Christianity and Psychiatry

John R. Peteet
H. Steven Moffic
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Foreword

John Peteet along with his colleagues Steven Moffic, Ahmed Hankir, and Harold Koenig in *Christianity and Psychiatry* have produced a unique and important addition to a rapidly increasing literature. What renders the volume unique? First, they provide a critical yet often overlooked perspective on the topic. Let me suggest what I believe to be that perspective and its context. The authors, whether Christian or from other religious traditions, educate us about Christian influenced approaches to assisting the mentally ill. Many Christians (as do many Muslims and Jews) profess a religious affiliation yet practice their professional therapies and investigations based primarily on our current mainstream knowledge of psychiatric disorders and their treatment. A mainstream view is not anti-Christian or anti-religious. Rather, among these therapists (for the most part) their faith tradition and clinical practice are conceptually and practically separated. We no longer witness the bitter duels between, for example, atheistic Freudian analysts and Christian counselors [1]. Such an uncoupling by Christians who are mental health practitioners in most cases is simply a desire to accommodate multiple views and, frankly, not to "worry" about the philosophical and ethical, not to mention practical, questions that mainstream mental health professional theory and practice pose to Christians.

Herein lies the important distinction in this book. The authors, from varied standpoints, address the central issue of Christian practitioners being *informed* by their faith in their practices. Their faith consciously influences their practice each day and they view their professional roles as a Christian vocation or calling. The book includes a clear personal statement from John Peteet illustrating just the point.

Second, the process of a Christian informed therapeutic practice is worked out from multiple points of view beginning with a history of the "fraught" relationship between psychiatry and Christianity. Perspectives from Jewish and Muslim therapists about their own practices and their interactions with Christian therapists are a central part of this book and widen the perspective even further. These chapters continue the dialogue across these three groups that was begun in the previous books in this series, *Islamophobia and Psychiatry* [2] and then *Anti-Semitism and Psychiatry* [3], so that all practitioners understand the basic doctrines, practices, challenges, and history of the major religions in the USA. Spirituality is not generic

but derives from millennia old texts and traditions. I was especially enlightened by the discussions of topics closely tied to a faith based practice. These include the empirical study of religion/spirituality and mental health outcomes, educating Christians about mental health, Christian integrated psychotherapy, sacred moral injury, and the key role of Christian therapists in treating and caring for the disabled, to name just a few topics.

Finally, this work appears at a most opportune moment in the history of the treatment of mental health in the developed world. For the first time in the past 100 years, affiliation with any religious group has dipped below 50% in the USA and the declines are even greater in Europe [4]. Our society has become increasingly secular in the sense that the basic tenants of the Christian faith are being abandoned. Grounding the practice of Christian mental health professionals firmly in their faith tradition in my view becomes a most important witness to mental health professionals overall. Corresponding and perhaps correlated to this trend is the quite dramatic increase in mental illness and its consequences. According to the U.S. Center for Disease Control, a survey in June of 2020 found that 31% of respondents reported symptoms of anxiety or depression, 13% reported having started or increased substance use, 26% reported stress-related symptoms, and 11% reported having serious thoughts of suicide in the past 30 days. These numbers are nearly double the rates we would have expected before the pandemic [5]. Undoubtedly the pandemic has been the major contributor, yet mental illness was becoming more prevalent in the USA prior to the pandemic, despite advances in our understanding of the brain. Care of the mentally ill must again become the central driving force in the fields of psychiatry and psychology. And that care can only be enhanced by faith based practitioners, well trained and knowledgeable, who take on this care as their vocation and commit themselves to the study and practice of their respective professions.

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Introduction

Eighty four percent of the world's population is religiously affiliated, and 68% of the 16% of unaffiliated individuals in the USA believe in a higher power [1]. Research has shown significant effects of religion/spirituality (R/S) on mental health, largely positive but also some negative, and interest continues to grow in the bidirectional and complex relationship between faith and mental health. Yet many clinicians feel unprepared to address what can be pervasive implications of the patient's R/S on their treatment, or to enlist the resources of their faith tradition in their care.

The nuanced relationship between Christianity, one of the world's five major religious traditions, and psychiatry can be important for mental health clinicians to understand when treating believers, working in cultural contexts shaped by their religious beliefs, or attempting to integrate their own faith into their work with patients. Chapter authors in this book first consider challenges posed by historical antagonisms, church-based mental health stigma, and controversy over phenomena such as hearing voices. Next, others explore both how Christians often experience conditions such as mood and psychotic disorders, disorders in children and adolescents, moral injury and PTSD, and ways that their faith can serve as a resource in their healing. Twelve Step spirituality, originally informed by Christianity, is the subject of a chapter, as are issues raised for Christians by disability, death, and dying. A set of chapters then focuses on the state of integration of Christian beliefs and practices into psychotherapy, treatment delivery, educational programming, clergy/clinician collaboration, and treatment by a non-Christian psychiatrist. Finally, there are chapters by a mental health professional who has been a patient, a Jewish psychiatrist, a Muslim psychiatrist knowledgeable about Christianity and psychiatry in the Muslim majority world, and a Christian psychiatrist. These chapters provide context, diversity, and personal perspectives.

Three of the editors have recently co-edited Springer volumes titled *Islamophobia and Psychiatry* and *Anti-Semitism and Psychiatry*, books which have uniquely benefitted from bringing together the perspectives of their different faith traditions. The participation of Dr. Koenig adds the expertise of the foremost psychiatric researcher in the field of medicine, including psychiatry, and religion. We believe that mental

health professionals will find practical help in this volume to not only understand but also to address the particular challenges that arise when caring for Christian patients. Religious patients and family members will also discover ways to integrate their faith into their understanding of mental disorders and treatments. Church communities, pastoral care providers, and mental health professionals will encounter models for effectively collaborating. Finally, the growing number of clinicians interested in promoting flourishing of the whole person will find many examples in this volume of how religious values and experience can benefit both providers and those for whom they care.

