Towards wholeness: transcending the barriers between religion and psychiatry

GEORGE CAREY, ARCHBISHOP OF CANTERBURY

Like the Church, psychiatry is truly international, but sadly there have been times when many on both sides have sought to erect barriers between us. We have both emerged the poorer as a result. Much more is to be gained, I believe, from an atmosphere in which goodwill, respect and co-operation are allowed to grow.

Part of the reason for these barriers lies in the origins of modern psychiatry itself. Freud, in his work *The Future of an Illusion*, viewed religious faith as an immature response to the awareness of the helplessness of humanity: an illusion created as a way of coping with the unpleasant realities that life is nasty, uncertain and without purpose. He argued that we deal with the latter by projecting an "ideal" figure who can look after us. It is clear that such a hypothesis was unlikely to be the best overture to a happy and warm relationship!

Nor, of course, does it help when Christians and other religious people merely dismiss such a hypothesis out of hand. Freud had ample reasons for concluding that the patients he treated, central to whose illnesses were religious feelings, were in part the victims of their religion. Indeed, as many theologians recognise, religion can create problems as well as providing answers. For example, extremist fundamentalism has long been a curse that has dogged humanity, and terrible incidents like the Waco and Jones massacres are just modern instances of this.

Professional rivalry, too, has been a cause of friction and antipathy between religion and psychiatry. Some clergy have resented the way in which their parishioners now turn to counsellors and psychiatrists when they might have come to them in the past. Moreover they have been saddened and angered by the fact that some of those so consulted seem to have been prepared to take no account of the religious or spiritual realities which, in their view, are fundamental to a proper understanding of the human condition. Psychiatrists, on the other hand, have rightly despaired at times at the blundering efforts of some priests and ministers who have invoked a hot-line to the Holy Spirit to deal, so they have thought, with all kinds of mental illnesses.

Finally, and here I realise that I am moving into an area as hotly debated by psychiatrists as it is by theologians, there are those barriers caused by differing perceptions of what can properly be attributed to human responsibility. For instance, a stereotyped belief exists among many Christians that psychiatrists have a thoroughly mechanistic and deterministic view of human nature. As a result they feel it is all too easy for them to deny individual responsibility, and all sense of personal accountability and sin is soon lost.

Arguably, too, some of our problems stem from the fact that we have too much rather than too little in common. Dinesh Bhugra, in his recent book *Psychiatry and Religion* (1996), makes the interesting suggestion that this deep distrust is like that between two neighbours who should be on very good terms but, due "to a long-forgotten episode over the niggle about the size of a fence", have fallen out.

If we are to transcend these barriers, then it is vital, as well as acknowledging them, to recognise too the many things that we do have in common and to build on them accordingly. Let me itemise some of what that common inheritance includes.

Firstly, we share a concern for many of the same things. As Bill Fulford notes in the book *Psychiatry and Religion*, "religion and psychiatry occupy the same country. A landscape of meaning, significance, guilt, belief, values, vision, suffering and healing". Both deal with human life and both recognise that health goes far beyond the physical, entering the inner chamber of the mind with all the longings and fears that belong to humankind.

Secondly, we share key values at a profound level in our response to those concerns. In the old but still relevant book by the social psychologist Paul Halmos, *The Faith of the Counsellors* (1965), he argued that it is not the case that as psychiatrists you are simply offering techniques in a detached or dispassionate way. Human beings are not merely interesting machines, nor do you treat them as such. Indeed, your involvement with patients recognises that they have a value that others, including themselves, may deny. Likewise, the Christian Minister respects this concern for the human being and recognises it as something that overlaps with his theology of humankind as quintessentially God-given and sacred.

Halmos went on to argue that, far from being a value-free discipline, psychiatry has implicit values which have a clearly Christian origin. Of course, some may wish to challenge that, but I believe that he does offer us a way of examining the overlap between theology and psychiatry in some important respects.

To take just one example, faith, hope and love are present in both our disciplines. Faith, not in the sense that only a religious person can be a good psychiatrist, but rather because both psychiatry and religion depend on a fundamental relationship of trust. For the secular person that trust is rooted in a trust of each other as people. For the religious person it involves even more than that – a trust in each other in the presence of God. Or again there is hope. Psychiatry looks for a process of healing, of restoration to mental wholeness. Because we understand so little even now about the human mind, we often have to proceed on the basis of hope and not certainty. For the Christian, our understanding of hope reaches beyond human knowledge to God himself, who comes to us in our need. And then there is the last of the three great virtues, that of love. Good medical practice, including good psychiatric practice, is always based upon real care and such real care is both costly and risky.

Thirdly, because we share so much, yet retain our own distinctiveness, we need each other and cannot achieve a true wholeness without cooperating. On the one hand, religion, and Christianity in particular, needs you. Of course, there have been some splendid liaisons over the years, but these have been far from universal. The book *Psychiatry and Religion* which I have quoted is a heartening sign of the progress that has been made, but more needs to be done. As Christian ministers

Address to the Joint Conference of the Royal College of Psychiatrists and the Association of European Psychiatrists, Queen Elizabeth II Conference Centre, Westminster, 9 July 1996.

https://doi.org/10.1192/bjp.170.5.396 Published online by Cambridge University Press

we need the expertise of psychological insight and psychiatric practice.

