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FROM THE YEARS
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Sitting between two “old” friends, I am reminded of Cicero’s observation: “In old men there is wisdom. Without them, no state could exist.” But, as I rise to speak, I am reminded that years alone do not make men sages, any more than laying eggs makes hens judges of omelets.

What are some of the ideas gathered in a professional lifetime? From where did they come? Borrowing from Ulysses, “I am part of all I have seen.” Five thousand years of wise and thoughtful Egyptians, Greeks, Romans, Jews, and Christians have left a wealth of noble ideas, if we will only search for them. And we enjoy a multiplier effect: a Pygmy standing on the shoulder of a giant can see farther than the giant.

Borrowing from Santayana, “We must welcome the future, knowing that soon it will be the past. But we must respect the past, knowing that once it was all that was humanly possible.”

And we have the privilege of learning from current wise men, which brings up the story of the Primary teacher asking the children to draw a picture of the lesson. One young fellow industriously scribbled a picture of an airplane, complete with passengers visible in the windows.

Teacher: “What has that to do with the lesson?”
Pupil: “Teacher, that is the lesson, ‘The Flight into Egypt.’”

Teacher: “Who are these three?”
Pupil: “They are Jesus, Mary and Joseph.”

Teacher: “Fine! And who is this person up front?”
Pupil: “Oh, Teacher. That is the pilot, Pontius Pilot.”

Teacher: “And who are these three in the rear?”
Pupil: “Oh, Teacher. Those are the three wise guys.”

In following the teaching of wise men and women, beware of wise guys.

I was educated in the Medical Model. In my student years, advances were coming so fast I was optimistic that illnesses would be eradicated so promptly there would be no need for doctors. The first time an antibiotic substance was used in the United States, I was the lowly medical student on the case. I was sure that infectious diseases would be conquered. Excitement followed the isolation of the germ, the Schizoccoccus. An unfortunate laboratory accident destroyed the culture, and the disease, Schizophrenia, persists. Chlorpromazine (Thorazine”) promised to eradicate a wide variety of mental illnesses, and the antidepressants have saved thousands of lives and millions of days of suffering.

But we are left with tardive dyskinesia from the phenothiazines, and suicides by the very substances designed to prevent suicides, and we have been given, in the name of science, phrenology and the cruel hoax of multi-vitamin treatment of mental illness, and the amino acid treatment of retardation. The science of today may become tomorrow’s myth. The old warning, Primum non nocere (engraved in bronze in every delivery room at my medical school), needs to be kept before us. Above all, do no harm.

Leaving some of the student optimism, the poem from Holland sober us:

**How can you hope to stop the leak in this great wall.**

**The water is so cold, the night so bleak the hand so small.**

Jastrow, in *God and the Astronomers*, reminds us, “The scientist has scaled the mountains of ignorance; he is about to conquer the highest peak; as he pulls himself over the final rock, he is greeted by a band of theologians who have been sitting there for centuries.”

In the great pilgrimage city of Santiago de Compostella, the patron Saint is Saint James the Apostle (San Diego), portrayed riding a white horse, and chopping off the heads of the Moors (infidels). Sometimes religiosity became fanatic. With the rise of humanism, compassionate programs were developed to take care of the mentally ill, and the “lunatics” who had been out under the influence of the moon (Luna) were given “asylum” in the old, good sense of the term, and no longer chased from village to village and stoned by the little boys.

The first psychiatric asylum in London was named after the birthplace of the Savior, Bethlehem—what nicer name could one imagine—but pronounced in Cockey English, “Bedlam,” which became the name for uproar. In the United States, state hospitals were established to take care of the “long-term” mental illnesses. There what treatment was available was tried. Behavior modification (token economy) was started here, as well as the organic therapies, Insulin, Metrazol, EST, Psychosurgery. The “Therapeutic Community” of Maxwell Jones was established at the Utah State Hospital. Some of us thought it became a Procrustean bed for many.

Then state hospitals fell into disrepute, were crippled and emasculated, and often the drawbridge was raised, placing fantastic burdens on patients, families and communities.

