

# Concordia Theological Monthly



AUGUST

•

1953



ARCHIVES

# The Pastoral Care of Neurotics\*

By C. ADAM

\* Translating the technical language of any specialized field into popular definitions always tends to oversimplification. This is particularly true in the field of psychology and in the practice of psychiatry. This essay deals with the pastoral care of neurotics. But this dare never be confused with the cure of neurotics. The pastor needs to be alert to the problems which can arise in cases of illness, but he dare never accept the responsibility of a therapeutic program alone, unless he also is willing to accept personally full legal responsibility for the outcome of the case. Nor should the pastor's awareness of a few technical terms lead him to a habit of "psychoscandalizing," so that he fails to see the difference between normality and illness. — The author, a graduate of Concordia Seminary, Springfield, Ill., 1924, received his B. D. at Concordia Seminary, St. Louis, in 1934 and his M. S. T. in 1946. He has earned his B. S. in Ed. at Olivet Nazarene College at Kankakee, Ill., in 1948. He has been chaplain at the Kankakee and Manteno Hospitals for eighteen years.

(ED. COM.)

NEUROSIS is one of the most common forms of behavior abnormality. The easy explanation which placed the blame on heredity is losing ground. Recent studies show that environmental strains and pressures as well as unfavorable childhood experiences are receiving greater emphasis as causative factors. Most people are unaware of the nature of their conflict. They only know the symptoms: frustration, unhappiness, obsessions, strange compulsions, fears that they cannot account for, ailments that seem to have no physical basis. In most cases these emotional difficulties do not stop people from doing their work nor from carrying on their social activities. Yet they need help in the form of counseling. If they can be led to resolve their emotional conflicts, they will be freed of tension and can overcome their frustration and other emotional symptoms and be restored to a state of health.

The consideration of normal and abnormal is essential when speaking of neurosis. The criteria for defining normality are health, ability to function, happiness, and statistical average. This automatically involves the hereditary factors, physical condition, cultural background, and environment. Just as physical imperfection is one of the consequences of the fall into sin, so is mental imperfection. In this sense, then, every person is more or less mentally

ill. But here we are speaking of mental illness in the narrower, technical sense.

There are, of course, degrees of abnormality in mental illness. The milder forms of mental disorders are technically divided into three categories, neuroses, psychoneuroses, and psychopathic personalities. Though the terms *neurosis* and *psychoneurosis* suggest a difference of degree, they are often used interchangeably. Psychopathic personalities are the borderline cases which are neither a neurosis nor a psychosis. Psychopathic means mind-suffering. These people suffer from a more deep-seated disturbance of their personalities, so that they are not able to make as adequate a social adjustment as are the neurotics. The more acute forms of mental illness are called psychoses. Those suffering from a psychosis usually are not able to adjust themselves to their environment, and so must be protected at home or cared for in an institution. The personality of such is warped to a greater or lesser degree. The study of the neurotics and the psychotics is of more value to the average pastor, since he comes across them more often in his ministry. However, the study of the psychotics will also prove of great interest and value, and it is indispensable for the institutional chaplain, who deals with them continually.

While we shall confine ourselves to a consideration of the neuroses, a few remarks on psychoses are in order. The American Psychiatric Association distinguishes twenty-two different psychoses, or types of acute mental illness. These psychoses are divided into two groups, the organic and the functional, this distinction being based on the origin and the nature of the disease. The organic psychoses are those in which there is an impairment of the central nervous system, upon which the thinking process depends. Thus in certain cases structural changes can be seen in the brain tissue as it is examined under the microscope. One type of mental illness that comes with advanced age is senile psychosis. Here the deterioration is progressive, as it also is in psychosis with cerebral arteriosclerosis, which is caused by the hardening of the arteries of the brain. Psychosis with cerebral syphilis is caused when the syphilitic virus invades the brain. In alcoholic psychosis the prolonged and frequent use of alcohol has resulted in mental deterioration, or dementia. Other types of organic psychoses are psychosis with brain