But on the other hand, I venture to suggest that you need our experience of the religious quest in humanity. There are many millions of people on this planet who are not materialists, agnostics or atheists. To emphathise with them, whether or not you are a believer yourself, and I know many psychiatrists are, you need the informed minister who is not afraid of you and who can help you distinguish the balanced religious and healthy Christian from someone who is not. As Andrew Sims (1994) commented in his Presidential valedictory lecture three years ago, when speaking of this task of the psychiatrist:

> "One needs to know both about the shared assumptions of the religious group and the unique self-experience of the putatively disordered individual. In the past, talk about religion was a prominent symptom of many mentally ill people resulting in the notion of *religious mania*; too much religion, like genius, was thought to drive you mad. Both hypotheses are, of course, fallacious."

As I have already said, individual patients can gain greatly when there is close cooperation between psychiatry and religion in general, and psychiatrists and the clergy in particular. I saw this on my recent visit to Broadmoor where there was close liaison between psychiatrists, clinical psychologists, social workers, nurses and, yes, the Chaplain.

Society too is the weaker, if we do not learn to work together. A number of your colleagues have spoken with some concern of the pressure on local psychiatric care. We have witnessed in recent years the closure of many hospitals, and more patients are, as a consequence, entrusted to the wider community for support and care. This shift from a predominntly institutional form of treatment to one based in the community has, of course, positive and negative sides to it. Many patients undoubtedly benefit from the opportunity of taking more control of their own lives within the wider community, even if they experience, at times, suspicion and misunderstanding. However, not every patient has benefited and not every family and not every community have been able to handle the human cost of caring. Furthermore, I am aware that morale in the different professions working among the mentally ill has suffered from the uncertainty that has befogged the change of policy in recent years. Perhaps this quite remarkable change of methodology and philosophy in treating patients provides us with a fresh opportunity for closer cooperation.

Two areas could benefit from this. The first is the field of primary health care. One general practice in Reading is doing a great deal of primary health care in which the spiritual dimension of life is unashamedly included. In this it is cooperating closely with the local churches. It is discovering that raising psychological and spiritual issues in the earliest moments of counselling has long-term benefits. This may suggest that closer links between psychiatrists and clergy is in the interests of both, and more importantly, it is in the interest of many patients.

Secondly, the Church has one significant resource that many psychiatric units lack, namely voluntary helpers, and has experience in mobilising large numbers of volunteers for charitable work. Training and utilising intelligent and willing men and women could be a resource for overstrained local psychiatric services.

There are intellectual questions that still need to be debated. You may find that the Churches are in better shape these days to handle these issues without fear and insecurity getting in the way of serious dialogue. But while that debate is still going on, we can work from what we have in common for the good of those we seek to serve. We are united in our commitment to people, for their mental and spiritual health and for a mature and responsible society. I believe with all my heart that a healthy religion has much to offer to community, to the psychological security of individuals, and to the well-being of society as a whole. For me, faith is not the religious equivalent of a nuclear air-raid shelter but an invitation to a pilgrimage with a God who is always going before us and who is always surprising us with his ability to transform the bleakest moments in human history. Healthy, secure religion, which is open intellectually, has much to gain from closer contact with psychiatrists either as individuals or as a body of professionals. With temerity I suggest that you have something to gain from us too. Perhaps, deep down, we are all aware that those who make the best therapists, like those who make the best pastors, are people who are humble enough to acknowledge their own limitations; people who know that their interventions are beyond their capacity to understand fully and that their work, however successful, contributes only one element to a person's progress.

A partnership is needed, and it needs to flourish. Andrew Sims concluded that lecture by saying

> "For too long psychiatry has avoided the spiritual realm, perhaps out of ignorance, for fear of trampling on patients' sensibilities. This is understandable, but psychiatrists have neglected it at their patients' peril. We need to evaluate the religious and spiritual experience of our patients in aetiology, diagnosis, prognosis and treatment."

It is my view that closer cooperation could make both Christianity and psychiatry far stronger as 'forces for the future'.

MOST REVD AND RT HON. GEORGE LEONARD CAREY, DD, PhD, Archbishop of Canterbury, Lambeth Palace, London SE1 7JU

(First received 22 July 1996, final revision 4 December 1996, accepted 6 December 1996)

REFERENCES

Bhugra, D. (ed.) (1996) *Psychiatry and Religion*. London: Routledge.

Freud, S. (1961) *The Standard Edition of the Complete Psychological Works of Sigmund Freud. Vol. XXI: The Future of an Illusion, Civilization and its Discontents and other works* (trans. J. Strachey). London: Hogarth Press.

Halmos, P. (1965) *The Faith of the Counsellors*. London: Constable.

https://doi.org/10.1192/bjp.170.5.396 Published online by Cambridge University Press