But we have learned lessons from the state hospitals. Asylum, in the good sense of the word, includes a sign on the front door, “This Door Closes on Both Sides at the Same Time.” Organic treatments still have a viable

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AMCAP JOURNAL/APRIL 1983
place in the armamentarium. The therapeutic community is a wonderful concept, if not used exclusively. And the hospital still represents the corporate responsibility concept of the ancient Israelites. Psychoanalysis almost became a new religion in psychiatry, called by one wag, "The Gospel according to St. Sigmund, complete with priests and high priests, acolytes, rituals, shrines. In the order of ascendency, purity, morality, and analysis became equated with the Celestial Kingdom, with electrotherapy and psychosurgery relegated to the nether regions (where the city of Berkeley recently tried to relegate electrotherapy by ballot).

Analysis became the Procrustean bed, used for neuroses, psychoses, substance abuse, artists experiencing blocks in creativity, residents in training. As medicine began placing less stress on analysis, schools of psychology and nursing, literature and theater adopted it, and Broadway replaced the Chicago Analytic School's couch as Mecca.

But we do acknowledge our debts to analytic theory. The royal road to the unconscious is open to all of us, the family romance (for those who are offended by the genital implications of the Oedipus Complex) helps understand some semi-eternal truths, and the reliving of pathological events and relationships, with new role casting, provides another effective therapeutic tool.

In the 1950's, a multifactoral revolution took place. President John F. Kennedy's interest in mental health gave great impetus to the movement. The discovery and widespread use of phenothiazines made it possible to treat many in-patients on an out-patient basis. Demographic studies added energy to the jumping up and down of the political activists. Simplistic solutions were brought out for the world's ills, including mental illness, and egalitarian political and economic systems were invented (run by people under 30, of course.) Mental illness became a popular cause, and the State Hospital system was a ready-made villain. Sloganism became the popular pastime: "Treat the crisis, prevent long-term illness," sounds great, and it may lower the incidence of hospitalization. But some illnesses are long-term--schizophrenia, the bipolar affective disease, and others.

"The major cause of hospitalization is previous hospitalization," ignoring that the cause of the previous hospitalization was an episode of illness.

"A dedicated neighborhood activist is worth two professionals any day." With all respect to the neighborhood activist, there is no good substitute for sound training, experience, skill and expertise, with a wide variety of therapeutic arrows in one's armamentarium.

"Treatment in one's own community is best." Of course it is best, if the treatment available in one's own community is best.

"Human warehouses." Pejorative rhetoric solves nothing.

We have learned some lessons from the Community Mental Health Center revolution:

We are politically highly vulnerable; in times of political conservative extremism, mental illness is lumped with communism, sex "perverts," murderers who get away with murder. Cutting budgets is the order of the day, a politically safe activity because it hurts principally those with the least clout. President Nixon's classical cutting of CMHC funds by presidential fiat was justified with the statement that the CMHC system was working so well it did not need further funding. Congress had to restore the funding. President Reagan, when Governor of California, wrecked the California State Hospital system, prematurely, before provisions were made for community care. President Nixon, the current Justice Department, and a Utah Senator propose abolition of the insanity defense, taking God's position in His admonition, "I will forgive whom I will forgive, but you must forgive all men."

Regardless of the culture or form of government, the incidence of schizophrenia is uniform throughout the world.

We are slow to learn the lesson that the world is far too kind to the aggressive and the predatory, and far too cruel to the gentle and the non-demanding.

We need to stop hiding our political convictions behind professional aloofness, and remember the definition of the idiot, in ancient Greece, as one who refused to participate in politics.

Pastor Martin Niemoller brings us up short, with his observation:

"When they came to get the Communists, I was not a Communist and I did nothing. When they came to get the Jews, I was not a Jew, and I did nothing. When they came to get the Catholics, I was not a Catholic, and I did nothing. When they came to get me there was no one left to do anything." Speak out when your budget is threatened, your precious assets of staff persons are threatened with release, the meager ration of services to your clients are confiscated!

The roster of bright people behind the Family Interaction Model include Lidz, Minuchin, Wynne, Satir, Bowen, Haley. They have given us such terms as "The Identified Patient," "Schizophrenogenic Mother," and sometimes we have lost track of the "sickie" in the family, and conducted intake interviews by sending the child into the playroom to break up a few toys while the poor, penitent parents present their psyches for punishment. "What did we do wrong?" (And, in sadistic glee, we often tell them what they did wrong.)