tumor and epileptic psychosis. In the functional or psychogenic group of psychoses there is no noticeable organic impairment of the central nervous system, the disturbance being engendered by mental and emotional conflicts. The functional psychoses are by far the more numerous, accounting for 70 per cent of all cases of acute mental illness. By far the largest group of patients found in any mental hospital are victims either of *dementia praecox* (early dementia), the breakdown usually occurring before the age of 25, or of schizophrenia, a split mind. Here marked characteristics are withdrawal from reality and emotional disturbances. *Paranoia* (foolishness) is another type of functional psychosis. Here the intellect is usually well preserved, but the judgment is warped. Paranoiacs are characterized by strong delusions of persecution and other systematized delusions. Manic depressive psychosis is unique in that the patient oscillates between periods of undue excitement and deep depression. In conclusion it should be pointed out that these and other functional psychoses are held to be caused by an unresolved conflict, which disturbs the personality in one way or another.

Next we should note the prevalence of mental illness, both of the milder and of the more acute forms. It is estimated by leading psychiatrists that about 8½ million people in the United States are suffering from some form of mental illness. And this figure does not include the hosts of hypochondriacs who are found in doctors' offices. It has been found that a large portion of the persons who visit their family physician for treatment for a physical ailment suffer from emotional difficulties which partially explain their physical symptoms. In such cases, helping the patient overcome his conflicts is just as important to his recovery as medical attention. Over half of all hospital beds in the country — 750,000 — are occupied by acute mental cases, and there is need for accommodations for twice that many patients in mental hospitals. Several millions of our citizens are in need of psychiatric counseling. Four out of every ten men who were discharged from the Army during the last war for medical reasons were suffering from some nervous or mental illness. About 60 per cent of these men did not see combat service. Infantry divisions, when engaged in heavy combat, frequently had 250 neuropsychiatric casualties

for every 1,000 men, while the troops who stayed in the U. S. had only 50 cases for every 1,000 men. Most of the young men who were discharged from the Army for neuropsychiatric reasons were able to take up their peacetime activities again without much difficulty. But there are some millions of people who cannot even stand the stress and strain of ordinary living and who have consequently become neurotic or have developed a definite psychosis. Dr. William C. Menninger, famed member of the National Mental Health Committee, is authority for the statement that the day is coming when one out of every ten persons in the United States will need psychiatric care at some time in his life. He has also said that with early effective treatment it is probable that 80 to 85 per cent of mental patients could be returned to their communities as productive citizens.

Why this unprecedented increase in mental illness in this day and age? Since neuroses and functional psychoses stem from tension and conflict, a number of reasons suggest themselves. First, the increased complexity and resultant strain of our modern life. A second reason is the greatly increased span of life, having been raised twenty years in the first half of this century, so that today there are 25 per cent more old people in our population. Old age brings with it deterioration of the brain tissue and arteriosclerosis, and at times these aging processes result in marked mental illness. A third reason is the lack of religious influence in the lives of many Americans. The Christian religion imparts peace of mind and hence is conducive to mental health. And yet, despite the influence of true religion, even Christians sometimes develop functional mental illness. Why? The dynamics of human behavior may in part supply the answer.

"How are your emotions today?" is a question with which we might very well greet people, for our mental health is largely dependent upon the state of our emotions. All our actions are colored by the way we feel. Our emotional tone is determined, first of all, by our childhood training. What kind of family we come from, what sort of schooling we had, and other such influences have emotional values. Our emotions and prevailing moods are also modified by environmental influences. Factors such as sickness, experiences at work, contacts with people, may easily

change our moods. It must also be recognized that emotions are not only responses to various situations which we face from without, but also to various drives and desires from within. When the individual can give expression to these deep-seated drives, feelings of satisfaction will result, but when such expression is prevented, feelings of displeasure and disappointment may arise.

A blocked-goal situation may arise because the goals desired by the individual are blocked by some environmental obstacle. A blocked-goal situation may also arise because the person's inner drives and desires are not compatible with the standards which society and his religious convictions have imposed upon him. These barriers will often be of a moral nature, and the censor which acts as a restraining influence will be conscience. Conscience leads men to discipline their drives and desires into habits and practices compatible with their understanding of the commandments of God. But sometimes people do not want to listen to the voice of conscience. They will be torn between two sets of feelings. If the person is able to discipline himself successfully, harmony will be restored to the personality. If not, inner tension and conflict will result, which may lead to trouble. Similarly, if the person attacks the barriers that confront him due to adverse environmental situations intelligently and successfully, tension will be resolved and the equilibrium restored. But if the attack of barriers is along undesirable lines, tension and conflict will result, with the possibility of resultant mental illness.