The Editors

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Chapter 1
The Fraught History of Psychiatry and Christianity

Samuel B. Thielman

Introduction

In his well-known book the *History of the Conflict Between Religion and Science (1896)*, American physician John Draper (1811–1882) observed that:

> Of all the triumphs won by science for humanity, few have been farther-reaching in good effects than the modern treatment of the insane....On one side have stood ... various philosophies, the dogmatism of various theologies, the literal interpretation of various sacred books... all compacted into a creed that insanity is mainly or largely demoniacal possession; on the other side has stood science, gradually accumulating proofs that insanity is always the result of physical disease. [1], p 97

Recent historical scholarship has convincingly refuted the "science vs religion" narrative [2] as it pertains to the histories of science and medicine. In fact, as this chapter will show, the story of the relationship of psychiatry and Christianity is not one of chronic mutual antagonism, despite the impression given by older accounts of the development psychiatry such as those related by Henry Maudsley [3] or Krafft-Ebing [4], pp 37–46. Rather, Christians who have concerned themselves with the care of those who were mad have frequently incorporated the insights of medicine into the treatment of patients. In the modern period, though, with the emergence of "Naturalism" as an ideology pitted against Christianity [5], there has indeed been antagonism between psychiatry and Christianity.

The use of the term "psychiatrie" as a word describing the medical study of mental disorders is usually attributed to the German "romantic" psychiatrist Johann Reil (1759–1813), and fittingly so, since Reil and other German psychiatrists of the early nineteenth century advocated an approach to the insane that took into account

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both medical and psychological influences [6]. Yet in a broader sense, psychiatry has its roots in the medical literature of the ancient world. Ancient medical texts, including the Hippocratic writings, discussed disorders of the mind at some length [7]. Since the early days, writers of the church talked about emotionally distressed individuals using contemporary ways of understanding and frequently promoted the humane and sympathetic treatment of such people.

Charles Taylor, in his book *A Secular Age*, has observed that the Western world prior to the Renaissance was "an enchanted world." The influence of invisible spirits lays behind phenomena observed by the senses. This is certainly true where treatment of mental disorders was involved, and yet the Christian church's approach to what we currently understand as "mental illness" took many forms. There were strongly held views that spiritual forces influenced the mind, and many, though not all, knowledgeable Christians also looked to medical knowledge for help in treating the mad.

The Early Church to the Middle Ages

Demonology, the Supernatural, and Early Medical Remedies: Augustine and Chrysostom

The view of the church toward mental illness or "madness" (the term sometimes used by historians to avoid anachronistic thinking) has its roots in the New Testament. There we are told that Jesus healed people with many diseases. Matthew 4:24 tells us: "his fame spread to all of Syria, and they brought to him all who were sick with various diseases and racked with pain, those who were possessed [*daimonizomenous*, literally, demonized], lunatics [*seleniazomenous*, literally 'moonized' or moonstruck] and paralytics [*paralutikous*], and he cured them" (New American Bible, rev. ed.).

So, in the New Testament understanding of phenomena, there could be different categories for people afflicted with demons and those affected by the moon, such as "the mad" and epileptics.

In Matthew 17:14–18, the same word is used to describe a condition which is either lunacy or epilepsy:

> When they came to the crowd, a man came up to Jesus, falling on his knees before Him and saying, "Lord, have mercy on my son, for he is a *lunatic* and is very ill; for he often falls into the fire and often into the water. I brought him to Your disciples, and they could not cure him." And Jesus answered and said, "You unbelieving and perverted generation, how long shall I be with you? How long shall I put up with you? Bring him here to Me." And Jesus rebuked him, and the demon came out of him, and the boy was cured at once. (NASB)

Interestingly, in the Septuagint, there is a similar issue raised when the Jewish translators of the second century BCE translate the Hebrew word "shaga," meaning "raving mad," into Greek in I Reigns (I Samuel) and in Psalms. In I Samuel 21:15

where David feigns madness before Achish, King of Gath, the word "madness" is translated by the Septuagint into the Greek word *epilepton* meaning "suffering from epilepsy" [8]. So there was a similarity between epilepsy and lunacy in the minds of the translators of the Septuagint, since both conditions seemed related to the sublunar sphere. A more naturalistic view of epilepsy appears in the Hippocratic writing *The Sacred Disease*, so even in the first millennium before the "common era," there was more than one view for the basis of madness [9, 10], pp 3–27.

Historian Gary Ferngren has recently argued that the Christian view, from the beginning, has not simply been a "pan-demonologic interpretation" [11], p43. A view that the early church attributed all to demons and made no room for natural science misconstrues what actually was going on, since physicians are praised in the deuterocanonical writings of the Bible. Sirach 38:1 tells readers, "Honor physicians [*iatron*]; honor a physician for his services for indeed the Lord created him. For healing is from the Most High, and he will receive a gift from a king. .... The Lord created remedies out of the earth, and a prudent man will not ignore them" (from *New English Translation of the Septuagint*). And the Gentile physician Luke (identified as such in Colossians 4:14) is credited by the church with writing the third gospel of the New Testament [11], pp 42–63. The attitude reflected in Sirach is the attitude of the early church. God heals, but God also puts remedies in the earth and gives the physician, who himself is godly, the skill to use his knowledge to provide therapies that by God's grace will heal. As will be shown, several early church fathers also spoke well of the medical approach to mental affliction.

The early Christian religion was a religion, in part, of healing, but modern scholarship has argued that there is little evidence of outright hostility toward medicine or physicians. In fact, the objections by early Christians to medical healing were generally not to the use of medical remedies but to forms of healing that involved magic, witchcraft, necromancy, astrology, or worship of anything other than the one God [12], p 33–42. For example, Tatian (c. 120–c. 180 AD) spoke out against the use of roots and amulets and herbs to accomplish evil ends, through their use as love potions or in curses (p. 72). However, when he spoke of the use of material means to treat insanity, he said "...how is it becoming to ascribe to matter the relief of the insane, and not to God? For by their art they [practitioners of this healing art] turn men aside from the pious acknowledgment of God, leading them to place their confidence in herbs and roots" [13], p 72.