Recent genetic evidence should soften some of the sense of guilt of spouses, and maybe we have to move guilt back one step to God.

We have learned valuable lessons, however:

People grow up and get sick (and sometimes well) in families.

Family members send some clear-channel messages, some ambiguous messages, and some paralogical and metamessages that can be responded to only with craziness.

Return of a recently ill schizophrenic to a family with one or more obnoxious members is an almost guarantee of recurrence within the year.
We place some atrocious burdens on a family or community by refusing hospitalization of the "identified patient."

A Conspiratorial Model has been developed by the "anti-psychiatry psychiatrists," such as Szasz, who writes such books as "The Myth of Mental Illness." In essence, they say that there is no such thing as mental illness; we lock up people whose political or social ideas are offensive to our present systems. Seymour Kety's observation pleases me: "Well, if mental illness is a myth, it is a myth with a high genetic component."

We have been aware of the use of psychiatry to suppress political dissent in Eastern European and South American countries. The Russians label political dissent as "Soft Schizophrenia."

But we must be scrupulously honest ourselves. Remember what the Nixon administration tried to do to silence Martha Mitchell, and the "moral crusades" of our present administration. From a New York Times editorial: "But what kind of crusade is it to condemn sick and fearful people to shift for themselves in an often hostile world?"

From our religious heritage we learn many lessons applicable to working with ill and troubled people. Sometimes it appears that a person's religious beliefs are the problem, particularly when scrupulosity and guilt are features. The admonition, "Be ye therefore perfect" has had profound, burdensome effect on many insecure persons; the translation of the Greek, with an intransitive verb, could just as well read, "Seek perfection," or "work toward perfection." And the newer translations do not place this unrealistic demand on people.

Sometimes we are accused of heresy if we don't follow the ancient moral interpretations. One of my colleagues, a profoundly humble professional man, High Priest Group Leader in his stake, while visiting his mother downstate and attending Priesthood meeting there, was asked to confirm the teacher's statement that people in the State Hospital were there because of masturbation. He replied that there were many reasons why people had to be in the State Hospital. Two weeks later he was called into the office of one of the General Authorities and asked why he was advocating masturbation.

There have been recent accusations of heresy if Church members believed some of the scientific evidence about the biological factors in some gender identity problems. Stealing from Arthur Miller, in "After the Fall," "The past is holy, and the horrors are the holiest of all."

Our lessons from our religious heritage are innumerable. A few are:

Illustrated by the conclusion of an uneducated, 40-year-old Filipino convert, "For forty years I did not know who I was, where I came from, nor where I was going. Now I know who I am, where I came from, and where I am going."

We have guidelines for most of our thoughts, feelings and actions, whether we need Iron Rod or Liahona guidelines.

The importance of the Seven Deadly Sins as handicaps in our lives is a remarkable guiding principle.

In our current concern for individual freedom, our society has rendered itself impotent to deal with psychotic behavior. We could relive and revive some of the ancient practices of corporate responsibility.

Because I have not the authority to forgive transgressions, real or imaginary, I often ask troubled persons if Jesus had anything to say about such matters. Since many of the conflicts are sexual, I often remind the person of the story of the woman being stoned for adultery. (I always thought the travelling salesman, not the woman, should have been stoned, but that was not the way it was done in a male-dominated society in those days.) Jesus first told those who were without sin to cast the first stone. And no more stones were cast. Doesn't that tell us that no one is perfect? And then Jesus said, in effect, "Go your way, but don't do it any more." Isn't that a milestone, a beacon light in moral history?

I often ask, "Did you learn anything by what you did? Isn't our purpose on earth to learn, even by mistakes." Perhaps the sin is less if we learn something by it, greater if we don't.

To Elder Neal Maxwell, I am indebted for the wise and gentle admonition, "Our yesterdays should not be permitted to hold our tomorrows in hostage."

I have some hopes still, even as I grow older and know less but suspect more. I hope we will continue to grow and learn. I hope the number of Procrustean beds will diminish. I hope for increasing cooperation within our various helping disciplines, and that we will remember Walpole's request for good faith, good sense, good manners, good humor.

And, from the thirteenth Article of Faith, "If there is
anything virtuous, lovely, or of good report or praiseworthy, we seek after these things.”