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Conscience and Mental Health

A GREAT HISTORY OF PSYCHIATRY ↓

PSYCHIATRY AND RELIGION both see man as a far from perfect being. For centuries religion has endeavored to improve the situation. Psychiatry has only recently entered the lists, and its youthful vigor raises new hope. Each recent decade seems to have chalked up gains. In the 1880's, Charcot founded medical psychotherapy. Previously, Pinel and Dorothea Dix had helped to dispel the dark retributive theory of mental disorder. In the 1890's, Kraepelin devised a diagnostic classification for the major mental diseases. In the next decade, the mental hygiene movement was launched. In the next, the Freudian revolution overspread the psychological world. In the 1920's, among other advances, the ingenious fever treatment for general paresis was discovered, making curable what was previously considered a fatal form of insanity. During the 1930's, psychosomatic medicine developed, based upon the explicit recognition of the all-important fact that what a man believes profoundly affects his health, both mental and physical. In the recent decade, including the war years, all of these gains have been consolidated, together with new discoveries concerning the value of convulsive and other shock therapies, and of brain surgery.

These strides have brightened man's outlook to such an

extent that he now refuses to face the pain and suffering of mental difficulties with resignation. He expects science to diminish this domain of human misery just as it has so brilliantly reduced the region of physical distress. Year by year mental hygiene takes a position of greater prominence in the schools, in the pulpits, in the press, on the bookstands. Mental health is clearly our goal. Psychology and religion are two acceptable means, but it is generally expected that religion must abet and never oppose psychological science.

How Successful Is Psychotherapy?

Clearly we are undergoing a great ideational revolution. But the achievements of this revolution are not yet conclusively favorable. Mental disease has not diminished; rather it has increased, at least among the older third of the population. In the American states with the best hospital facilities, it is now estimated that one person in ten will receive institutional care for mental ailment some time during his life.¹ We know too that in recent times social disorganization in the guise of war, mass persecutions, divorce, delinquency, show upward rather than downward trends. The suffering of individuals has not lessened, but has been bitterly aggravated. Hence, statistically viewed, the success of modern psychotherapy has been up to now not merely negligible but negative.

One properly replies, of course, that the environmental conditions, so important to mental health, are not the responsibility of psychotherapy, as this discipline is now conceived. It would be foolish to blame psychiatrists for the ravages of economic depression, war, social upheaval. It is

¹ C. Landis and J. D. Page. *Modern Society and Mental Disease*, New York: Farrar and Rinehart, 1938.

not psychiatry, but the sciences of government, of sociology, of human relations that have overslept. If the psychiatrist is at fault at all, it is because he does not see clearly enough that mental health and disease are to a considerable extent dependent upon the social setting. Working in isolation he can never solve problems that require concerted effort. Widespread improvement in mental health awaits the time when he can work effectively with statesmen, sociologists, the clergy, educators, anthropologists, economists, social workers, administrators, psychologists, and medical practitioners.

The psychiatrist, although he is himself a physician, receives less support from other physicians than he is entitled to expect. Few medical men realize fully the truth that what the patient believes profoundly affects his health. Untrained in psychology, in psychiatry, in psychosomatic medicine, and bewildered by the irrational troubles of their patients, physicians often prefer to treat ailing organs rather than ailing persons. The modern hospitals in which they labor are usually well stocked with laboratory, radiological, surgical equipment, but with little or nothing for the human mind. Recently I visited a public health hospital specializing in stomach ailments, 75 per cent of which were regarded by the chief medical officer as psychogenic. Yet this hospital, in all other ways admirably equipped, had nothing for the mind—excepting one isolated padded cell.

In one other respect, though this time innocently, medical science is responsible for the present critical state of affairs. In the process of lengthening the average human life by many years medicine has bestowed just that much more time upon the average person for the development of mental difficulties. Prolonging life is a dubious blessing indeed to those who will develop serious mental disorders that they would otherwise have been spared.

Psychotherapy, for all the progress it has made, is still a

young art. Practitioners are few. The techniques of treatment are not yet well tested. A few devices, like sedation, shock, or surgery, are technically specialized. But for the most part psychotherapists employ implements borrowed from the clergy. The reason is simple enough: until recent times the church alone dealt with troubles of personality. The borrowed devices include listening, encouragement, advice, and the relationship of transference wherein the applicant finds security in dependence upon his counselor. Historically the church has employed also the Sacrament of Penance, and although the ritual of the confessional is certainly different from the ritual of the analyst's couch, the element of similarity is still apparent.