To complete the picture of what leads to functional mental illness, we should next speak of wholesome and unwholesome tension-resolving behavior. When strong tensions build up in an individual, owing to frustration, the individual is bound to do something to resolve those tensions. His behavior will be along wholesome or unwholesome lines. Wholesome tension-resolving behavior results when a person attacks his barriers directly and intelligently. A mediocre golfer who wants to be able to hit 200-yard drives will not reach his goal by swinging madly at the ball, but must rather learn all the elements that go to make up a good stroke and by patient and persistent practice perfect his drive. So often barriers that cannot be removed at once can be removed in time. But owing to personal and environmental limitations it is

not always possible for us to overcome our barriers and reach our goals. People's ambitions often soar too high. "Hitch your wagon to a star" is for many people very poor advice. "Achieve the achievable" would be a better motto. We must learn to recognize our limitations and be able at times gracefully to accept defeat. And in order to resolve tensions engendered by blocked-goal situations, we should seek substitute satisfactions. There are a number of wholesome ways in which this can be done. A well-known method is by means of identification. In all recreational activities in which the individual is a spectator, as at athletic contests, plays, moving pictures, he identifies himself with the participants, so that their experiences become his experiences, their joys and victories his. Another common and valuable method of seeking substitute satisfaction is by means of compensation. The crippled boy can't compete on the athletic field, so he gains substitute satisfaction by striving for scholastic distinction. A glorified form of substitution is called sublimation. In sublimation, desire is transferred from one object or channel to a higher one. The bully can be taught to sublimate his propensity to fight playmates by engaging in athletic competition.

But not all people make a satisfactory adjustment to the adverse situations that confront them or to the depraved drives from within. Parents, teachers, and pastors often stand baffled before undesirable, abnormal forms of behavior. Let it be noted that such forms of behavior are adaptive. The person is trying to realize himself and maintain his self-respect by evasional methods. To illustrate: In one of the State hospitals of Illinois there is a middle-aged woman from one of our churches who lived a very secluded life with her aging mother. Largely because of her manner of living she could not attain the goal of romantic love and marriage. She attacked her problem in the wrong way. Instead of sublimating her sex tensions, she resorted to phantasy and developed an infatuation for Red Grange, the former football star, which became an obsession and eventually necessitated her hospitalization. The maladjusted individual resorts to a great number of subterfuges for concealing his failures and disappointments. His essential mistake is that he does not face reality, but rather faces unreality. He resorts to some form of illogical thinking or to some unwholesome mood in which

he finds satisfaction, but by which he pays the fearful price of developing a distorted mind. It is folly to think that one can give way to evil thinking and evil moods with impunity. Those who allow themselves to become possessed by corrupt thoughts and emotions are bound to suffer not only spiritually, but also mentally.

Now, there are definite patterns of unwholesome tension-resolving behavior. Let us consider some of these mental mechanisms. A commonly used one, one that most of us use at times, is rationalization. Rationalization may be characterized as unconscious lying. A person finds good reason for doing a thing that he knows he should not be doing. The spendthrift always finds ways of justifying his excessive spending. Rationalization is emotionalized thinking, dishonest thinking. King Saul practiced rationalization when he said: "The people spared the best of the sheep and of the oxen to sacrifice unto the Lord, thy God," 1 Sam. 15:15. Projection is another trick of the mind which is dishonest and unwholesome. Projection admits the failure, but shifts the blame to someone else. Adam and Eve practiced projection in the Garden when God confronted them with their sin. With many people, projection becomes a chronic ailment, a veritable vice. When such a person persistently faces toward unreality, he begins to live in unreality and soon adopts the delusion of persecution and other mental symptoms. Hysteria is another mechanism which is plainly used to fight frustration and to reach goals. It was recognized already by the ancient Greeks. It may take many forms, as headaches, bodily pains, confusion, paralysis, and others. Even physicians may be fooled by the symptoms. A young man who had been an acrobat in a circus enlisted in the Army. But he didn't like the Army and longed for the old free life of the circus. His intense emotional conflict was converted by the mechanism of hysteria into a paralysis of both lower limbs. Upon being discharged from the Army the hysteria passed away, and his motor functions returned. The three mechanisms enumerated are combat mechanisms.

