Christ & Psychiatry

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In preparing for the task of presenting a presidential address I naturally reviewed those made by our past-presidents, and a rich experience it is to enjoy again the mature judgement and wisdom of those who have preceded me in this office. I became more aware that presidential addresses have a clear pattern of being directed to topics which are of close personal interest to the speaker, and that my predecessors were at their best when engaging in those subjects nearest and dearest to them.

I was emboldened to follow their precedent today and share with you some of my thoughts on the interrelationships between Christianity and psychiatry—two areas of human experience in which I have been deeply involved throughout most of my adult life.

In choosing this as my topic I am not unmindful of the fact that many here will adjudge me as operating from an entirely too narrow religious base. I am also uncomfortably aware that many in this assembly profess different religious viewpoints from my own.

As to my reasons for selecting this subject may I make three points: my own religious orientation is Christian, and this is the only one from which I have any license to address this important topic; we live in an era of the most rapid change mankind has ever known, in which every value held dear by our society is being articulately and vigorously challenged, and my topic is therefore timely; furthermore, I have become increasingly aware that our basic belief systems, many of which are unconsciously held, pervade every thought, decision and activity. Subjective evaluation retains great importance in the practice of our profession and my topic is therefore relevant to our membership.

Therefore I ask for the indulgence of those psychiatrists who hold other religious persuasions than my own, and I invite them to address themselves to the insights which their particular religious orientation can bring to the moral, ethical and spiritual problems which so often confront us and our patients. For, as the old saying goes, ". . . all the big questions in life are ultimately religious questions."

Voltaire said, "If you wish to converse with me, define your terms." This is no easy challenge in regard to either Christianity or psychiatry, with the one divided into as many variations in viewpoint as the other.

'Christianity' I define as that faith based on Jesus of Nazareth as the Christ and as God, as set forth in that remarkably short book, the New Testament, and in even briefer fashion in the ancient universal creeds. This orientation to Christianity I accept with all its supernatural implications which centre and derive from the life, the death and bodily resurrection of Jesus. In short, it is the belief that God has broken into space and time, into history, and that He cares for us.

As a Christian I find in the Jesus of history the peace of knowing a still point in this rapidly turning world. I am also in agreement with Walter Barton (4) when he says "As a psychiatrist I don't believe that scientific technology has replaced God's truth. Nor do I believe that psychiatric jargon satisfies man's search for meaning in his life. By the same reasoning I reject psychotherapy as a substitute for the confessional forgiveness and reconciliation. My belief doesn't diminish the effectiveness of psychotherapy as a tool to heal the sick in mind." Leo Bartemeier (2) also said what I would like to have said first, "I am a child of God, a product of my ancestors, my family, my parish, and a physician among other physicians. My concept of being a child of God is completely apart and unrelated to the psychological concept of immaturity. My spiritual relation with God supersedes all my human relations and is as eternal as my immortal soul. My soul is not the same as my psyche, my mind or my mental processes. But it is through these that I conceive of the existence of my soul and its relationship to God." . . .

Interestingly, a satisfactory definition of 'psychiatry' is not as easy to find as one for Christianity because psychiatry has not been as careful as the Church in defining its terms. For working purposes it can be regarded as both a medical speciality and a social science.

. . . The parameters of mental diseases are not always clear, the methods of therapy are often very personalistic, and the decisions we make as we deal with our patients can affect, for good or ill, not only the most intimate aspects of their lives, but those of their loved ones as well. . . .

Dr. R. O. Jones, my own esteemed mentor and our Association's founding President, while standing firmly within the legitimate domain of psychiatry, takes us very close to matters religious in his 1977 Address to the...
Royal College of Physicians and Surgeons of Canada (12) when he said: "More difficult to deal with than these social factors in the prevention and treatment of disease are problems seemingly inherent in the human personality: our greed, our lusts, our aggressions, present major difficulties for preventive and therapeutic medicine, and for society. These are the very problems that psychiatry has struggled with over the past 40 years... we need to increase our effectiveness in dealing with the human personality... in the meanwhile we can do better than we are now doing by psychological support, by counselling and truly accepting the model that we care for people irrespective of their disease." What is this, but a modern expression of the Great Commandment?