Psychotherapy and Religion

If the therapist's techniques are in the main so similar to the pastor's, why is the cure of souls gravitating more and more out of the hands of the church and into the hands of psychiatrists? There are several reasons. For one thing, people prefer to look for physical causes of their difficulties, and the psychiatrist, being a medical man, may find such a cause. If he does, then the patient is saved from the necessity of facing up to the realities of his inner life. A cause in the body is less disturbing than a cause in one's character. The pastor, he fears, will not sense the possible physical basis for his trouble, but may confuse mental, physical, and moral aspects in a manner that will be humiliating. The pastor, he fears, may at inappropriate moments preach or pray or pass moral judgment. Further, the vast prestige of modern science mantles the psychiatrist, and the patient approaches him with high hopes, thinking no doubt of the spectacular achievements of contemporary medicine. He feels that psychothera-

rists, unlike the clergy, keep up to date with such discoveries about the human mind as are being made. Finally, he is not uninfluenced by the united front presented by science in contrast to the divided sects of religion.²

Since all these considerations are cogent and reasonable we could—but for one fact—conclude that the drift to psychiatry is altogether proper and desirable. The modern mind might easily decide, "Here is a new branch of science. God, if there be a God, has shown that He chooses to work by natural laws alone. Just as natural history has forsaken the confines of sacred literature and passed wholly into the hands of natural science, so should problems of mental history and functioning pass into the hands of the newer psychological science." The single fact that weighs against this wholly secular solution is the ever insistent truth that what a man believes to a large extent determines his mental and physical health. What he believes about his business, his associates, his wife, his immediate future, is important; even more so, what he believes about life in general, its purpose and design. Religious belief, simply because it deals with fundamentals, often turns out to be the most important belief of all.

Some psychiatrists freely acknowledge this fact. One, an unbeliever, remarked that when he finds religion present in a patient he never disturbs it, for in the long run it is likely to turn out to be the leading factor in the cure. Some therapists today incline to see in almost every neurosis an unsolved metaphysical issue. Jung's oft-cited statement is to the effect that of his thousands of patients over the age of thirty-five, "all have been people whose problem in the last resort was that of finding a religious outlook on life."³

² Cf. C. Landis. Psychotherapy and religion, *Review of Religion*, 1946, 10, 413-424.

³ C. G. Jung, *Modern Man in Search of a Soul*, New York: Harcourt, Brace and Co., 1933.

Religion and therapy are alike in their insistence upon the need for greater unification and order in personality. Both recognize that the healthy mind requires an hierarchical organization of sentiments, ordinarily with one master-sentiment holding the dominant position. Psychotherapy does not insist that the strong central interest should be religious in character, although this possibility, as I have just said, is ordinarily recognized and respected. But from the point of view of psychotherapy sentiments dealing with family, art, sports, business, would be equally good if they succeeded in marshaling energy and bestowing order in the life. Religion is bound to disagree at this point, asking whether such sentiments are adequate to sustain personality. Can a person ever really attain integration until he has likewise signed and sealed a treaty of peace with the cosmos?

A certain psychiatrist requires the patients in his private sanitarium to attend and companion those who are more ill than they. Such activity, he finds, has a markedly integrative effect, re-deploying and re-centering the energies that were harmfully spent in self-pity, in resentment, in fantasy. The fact that health flows from the practice of the Christian virtue of charity is of no particular concern to this psychiatrist. To him the practice of charity is just one constructive interest capable of knitting together the broken personalities of his patients. The religionist, however, would maintain that the gain is far from accidental. Love—incomparably the greatest psychotherapeutic agent—is something that professional psychiatry cannot of itself create, focus, nor release.

It is well to be clear about this matter. Psychological science, in which psychotherapy is rooted, finds itself at a disadvantage in dealing with the phenomena of human affiliation. It has little to say about man's desire for loving attachment. Dr. Suttie, a British psychiatrist, has rightly observed that modern science represents a "flight from tenderness,"

and thus stands in antithesis to religion which seeks above all else to affirm and establish tender relationships.⁴

The principal reason for this flight lies, I think, in the essentially analytical nature of science. Of necessity it deals with salient figures abstracted from encompassing grounds. Of the underlying properties of biological and social life it has little to say. The demand and capacity for tenderness and for symbiotic relationship are always with us, and for that very reason they cannot be clearly analyzed.

It would be instructive to measure the space given by modern dynamic psychology to hostility, aggression, rivalry, power, and anxiety; and to compare this accumulation with the microscopic amount of space devoted to the friendly attachments in human relationships. Negative and hostile phenomena stand out prominently simply because they are regarded as alien intrusions into the original and normal ground of human trust. It is fear and hate that we regard as problems, not love and affiliation. What claims our attention is the array of reactive phenomena that result from love-deprivation.

We are in danger of forgetting that these negative states, always prominent in mental disorder, are secondary developments. They come about when the groundwork of life is disturbed. We know, for example, that in infants, behavior disorders commonly follow interruptions of the original symbiotic relationship between the child and its mother. The child who feels himself to be rejected can be counted on to develop a mental health problem. So too can an adult. The security that comes from being loved and from giving love is the groundwork for wholesome existence at any age of life.

Psychotherapy knows the healing power of love, but finds

⁴ I. D. Suttie. *The Origins of Love and Hate*, London: Kegan Paul, Trench, Trubner & Co., 1935, p. 2.

itself unable to do much about it. On the side of theory, as I have just said, it lacks an adequate concept of the nature of tenderness. On the side of practice, the psychotherapist finds himself unable to supply the love his patient needs, nor to receive the love the patient wants to give. The normal stage of "transference" in the course of treatment betrays this need, but it is a temporary step. Transference must be broken. As for mental hospitals, they seem equipped to give their inmates almost everything they require excepting love.