Let us also consider several withdrawal mechanisms. In sulkingness the individual broods deeply over his frustration and becomes embittered. The disastrous thing about this mechanism, as well as about all withdrawal mechanisms, is that the person refuses to



permit his emotional tensions to be resolved by overt effort on his part. If the sulky individual can be led to taste success, he can be reconditioned into an active, adjusted member of society. Seclusiveness is resorted to by many timid persons, because it eliminates the possibility of failure. The causes are various: severe discipline in childhood, overprotection, prolonged sickness, tasks beyond the level of maturation. The remedy is obvious. Perhaps the most harmful of the withdrawal mechanisms is daydreaming. Excessive daydreaming develops an introversive personality. The person given to daydreaming lives in a self-made world, over which he is lord. He succeeds only in his imagination. He may become more and more dissociated from the world of reality and may develop an acute mental breakdown, which might have been prevented if he had had proper guidance in time.

Conscience may become a serious threat to mental health. The sense of guilt, which springs from a condemning conscience, is a wound in the mind. Sorrow also causes a wound, but a clean wound. Guilt is an unclean wound, which festers and brings with it agonizing mental anguish, Ps. 32:3, 4. And it will do no good to suppress the guilty conscience, to force oneself to forget the whole thing. The poison will spread through the whole being and will manifest itself in the person's mood and, in extreme cases, even in the physical system by nervousness, restlessness, irritability, and even by more extreme symptoms, such as panic and high blood pressure. Psychiatrists know that in neuroses of the anxiety type a bad conscience will often be found as the causative factor. A most destructive emotion is the feeling of insecurity. It may take the form of the mood of loneliness or of the mood of discouragement. It is a terrible thing to be overcome by a feeling of loneliness, of being unwanted. Every human being craves love and attention. People who do not find these basic needs will suffer much from a broken heart. Deep discouragement is the feeling that underlies much excessive drinking. The alcoholic endeavors to build up his feeling of worth, to overcome the feeling of inadequacy that he has when he is sober. Fear is also a destructive power that bores from within. Worry, apprehension, anxiety, are but symptoms of fear. Fear is an agency of disunion to the personality, a deep, dark terror in the mental and emotional life. "Fear is one of the most

common and most subtle of all human diseases," says a famous American psychiatrist. Anger is another ugly mood. Resentment, hostility, anger, may stem from fear. We may either express these feelings openly, with disastrous results, or we may permit them to dam up inside us, brooding and stewing about them, with equally disastrous results. In most cases emotional difficulties do not prevent people from doing their work. But while neurotic people can look after their personal affairs, they are warped in their personalities and are very unhappy. They need help, and need it urgently.

This leads us to the heart of our subject, the pastor's part in caring for the neurotics. Should the pastor concern himself with neurotics in his congregation, or with such as are in danger of becoming neurotics? Some might say that the treatment of mild mental disorders belongs in the field of medicine, specifically of psychiatry, and therefore does not lie within the province of the pastor. But it should be remembered that mental disorders have their moral and spiritual connotations and for that reason should be very much the concern of the pastor. For instance, kleptomania, the compulsion to steal, is both a pathological affliction, and as such is the concern of the psychiatrist, and a spiritual affliction, and as such is the concern of the minister. As *Seelsorger* he is concerned that his people do not have "the spirit of fear, but of power and of love and of a sound mind," 2 Tim. 1:7. The term "sound mind" is an exact translation of the Greek term *sophronismos*. Thayer points out that this noun has the connotation of self-control, and is so translated in the Revised Standard Version. This self-control, this self-discipline the neurotic Christian lacks in a measure, and his pastor should help him achieve it, especially since mental conflict may and often does lead to spiritual difficulties. Even the mildest neurotic is sick, sick in soul. While sedatives, vitamins, and other medications may be prescribed, the person above all is in need of suggestion, warning, persuasion, reassurance, which has as its objective the patient's readjustment. The pastor has the spiritual resources of the divine Word at his command and can bring the Spirit's influence and power to bear on the patient's problems. Now, we are not intimating that we dispense with the services of a clinical psychologist or a psychiatrist. On the contrary, since mental illness does not only disturb the spiritual life of the

