

# THE STUDY OF MENTAL DISORDERS AS A BASIS FOR A PROGRAM OF MORAL AND RELIGIOUS RE-EDUCATION

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THE project upon which I have been asked to report is an attempt to discover through the study of the disorders of the personality the spiritual forces operative not merely in the disordered conditions but in the normal life of man, and to determine the laws which govern them. We are, in other words, seeking as part of our task in the study of the mentally ill to obtain new insight into the objectives and the methods of religious education.

We start with two presuppositions:

1. In mental disorders we are dealing for the most part with maladies of emotion and volition, of attitude and belief, of that which concerns the organization of the personality. Organic pathology is demonstrable in only about 40 percent of the new admissions, while intelligence of the sort that the intelligence tests can measure is often not affected even in grave mental disorder.

2. The study of the pathological is one of the best approaches to the understanding of the normal. Such has been the experience of the medical profession. They have discovered that disease introduces no new processes into the body but merely destroys the balance and thus permits us to observe in exaggerated form processes which are present in health. Because of the difficulty of bringing under laboratory conditions the great driving forces of love and hate and fear and anger the psychologist will do well to profit by the experience of the medical man and make use of the material of which our hospitals are full, material which is the product of just the forces with which in his laboratory he dares not tamper.

Our own attempt falls into two somewhat different divisions:

1. The careful observation of the behavior, the ideas, the attitudes of selected patients and the effort by means of carefully worked out case histories obtained from the patients and from their friends to reconstruct the factors which have determined the behavior which we see.

2. Experimental work in the treatment of specific cases.

Both aspects of the problem have been proceeding steadily. It is obvious that the latter must proceed more slowly than the former. Intensive treatment is a more laborious and time consuming task than the mere collecting of information. Psychotherapy, moreover, does not lend itself readily to experimental work. One may extract teeth or remove tonsils and be reasonably sure of determining the effect upon such diseases as arthritis. One may administer inoculations and determine the effect upon such scourges as typhoid or smallpox. But in psychotherapy no therapeutic measures register except through the medium of the personalities of physician and patient. Psychotherapy, according to Dr. Macfie Campbell, is the physician listening to and talking with the patient about the patient's personal difficulties. It is not a science but an art, a delicate and difficult art, which is little subject to scientific measurement.

Because of the difficulty of measuring the results of our therapeutic experiments I shall content myself with giving the results of a series of studies of the religious factors in 45 cases of psychogenic mental disorder.\*

Of these cases, 20 were selected not by myself but by the physicians in charge

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\*. Part of the data which follow were presented in *Religious Education* last month.

of an important research project into the nature of those disorders which we label "dementia praecox." In accordance with the principles agreed upon these cases were all of persons of less than 40 years of age and all without obvious physical ailments. These cases were studied from every possible angle, from that of the physiologist and endocrinologist, of the psychiatrist, of the social worker and of the psychologist and intelligence tester. It was my task to take account of the religious factors. What I give are merely my own findings.

The other 25 cases were of persons with whom I had done intensive work myself. Of these 5 were more than 40 years of age, the oldest being 56. Four of these cases were labelled "manic-depressive, manic phase," two "manic-depressive depressed phase" and two "paranoid condition." The rest were "dementia praecox." They are therefore selected cases but they were selected out of a considerably larger group which I have studied because they seemed representative of the profounder psychogenic disorders, not because they were of especial interest to the student of religion.

In all cases included in this study there were found clear maladjustments pertaining to those things by which men judge themselves. Out of the 45 cases sex maladjustments were clear in 37, vocational maladjustments in 11, and social maladjustments were primary in 5 and at least secondary in many others. Of the majority of the cases it may be said that the primary evil seems to be a growing ascendancy of malignant tendencies chiefly in the nature of sex impulses unacceptable to the individual. Of all it may be said that the primary evil is a difficult life situation involving for the individual personal failure as judged by those standards which he has accepted as his own.

If now we group the cases according to the major reaction patterns by which

such difficult life situations may be met we find some significant differences.