By contrast, religion—especially the Christian religion—offers an interpretation of life and a rule of life based wholly upon love. It calls attention again and again to this fundamental groundwork. On love for God and man "hang all the Law and the Prophets." The emphasis is insistent: "Beloved, let us love one another: for love is of God; and everyone that loveth is born of God, and knoweth God. He that loveth not knoweth not God; for God is love." (I St. John, iv, 7-8.)

Perhaps the very insistence of religion in this matter is in part responsible for the "tenderness tabu" that has descended upon psychology. Having rejected the religious approach to the cure of souls, science regards it as more realistic to center attention upon the reactive conditions of the mind—upon hate, aggression, compulsive sexuality—even if these are merely the pathological conditions due to deprivation of love.

Perhaps a shift in emphasis is now coming about. In recent years psychologists have stressed more and more the unconditional need of the child for security and love within the home. I think we can now discern an extension of this principle to the adult who, at bottom, is now recognized as having a passionate hunger for affiliation with his family, his co-workers, and his community. True, it is still rare to find a therapist who sees health-giving significance in the concept of "love of God." Yet to many people a sense of cosmic affiliation is needed to round out and order the sum-total

of their attachments. Love of God is needed in order to make life seem complete, intelligible, right.

Religion, we conclude, is superior to psychotherapy in the allowance it makes for the affiliative need in human nature. But when it comes to a question of implementing this insight we are confronted by the age-long failure of religion to turn doctrine into practice. More and more people seem impatient with the shortcomings of unacted religious profession. A host of accusations arise.

Some critics argue that religion at best is a namby-pamby suggestion therapy, providing blinders for some, patches and crutches for others. Suggestion therapy, they argue, does little excepting anaesthetize the individual to the starkly realistic problems confronting him. They add, correctly enough, that unless a person can face the deeply pessimistic elements in his situation he is not likely to solve his problems either with psychotherapy or religion. In support of their argument these critics point to the shoppers who wander from one religious cult to another, learning here, that their problems are illusory; there, that they should listen for the "vibrations"; and elsewhere, that in the world to come there will be fish fries and dancing. Yet the critics fail to perceive that it is only religious immaturity that seeks suggestive therapy of this sort. A mature religious sentiment is neither escapist nor evasive.

One sometimes hears that preoccupation with religion engenders mental disorder. For evidence, they point to the large number of disturbed people, especially schizophrenic and depressed patients, who suffer from theopathic delusions, rationalizing their misery with fantastic religious formulae. Isn't it obvious in these cases that preoccupation with religion constitutes an obstacle, rather than an aid, to health? To answer this particular question a careful study of the history of cases showing religious obsession should be made. Pending such an investigation, a contrary hypothesis seems

equally reasonable. When people feel utterly strange and out of touch with their environment they cast around desperately for an explanation of their peculiar feelings. It may well turn out that preoccupation with religion was not the cause but the effect of the breakdown. What language other than religious can represent to a disturbed patient the mysterious forces that he feels? When imagination and emotion run wild, the symbols of religion seem most nearly adequate to the task of rationalization that faces any patient suffering from a catastrophic change in personality.

Our critic still persists. Are not many religious leaders clearly borderline psychotics? Yes, history indicates that some mystics and reformers suffered marked instability. St. Ignatius, Luther, St. Theresa, Fox, Wesley, come to mind. The correlation, however, is probably not significant, for it seems to hold equally true of inventors, literary geniuses, statesmen. Unless one deviates in mental type from the prevailing norm, one can scarcely be creative or describe new horizons.

An important concept in modern therapy is that of shock. Sufferers who are tangled up with worries and misgivings seem often to need a jolt to pry them loose from their chains of misery. Since most people have been brought up with religious ideas of some sort, they may need to be shaken free from their infantile preconceptions. In psychotherapy, today we find electric shocks, pharmacological shocks, and psychological shocks. It is not commonly enough recognized that psychoanalysis is in part a form of psychological shock treatment. Culturally, it was the shocking *coupe de grâce* to the Victorian age. Individually, it is the shocking discovery of hates, fears, lusts, that have lain repressed in the caverns of unconsciousness. The psychoanalytic process drags into the light of day the noisome inhabitants of these caverns. The patient finds himself, with considerable relief, thinking and uttering shocking ideas, sometimes lewd, sometimes

blasphemous. He experiences a new freedom in shifting from infantile credulousness to more adult incredulity. Feeling secure with his analyst, he dares to attack the rigidity of his own conscience, and to tumble the idols of his own infancy. Such mental rioting is purging in its effect, startling and relieving. A slum must be razed before a new and suitable edifice can be erected.