individual, but also the balance of his mind as such in any or all of the aspects of mind, intellection, emotion, and volition, it becomes apparent that the services of a psychologist or a psychiatrist will often be needed. The physician and an understanding minister, working along divergent and yet related lines, may often effectively solve a problem that neither could handle alone. The mental therapist helps the patient to look back of his tensions, anxieties, and fears and shows him how they may be connected with earlier experiences or environmental stresses. The insight and assurance which the patient gains from such psychotherapy enables him to reorganize his emotional life and to resolve his conflicts. Aside from psychotherapy the physician has other media at his disposal for the treatment of mental illness, namely, hydrotherapy, occupational therapy, recreational therapy, shock treatments, sedatives, stimulants, and others. The Christian pastor, on the other hand, does not base his therapy on any form of habit training or upon mere suggestion, for his is a purely spiritual therapy. The pastor must be concerned about applying the means of grace to the problems of the person before him. By means of the Law the patient is brought to a recognition of his particular sinful weaknesses and then to true contrition. And by means of the Gospel he is brought to renewed faith in the divine Redeemer and is then led to walk in newness of life. By means of such spiritual regeneration the patient will be led to new attitudes, new adjustments, a new life. Thus both the psychiatrist and the pastor are striving to bring about the same end—the restoration of a sound mind, the psychiatrist, however, being concerned only with the mind itself, with the individual in his relationship to himself and society, while the pastor is concerned with the entire person, with the individual primarily in his relation to his God, but also in the subsequent effect of self-evaluation and relation to his fellow men. Taking for granted, then, that the pastor is to concern himself with the neurotic, just how is he to go about his work as a spiritual therapist?

The pastor's main work and activity will be in the field of prevention. Especially in the matter of mental illness the proverb applies that an ounce of prevention is worth a pound of cure. The more an inner conflict develops, the harder it is to deal with it. Now, the pastor's entire public work, all his preaching, teaching,

and lecturing, may be said to serve as a preventive to mental illness. The Christian religion is a preventive to mental illness because it brings security, peace, and confidence. The possession of these qualities is the best guarantee against a mental breakdown of the functional type. Said Dr. Sadler, the eminent psychiatrist: "If Christianity were practically applied to our modern civilization, it would so purify and vitalize the race that more than one half of our sorrow and sickness would immediately disappear." Why, then, do many church people also exhibit various mental aberrations, and why do thousands of them eventually find their way into our mental hospitals? That is, of course, one of the mysteries of human life for which no one has yet found a completely satisfactory answer. But it would seem that a healthy spiritual life from earliest childhood and an abundance of sound emotional, moral, and spiritual habits developed by Christian discipline and upbringing might have saved many. The moral and spiritual life in conformity with the will of God is the normal life intended by the Creator. It is the business of the pastor to convey this to his people and to show them that what the Psalmist says in Psalm 19 concerning the Law of the Lord is not only good theology, but also good psychology. Pastors must not only preach to their people, but must also counsel them. To do that successfully a conscientious pastor must not be satisfied with sitting in his study and waiting for people to come to him with their problems, but he will go to his people and encourage them to consult him about their problems and griefs and worries. True, there are areas in which the pastor is not qualified to counsel and in which he should not be called upon to do so. But all areas which touch upon the spiritual life of his parishioners lie within the pastor's province. And to serve his people adequately he must be in close contact with them. Only by learning to understand each individual and his problems can he help in a personal way.