But Tatian's point of view did not predominate in the church of late antiquity. Several prominent early church leaders held views of physicians consistent with Roman culture at large and with the view expressed in the wisdom of Sirach. For example, Augustine of Hippo (354–430 AD) writing in the early fifth century compared Christ to a physician dealing with the madman in his exposition on Psalm 35 (36) verse 11:

> Our humble God came to heal humankind of its grievous wound of pride; he came, for the word was made flesh, and lived among us….When they said to him, you have a demon…He let it go… He was a physician who had come to cure a lunatic. Now a physician does not care what a deranged patient says to him, but bends his efforts to finding out how the patient may get better and be sane once more. [14], p 87

Here is one of the most prominent of all thinkers of the Christian church speaking with admiration and sympathy of the physician who treats the madman, using the doctor-patient relationship as a way of explaining Jesus' attitude toward human beings whose minds are blinded by sin. The underlying implication is that lunacy can have a cause that is properly treated by a physician and that the good physician is a compassionate person valued by the church.

John Chrysostom (c. 347–407), Bishop of Constantinople in the early fifth century, writes with similar regard for the role of the physician in the care of those with mental distress in a very different context. An extensive correspondence between John Chrysostom and the Deaconess Olympias, from the late fourth or early fifth century, contains advice from the bishop to this deaconess about her poor health and ongoing dejection, revealing the attitude of the Eastern church toward physicians. He wrote:

> … Dejection causes sickness; and when the body is exhausted and enfeebled, it remains in a neglected condition, deprived of the assistance of physicians, and of a wholesome climate, and an abundant supply of the necessities of life… I beseech you dear lady, to employ various and skilled physicians, to take medicines which avail to correct these conditions. [15], p 293

He goes on then to describe his use of medicines to cure his own infirmity. The point here is that Chrysostom saw dejection as something that could produce illness (as well as the other way around), and he understood the proper remedy to be physician-directed care (as well as good religious counsel, which he also recommended). The Christian dimension is always present in Chrysostom's letters to Olympias, but not to the exclusion of attention to physical treatments as a means of addressing spiritual or mental distress and dejection. A human being was seen as both physical and spiritual in nature, and physician-directed remedies could help.

The world of late antiquity and the middle ages was, as noted above, a world in which almost everyone, Christian and otherwise, understood there to be a supernatural dimension to the world of disease, including mental disease. The Leechbook of Bald, from c. tenth-century Britain, reflects the medical world of the middle ages:

> For protection "against the elfin race and nocturnal goblin visitors … take the ewe hop plant…wormwood, bishopwort, lupin, ashthroat [and 10 other ingredients]; put these worts into a vessel, set them under the altar, sing over them nine masses, boil them in butter and sheep's grease, add much holy salt, strain through a cloth … if any ill tempting occur to man, or an elf or goblin night visitor come, smear his forehead with this salve, and put it on his eyes, and where his body is sore, and cense him with incense, and sign him frequently with the sign of the cross; his condition will soon be better." [16], p 345

This passage is helpful for several reasons. First, it represents the work of someone who was a physician. The writer believes that the condition he is treating involves the influence of nonhuman spiritual entities, and he uses both symbolic religious activity as well as herbs in his treatment approach. The treatment was for, in part, "any ill tempting" that occurred to a person. It is also an example of the fusion of a local theory of the forces behind psychological distress (elves and goblins), a material/medicinal remedy, combined with (perhaps) a request for God's grace. Another remedy calls for mixing particular plants, then saying three masses,

and then applying the poultice before 9 am and at night, followed by a sung litany, the Apostles' Creed, the Lord's Prayer, and "writ[ing] Christ's mark on each of his limbs," followed by some other procedures [16], p 347. Again, there is a combination of a local theory of mental illness, physical remedies, and invocation of the power of God in Christ. This Christian/medical combined approach to mental distress would continue, in different forms, in the centuries to follow.

Fifteenth- to Seventeenth-Century Therapeutics

New Types of Treatments: "Physick" and Moral Therapy – Baxter, Rush, and Pinel

By the fifteenth and sixteenth centuries, views on the role of the supernatural in the origins and cure of madness by physicians had changed. This was, in part, related to disillusionment with the power and corruption of the Roman church in areas of Europe. Works appeared from writers containing open discussions of the extent to which madness was an expression of demonic influence. Physicians and others challenged the pan-demonic view of madness.

Among the most interesting of Renaissance books with a multifaceted view of claims of supernatural influence and power is Reginald Scot's (c. 1538–1599) *Discoverie of Witchcraft* (1584). Scott was a surveyor, not a physician, but he gives evidence of serious medical learning in his discussion of melancholy in this book. The title, *Discoverie of Witchcraft*, should be understood as meaning the exposure or explanation of witchcraft. Scott gives many non-supernatural explanations for phenomena normally understood to be evidence of an evil supernatural power. In particular, he discusses the cure of Ade Davie, wife of Simon Davie, a man living in Kent in southeast England. Scott tells us that he actually knew Davie and that he got his account of Ade's illness from Simon Davie himself. As Scott relates it, Ade had become pensive and sad. Her husband, who was a prominent householder in the area, was concerned that his reputation might be affected, such that people would see him as a bad provider husband. He kept Ade's condition secret. However, Ade became more emotionally distressed and stayed up at night with "sighing in secret lamentation." She pretended to her husband that nothing was wrong but eventually confessed to him that she had sold her soul to the devil and that it was "to be delivered to him in a short space."

Simon Davie comforted her, telling his wife to "be of good cheer, this thy bargain is void and of none effect: for thou has sold that which is none of thine to sell; sith it belongeth to Christ who had bought it and dearly paid for it, even with his blood …." She wasn't convinced and confessed further that she'd bewitched him and the children, but Davie replied that Christ would "un-witch" them, since no such evil could happen to those who love God [17], p 32. After relating this story, Scot concluded that even when people confess to witchcraft, it's no evidence of

witchcraft, since in this case Ade Davie "... was brought low and pressed down with the weight of this humor [black bile] so as both her rest and sleep were taken away from her; and her fancies troubled and disquieted with despair...." [17], p 32. And Scot argued that, despite the clearly natural origin of her confessions of being a witch, she was in danger of being condemned by witch hunters – the point of *Discoverie of Witchcraft* being that witchcraft doesn't exist and that (speaking as an English Protestant) "popish charms, conjurations, execrations, and benedictions are not effectual, but be toys and devises only to keep the people blind, and to enrich the clergy" [17], p 280.

