied, the full benefits of a moral psychiatry will be far from realization.

Neither of these movements is properly connected with the name of any one psychiatrist, nor even

with any "school" of psychiatry. But the older movement, the one which rediscovered the *person* in the patient, has on the American scene been closely associated with the influence of Dr. Adolph Meyer. Doubtless its origin and growth have been related to events and viewpoints outside psychiatry. The organismic emphasis of experimental biology and the holistic and integrative viewpoints within experimental psychology have been influential. Within psychiatry proper the new emphasis found wide acceptance. It is only because the title so succinctly epitomizes the viewpoint, that I presume to name an individual book, namely Robinson's "The Patient as a Person."

Now it is not my contention that this movement within psychiatry has restored morals and moral considerations to their proper place in the totality of life. In fact it will be the major trend of what I have to say, that this emphasis on the patient alone is insufficient for such a task. But there was some advance in the recognition that "rigidly scientific" medicine is likely to focus an interest on the disease entity that will prejudice or depersonalize all interest in the mental emotional and moral qualities of the patient as a whole. For, as Robinson notes, these have much to do with the character and severity of the patient's symptoms. And it is his frank contention that any former neglect of the patient as a whole was an elusive by-product,

so to speak, of specialization in medicine. Nor need our acceptance of this new viewpoint as a corrective for the undesirable sequel of specialization decrease our esteem for the positive, technical advances that specialization made possible. Without any sacrifice of truly scientific progress the new movement has endeavored to focus in proper perspective the personality as well as the organic stresses that occur in illness and disease.

An obvious result of such a development would be to extend considerably the scope of what is to be included under the rubric of treatment. With this viewpoint in focus, even in cases involving circulatory, respiratory and other disorders was bound to touch upon the moral realm in the creation of healthy attitudes. It was bound to, and did recommend remedial measures for personality deficiencies and also for adverse social conditions. For such factors were found important not only in the treatment but also in the diagnosis of the total severity of many illnesses.

If this is an emphasis on the emotional and social complications that play a rôle in the onset of various illnesses, it is much more an approach to the moral implications involved in the *total* treatment of illness. In thinking of some of the problems faced by the therapist one might well be reminded of the confessor and the delicate decisions he must make concerning the occasions of sin.

Nor is the analogy far-fetched; for the confessor is *medicus animae* as well as *judex*.

In general the trend of the psychobiologic point of view, the view that stresses the patient's personality, has been a good one, in that it has emphasized an inseparable unity of physical and mental. Nevertheless one gains the impression, that it has not, thus far at least, been extended to the legitimate fulfillment of all its implications. I lean to the view that the key to its shortcomings is its one-sided stress on the personality of the patient. It has failed to stress the *person* in the therapist. Thus in the moral sphere it has created a basis for the recognition of the moral aspirations and ethical values of the patient, but has somehow neglected the moral responsibilities of the therapist.

Hence it would seem a welcome should be extended to any movement in psychiatry which would explicitly state the moral idealism of the therapist as a person. In a recent issue of *Mental Hygiene* a practising psychiatrist, having made the point that moral and medical systems for the control of human behavior are not really divergent, comes to the conclusion, that "the psychiatrist, indeed, cannot disavow moral values without disavowing his rôle as a physician." To us, of course, this is not a new viewpoint. But when stated in a context that explicitly relates the successes of psychiatry in the past to its use of scientific

tools, the argument deserves attention.

The author's argument is in brief, that both psychiatrist and clergyman use the two systems of control, though each with a different emphasis. Thus in urging the removal of a source of moral infection the clergyman is acting somewhat as the surgeon. He is exercising a scientific approach. In his efforts to motivate desirable behavior the psychiatrist is seeking to derive from moral sanctions a psychiatric gain for his patient.

Now this viewpoint unfortunately cannot be said to be as widespread and as vocal as the movement that insists on the personality of the patient. Hence I have called it the hope or the promise of a reorientation. To us, of course, who are convinced of the need not only of the moral but also of the supernatural for the complete integration of human personality there is nothing new in the view that adequate therapy cannot be achieved on the sole basis of scientifically derived postulates. But if we recall that it was a slow process whereby psychiatry as a whole ceased to regard the patient as a *case* or *specimen* and rediscovered his *person*, we should be particularly receptive to the second viewpoint, which promises to reinstate the therapist as a person. Morals and the wholeness of life stand to profit by such a reorientation. When therefore we read, that "the

psychiatrist who maintains that his approach is totally scientific and that he is not concerned as a psychiatrist with moral values, is self-deluded" or again that "as a psychiatrist he has accepted a moral obligation" may we not hope

that the average layman will rediscover in psychiatry that emphasis on morals which he has a right to expect? And this rediscovery will only come, when the therapist as well as the patient claims to be a person.

THE SNEEZERS

"God bless us," I prayed. I had sneezed again, and I was afraid that the attack of the grip was on the way. "Please be good, Sneezzer."

"I shall try to be good," answered Sneezzer. "The Sneezers are not always an advance agent of disease. There was a time when people took snuff, and welcomed us because we cleared up the head, let in more oxygen and brightened up things generally. Then, as all tobacco appearances are not beautiful, so in snuffing, the looks of it checked its use."

"At any rate, Sneezzer," I said, "your family is the only one, I believe, that always is greeted with a prayer, as I greeted you. I am told that the practice began centuries ago when people wished by a prayer to ward off a plague. That's something to boast of, Sneezzer."

"Sir," said Sneezzer. "The evil

that we do is caused by germs in the nasal passages. We unfortunately are not able to remove those germs, and, alas, the distance to which we drive the dangerous spray has been measured and found very large. Yet a handkerchief is a quick and sure check to the spray. I wish, sir, that there was as good a remedy for those evil Sneezers who go about infecting their neighbors with scandals and rash judgments of others. Handkerchiefs are not enough for those Typhoid Marys. They should be put in the isolation ward in a hospital. They set whole neighborhoods sneezing, and spraying all with the fatal germs of back-biting."

"God bless us, Sneezzer. We must all revive that old prayer, and go at once to Dr. Charity to render us immune to every evil germ," — FRANCIS P. DONNELLY, S.J.