In the cases under consideration we may distinguish three chief reaction patterns, surrender, concealment, and awareness of danger with resulting emotional disturbance. In the first type the patient permits the malignant tendencies to take possession and makes little or no resistance. He throws up the sponge and drifts off into a land of day dreams and easy satisfactions. In the second he puts up a stiff front and refuses to admit defeat or error. Such persons, as a rule, resort to delusional misinterpretation. They are being hypnotized, misunderstood, mistreated; they are physically ill and therefore not responsible. Or they may persuade themselves that they are really very important persons, inventors, reformers, writers, detectives. They may take refuge in activity and self assertion and seek as it were to live out a day dream.

Of those who become aware of the situation and attempt to face it we have four groups. There are seven cases in which the malignant tendencies have already got the upper hand before they wake up. These become disturbed, put up for a time a fight and then lapse back into hopelessness and dissolution. A second group of four cases, after a severe struggle, succeed by means of delusional misinterpretation in effecting a reorganization and thus maintaining some degree of integrity. A third group of seven, aroused to their peril, become acutely disturbed and then recover. Six others in a similar situation become seriously depressed. Of these five have recovered.

Placing together those cases characterized by the reaction patterns of surrender and those of concealment, and comparing this group with the 24 cases who become aware of their danger, we make the following discoveries:

In the first group 3 cases out of 21 show religious concern and four make

recoveries. These four are in the manic-depressive, manic group, and the recoveries are probably merely remissions which will be followed by other disturbances.

In the second group all 24 cases show religious concern. This concern is marked during the period of conflict and tends to disappear with the passing of the danger or the giving up of the struggle. Of the 24 cases 12 make recoveries. Some of these will probably stay well.

In other words, we find that religious concern and religious ideas and attitudes are found wherever men are attempting to face those issues which are to them abiding and universal and are aware of unattained or unattainable possibility. Religious ideas and attitudes tend not to appear in cases where the individual has ceased to struggle, or in which he is attempting to conceal the situation.

No little interest attaches to the content of thought found in these two groups, but these ideas are significant from the standpoint of the psychology of mysticism rather than of religious education. I shall not, therefore, on this occasion attempt to discuss this.

In conclusion, let me suggest a few principles which seem to follow from our findings which are important for the religious educator.

1. Conflicts and emotional disturbances are not necessarily evils. They are analogous to fever or inflammation in the physical organism and are to be regarded as attempts to remove those evils which impair one's status and one's growth. The more acute the conflict the better generally are the chances of recovery in the cases which come to the hospital. The real evil is the short-circuiting through easy satisfactions of the great vital urges, of which the sex urge is chief. The worst of all maladies are those in which the sufferer puts up no fight or refuses to face the situation.

2. Religious ideas and religious concern tend to appear where men are fac-

ing the facts and seeking to become better. The religious man, like Professor Dewey's good man, is the man who, no matter how morally unworthy he *has* been, is moving to become better. Not the attainment of any static outcome or result is the significant thing but the process of growth, of improvement, and of progress.\* Inasmuch as conflict and struggle are frequently conducive to abnormal or pathological manifestations, we need not be surprised to find that the mystical and the pathological are frequently associated.

3. Psychotherapy is a matter of personal relationship and has to do with the sense of isolation and estrangement which is connoted by the term "sense of guilt." The task of the religious worker in any therapeutic work which he may undertake involves two equally important steps. First, he must implant or reinforce the high social ideal or standard. Second, he must set the individual free from his fears, free from the sense of isolation or estrangement, free from the tyranny of the standardized, and identify him with the group of those who are moving to become better.

4. In spite of all that religious education can do to secure the steady and unbroken development of character, there will always be large numbers who grow up with unresolved conflicts. There will therefore always be need for helping people to face their personal problems and to do so before the malignant tendencies reach advanced stages. There will, in other words, always be need for evangelism. This task, however, should not be left to the traditional message and to the insight of individual evangelists, but should be controlled by those who have been trained to understand and deal with the maladies of personality. To such persons those who have been awakened out of their carelessness and complacency should be brought for counsel and guidance.

\*Dewey, *Reconstruction in Philosophy*, page 176.

Of men thus trained there is at present a great shortage. For this reason we are at the Worcester State Hospital offering to a limited number of theological students an opportunity to ob-

tain clinical experience in dealing with the maladies of the personality, in the hope that we may be able thus to supplement theological training in what seems to be a very essential department.