Certainly, in the sixteenth century, it was possible to maintain religious belief without attributing cases of melancholy madness to a supernatural cause. Of course, others very much believed witches existed, including witches. That was the world of the day. And certainly, ideas of demonology existed in the sixteenth century among physicians as well as laymen. Andrew Boorde, writing in *The Breuiarie of Health* (1587), wrote, under the heading of "Demoniacus," "This matter [causes] all manner of sicknesses and disease, and it is a fearful and terrible thing, to see a devil or devils should have so much power over a man …," though Boorde, a physician, did not limit the effects of demons to madness [18], Book 2, p 4.

By the seventeenth century, both Protestants and Catholics, clergy and physicians were moving away from such supernatural explanations for madness. There are many illustrations of how both clergy and physicians thought the relationship among spiritual, psychological, and medical factors influenced people suffering from various forms and degrees of madness – and different writers, naturally, gave priority to the domain in which they had the most expertise.

Richard Baxter (1615–1691), in his massive book of directions for Christian living, *The Christian Directory*, offered a view of the English Protestant approach to melancholy in the later seventeenth century. Baxter was a peace-loving, mature, experienced pastor who, though usually identified as Presbyterian, was so peace-loving that even now he's commemorated annually in the Church of England Calendar for the Christian Year (June 14). His approach to melancholy may be considered representative of a significant swath of English-speaking Protestants in the seventeenth century. During this time, the term "melancholy" described a wide range of conditions involving intense sadness. Baxter had little patience for religionists who over-spiritualized depression. He wrote:

> … I see some persons that are unacquainted with the nature of this and other diseases exceedingly abuse the name of God, and bring the profession of Religion into scorn, by imputing all the affects and speeches of … melancholy persons to some great and notable operations of the spirit of God [whom Baxter did not believe was conveying an overt spiritual message to every person who was self-condemning because of melancholy]. [19], p 312.

Speaking of all the negative thoughts and imaginations that a Christian might have who was melancholy, Baxter observed:

> [T]he involuntary effects of sickness [such as melancholy] are no sin: melancholy is a mere disease in the spirits and imagination, though you feel no sickness: And it is as natural for a melancholy person to be hurried and molested with doubts and fears and despairing

> thoughts, and blasphemous temptations, as it is for a man to talk idly in a fever when his understanding faileth…. [19], p 318.

Baxter counseled against solitariness and lengthy isolated prayer and meditation. He concluded "My last advise is, to look out for the cure of your disease and commit yourself to the care of your Physician, and obey him: And do not as most melancholy persons do, that will not believe that Physick will do them good; but that it is only their soul that is afflicted. …I have seen abundance cured by Physick: and till the body be cured, the mind will hardly ever be cured, but the clearest Reasons will all be in vain." We can take it from this that, in the seventeenth-century England, mature clergy like Baxter did not oppose medical remedies for depression, did not believe all mental illness was due to the devil or to spiritual causes, and had a broad view of the remedies that could be properly applied to those suffering from melancholy. But this was certainly not true of all [20].

The eighteenth century saw the development of "moral therapy" for those being treated for mental distress, an approach that emerged in various locations around Europe, but was particularly well developed by Quakers who founded the York Retreat in England in the late eighteenth century in response to the inadequate care for the insane by the local asylum. William Tuke (1732–1822) and his family founded the Retreat in 1792. They employed a physician but wanted their Quaker approach to prevail and were particularly intent on treating the mentally ill as rational and moral beings worthy of esteem. A non-dogmatic Quaker outlook formed the underpinnings of their approach [21], pp 28–29. Samuel Tuke (1784–1857), William's grandson, wrote that "To encourage the influence of religious principles over the mind of the insane, is considered of great consequence, as a means of cure. For this purpose, as well as for others still more important, it is certainly right to promote in the patient, an attention to his accustomed modes of paying homage to his Maker" [22], p 102.

Similarly, two strains of understanding of the influence of religion on mental health appear in the well-known writings of two eighteenth-century writers on mental illness, Benjamin Rush (1746–1813) and Philippe Pinel (1745–1826). Rush, a prominent American physician and teacher in the late eighteenth and early nineteenth centuries, viewed religion (by which he meant Christianity, broadly understood) as a positive influence on mental health, at least in most cases. Rush was a prolific, thoughtful, and clinically active physician from the time of the American Revolution who thought deeply about religion. Known (somewhat anachronistically) as the father of American psychiatry, he was concerned about the moral life of the nation. He was a staunch opponent of slavery, an opponent of the use of alcohol, a proponent of the use of the Bible in education in the public schools, and an opponent of capital punishment. As a young man, he had studied at the College of New Jersey (now Princeton University) and then for 2 years at Edinburgh University, where he received his medical degree. Since Rush was in Edinburgh during the height of the Edinburgh Enlightenment, he not only studied under the surgeon William Hunter and the renowned medical teacher William Cullen (1710–1790) but also met David Hume and, later, in London became acquainted with Benjamin

Franklin and even Samuel Johnson and playwright Oliver Goldsmith [23]. Rush was a signer of the Declaration of Independence, represented Pennsylvania in the Continental Congress, and wrote influential books on medicine in the late eighteenth century.

Rush's book *Medical Inquiries and Observations Upon Diseases of The Mind* is considered to be the first American textbook of psychiatry. Rush was aware of arguments that religious excitement was a cause of insanity. However, he did not believe that religion, properly practiced, led to mental illness. He wrote: "… We sometimes observe intellectual derangement to occur from the moral faculties being unduly excited by visions and revelations … [but] let not religion be blamed for these cases of insanity. The tendency of all its doctrines and precepts is to prevent it [insanity]."