In making his pastoral calls, the pastor should be concerned with promoting the proper upbringing of the children, particularly since the foundations of mental illness are often laid in the days of childhood. There are two situations particularly which will cause a child to develop an unwholesome and abnormal personality, parental rejection and parental overprotection. It is surprising how

many parents exhibit some form of rejection, and that because of sheer selfishness. A child may be rejected before it is born. Unless the parents later learn to love their offspring, or someone else bestows a vicarious love upon the child, the development of its personality may be warped. Failure to love a child may be shown by neglect, e. g., neglect to provide for its physical needs. Or parental rejection may show itself in harshness, severe discipline, even cruelty. There are some parents who still think that a well-brought-up child is one whose spirit has been broken instead of trained, one who is timid rather than self-confident. Every child has the right to be loved and to be treated with regard. If children grow up feeling unwanted and worthless, is it any wonder that they become timid and withdrawn, or perhaps combat their feelings of frustration by rebellious and hostile behavior? The conscientious pastor should remind parents that a child is not a piece of property which they may treat according to their own whims and fancies, but a precious soul which is to be brought up according to God's will. Parents should again and again be admonished to show their children the friendliness, companionship, and love that is due them.

Just as dangerous as parental rejection is parental overprotection. Indulgent parents who pamper their children, try to protect them from all the hard knocks of life, let them have their own way in all things, are not showing them true love. When parents, particularly mothers, baby their children long beyond the necessary time and do not teach them to meet the ordinary hazards of life, the result will be that they will be helpless and dependent all their lives instead of self-reliant. And those who are never taught to curb their own will and desire will later sulk and whine when denied their own will, or may go into a temper tantrum; they will never grow up emotionally. Here, too, then, there is need for pastoral counseling. Parents need to be shown that overprotection will develop an unstable, selfish individual who will not be able to face frustration when he must step beyond the bounds of his own little kingdom. Overprotective parents need to be reminded of the word of Solomon: "The rod and reproof give wisdom; but a child left to himself bringeth his mother to shame," Prov. 29:15. Needless to say, the proper training of children is incomplete without the nurture and admonition of the Lord.

Faulty and fragmentary childhood training causes some people to reach adulthood without having developed what educators and psychologists call a "well-integrated personality." These become potential victims of a neurosis. But we must keep in mind that this dare not become an excuse for not accepting personal responsibility for our actions. There is perhaps no one whose childhood training has been perfect in every respect. But by and large children who have parents who truly love them, who teach them self-control, who share in their games, who rejoice with them in their successes, and who comfort them in their misfortunes will usually enjoy good mental health when they grow up. They will be able to adjust to the situations and problems of life and will be reasonably successful and happy. But people with defective training in childhood will often be emotionally immature, unstable, dissatisfied, and unhappy. Such people must be helped to make a satisfactory adjustment to the drives from within and to adverse circumstances from without. To make a satisfactory adjustment the person must frankly and honestly face the facts and must endeavor to find out just what is causing his conflict. If organic difficulties are ruled out by a physical examination, then a psychological examination is indicated to discover, if possible, the source of the conflict. With understanding must come the sincere and honest effort to effect a God-pleasing solution. Facing reality is basic to mental health. When people live in unreality, they develop patterns of maladjustment. The mind has a curious trick whereby, when life will not permit it to realize its strong desires and wishes, it tends to build these strong unrealized wishes into pseudofacts. In other words, the person resorts to some form of illogical thinking or to some unhealthy mood in which he finds satisfaction, but by which he pays the price of developing a distorted mind. This the pastor must strive to prevent by the special application of the Word of God to the individual's needs, so that the Holy Spirit may strengthen his faith and lead him to true sanctification. He must help the maladjusted individual to face his problems squarely and courageously and to keep on fighting with God's help until a solution is reached or a healthy sublimation attained.