Psychiatrists affirm and would practise this noble tradition of medicine, with its stern ethic based squarely on the presupposition of the inherent worth of man as an individual. For our patient we desire not only a sound body but also a sound, conflict-free mind. Our speciality would bring the full spectrum of the knowledge and methods of biology, psychology and the other social sciences to the benefit of the patient. We stand ready to give of ourselves over many hours of mind-stretching, gut-grinding psychotherapy in intense one-to-one relationship with our patient, to bring this often unverbalized presupposition to fruition in his life. In this, our identity as physicians is secure.

However, our identity as social scientists does not rest upon such a secure presuppositional base. The body of knowledge and technique of modern dynamic psychiatry is irrevocably linked to the brilliant pioneering work of Sigmund Freud, that great Columbus of the unconscious... . . .

I would remind you of this — despite his greatness, he was a man of his age. In full accord with the scientific temper of his era, he saw everything in terms of mechanistic deterministic philosophy. . . . . . B. F. Skinner (24) [also] decried the freedom, dignity and individual worth of man and proposed the survival of the culture as the ultimate good. He cogently articulates the logically consistent development of the philosophy of determinism in the moral sphere. How quickly within this philosophical framework the study of man's behavior turns toward making men behave! Science at the service of man, including scientific psychology, can be turned against man.

From this cursory review of the background of our profession as a social science I would draw two points: the rich but diverse profusion of philosophical assumptions of those who have moulded the psychological science side of psychiatry underlies much of the identity confusion which we experience today; secondly, as we attempt to help our patients with their personal problems, this same variety of orientations gives us a philosophical legacy from which we can draw, extending far beyond the narrow confines of mechanistic determinism.

Even granting the full force of this second point, the side of our profession which is rooted in the social sciences lacks the firm philosophical base which would allow us to fully integrate it with the side rooted in medicine, with its strong presupposition that the patient really does matter. These two thought-worlds of the psychiatrist do not always easily come together. I would propose that in Christ and in the Judaeo-Christian view of man, these seemingly dual allegiances of our profession can become one; and that here we will also find a full-bodied sense of meaning for our vocation.

Both psychiatry and Christianity are relentlessly empirical at their pith. Psychiatry at its best would proceed in its dealings with man, from the observation of man as he is and from the collection of information and interpretation of data rather than from philosophical ideas about the nature of man. In like manner, the Old Testament does not start from philosophical speculation about the nature of God but its revelation of God to man is unfolded in the actions and deeds of God in history. Similarly the New Testament focuses upon the actual historical facts of the life, the death and the bodily resurrection of Jesus. The issue it presents is whether or not these events really happened and whether or not they fulfilled predictive prophecy (18). The Christian man of science can afford to have a hard-nosed look at facts without sacrificing the deep religious yearnings which are such a fundamental part of his being.

In the Judaeo-Christian view of man the physician finds a sure base for the enduring dedication of medicine to the health of his fellow man. Only this seems to provide good reason for his allowing himself both to spend and be spent, for making of himself the therapeutic tool in psychotherapy, to be used as a whole person in his patients' search for health. His patient is a being of inestimable worth, as he is himself. The sick patient, who comes to him in trust, is a being created by God in His own image; the type of being that God would incarnate Himself in, in Jesus; a being of such ultimate worth that God in Christ would voluntarily offer Himself on the Cross for the remissions of sins of the believer. In this high view of man the stern ethic of the psychiatric physician finds a well-grounded raison d'etre. Man as an individual abundantly deserves our very best. The frequent evidence to the contrary in both high and low places notwithstanding, man is a being of great dignity and worth, treasured by the living God. I can find no other fully sufficient reason for the traditional reverence with which the physician holds the lives of others.

