

MENTAL PATIENTS AND VERBAL COMMUNICATION OF THE RELIGIOUS MESSAGE

BY

FR. PHILOTHEOS FAROS

I recall an incident from the time I was taking clinical training that had infuriated me. One of my fellow trainees reported to the group in a group session that when he was asked by a patient, «Do you believe in God?» he answered, «What are you asking this question for?» Then the submediator of the group said, «If I were in charge, you would have passed the course just for that.» I opposed this attitude violently, and I mentioned that for some patients, such as schizophrenics, avoiding an answer to a question asking information about the therapist's private life is an expression of rejection; therefore, the therapist must answer the question first and then find the reason for which it was asked.

My psychological argument was a way of attacking what I perceived at that time to be a theological monstrosity. How would it be possible for a clergyman to avoid a straight answer to such a question? It seemed to me a cheap and farfetched playing of the junior psychiatrist. I still have my objections to this attitude and I still see much artificiality in psychiatric-play by many clergymen.

Since then however, I have had some opportunities to discard some of my defenses, as I have valuable experiences working with mental patients under supervision. Two experiences in particular have helped me gain important insights and have caused a change in my thinking.

Some time ago, I was attending a very fiery group-therapy session. An adolescent dope addict was fighting with a middle-aged woman who was a religious fanatic. She was using religion as a form of escape as much as the teenager was using drugs. In a very critical instant of the session, this lady was telling the group that the Lord is asking her to proclaim His word, and after making this statement she asked, «Isn't it true, Father, that the Bible says we have an obligation to proclaim always the Lord's word?»

My response was one of those responses which would have infuriated me a few years ago: «Don't you think that this session was not

meant to be a course in religion? » What has happened to me in these later years? Have I contracted the disease which I believed before was possessing others? This is always an issue about which one cannot say more than what he believes is the case, and what I believe is that since then I have found an important fact concerning mental sickness.

I have found that in trying to communicate with the mental patient one cannot be too verbal. It has been proved in many different ways that for the mental patient verbal means of communication are of limited value.

Sechehaye presents some of the very revealing insights we have gained in this area lately in her symbolic realization. Also specialists of different disciplines related to psychiatry are familiar with the recurrent attempts of the mental patient to find out if his therapist wants and cares for him usually by asking to let him go or to reduce the length of the psychotherapeutic session. In these cases what the patient is verbally stating is not only different from what he really means but it is absolutely opposite. If the therapist were to respond directly to the verbal expression, then he would convey an entirely different message than that which he wanted to, and he could destroy entirely the relationship.

If one cannot be too verbal in communicating any message to the mental patient, how can he convey to him the message of religion by only using verbal statements? Does one really convey any religious message to the patient when he uses only verbal means of communication?

Another experience might further clarify my thoughts. I happened to attend a «religious-group-therapy» in a mental health center conducted by a Roman Catholic priest and a Protestant minister. When I entered the room, the session had already started and the parable of the Prodigal Son already had been presented to the patients, who were elderly people for the most part. The priest was struggling to present to his audience the idea of God's forgiveness, but the people were staring at him with the utmost expression of apathy in their faces. The priest kept making impressive, sweet, poetic statements about God's forgiveness and His love, but all of his statements were followed by a deadly lack of response.

Finally, a young, good-looking woman, after a long period of awkward silence, said in a rather abrupt fashion. «I feel guilty.» The silent attention of the priest encouraged her to add after a few very tense moments: «Whatever I do gives me a feeling of guilt. I have been hurt deeply by people I loved very much.» At this point, the priest made a very encouraging comment: «The wound which is caused by a person we love

is the most painful.» «That is right», she replied, and after a few moments, during which she looked at him intensely, she stated, with a voice that showed that she was frightened by her own words: «I hate my husband.»

The priest seems to have been unable to bear the weight of such a statement and after an instant of silence he said. «Have you been seeing your husband often?» The young lady gave a vague answer, and then she fell into a state of depressive silence which lasted until the end of the session. She heard the priest stating verbally that God is forgiving and tried to get re-affirmation of the statement, but the priest failed the test. He proved by his unwillingness to deal with the issue of her hate for her husband that this hate was not a sin which could be tolerated and consequently forgiven. The priest was representing God and since he was not forgiving, God was not forgiving either.

I believe that this incident indicates that we cannot be too verbal in conveying our religious message to the mental patient. But I do not think that we need such incidents to come to that conclusion. Perhaps non-verbal symbols like the priestly collar and the clerical title are a good way to introduce religion in the mental hospital and probably these symbolic reminders are not only useful but indispensable: they tell the mental patient very explicitly that the person who uses them brings religion into the hospital.