Certain questions, however, are in order concerning this type of psychological shock treatment. Does the patient, thus relieved, feel more at home in the universe? Delivered from a sense of confusion, has he found a new order? Liberated from untenable values, has he found more solid values? Losing infantile restrictions, has he attained adult purposes? Sometimes these gains do come, if not in the course of the analysis, then often in the subsequent period. In such instances the analysis has justified itself; in other instances it may be actively harmful. Sometimes psychotherapists are more deft in destroying the old than in helping to build the new.

It is certainly true that in the current vocabulary of psychological science many people find fresh insights. In particular the new and startling language of psychoanalysis enables many a mind to shake itself free from immature conceptions of duty, guilt, danger. It is here that an interesting possibility suggests itself for our generation. Might young people, brought up in the symbolism and faith of psychoanalysis, when confronted by life's perplexities, find the less familiar but more heroic expressions of the world's great religions fresh and insightful, and more germane to the totality of their experience? If therapy for minds in distress requires a reorientation of perspective, it may well turn out that the historic religious conceptions of good and evil have a special merit for modern minds caught in the web of psychological terminology.

Returning to the relation of the clergyman and psychiatrist, this conclusion seems in order: insofar as the clergy is the better able to deal with issues of basic belief, values, and orientation toward life, he has an inescapable role to play in the conservation and advancement of mental health. His role seems complementary to that of the psychoanalyst who, by professional training, is ordinarily more skillful in plowing than in planting. But insofar as modern psychotherapeutic techniques have become medically oriented, or otherwise specialized, the clergyman, of course, must give ground. No longer does the cure of souls fall entirely to his office. The growth of psychological science does not mean, however, that he is relieved of responsibility. Quite the contrary: it means that now for the first time he can embrace his ministry to the individual with some degree of confidence, for he no longer stands alone in the face of a task too great for his skill and training. He can make psychological science his ally, and share with its practitioners the solution of a problem of joint concern. Furthermore, he can and should become familiar with many of the psychological procedures that may fortify his own skills. Within the past few years over one thousand clergymen have received clinical training in hospital centers where special institutes have been conducted for their benefit.⁵

Pastoral-psychiatric teamwork is a rapidly expanding conception. As with many teams it is necessary for one member to be more flexible and adaptable than the other, in order that the relationship may run smoothly. It seems likely that the clergy and the theological schools for the present will have to be the suitor, the planner, the adaptor, until the team is strongly established. We note the vigorous disposi-

⁵ An organ of the movement for clinical training of the clergy is the *Journal of Pastoral Care*, with offices at Andover Hall, Cambridge, Massachusetts.

tion on the part of the clergy to include psychology in their program of training. Not yet do psychiatrists seem to sense their need for the inclusion of philosophy and theology in their preparation for practice.

Conflict and Conscience

Mental ailments, whether major or minor in degree, are reflections of conflict within the personality. Often there are hereditary or physical factors underlying this conflict, especially in certain severe conditions of mental disorder. But whether or not our difficulties have a biogenetic basis they always betray a clash of contradictory impulses.

In stating this fact the vocabulary of religion and of modern science differ markedly, though their meanings are essentially the same. The religious vocabulary seems dignified but archaic; our scientific vocabulary, persuasive but barbaric. "His Id and super-ego have not learned to cooperate," writes the modern mental hygienist; "The flesh lusteth contrary to the spirit, and the spirit to the flesh," writes St. Paul. "Feelings of guilt suggest poor personality teamwork," says the twentieth-century specialist; "Purify your hearts, ye double-minded," exhorts St. James. "The capacity of the ego to ward off anxiety is enlarged if the ego has considerable affection for his fellows and a positive goal to help them." Correspondingly, St. John writes, "Perfect love casteth out fear." It would be difficult, I suspect, to find any proposition in modern mental hygiene that has not been expressed with venerable symbols in some portion of the world's religious literature.

Most of the conflicts that cause damage to mental health—and here again psychology and religion agree—have to do with courses of conduct the individual regards as impulsively

desirable and those he regards as morally obligatory. Whether we call it conscience or super-ego, the moral sense is almost always involved in any serious conflict. The consequences of violating conscience have traditionally been called "sin." The consequences of violating the super-ego are known in modern parlance as "guilt feelings." The parallel is still close.

One of the most significant features of modern mental hygiene is its attempt to make a scientific analysis of the nature of conscience. The first question asked is whether conscience is inborn. The best scientific answer seems to be No—in one sense, Yes—in another. Quite clearly *specific ideas* of what is right and wrong are not innate. Cultures are too variable; individuals are too variable. To honor the Sabbath Day is not an injunction to trouble the primitive Hawaiian conscience. Nor is the sin the Hawaiian feels at eating standing on his feet a source of concern to the Christian conscience. The cultural relativity of conscience is marked, but even so, the case may have been overstated by anthropologists. It is a matter calling for more study, particularly today when it is vital to know just how much moral agreement there is among the peoples of the world. In spite of differing tabus and imperatives, it seems that all peoples prize kindness to children, loyalty to the in-group, and they have a not wholly capricious sense of justice. We cannot yet be too sure that the content of human conscience is endlessly varied.