It is also well to remember that science flourished in
the Western world, a world suffused by the underlying assumption that the universe was created and providentially upheld by a God of order, of purpose and of design; a God whose work could be comprehended and understood. The importance of this Judeo-Christian world view (along with the important contribution of the antithetical orientation of the Greek philosophers) to the development of science and our capacity to conceptualize man as a rational, responsible being is brilliantly treated by Francis Schaeffer (22) and Paul Meehl (16). Schaeffer (23) strikes the keynote: "When the Bible says that man is created in the image of God it gives us a starting point. No humanistic system has provided a justification for man to begin with himself. The Bible's answer is totally unique. At one and the same time it provides the reason why a man may do what he must do, start with himself; and it tells him the adequate reference point, the infinite-personal God. This is in complete contrast to other systems in which man begins with himself, neither knowing why he has a right to begin from himself, nor in what direction to begin inching along."

I would in no way minimize the success and the rich benefits derived from the scientific study of the nature of man. We have learned much that is new and important in our understanding of man and the treatment of his mental disorders, and if we remain steadfast in our goals we shall learn much more from this study.

But, let us not think that we have explained all. The question "What then is man?" remains. In Sherrington's words, "... the human mind stubbornly resists all efforts to take its measure, and shrinks forever from the probe of the mechanistic analyst." Or as Sir Martin Roth (19) stated before our assembly last year, "For man is always more than he knows about himself and will perhaps always be." Nothing in the dictates of reason, of logic or of science properly applied requires that because man's behaviour is in part determined it must be totally so, or that because man is free his behaviour cannot be in part determined by the biological and psychological forces within himself, or by the social and cultural forces outside himself. Nature's causes and man's purposes may complement rather than contradict one another.

This sense of complementarity is in full accord with the position to which science has now been taken by the findings of modern physics. The work of Maxwell, Planck, Bohr and Einstein has changed the philosophy of science. In the study of sub-atomic particles the act of observation becomes one of participation, the certain eventual predictability of yesteryear has become probability, the laws of chance. Heisenberg's 'principle of complementarity' have become more meaningful in the light of these findings than the assumptions of objective predeterminedm. The basic datum of science is no longer matter, but energy. Sir James Jeans overstated the case only somewhat in saying that "the universe begins to look more like a great thought than like a great machine." Pascal long since suggested that 'the spirit of geometry' could not encompass all of man. With this revolution in science it is no longer scientifically pertinent to think in terms of incalculability, of purpose, of 'open systems' (5) or even of the freedom of living organisms. 'Vitalism' lives again!

In the very evocative analogy of Bohr's 'principle of complementarity' science comes close to terrain which is long familiar to Christians. Science now wrestles productively with paradoxes not unlike the dual nature of Christ, as both perfect man and perfect God, or the trinitarian concept of God as the three in one. C. S. Lewis (14) put this situation nicely some years ago when he said "Reality, in fact, is usually something you could not have guessed. That is one of the reasons I believe in Christianity. It is a religion you could not have guessed. If it offered us just the kind of universe we had always expected, I should feel we were making it up. But, in fact, it is not the sort of thing anyone would have made up. It has just that queer twist about it that real things have. So, let us leave behind all these boys' philosophies, these over-simple answers. The problem is not simple and the answer is not going to be simple either."

In all of this then — from the tradition of medicine, from the history of psychiatry, from the historical teaching of the Church and from the matrix of modern science — we find good and sufficient reason to relate ourselves to our fellow man as being both wonderful and worthwhile. In this context, we can live comfortably as psychiatrists with the paradoxes that man is pulled by his own purposes as well as pushed by his experiences, bowed in reasonable reverence to his Creator as well as bent by his biology, blessed by his aspirations as well as bewildered by his mechanisms of defence, and that man's reasons count as well as nature's causes. Can we, in fact, fully relate to man as he is without accepting that man is as much a product of his personal value system as of his libidinal forces, or vice versa, that he is free as well as bound, determining as well as determined, possessing free choice as well as conditioned, that he is responsible as well as responsive, a maker of history, and that he is a being moulded by history, and that he is a being whose moral and religious strivings are as real as his sexual and his aggressive drives?