He went on to observe that healing through spiritual means was a much better treatment for a condition of the mind he called "derangement of the moral faculties", writing that "However useful the rational and physical remedies that have been mentioned may be to prevent or cure vice, they never can perform that work completely, without the aid of that supernatural and mysterious remedy which it hath pleased God to unite with them in his moral government of his creatures, and that is, the forgiveness of it. In vain have legislators substituted … [the death penalty and] painful corporeal punishments, for this divine mode of curing moral evil" [24], pp 364–365.

The Nineteenth to the Early Twentieth Century

Religious Enthusiasm, Hypnosis, and the Emergence of Modern Psychiatry

In the nineteenth century, journals focusing on psychiatry and related topics were established in Europe and the United States [25], p 31. As knowledge about mental illness, its causes, and treatment was discussed and thought about more widely, concerns about the role of religion in mental health could be more broadly discussed. (At this point, I will have to focus on the trajectory of religion and psychiatry in the United States due to space limitations, but there is a similar trajectory in Britain and Europe.)

Of particular concern to many physicians was the impact of "enthusiasm." Amariah Brigham (1798–1849) is the best known American physician of the early nineteenth century to bring attention to the negative effects of "enthusiastic" religious practice. Although psychiatry as a profession had not yet established itself in the United States, Brigham became interested in nervous and mental conditions. He served as a physician at both the Hartford Retreat and the Utica Asylum, where he was the superintendent. At his own expense, Brigham established the *American Journal of Insanity*, which was highly successful and eventually morphed into the *American Journal of Psychiatry* in the early twentieth century. Few at that time

would have seen well-behaved religionists as risking mental health, but many were concerned about the uncontrolled and emotionally intense behavior exhibited in revival meetings, camp meetings, and similar spiritual gatherings. Brigham wrote two books on the relationship of religion and mental health: *Remarks on the Influence of Mental Cultivation and Mental Excitement Upon Health* (1833) and *Observations on the Influence of Religion Upon the Health and Physical Welfare of Mankind* (1835). *Observations* contained Brigham's concerns about negative psychological effects of many Christian practices including monasticism, fasting, and using wine in communion, but he was especially concerned about the emotional effects of camp meetings. After a lengthy discussion on these matters, he did point out that he was not condemning Christianity as a moderately practiced religion, only that the form of it was disturbing to mental health, explaining:

> ... we find that all great excitements have ever caused an increase of insanity, and other affections of the brain.… Our revolution and the excitement of the war increased insanity in this country; and during the first revolution in France [the French Revolution], cases of this disease were frightfully multiplied.… Religious excitement, therefore, like all mental excitement, by affecting the brain, may cause insanity and other diseases. I wish, however, here, to state my belief, that pure religion — Christianity — has no such effect; but the abuse has. The religion of Christ condemns that excitement, terror and fanaticism which leads to such effects; "for God hath not given us the spirit of fear; but of power, and of love, and of a sound mind." 2 Tim 1:7 [26], pp 284–285.

Brigham, we are told by a contemporary biographer, was not at the time particularly religious [27], although he became much more religious toward the time of his death. He increasingly adopted a more moderate tone in expressing his worries about religious excitement and those prone to emotional instability. Although Brigham's book received a chilly reception from some, it expressed the opinions of many of his medical contemporaries [28].

Modern medicine and psychiatry emerged from the organizational structures and the scientific mindset that coalesced in the early nineteenth century. During the second half of the century, asylums for the insane proliferated, and asylum physicians moved away from the optimism that had characterized treatment of the mentally ill in the Retreat-based model. As to the role of religion in the asylum, Wilhelm Griesinger (1817–1868), a prominent German psychiatrist of the second half of the nineteenth century, presented a view of spiritual phenomena that many psychiatrists today espouse:

> …Nothing can be assumed as to the relation existing between these mental acts and the brain, the relation of the soul to [the] material [body]. … How a material physical act in the nerve fibers or cells can be converted into an idea, an act of consciousness, is absolutely incomprehensible. …. Definite information regarding what takes place in the soul can neither be afforded by materialism, … nor by spiritualism, which would explain the material by the psychical. … Oscillation and vibration, all that is electrical and mechanical, are still not mental conditions, acts of thought. How they can be transformed to these is, indeed, a problem which shall remain unsolved to the end of time; and I believe that if today an angel from heaven came and explained all to us, our understanding would not even be able to comprehend it. [29], pp 5–6.

Griesinger had no use for those who would attempt religious cures for mental disease: “Religious instruction should not be withheld from any patient who desires and requires it; it would, however, oppose the first principles of mental treatment to enforce such instruction, or attempt to interest in it anyone who has no religion at heart. It would show total ignorance of the nature and circumstances of these diseases to aim at direct recovery by reforming or converting the patient by religious instruction” [29], p 490. He went further, saying that “Several medical psychologists would have the whole treatment of the insane be specifically Christian. But Jews also require the aid of the alienist, and his science….” [29], p 491.

The late nineteenth century saw the emergence of medical specialization, and physicians in both Europe and America began to treat individuals with psychological distress in the community who previously would have been understood by general physicians to have a neurosis (a term introduced by William Cullen in the late eighteenth century) or hypochondriasis (a term that, in the past, was used more broadly to include anxiety states). In the nineteenth century, an eighteenth-century concept, animal magnetism, formed the basis of mesmerism, founded by Anton Mesmer (1734–1815). This was a theory of an immaterial force influencing behavior that did not have a spiritual basis. Somewhat unexpectedly, the concept of animal magnetism became the basis for hypnosis demonstrations by Jean-Martin Charcot (1825–1893).

The widespread social influence of mesmerism is a complex historical event, since, like the similar phenomenon of phrenology, its social influence extended long after the scientific community seemed to have rejected it. In 1843, James Braid (1795–1860) published *Neurypnology or the Rationale of Nervous Sleep* in which he introduced the term hypnotism. Braid was an English surgeon and a student of mesmerism, concluding that hypnosis (i.e., the ability to use psychological techniques to effect improvement in physical conditions) had nothing to do with mesmerism. He and others had success in treating various disorders with their mental techniques, and by the 1880s, a number of physicians were involved in techniques that were the direct antecedents of psychotherapy [30], pp 356–359. The medical interest in how psychological phenomena were able to produce symptoms indistinguishable from physical disease states was great, and neurologists, in particular Charcot and his younger colleague Pierre Janet (1859–1947), elaborated theories to explain how unconscious influences might produce physical symptoms, especially in traumatized individuals [31], pp 340–341.