A further argument against the innateness of conscience comes from the fact that one can observe the child's predicament during the slow and awkward process of furnishing his conscience. We see the parent, using rewards and punishments, repetition and emphasis, trying to teach the child what is right and what is wrong. The process, we perceive, is painstaking and difficult. Even in adolescence, we note, the young person prefers to have external authority regulate

his conduct. He wants leadership, authority. It is difficult to interiorize the backbone. This obvious dependence on learning, and the lateness with which the mature conscience is formed, make it certain that conscience is not furnished at birth.

At the same time, it is equally evident that the *capacity* for conscience exists in nearly every person. In the course of social living the individual is bound to form a conscience. Only in the very exceptional cases of what Lombroso called moral imbecility, and modern science sometimes calls "psychopathy," do feelings of right and wrong seem absent.

Conscience is astonishingly universal, and is by no means a product of the Christian tradition, certainly not of Puritanism. In all religions we find sin, contrition, and appeal for forgiveness playing a prominent part. A Babylonian prayer of four thousand years ago reveals an acutely sensitive conscience:

Oh my God, my transgressions are very great, very great my sins. I transgress and know it not. I wander on wrong paths and know it not. I am silent and in tears and none takes me by the hand. My God, who knowest the unknown, be merciful. In the midst of the stormy waters come to my assistance, take me by the hand.⁶

Important facts about conscience are, then, its universality in the human race (excepting in rare pathological instances), the variability of its dictates with cultural standards (though this variability may be currently overestimated), and the slow and frequently painful way in which it is acquired through the processes of learning in childhood and adolescence. Now we need to guard against a common misconception to which these facts sometimes lead.

If we are unwary we are likely to say that conscience is

⁶ Abridged from M. Jastrow. *Religion of Babylonia and Assyria*, Boston: Ginn & Co., 1898, p. 321.

the lingering vestige of parental coercion and childhood fear. We observe how the young child is warned that he "must not" strike his baby sister, that he "must" form habits of modesty. The teaching, we note, is often enforced by punishment or threat. The child cannot be expected to know *why* he must perform some acts and avoid others. The sanctions to him are a blur. In some cases parental punishment descends if he disobeys; in others he finds that nature does the retaliating when he violates its laws; in others the penalty turns out to be social ostracism or even a brush with the police; in still others, he feels a vague sanction of divine wrath hovering over him. In no case can the reasons for good and acceptable conduct be fully understood by the child. In all, the sanctions to him seem confused and wholly external. His super-ego is a troublesome baggage of parental injunctions.

But later (how much later depends on the person) the sanctions become internal, and are based upon a sense of "ought" rather than "must." In maturity, and even well before, a sharp distinction grows up between the feeling of "must" and of "ought." I "must" buy some new shoes, but there is no moral obligation to do so. I "must" get some gas for my car, but there is no "ought" involved. On the other hand, I "ought" to write a letter, but I am under no coercion to do so. I "ought" to make the best possible choices in my life, but no one excepting myself will insist. My discomfort when I violate my sense of "ought" is a discomfort wholly apart from my fear of physical sanctions I incur if I violate nature's or society's laws.⁷

The transformation from the sense of "ought" is due only in part to the internalizing of the teaching received in childhood. Not everything that was once a "must" of the super-

⁷ For a fuller discussion of this important distinction see P. Bertocci, A reinterpretation of moral obligation, *Philosophy and Phenomenological Research*, 1945, 6, 270-283.

ego becomes an "ought" of the mature conscience. The latter no longer depends upon the enforced teaching of parent or nurse, but upon the values that maturity holds—and in most respects these differ sharply from the values of early childhood. Psychotherapists, it is true, sometimes discover troublesome vestiges of infantile conscience plaguing mature life. But their very concern with these vestiges proves that adult conscience is expected to have adult stature and to escape entirely from the habit-structure of early childhood. Like all other ingredients of personality, conscience is expected to keep pace with the individual's age and experience. It helps to relate the person to reality as he now conceives it. It is a present guide to conduct, and as such, serves an important function in the economy and health of an adult life. Hence in the normal personality it may not be viewed as a carry-over from childhood, a parentally imposed super-ego. Functionally autonomous of its roots, it is now arbiter of adult values.

Conscience should not be reified. It is not a "man within the breast," nor is it a separate department of personality. Rather it is the knife-edge that all our values press upon us whenever we are acting, or have acted, contrary to these values. Conscience is by no means exclusively a religious phenomenon. We know many irreligious people who have acute consciences. For individuals with a civic sentiment, there is a corresponding civic conscience. When one's professional acts do not agree with one's professional sentiment, the professional conscience is pricked. A scientist has a scientific conscience; an artist, an artistic conscience; the underworld has its own strict code whose violation may awaken the still small voice even when transgressions against the larger code of society do not. Conscience is the indicator of the measure of agreement between our conduct and our values, whatever they be.