... I ... agree with Samuel Miller (17) when he says: "Believing is as much an integral factor in man as are eating and sleeping. He neither gains nor loses faith; he merely changes the object of it .... There is little or
nothing that man, even modern man in all his supposed sophistication, will not believe. Man is simply an inveterate, incurable, inevitable believer.” As Jung said “If we do not acknowledge the idea of God consciously, something else is made God.” Man is a being who will persist in distinguishing between good and evil — he has an inherent sense of oughtness in him. He is also a being who demands a solution for the fundamental human problems of individual meaning and worth, of suffering and defeat, of death and of destiny.

As such a being, I would share with you some other aspects of the profound areas of agreement I have found between that part of my life dictated to by Jesus Christ and that part of my life spent in the study and practice of psychiatry. I would first acknowledge that I have found much in my Christian faith to sustain me in the many perplexing situations which have arisen in the practice of my profession; and much in psychiatry that has enriched my Christian experience.

Both psychiatry and Christianity soundly affirm the centrality of personhood and of relationship to meaningful human existence. Our profession is insistently aware of the importance of relationship to the growth of personality and to health. The majestic God of the Old Testament, replete with the awesome powers of divinity, always presents Himself as personal, a Being who seeks, who finds and who communicates with man. This personal God of the Hebrews was fully affirmed by Jesus and made even more personal through His life here on earth.

The judicious use of authority with its positive contribution to the health of our patients is familiar to all present; the finding of the self in the other and the fundamental importance of the loving authority of the parent to the successful adjustment of the child has become second nature to those of us in child psychiatry. All of this resonates very nicely with Christ’s statement that, “Whosoever loseth his life for my sake shall find it”, and the wonderful Christian notion that true freedom is found only in total subjection to Christ. “Bound yet free”, said Saint Peter...

Both my profession and my faith deal with man realistically. Both see and accept man as he is, a far from perfect being of unending contrariness yet capable of enormous good. If there is any surer prophylaxis to moral shock than the daily practice of psychiatry it is a sound appreciation of the Christian doctrine of sin and its companion doctrine of the fall of man. Within this realistic approach to man, both my profession and my Lord affirm that man can and does change. My profession reaches out with all its resources — drugs, the physical therapies — and our persons in psychotherapy, toward this end. Jesus reaches down to bring regeneration to man. Both approach man as a rational being possessing freedom of choice, both reach out to man in persuasion and in love and both refuse to coerce or to manipulate man.

Both psychiatry and Christianity seek to release man from the bonds of guilt. Psychiatry attempts, not always successfully, to distinguish between objective and irrational guilt and to resolve the latter. In His death on the Cross, the Christ freely offers release from the ultimate sting of both.

My faith and my profession are again in accord in regard to genital sexuality. Both the Old and the New Testaments (yes, even that so-called male chauvinist, Saint Paul) place the full enjoyment of sex at the core of the marital relationship. They portray the expression of sexuality, on the basis of full equality between the partners, with a warm-hearted openness, ...

But the great historic doctrines of the Church and the scientific findings of psychiatry come together with resounding accord in their mutual emphasis on the overwhelming importance of love in the life of man. This lies at the centre of the advances made by the fathers of our profession, it is of the essence in our relationship to our patients in psychotherapy and has been deeply etched into our professional consciences by the careful scientific work of Ribble, Spitz, Bowlby, Mahler and others. And this is in complete agreement with the outreaching love of God for man revealed to us in both Testaments. Jesus again and again made it clear that the love of the God of justice for man transcends man’s merit. His death was because of His love for us. The prodigal was loved as much as the deserving older brother. God’s grace is free. In Him, the reconciliation of the baptized believer to God is non-conditional. Saint John said, “We love, because He first loved us”. In this response to God’s all embracing love, and motivated by it, one finds the root of that other cardinal doctrine of the New Testament — the outreach by the Christian in love and in service for his fellow man.