As cultural elites became more secular in the late nineteenth century, so did psychiatrists. Yet psychiatry itself is not inherently secular. In fact, by its nature, psychiatry is forced to come to terms with every aspect of human behavior and thought. Psychiatry, perhaps more than any other area of medicine, must acknowledge the widespread spiritual awareness expressed by most human beings.

By the late nineteenth century, psychiatry had begun to be established as a specialty in several universities in Europe and, as a medical specialty, focused on the relationship of disease to altered mental states. The Europeans who were interested in psychiatric problems were not seeing them as problems that were spiritual in

nature. Those studying mental disorders in the United States were, perhaps, more open to the question of how spiritual experience affected mental states.

It was in treatment, rather than diagnosis, that Christian concerns overlapped with psychiatric therapeutics in a way that it did not in other areas of medical therapeutics. In psychotherapy, in particular, where the physician psychotherapist was interacting with the patient in order to provide insight and hopefully relieve suffering, different approaches to the Christian faith led to different responses to the use of psychotherapeutics, as well as medical therapeutics. It was, of course, the emergence of these very specific psychotherapeutic approaches in the twentieth century that set the stage for subsequent developments.

Several developments laid the groundwork for the emergence of psychotherapy as a medical technique in the early twentieth century. In addition to the European interest in the role of hypnosis in treating hysteria, psychology as an academic discipline was established in the United States. Experimental psychology and psychiatry had both been strong in German universities during the mid-nineteenth century, and by the latter part of that century, Americans were also making widely recognized contributions.

William James (1842–1910), philosopher, psychologist, and physician, established the first academic department of psychology at Harvard in the 1870s. Then, in 1902, James published his Gifford lectures on the psychology of religion entitled *The Varieties of Religious Experience: A Study in Human Nature*, a book that even now can be considered the single most influential contribution that has been made so far to the psychology of religion. Among the many interesting aspects of this book is James's division of religious experience into that of the "healthy minded" and that of the "sick soul." James himself was not a Christian but had grown up in a broad-minded home and appreciated the positive impact that the Christian faith had on the lives of many people. He wrote extensively in *Varieties* on the phenomenon of conversion. This made the concepts of psychology of religion and psychotherapy palatable to a large number of clergy, at least in the United States. James seemed particularly attracted by what he understood to be the Lutheran and Methodist idea of conversion. He observed:

> Now the history of Lutheran salvation by faith, of methodistic [sic] conversions, and of what I call the mind-cure movement seems to prove the existence of numerous persons in whom — at any rate at a certain stage in their development — a change of character for the better, so far from being facilitated by the rules laid down by official moralists, will take place all the more successfully if those rules be exactly reversed. Official moralists advise us never to relax our strenuousness. "Be vigilant, day and night," they adjure us; "hold your passive tendencies in check; shrink from no effort; keep your will like a bow always bent." But the persons I speak of find that all this conscious effort leads to nothing but failure and vexation in their hands and only makes them two-fold more the children of hell they were before. The tense and voluntary attitude becomes in them an impossible fever and torment. Their machinery refuses to run at all when the bearings are made so hot and the belts are so tight.
>
> Under these circumstances the way to success, as vouched for by innumerable authentic personal narrations, is by an anti-moralistic method, by the "surrender" of which I spoke in my second lecture. [32], p 104.

James's approach to both the psychology of religion and psychology in general was attractive to a wide range of people and helped facilitate the acceptance of psychotherapy. In the early twentieth century, psychiatry adopted psychotherapy as a routine part of its therapeutic repertoire.

By the turn of the twentieth century, psychiatrists were starting to do psychotherapy not only in hospitals but also in outpatient settings. There was an increasing interest in psychopathic hospitals or reception hospitals. One was established in New York City at Bellevue Hospital in 1879. Others followed shortly thereafter in Albany, NY (1899); in Ann Arbor, Michigan (1901); in Baltimore (1908); and in Boston (1912). In Boston, especially, the new "psychopathic hospital" opened with the focus on short-term treatment and return home [33], pp 135–139. By the 1920s, an increasing number of psychiatrists were involved in outpatient services [34], pp 158–159. Increasingly, the responsibilities of psychiatrists included psychotherapy, and psychiatrists, especially when they began to be involved in outpatient care, began to enter territory that impinged on problems Christian clergy might also face.

By the early twentieth century, psychotherapy was becoming a therapeutic technique used by physicians and even clergy. Initially, there seemed to be no problem at all. Protestant liberals welcomed the insights of psychology and incorporated the new insights of psychotherapy into their pastoral healing work. The most notable is the Emmanuel Movement based at the Emmanuel Church in Boston and established by two ministers, Elwood Worcester and Samuel McComb [35], pp 4–36. The short-lived Emmanuel Movement, which began in 1906, brought popular attention to mental cures for emotional distress and may have helped set the stage for the positive American reception of Freud's 1909 lectures at Clark University in Worcester, Massachusetts [36], p 150.

William James's broad and sympathetic view of religion, conversion, and the positive aspects of religious belief certainly made it relatively easy to build bridges between clergy doing pastoral work and the field of psychology. Boston University School of Theology created the Department of Religious Psychology and Pedagogy in 1912. In the first decades of the twentieth century, several prominent seminaries offered courses in topics touching on pastoral psychology including the Chicago Theological School, Andover Newton Seminary, and Hartford Theological Seminary [37], pp 10–11.