If conscience should not be reified, neither should it be fragmented. When we speak of a social conscience, a pro-

fessional conscience, a religious conscience, we do not mean that each person has an indefinite number of separate sensitizers. There is as much unity of conscience as there is unity of personality. In a well-organized life the sentiment structure is not in conflict, neither are the dictates of conscience. A hierarchical organization prevents intolerable jangles. As if further to diminish discord, our keenest feelings of guilt are prompted only by violations of the highest sentiments in our personal hierarchy. Conduct out of line with a minor sentiment troubles us little, while deviations from the principal highway of our lives are marked by a sense of guilt, provided, of course, these deviations are felt to be willful and not due merely to the force of circumstances over which we have no control.

In the interests of mental health it is essential that conscience be as mature as the master-sentiments to which it corresponds. Its functioning must depend not upon what happened in childhood, but upon the contemporary character of the sentiment. Hence it is necessary for the mature conscience to distinguish between truly adult and juvenile issues. If it does not do so, inappropriate vestiges of infantile guilt may haunt the individual. Sometimes the services of a psychotherapist are required in order to remove these lingering infantilisms, and to free the individual so that he may refashion his conscience to accord with his mature values at a mature level.⁸

⁸ The distinction between an immature and a mature conscience is helpfully discussed by Erich Fromm in *Man for Himself*, New York: Rinehart & Company, 1947. The mark of an immature conscience, says Fromm, is its authoritarian nature. It is ridden by a sense of obedience, self-sacrifice, duty, and resignation. The victim fears to lose the approval of the father figure (the Führer, the priest, the deity) who dominates an essentially childish super-ego. By contrast, the mature conscience is animated by adult sentiments, by self-chosen goals, by a continuously productive relation between the individual and his surrounding world.

Excepting for one feature of his analysis I would subscribe whole-

Since in many lives the religious sentiment is prominent, and since it has by its very nature extraordinarily wide scope—touching most facets of personal and social conduct—it is natural that conscience and religion should in our minds be frequently confused. But as we have seen, irreligious people may, and usually do, have lively consciences of their own. And on the other hand, many features of the religious sentiment have no direct relation to conscience. Adoration, trust, understanding, a sense of peace, and many other religious states of mind, involve no moral aspect at all. The burglar alarm in a bank vault is but one feature of a complex security system. It is activated when the system is violated. So it is with conscience, which normally acts only when the integrity of the sentiment is threatened by conduct incompatible with its essential structure. The alarm is normally silent, but when it sounds the maintenance of integration requires that it be heeded.

Aspects of Integration

Psychology's chief contribution to mental health is the concept of integration, a term less Biblical, but meaning

heartedly to Fromm's position. He mistakenly assumes that a religious conscience, almost of necessity, is an authoritarian (immature) conscience. While he is right in pointing out that great religions have a way of turning into power systems that seize control of the youthful adherent's conscience, he fails to see that this control may be only temporary. The individual in his course of maturing may *rediscover* for himself the essential truths of his religion, and thus incorporate them into a wholly productive and rational conscience. The fact that Christian doctrine, for example, may be accepted in a supine manner by some people, neither invalidates the doctrine nor prevents its wholehearted acceptance by an individual who in the course of his quest discovers its relevance to the totality of his own life-experience. It does not follow, therefore, as Fromm concludes, that the only mature ethics must be a humanistic ethics.

much the same as St. James's "single-mindedness."⁹ Integration means the forging of approximate mental unity out of discordant impulses and aspirations. No one can say, "I will integrate my life," and expect to find it done. For the most part integration is a by-product of various favorable techniques of living. Perfect integration, of course, is never achieved, but to be even reasonably successful it must, as we have seen, admit the requirements of the mature conscience. All strongly ideal interests, we know, tend to unify the mind. But in principle, the religious interest, being most comprehensive, is best able to serve as an integrative agent.

Another road favorable to integration is humor, man's principal technique for getting rid of irrelevancies. His laughter disposes of much that is unpredicted, capricious, and misfit in his life. Humor may throw an otherwise intolerable situation into a new and manageable perspective. The neurotic who learns to laugh at himself may be on the way to self-management, perhaps to cure.

On the face of it humor seems antithetical to religion. The virtue of religion is sincerity; the virtue of humor is insincerity. Humor says essentially that nothing really matters, for basically the universe is comic. If God made it, He was certainly absent-minded. Religion says something does matter in the last analysis; all important things at bottom are congruous. Humor pushed to its extreme is cynicism, and as such is not compatible with true integration of personality. Comical pluralism could shred a life into hilarious fragments. Yet the opposition is not irreconcilable. Religion takes up where humor leaves off. Having decided that there is some-

⁹ Among theological writers especially interested in the bearing of religion upon the psychological process of integration are Swedenborg (see H. D. Spoerl, *Critical Points in Regeneration, The New Christianity*, 1946, 12, 62-72), and S. Kierkegaard (see especially his *Purity of Heart Is to Will One Thing*, New York: Harper & Bros., transl. 1938).

thing beyond laughter, a core of life that is "solemn, serious, tender," there yet remains plenty of clear room for jesting. For to the religious person, as well as for the irreligious, the design of the universe is by no means apparent at all times, and its *non-sequiturs*, its "mechanical inelasticities" are fair game for laughter—so long as the ultimate direction of one's life-intention is fixed. Humor helps to integrate personality by disposing of all conflicts that do not really matter.