The religious ideas about God's love, unconditional acceptance, and forgiveness must be experienced through the clergyman's attitude. If the clergyman shows affection and understanding to the patient then he tells him in a very effective way that God loves and understands him. If the patient swears in front of the clergyman and the clergyman does not act angrily, then the patient feels that God is not angry.

We may assume that since verbal means are not the most effective for our communication with the mental patient, they might not be most effective for religious messages in general. It is not only the mental patient who receives messages through non-verbal expression; non-verbal means of communication are very important for everyone. This is something that has been ignored lately by different religious organizations and religious leaders. Some take the verbal statements of the people literally and by doing so they are probably making a serious mistake. People, for instance, may ask for changes only to test how firm their religious leaders are in their convictions. In this case, a literal interpretation of the request could lead to intense confusion.

The Church through the experience of centuries has very wisely realized the need of non-verbal means for the translation of her redemp-

tive message. In the tradition of the Orthodox Church, the goal of religious education and worship has not been intellectual understanding but emotional experience. Unfortunately, some figures of the Orthodox Church today seem to be unaware of this truth. Some of them even show obvious embarrassment at the presence of many symbolic expressions in the life of the Church. They belong to a generation on which was violently imposed the Anglo-Saxon Protestant notion that only intellectual concepts and verbal statements are valid means of expression for a civilized person. Emotional expressions and communication through symbols are considered by those individuals as a sign of barbarism. Consequently, suppression, repression and inhibition become the prevailing practices of the society which is influenced by this attitude.

Ostensibly, knowledgeable people in countries which had by long cultural tradition a healthier attitude toward life were trying to impress upon the simple people that it was barbaric to weep and wail, for example, when their beloved ones passed away; or that they should only smile, never laugh, if they wanted to be considered «refined» people. It is impossible to measure the destructive effects that this attitude has had on the people's mental health, and will have in the future. This mentality is mainly responsible for the fact that the contemporary man is basically a neurotic man. This mentality is responsible for the fact that right now sixty percent of the hospital beds in the U.S.A. are psychiatric beds, and that the percentage is increasing constantly.

Science has helped intelligent people realize that the prevailing intellectualism and verbalism of Western culture is erroneous, and has given the password for the Easternization of Western culture. People have come to recognize that Eastern culture was healthier in this respect and not barbaric. Encouragement of emotional release has become a main goal of psychiatry and related disciplines, and non-verbal means of communication have been amply introduced. But, as is often the case, people usually are not able to realize that the ideals adopted by their generation are not valid anymore and that other ideals have been introduced. At a time when intelligent Westerners are working toward Easternization of Western culture, intellectual Easterners of the old school keep struggling to Westernize their people. They are still impressed by the Anglo-Saxon ideal of the artificial refinement of manners as being the sign of sophistication, and they still try to impose repression, suppression and hypocrisy.

At a time when the Protestant world, after four centuries of mistrust for non-verbal means of communication, is recognizing the va-

lue of symbols and is adopting an attitude of traditionalism; the Roman Catholic Church responding to a need existing four centuries ago is adopting an old-fashioned and entirely bankrupt intellectualism; and outstanding Orthodox, faithful to their generation, try a twofold anachronism: they try to impose conformity to entirely outdated Protestant and Roman Catholic standards. At this point, the issue of preserving the purity of our spiritual tradition instead of being a vague romanticism or vulgar stubbornness, becomes a very practical goal. It becomes an issue of preserving the truth about human nature which has been kept intact through the centuries despite the pressure of an overwhelming, diverging influence.

Orthodoxy can make a priceless contribution to mental health because she has kept undistorted the right doctrine about human nature. Orthodoxy rejected neoplatonic dualism with the same firmness with which she has rejected more recent efforts of different Christian sects to compartmentalize man into different, sometimes divergent functions, and to elevate some of them while others were delivered to contempt and obscurity. Orthodoxy condemned any partiality in dealing with human functions. She rejected with indignation the deification of the sense of hearing over the other senses. In Protestant worship, the religious message is almost exclusively conveyed by verbal statements; in Orthodox worship the faithful sees, smells, tastes and touches the religious message in addition to hearing it.

Orthodoxy has preached fervently through the centuries in spite of overwhelming opposition, that it is entirely arbitrary to consider the sense of hearing as the only noble sense through which every sublime idea has to be conveyed to men. Orthodoxy proved by her life of worship and her educational approaches that this partiality to the sense of hearing is unrealistic. Her contentions are now justified by contemporary psychiatry and related disciplines including education. The notion that communication is possible only through verbal statements is a false notion and it has contributed a lot to the former ineffectiveness of psychiatry. Now psychiatry has become freed of this false notion, and this is one of the reasons why it has become so successful in recent years. But mental health cannot be only the concern of psychiatry. Mental health is an inclusive human reality and religion must manage to be a decisive factor leading to it. But it will not be so, if it fails to realize the limitations of verbal communication.