More theologically conservative denominations also saw the value in the insights offered by psychology for the practicing pastor, though psychiatry was frequently ignored. Professor Gaines S. Dobbins, of the Southern Theological Seminary in Louisville, Kentucky, wrote knowledgeably in 1936 of the psychologists of his age. He observed how important it was for contemporary pastors to be prepared to support their congregations and people outside the church with a psychologically informed ministry. "Today," he wrote, "man is more pursued, more in jeopardy through engineering and steel monsters, than he ever was by giant lizards and sabre-tooth tigers. Vigilance and apprehension are literally the price of safety" [38], p 428–429. Dobbins spoke favorably of the contributions of William James to the concept of the "inner self." He believed the Baptist minister could offer the comforts of the Christian religion to those who were suffering mental distress and saw the

need for cooperation of ministers with psychologists and presumably psychiatrists, writing that "The minister and his associates are not to disparage the work of the trained scientist in dealing with both physical and mental illnesses. Nothing could be much more dangerous or disastrous than for ministers of religion and Christian laymen to set themselves up as 'mental healers,' going off almost certainly either into the excesses of fanaticism or the humbuggery of quackery" [38], p 435.

The Mid-twentieth Century to the Present

Christian Responses to Developments in Psychiatry, Psychotherapy, and Psychoanalysis

As the decades wore on, it became clear there was reason for concern about the theological implications of Freudian thought for psychotherapy. For example, in *Civilization and Its Discontents* (1930), Freud lamented the prevalence and power of religion, which he understood to be "...the system of doctrines and promises which … explains … the riddles of this world with enviable completeness, and … assures [the common man] that a careful Providence will watch over his life and will compensate him in a future existence for any frustrations he suffers here" [39], p 74. Freud thought that the general run of humanity needed such ideas, though he found religion embarrassing:

> The common man cannot imagine this Providence otherwise than in the figure of an enormously exalted father. Only such a being can understand the needs of the children of men and be softened by their prayers and placated by the signs of their remorse. The whole thing is so patently infantile, so foreign to reality, that . . . it is painful to think that the great majority of mortals will never be able to rise above this view of life. It is still more humiliating to discover how large a number of people living to-day, who cannot but see that this religion is not tenable, nevertheless try to defend it piece by piece in a series of pitiful rearguard actions. [39], p 74.

At times, psychoanalysts seemed to offer explanations for personal distress that were incompatible with Christian understandings, where forces from the unconscious that needed a therapeutic approach were blamed for aberrant behavior rather than sin. In addition, Freud and psychoanalysts often appeared to lump all religions into the same category, ignoring Christian claims to uniqueness.

Though Protestants were often accepting of the new psychology and psychiatry, a number of Roman Catholic leaders expressed grave misgivings. Perhaps the best-known Catholic critic of psychoanalysis in the English-speaking world was Bishop Fulton J. Sheen (1895–1979), who reached millions of people through his radio and television shows [40]. In his various talks and writings, Sheen saw Freud's emphasis on the centrality of sex in human thinking as gravely mistaken. He objected to the confusion psychoanalysis created about the nature of guilt, its critical stance toward Christianity, and its tendency to reach beyond the treatment of mental disorders and to make pronouncements in other areas. In *Peace of Soul* (1949), Sheen wrote:

> Christian faith and morals cannot possibly have any objections to a mental treatment whose aim is the restoration of the sick mind to its human end. But "psychoanalysis" becomes very wrong indeed when it ceases to be a method of treatment and pretends to be a philosophy. It steps outside its legitimate area as a branch of medicine and becomes dangerous when it is made the basis of a philosophical conception of man's nature, with such assertions as the statement that man is an animal and has no free will or that "religious doctrines are illusions." [41], p 89.

Sheen's approach was surely representative of many Catholic clergy of his time. In 1953, Pope Pius XII delivered an encyclical "On Psychotherapy and Religion" in which he condemned any element in psychotherapy which justified sin or denied the reality of sin, though he acknowledged that there was not only nothing inherently wrong in psychotherapy but that it "is capable of achieving precious results for medicine, for the knowledge of the soul in general, for the religious dispositions of man and for their development" [42].

With the social polarization that characterized the 1960s, the Christian response to psychiatry in the United States became increasingly complex. For Catholics, there was an increasing rapprochement with psychiatry and psychoanalysis. The anti-authoritarianism of American society as a whole had an effect on the role of psychoanalysis in psychiatry, since more leftist social movements rejected the authoritarian, paternalistic tone of the psychoanalytic establishment with its insistence on psychoanalysts being physicians and its hierarchical structure. As psychotherapeutic approaches within and without psychiatry became more diverse, and as the critique of psychoanalysis became identified socially with psychiatry in the minds of many during that era, some evangelicals began promoting a distinctly Bible-based view of psychotherapy that rejected not only psychoanalysis but most of the knowledge base of psychiatry as well.

Prior to the 1960s, many conservative Christians saw value in the insights of psychodynamic psychotherapy. But in the second half of the twentieth century, some American evangelical clergy began to adopt the anti-authoritarian rhetoric of the era to reject the legitimacy of psychiatry entirely. Jay Adams, a Presbyterian minister, began this movement in the 1960s, usually known as the "biblical counseling movement." Adams was frustrated with the psychoanalytically oriented counseling approach he learned about in his ministerial training [43]. He eventually met psychologist Hobart Mowrer, a psychologist who was a critic of psychoanalysis. In his book, *The Crisis in Psychology and Religion*, Mowrer faults psychoanalysis for a lack of attention to personal moral responsibility [43]. Mowrer invited Adams to participate in his Eli Lilly Fellowship Program at the University of Illinois where Mowrer was a professor of psychology. Adams spent the summer of 1965 observing and participating in Mowrer's clinical work at the state hospitals in Kankakee and Galesburg. This led to a period of reflection, after which Adams concluded that ". . . apart from those who had organic problems, like brain damage, the people I met in the two institutions in Illinois were there because of their own failure to meet life's problems. To put it simply, they were there because of their unforgiven and unaltered sinful behavior" [44], p xvi. Criticizing conservative Christians who believed that pastors should defer to mental health experts with respect to mental health

counseling, Adams asserted, "[T]he question never seems to be asked: is psychiatry a valid discipline?" [44], p 12. Mowrer encouraged Adams, and in 1966, Adams began experimenting with counseling in his own church using his new ideas about how counseling should work. He then left local church work entirely to teach "all aspects of pastoral care, counseling, and preaching" at Westminster Theological Seminary. Adams wrote several books, the most famous of which was the book *Competent to Counsel* in which he asserted the primacy of his Bible-derived counseling and critiqued a medical approach to mental illness. If the book were not so influential, it would be tempting to dismiss Adams out of hand. But the biblical counseling movement is still active in the United States and elsewhere. Though it has moderated its views of psychiatry and mental disorders [45], it continues to be suspicious of psychiatrists and other mental health professionals. Because of its American base, biblical counseling has broad influence in locations where there are Christian educational institutions [46].