In these closing hours of my term as President of this growing organization I would make one suggestion to increase its strength and depth for the challenges it will face in the future — the formation of a Section on Religion and Psychiatry. The formation of such a section is fully in keeping with the spirit of our new constitution and would not be difficult to accomplish with the approval of the Board.

Such a section could serve our Association well in a number of ways: a) the importance of moral and theological issues to the day-by-day practice of our profession could receive the full discussion it deserves; b) a forum would be provided for free discussion of the implications of matters religious to the health and the welfare of our patients — from all religious points of
view; c) it would provide a place for mutual exchange between our professions — under our new constitution the clergy may become Affiliate Members in the Association. It is remarkable that, in Canada, we have as yet no forum for exchange between our profession and the religious community — the two groups in our society, more that all others, are concerned with the individual as a person (9); d) it would broaden our parview, giving us another and a more sophisticated tool with which to approach the anguish of man; e) presentation on these concerns could be organized for our Regional and Annual meetings; f) it would serve as a balancing force to some of the things which this Association has done which it should not have done, and to some of the things which it should do but has not done.

I would expand on this last function, citing two examples. On the doing wrong side, I recall the discussion of our Board in favour of abortion-on-demand three years ago. I do not question the rightness or wrongness of the final decision we arrived at then, but I do question the narrow range of our discussion in reaching this decision. In retrospect I marvel that not once were the moral implications of abortion in regard to the sanctity of life raised in our deliberations. Mea culpa — I was there too, and also silent.

In regard to the things we should have done but have not, I would raise a series of related questions: Why has this Association, composed of persons who more than anyone else know about the importance of love in child development, stood quietly by while the family is disintegrating and motherhood is being demeaned all about us? The family, especially the mother, has been the prime source of love and natural affection in our society. Why has this Association never officially risen in defence of the family, nor proposed a realistic alternative? Why do we not speak out in favour of love when facing this expression of the rampant materialism of our era? Why have we not spoken up for motherhood, the most demanding role of all — a vocation requiring more difficult split-second decisions in emotionally laden situations than all other callings? Why have we allowed motherhood, to be caricatured as the washing of dishes and dirty diapers — and officially said nothing? As a responsible professional association, why have we not also decried the increasing number of uninvolved fathers, attached more to their work than to their family? Why do we who know so much about the overwhelming importance of the great intangibles of relationship and of love say so little?

The Canadian Psychiatric Association needs a recognized moral nettle in its sometimes too comfortable pelt. Our Association would be strengthened by having a Section on Religion and Psychiatry to continually draw our attention to the important moral issues of our times.

Having spent much time in my adult years musing about this absorbing and complex topic of the relationship between Christianity and psychiatry, and after many hours of intensive study on the subject during the past two years, I feel very much akin to Karl Barth who, when close to the end of his long career, was asked what he considered the most important single conclusion he had reached during his lifetime of study, replied, "Jesus loves me this I know for the Bible tells me so."

Many of us in psychiatry will continue to find the soundest of all possible foundations for carrying out the arduous and perplexing task of healing the sick in mind, in the profound truth contained in the simple words of this children’s hymn.

Jesus, the man of history, the Christ of predictive prophecy, does provide us with the fixed point of reference from which we can rationally pursue our profession from one day to the next. He brings meaningfulness to our personal lives. He undergirds the ethos of medicine, showing us that our patients really do matter and are worthwhile. He gives us rational grounds upon which we can forge the personal, medical and scientific parts of ourselves into a coherent practice of our profession.

Knight (13) said that "The physician must be a man of science when facing the disease, but a man of faith when facing his patient". Karl Menninger, discussing the physician at work, remarked: "Faith hope and love are the three great intangibles of human nature". They but echo the words of my Master. "Man does not live by bread alone." Neither do our patients. Neither do psychiatrists!

References


(See original publication for the balance of the references)