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BRIEF STUDIES

A Chaplain Looks at Psychiatry

Psychiatry is being used today both as a body of knowledge and as a treatment method, not only in connection with medicine and mental health but also in company with law, literature, education, government, and religion.

What is psychiatry? What is a psychiatrist? Dr. William Menninger, of the Menninger Foundation, Topeka, Kans., tells us:

"Right at the start we ought to tell you that psychiatry is the branch of medicine that concerns itself with the study (diagnosis), the treatment and the prevention of all types of psychological difficulties. The psychiatrist is a physician (an M. D.) who in the course of his medical education . . . did what every other doctor has to do. He learned about bacteria and physiology, set broken bones and did minor surgery, made blood and urine examinations, and treated heart cases and diabetes. After all that, he spent five more years in specialized training and experience in the field of psychiatry. Then if he wished to qualify and be listed as a 'specialist,' he had to take and pass special examinations of the American Board of Neurology and Psychiatry." (William Menninger and Munro Leaf, *You and Psychiatry* [New York: Charles Scribner's Sons, 1948], p. viii.)

Defining the psychiatrist as one who "specializes in the study (diagnosis), the treatment and the prevention of all types of psychological difficulties" raises the basic question what is meant by "psychological." Etymologically the word "psychology" denotes a concern with the *psyche:* soul, mind, spirit, life. Consequently one may wonder whether the psychiatrist can "study, prevent and treat all types of psychological difficulties" without getting involved in the study, treatment, and prevention of soul problems. Both the psychiatrist and the clergyman are aware of the fact that they function in areas that are closely related to one another. As a result many "psychiatry and religion seminars" have sprung up all over the country. Clergymen are writing about psychiatry, and psychiatrists are writing about religion. If conducted on a high level, such discussions and studies can be of inestimable value to the church and to psychiatry as a branch of the medical sciences.

The psychiatrist has a source of knowledge out of which he works. It has come down to him over a period of about 150 years, the last 50 of which have been most fruitful. Much of the language is technical.

In general, however, psychiatry says that as our body has many different organs (heart, lungs, kidneys, etc.) with special functions contributing to the life of a whole body, so also the mind has different areas of function contributing to the working of the whole mind. The four areas usually listed are perception, intellection, emotion, and volition.

Through the eyes, ears, nose, and skin — via the brain — people learn to know their world and things about them by seeing, hearing, smelling, and feeling. This is perception. People can think and make plans. They can make decisions and evaluate situations. This is intellection. People hate, love, and fear. This is emotion. People can act and do. This is volition. Like the body organs, none of which acts only by itself, but in rhythm with all the others, so also the areas of the mind work together. Perception never functions without intellection. Emotion does not work independently of volition. People do not hear something without having some feeling about it. Man rarely acts without some form of thinking. A common illustration of this involved process is what happens to us when we come into the house hungry while a steak is cooking. Through the nose we smell what's cooking (perception). We call to mind another such incident, and compare this experience with that of the past (intellection). We feel pleased and delighted (emotion). It is not hard to guess how we shall act (volition). The deeper we understand the psychological machinery of man, the more we are reminded of David's exclamation: "I will praise thee; for I am fearfully and wonderfully made" (Ps. 139:14).

On occasions the psychological machinery of man breaks down completely. If a person comes into the house and in place of smelling a real steak cooking, he smells a bunch of old rags burning; and if, on lifting the lid of the frying pan, he sees a piece of shoe leather frying rather than a real steak, something has gone wrong with the machinery of seeing and smelling. Our illustration may sound a little peculiar, but psychiatrists see such strange phenomena in people all the time. Chaplains who serve in psychiatric hospitals can verify such experiences. It is not at all uncommon for people whose psychological machinery has broken down to see elaborate visions in space, hear voices out of the air, feel radio waves running through their bodies. Their thinking becomes twisted. They often act as if they were other people, ranging from God to Stalin. When Dr. Menninger says that the psychiatrist studies, treats, and prevents "psychological difficulties," he has, of course, these severe disorders in mind. The psychiatrist has devoted his life to a study and repair of such psychological difficulties.

The origin and cause of the breaking down of psychological machinery is not completely and fully known. Sufficient knowledge is at hand, however, to treat such people with some success. The most successful and practical benefit of psychiatry to date lies in prevention. If a severe "psychological difficulty" is detected early enough, complete disintegration of personality can be avoided.

In addition to studying, treating, and attempting to prevent severe psychological difficulties as described above, the psychiatrist has a genuine concern for those of a less severe nature. The severe difficulties have for a long time been called "psychoses." Those of a mild or moderately severe nature have been labeled "neuroses." Both terms, however, are being re-evaluated by psychiatry and may eventually become obsolete. This trend is due to the fact that many of the signs or symptoms observed in a so-called "neurotic" personality are also seen in a "psychotic" person (and vice versa), varying only in degree and not necessarily in kind. Psychiatry, too, has long shied away from attempting to define a "neurotic" personality by comparing him with the "normal." Dr. William Menninger says:

"It is impossible to describe a 'normal' personality, for there is no one pattern . . . that is ideal for all. *All of us* have eccentricities and neurotic symptoms. Periodically we all have doubts and worries. We have trouble with our children, and they have trouble with us. There are hundreds of varieties of personality strengths and handicaps. There are varying degrees and types of adjustment and maladjustment. With our assets and liabilities, or in spite of these, most of us get along reasonably comfortably." (Ibid., page ix.)