Integration does not require a completed view of life. In fact, completed achievements leave us hollow and at loose ends. It is only the unfinished tasks that integrate and motivate. Perceiving this fact, Goethe insisted that personal salvation lies always in the striving to achieve, never in mere attainment. You recall Faust's wager with Mephisto. If ever in the course of life's quest Faust—the epic prototype of Man—should be satisfied, should say, "Hold, thou art so fair," then might Mephisto take his soul. But it was Faust, with his insatiable hunger for more and more experience and knowledge, who won the wager and with it his salvation. That which is ever not quite fulfilled is best able to hold the attention, guide effort, and maintain unity. It is for this reason that religion qualifies as an integrative agent *par excellence*. Precisely because religious accomplishment is always incomplete, its cementing character in the personal life is therefore all the greater.

Integration is often hindered by direct, grimly determined effort. The Nancy school of psychiatrics noted that often the effort to keep from doing a wrong thing seems to magnify our chances of doing that very thing. They designated this tendency the "law of reversed effect." Many years earlier St. Paul had discovered the same principle: "I find then a law that, when I would do good, evil is present with me" (Romans 7:21). Tense moral struggles, says psychotherapy, require most of all relaxation. They require surrender, says

religion—give God a chance to do the refreshing. Often relaxation is impossible until one has resigned oneself to living with one's difficulty, or until he has lost his personal turmoil in cosmic perspective.

Relaxation is a lesson important for the individual to learn especially in his late 20's and early 30's. At this time he is likely to discover the gap that exists between his initial aspirations and his abilities. A youth tends to have exaggerated expectations, and only later discovers that he is less clever than he thought, that he has to be satisfied with less income, less popularity, a less ideal marriage than he had hoped for. The discovery often leads to resentment, projection of blame, and profound distress and maladjustment. Relaxation and a cosmic perspective are very much needed to prepare for strong mental health in middle and later life.

Among the conditions especially subject to the law of reversed effect are the neurotic compulsions. A neurotic may know that he does the wrong and injurious thing but cannot help himself, and the more effort he expends on self-correction the worse matters become. His wrongdoing may, and often does, arouse acute feelings of guilt. If he is personally religious, he feels that his compulsions constitute an intolerable load of sin. Yet how can the neurotic sufferer, whose conduct is involuntary and whose impulses are prompted by mental tangles the nature of which is largely unknown to him, be held accountable for conduct that he consciously deplors? If freedom is a matter of choices available and known, does the neurotic have true freedom? If not, shall we dismiss his sense of sin as an infantile irrelevancy worthy of no respect?

Modern religion, I believe, would agree with the psychotherapist's position in this matter; but it would have one word to add. Any neurotic is living a life which in some respects is extreme in its self-centeredness. Even though many of his

individual sentiments may be altruistic, the region of his misery represents a complete preoccupation with himself. The very nature of the neurotic disorder is tied to pride. If the sufferer is hypersensitive, resentful, captious, he may be indicating a fear that he will not appear to advantage in competitive situations where he wants to show his worth. If he is chronically indecisive, he is showing fear that he may do the wrong thing and be discredited. If he is over-scrupulous and self-critical, he may be endeavoring to show how praiseworthy he really is. Thus, though involuntary, partially unconscious, and uncontrollable in any direct way, most neuroses are, from the point of view of religion, mixed with the sin of pride. A more becoming basic humility, held in the religious perspective, could not help but improve the state of the sufferer's conscience, and thus indirectly affect favorably his mental health. Even when his compulsions get the better of him he need no longer regard them as of central importance in his life. As the focus of striving shifts from the conflict to selfless goals, the life as a whole becomes sounder even though the neurosis may never completely disappear.

Integration, for the neurotic or for the normal person, requires self-objectification. That is to say, it requires insight, a knowledge of one's values, a clear picture of one's assets and liabilities. Psychotherapy and religion agree on this point. Historically the church has had one very special aid for the inducing of self-objectification—the Confessional, or Sacrament of Penance. Some writers maintain that the traditional wisdom of religion in handling conflict by this means has been completely outstripped by the knowledge of the psychiatrist, who handles repression, dividedness of mind, guilt, better than does the religious method which may merely increase the conflict. Yet we know that some form of housecleaning is therapeutic, and that the relaxation and receptivity that accompany prayer may result in a new direction of

healthful integrative thought. Some writers argue that it would now be well for psychiatry and consulting psychology to include more widely a revised form of confessional catharsis in their procedures.¹⁰ One can confess to anyone, they say. Belief in absolution is not necessary.