We have heard of unwholesome versus wholesome tension-resolving behavior. The pastor with all of the spiritual resources

at his command should help the person to avoid the unwholesome and to adopt the wholesome forms. We have seen that rationalization and projection are two common forms of dishonest thinking. Now the rationalizer and the projectionist do not realize that they are in reality trying to excuse themselves and shift the blame for their own faults and failures, and therefore it is essential that they be brought to put the blame where it belongs, squarely on their own shoulders. When it comes to positive cases of wrongdoing, the pastor should lead the individual in a gentle, convincing, and evangelical manner to recognize his sin and repent of it. When personal guilt is admitted and the individual personally assured of God's forgiveness for Christ's sake, then not only is the conscience set at ease, but the person will form the determination with the help of God henceforth to amend his sinful life. To be sure, there will generally be other unhealthy areas that require treatment. It is rare that in these sick individuals we find guilt by itself. Most frequently there will be a combination of hostility, guilt, and fear. While all such conditions can be met through the Gospel by the pastor, and while occasionally the pastor through his spiritual ministrations may effect a psychological cure, yet it would be presumptuous for the pastor to feel that the spiritual approach is sufficient in every case of neurosis or neurotic behavior. Especially chronic cases require the services of a skilled specialist. Yet the pastor's supportive spiritual help will prove of great value.

As for the treatment of neurotics who are confronted with a blocked-goal situation that has no moral connotations, the pastor should lead such to attack the problems of life in the right way, with Christian discretion and courage. Christians at times need to be reminded that certain goals are for them unattainable and that they should submit in cheerful resignation to the limitations which God in His inscrutable but wise providence has placed upon them. The example of Paul, who thrice besought the Lord to remove his thorn in the flesh, but was told by the Lord: "My grace is sufficient for thee," is pertinent. Those who are suffering from handicaps of various kinds should be helped in preventing the development of feelings of inferiority, self-consciousness, oversensitiveness, timidity, fear of the future. They should be admonished in the words of Ps. 27:14: "Wait on the Lord; be of good courage, and He shall

strengthen thine heart; wait, I say, on the Lord." Handicapped people should be taught to face the facts of their handicap and to compensate for their handicap in some way or another. Some handicapped people become so adept at compensating for their weaknesses that they succeed in reaching a stage of what is called overcompensation. The physically weak sometimes develop great muscular strength, the self-conscious become actors or public speakers, the cowardly become good soldiers or policemen. And sometimes it would seem that the Lord lays some weakness or handicap upon us that we may discover and cultivate a hidden talent. The all-important thing is not to be intimidated by the obstacles that confront us, but to combat them courageously in the strength of Christian faith.

In dealing with faulty behavior patterns, the pastor should not only concern himself with faulty habits of thinking, but also with adverse emotions and moods. One of the most disastrous of all is the feeling of guilt with its accompanying hostility. Not infrequently a guilty conscience is at the root of mental illness. The sense of guilt, suppressed into the subconscious mind, festers like a sore with resultant mental disturbance. The remedy for sin, which begets a sense of guilt, is not to forget about the whole thing, but rather to face the fact of sin and to repent of it. When the Holy Spirit works faith in the grace of God, the guilty conscience becomes a peaceful conscience, and the inner conflict over this spiritual problem resolves itself. As for feelings of insecurity and of fear with which neurotics are possessed in such abundant measure, where will you find more powerful support and help than in the Christian religion? While Christianity teaches that "we must through much tribulation enter into the kingdom of God," Acts 14:22, yet it offers sustaining strength in all the tribulations of life. The firm believer says with St. Paul: "I can do all things through Christ, which strengtheneth me," Phil. 4:13, and again with the Psalmist: "God is our Refuge and Strength, a very present Help in trouble; therefore will not we fear." Life without Christ is not worth living. But with Christ and in Christ, life has a purpose and a goal. "This is the victory that overcometh the world, even our faith," 1 John 5:4.