The less severe "psychological difficulties" which the psychiatrist "studies, treats, and prevents" can be more easily seen and observed in actual living than specifically described on paper. The so-called "normal" person will throughout life experience periods of difficulty in the psychological areas of perception, intellection, emotion, and acting. The "normal" person will on occasion smell steak cooking and, on lifting the lid of the frying pan, see halibut frying. He will feel disappointed at such a sight. He may even bluster about it to his spouse. Perhaps on rare occasions he may even throw the pan out of the window.

The person with a mild or even moderately severe psychological difficulty has all of his psychological machinery in working order, except that it is out of adjustment. Society is aware of such people and has been quick to label them with some rather cruel and heartless tag names, like "worry wart," "grouch," "complainer," "green-eyed,"

"griper," "crackpot," "good for nothing," "fraidy cat," "stingy," "breezy," "stubborn," "pinch-penny," etc. All people at one time or another have personally experienced conditions these words are supposed to describe. These people with a mild or moderately severe difficulty are almost always that way. Figuratively speaking, these are the people who always throw the pan out of the window. When such a condition endangers a person's work, play, marital relations, social relations, and other aspects of living, then one ought to think in terms of that person's being mildly ill. When no amount of counseling, persuasion, pleading, begging, or browbeating seems to help, then one ought to suspect a mild or moderately severe "psychological" difficulty. The psychiatrist may help such people.

These psychological difficulties, psychiatry tells us, did not spring up overnight, but have their roots in a person's early growth and development within the family circle. Already in infancy, psychiatry tells us, a person's psychological machinery of perception, emotion, thinking, and doing is molded and patterned after the people about him through certain psychological mechanisms labeled identification and introjection. By no means can every psychological difficulty be blamed on the parents of such a person, thus relieving him of all responsibility for his own destructive attitudes and resultant behavior. The least such a person can do is assume the responsibility of getting help for his emotional problems.

There are many false ideas about psychiatry and psychiatrists which need to be corrected in order that more people may with less prejudice and fear seek help for their emotional problems. For one thing, the psychiatrist does not only talk with his patients in his office (psychotherapy). He has also other methods of treatment in his armamentarium against mental illness. He often uses drugs, hypnosis, hospitalization, and, in extreme cases, surgery. When the psychiatrist employs psychotherapy, he will "neither take away a person's faith" nor trample roughshod over the patient's most intimate religious and moral beliefs. If he deliberately attempts to do so, then that particular psychiatrist is not practicing psychiatry (psychotherapy) in the most modern and scientific sense of the term. A psychiatrist, like any other physician, should be selected on the basis of his professional fitness and personal character. Pastors should therefore know the psychiatrists in the community—and know them well.

The psychiatrist in using the tool of psychotherapy has been accused also of wallowing in nothing but sexual problems and matters with the patient. The problem of sexual adjustment does arise in psycho-

therapy, but probably not more often than the problem of how to adjust to one's irrational hates toward people within or without the family circle. Psychotherapy is not pansexual. Other areas of a person's being receive full attention.

Finally, psychiatry as a treatment method is charged with being materialistic, largely because some of the basic assumptions and postulates of psychiatry were first discovered within a philosophical environment, characterized as "materialistic, atheistic, and deterministic." Some psychiatrists today, no doubt, practice their profession, including psychotherapy, within a framework of crass secularism. Whether a psychiatrist's personal view of life, time, eternity, God, Jesus, affects the therapeutic process and its results is a much-debated subject today — even among psychiatrists. Much more attention and study should be given to this area by both clergy and psychiatrists. At present there appear to be two opinions on the subject. Some psychiatrists make the assertion that sound, scientific psychotherapy will no more alter a person's religious and moral beliefs than will a surgeon in using a scalpel to remove a diseased appendix. Others hold that in psychiatric treatment (the psychotherapy part of it) the psychiatrist as a person is an important instrument (transference phenomenon) and cannot be compared at all to the surgeon with scalpel in hand. We are inclined to agree with the latter view. We think that a psychiatrist doing psychotherapy cannot avoid reflecting his philosophy of life in a therapeutic process, if not consciously, then certainly on the unconscious level. However, this involvement, if guarded and contained properly in the whole therapeutic process, need not "take away" any person's religious or moral beliefs. As mentioned above, however, we think much more research needs to go into this whole area of what really happens in a therapeutic process before any dogmatic pronouncements are made on the subject. We think, further, that the clergy should begin to be interested in such research projects with psychiatrists.

Psychiatry — as a body of knowledge about man and as a technique and procedure for helping people in "psychological difficulties" — is a gift of God, even as the wonder drugs, vaccines, and atomic energy are donations to man by a kind Creator. Man must take on the grave responsibility of using these gifts so that they honor God and help his fellow man.

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