In stark contrast to the drastic critique of psychiatry by conservative Protestant pastors was the response by psychiatrists who were Christians. Among Catholics, there were psychiatrists who saw no fundamental conflict between psychiatry and the Christian faith. In 1955, Francis Braceland, later the editor of the *American Journal of Psychiatry* and a devout Catholic, edited an impressive volume, *Faith, Reason and Modern Psychiatry: Sources for a Synthesis,* in which a variety of Catholic Christians, many of whom were psychiatrists and psychoanalysts, explained how psychiatry, psychoanalysis, and Christianity could fit together if the psychiatrist recognized the importance not only of unconscious forces but of the moral order as well. Problems came when psychiatrists ignored the realities of that order and promoted only "adaptability" [47], p ix.

Further, at least one prominent psychoanalyst, Gregory Zilboorg, developed a serious personal interest in spirituality, converting first to Quakerism and later to Catholic Christianity. Writing in 1962, Margaret Stone Zilboorg, Gregory's wife, recalled that her husband had been born in 1890 of Orthodox Jewish parents in Russia. Though educated as a physician and trained as a psychiatrist in Russia, when Zilboorg arrived in the United States as an immigrant at age 29, the only English words he knew were "Yes," "No," and "Bolshevik." However, he quickly learned the language and 3 months later gave a lecture in English. After that same lecture, Zilboorg was befriended by a professor of philosophy who was a devout Quaker, and soon Zilboorg himself became a member of the Society of Friends. Zilboorg had an ongoing interest in the relationship of psychoanalysis and religion. In 1953, after much consideration, he converted to Roman Catholicism. Though he had written his classic work, *A History of Medical Psychology* (1941), in such a way that one might believe he was hostile to the Christian faith, such was not the case.

Zilboorg, in an essay written in 1943, explained in detail that when Freud spoke authoritatively on religion, he was going beyond what he could do as a scientist. He wrote:

> Science has always concerned itself very little with questions of religion and morality. The scientist as a person . . . may or may not offer his own ideas on the relationship between his scientific observations and his religious feelings; he may be indifferent to the problem; he

> may even be antagonistic to religion. Whatever he feels in this respect he will feel not as a scientist but as a person . . . . The greatest scientist may be and usually is a very poor theologian and if an unbeliever, a rather naïve one. [48], p 39.

This understanding of how psychiatry, or any empirically based approach to human behavior, could be approached by Christians likely reflected the view of most Christians in psychiatry in the twentieth century. Psychiatry and theology were different areas of knowledge and used different methods of inquiry.

Zilboorg's views were shared by many Christians involved in psychiatry. In the United States in the 1950s, they formed organizations to facilitate mutual support and communication. The Catholic Guild of Psychiatry was established in 1956 [49], and the psychiatry section of the Christian Medical Society (now Christian Medical and Dental Associations) was formed in 1963, and both continue to be active groups. Their efforts and those of others in the United Kingdom, Germany, and the Netherlands led to an increased interest in elaborating the impact of religious faith on health. In 1986, David Larson, a psychiatrist at Duke, published with his colleagues an influential paper documenting the lack of serious research on faith and mental health in psychiatric journals [50]. They conducted a systematic analysis of psychiatric research published in four major psychiatry journals, including the *American Journal of Psychiatry*, *British Journal of Psychiatry*, *Canadian Journal of Psychiatry*, and *Archives of General Psychiatry* (now called *JAMA Psychiatry*), and assessed (1) the frequency of inclusion of religious variables in quantitative psychiatric research, (2) the robustness of statistical analysis, (3) the type of measure of religion used, (4) the conceptual basis for measurement of religion, and (5) the awareness of the scientific database on religious research. They found that quantitative psychiatric research rarely included valid research variables involving "religiosity," used methodologically inadequate measures of religion, and lacked knowledge of conceptual approaches to religious research that were used in other behavioral sciences like psychology and sociology. Since it was not uncommon for psychiatrists to comment on religion, and psychiatric literature often had an unstated bias that viewed religion as a negative factor in mental health, Larson et al. called for more research, especially since the existing research, inadequate though it was, suggested that religiosity usually promoted, not harmed, good mental health. Larson, collaborating with others, published at least eight other similar articles documenting the need for more sophisticated research into the role of religion in mental health. His interest, and that of others that followed, has led to a decades-long proliferation of serious medical research into the role of religion in behavioral health and healthcare.

Conclusions

The history of psychiatry and Christianity is a history of two points of view that have at times clashed. This chapter makes clear that over many centuries, Christians involved in the care of mental disorders have used psychological, medicinal, and

religiously symbolic remedies for the treatment of mental illness. Despite the seeming "disenchantment" of the world after the Enlightenment, contemporary psychiatry has come to value spirituality. Though this appreciation is often expressed in non-Christian religious terms, cultural anthropologists have noted the value of folk healing in many psychological conditions. At least one medical anthropologist sees the use of Christian spirituality in psychiatric care as being a reassuring, positive development. Speaking of a group of self-identified Christian psychiatrists that he had studied, Gaines observed: "Such mental health care specialists are, in a sense, just what the (medical) anthropologist ordered: healers who share their patients' worldview with therapeutic techniques which are distinct from traditional Western biomedicine" [51], p 320–321. And so it may be that in the future, there will be a new appreciation for Christian spiritual approaches and psychiatry and Christian spirituality will, with time, peacefully co-exist.

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