William James, likewise enthusiastic about the confessional, and perplexed by its decline, writes:

For him who confesses, shams are over and realities have begun: he has exteriorized his rottenness. If he has not actually got rid of it, he at least no longer smears it over with a hypocritical show of virtue—he lives at least on a basis of veracity. The complete decay of the practice of confession in Anglo-Saxon communities is a little hard to account for.

Puzzling as to why Protestants gave up the practice of sacramental confession, he concludes:

We English-speaking Protestants, in the general self-reliance and unsociability of our nature, seem to find it enough if we take God alone into our confidence.¹¹

There are, of course, important differences between secular and religious confession. In the latter, stress is laid exclusively upon one's own shortcomings. The shortcomings of others may not be discussed as, of course, they can be during a psychiatric interview. One is permitted to tell only one's own sins. This limitation prevents projections, shifting of blame, and uncharitable accusations. The believer who accepts the Sacrament of Penance feels that the past has been canceled, and that no debts carry over to the next page of life. He

¹⁰ J. H. Leuba, *God or Man?* New York: Henry Holt, 1933, p. 316. Pierre Janet, especially interested in obsessive states, writes, "Regular confession seems to have been invented by a genius of an alienist who wanted to treat obsessions." *Les obsessions et la psychasténie*, Paris: F. Alcan, 1903, Vol. I, p. 707.

¹¹ W. James. *Op. cit.*, pp. 452 ff. Quoted by permission of Longmans, Green & Company.

accepts the priestly assurance that he may depart in peace. For the believer the authority involved is much greater than that wielded by any psychotherapist.

From the point of view of psychotherapy there is in this procedure one serious limitation. It provides no opportunity for exploring the environmental or interpersonal factors concerned in the conflict. The confessor is forbidden to approach the penitent outside the confessional for any further discussion of the problems raised. There is no opportunity for supplementary therapy, or for a full discussion of those aspects of the problem which in fact are due to the aggressions and transgressions of others. Priests, recognizing this limitation, have complained that parishioners do not come informally before or after confession for such auxiliary consultation as they need and as the priest is trained to supply.

Combining of Resources

In conclusion, I venture to restate three important facts. (1) The mental health of contemporary society is not good. Each year a larger segment of the population crosses the vague boundary-line that separates the region of normality from the dark territory beyond. Even among those who dwell securely in the land of normality, there is an excessive amount of avoidable anxiety, unhappiness, and confusion of purpose and thought. (2) The crux of mental health, and of much physical health, is found in the nature of the individual's beliefs: his minor beliefs about domestic and social situations in his immediate world, and major beliefs about the nature of the universe in which he lives. (3) It turns out that in many respects psychological science and religion, for all their differences in vocabulary, have similar views regarding the origin, nature, and cure for mental distress. Where emphasis

and techniques differ, the relationship between psychotherapy and religion can often be regarded as one of desirable supplementation.

Although different kinds of people, according to the state of their own conscience, sentiments, and present wants, respond variously to different therapeutic opportunities, it is probable that for adequate coverage of the social need, at least three basic forms of service are required.

The first is the type of service offered by psychologists. A young and growing profession, consulting or clinical psychology aims to assist the individual in self-examination, self-assessment, and self-integration. Occasionally mental tests or vocational guidance are beneficial; often more significant is the value that comes from what today is called "nondirective therapy." It has been discovered that under appropriate circumstances the individual, facing a permissive, noncensorious listener, with a will to explore his life situation candidly, can, in the course of comparatively few hours, review and place in order his own values, consult his conscience, estimate his assets and liabilities, size up his conflicts, and often discover a course of conduct and thought that integrates his life far better than he considered possible without this simple therapeutic assistance.¹²

In principle, there is no reason why clergymen, trained in its use, or qualified individuals attached to churches, should not employ this first and simplest grade of therapy. But chiefly the clergy has the ability and obligation to supply the second type of service: offering spiritual advice and rules of life, or opportunities for religious confession when these are sought. Discussion and clarification of theological issues are wanted by some individuals. Others find in the church a needed social anchorage which provides a type of group

¹² Cf. C. R. Rogers. *Counseling and Psychotherapy*, Boston: Houghton Mifflin, 1942.

therapy. Group activities, we know, often stimulate a wholesome integration of thought and conduct, particularly in individuals who previously have felt isolated from their fellows. Even the somewhat disparaged technique of exhortation may have a place, for the wish to change one's behavior is the most potent single factor in one's capacity to change it. Where values are withered, or where the more socially desirable and inclusive values require reinforcement, exhortation at the right moment may prove efficacious.

Finally, there is psychiatric aid which for certain individuals is indispensable. Sedation, shock, depth analysis, may be the critical service to be rendered. It goes without saying that such forms of psychotherapy should not be engaged in excepting by well-trained psychiatrists.

If these three professional roads are pursued in a spirit of rivalry and isolation, the cause of mental health will be hindered. In certain instances separatism may seriously endanger the individual who, needing one type of service, falls only into the hands of a rival specialist. Fortunately in recent years we have witnessed the beginnings of coordination and cooperation in a common cause. These hopeful beginnings, I predict, will be greatly extended in the years that lie immediately ahead.