At times Christians may develop a full-blown neurosis. Then



the pastor has a more difficult task before him; for the more ingrained and prolonged a mental disturbance has become, the harder it is to eradicate. To be sure, here the pastor must recognize his limitations and should not expect to be able to effect a cure. They that are sick need a physician. And the pastor will render his people a distinct service if he recognizes incipient mental disease and refers the patient to some reputable practitioner. Profound disturbances of the mind, particularly if they have been of long duration, require highly technical and highly skilled forms of therapy. The psychiatrist may make use of psychotherapy, psychoanalysis, or shock treatment. But a realization of the difficulties involved should not move the pastor to wash his hands of the whole case. He is and remains the spiritual physician of all mental cases in his congregation. And to such he can render invaluable service. The pastor's task is mainly that of aiding the patient spiritually, so that he perseveres in the faith and is fortified against falling into misbelief, despair, and other great shame and vice. A secondary result may be that of helping by means of the spiritual approach to bring about an alleviation of the neurosis itself. In this gratifying results will at times be experienced. Recently we received a letter from a woman in which she thanked us profusely for being instrumental in effecting her cure of mental illness. She had suffered from a deep depression engendered by an abiding sense of guilt. The woman had committed an abortion. Though she seemed to be genuinely repentant and a sincere believer, yet she could not rid herself of this guilt complex and remained hospitalized for several years. Gradually, however, the Spirit through the Gospel washed away the sense of guilt. The patient wrote that she was finally cured by the comfort in Luke 15.

Let us now take a closer look at the neuroses and see how the pastor can lend his counsel and aid in overcoming them. The American Psychiatric Association lists four main types. The first is hysteria. Hysterical individuals are emotionally immature individuals. They act like children in seeking to attract attention in order to satisfy their ego. They seek to evade the conflicts of life by the adoption of some method of escape. We are all familiar with the forms of simple hysteria, when a person "goes into hysterics" by a burst of uncontrolled weeping or laughter, by

a tirade, by a temper tantrum, or by a convulsion. But there are more pronounced forms. The most common one is conversion hysteria. In conversion hysteria the psychological conflict is converted into bodily disturbance. There is practically no limit to the number of physical ailments and diseases which the subconscious mind will simulate in order to help the individual to escape from a disagreeable situation in life. There may be choking sensations, vomiting, headaches. Some women — it is mostly, but not always women who suffer from hysteria — develop the habit of fainting upon the slightest provocation. There may be loss of sensation in any of the five senses, as hysterical blindness. Motor symptoms will often be manifest, either excessive twitchings or paralysis with complete limpness. Bear in mind that when the victim has a sense of pain it is real, though psychogenic. It is reported that a patient who frequently had acute pains in the region of the appendix had five operations for supposed appendicitis. The last surgeon tattooed on the abdomen: "No appendix here." The Christian pastor can help the Christian patient a great deal by applying the Word of God to his particular need. He should be shown that he has a God-given responsibility to face the issues of life squarely. Instead of resorting to flight, he should stay and fight, assured of God's presence and help.

Another pronounced type of neurosis is psychasthenia, soul-weakness. Psychasthenia is emotional and volitional weakness. The person may be filled with all manner of doubt and scruples, and may be unable to make any decisions. There are again several forms of psychasthenia, such as phobias, abnormal fears. Phobias are usually acquired in childhood. An infant may develop a fear of water from the noise of water rushing out of a faucet. There are many phobias, as claustrophobia, the fear of closed spaces, which may easily come from locking children up in a closet for punishment. The opposite is agoraphobia, the fear of wide-open places. Some people have a fear of crowds, others of being left alone. To get rid of the phobia the person must not hide it, but bring it out into the open, learn to ridicule it, and establish a new association of ideas. The pastor can do much to help the patient establish a healthy habit of thought.

Another form of psychasthenia is obsession. An obsession is

a false idea that thrusts itself into the mind and remains there persistently. Though it is recognized as being illogical and is unwelcome, it is most difficult to dislodge. Mild forms of obsession are quite common and usually occur as a result of fatigue. The more pronounced obsessions are due to the fact that some idea which is unacceptable because of the dictates of conscience or because of training is repressed into the subconscious mind, but does not remain submerged, rather breaks forth into consciousness in some disguised, symbolic form. The obsession is merely a disguise to hide the real emotional disturbance. The cure lies in penetrating the disguise, in digging up from the subconscious mind the real cause of the obsession. Once the real cause of the disturbance is found, a new attitude toward it should be acquired. And here again the pastor can be helpful. He should show the patient that his disturbance of mind comes from sinful thoughts and emotions that he has harbored, such as lust, covetousness, hatred, etc., and that he should therefore bring these into discipline with God's help. With such sincere repentance must come the desire and earnest effort to bring forth the fruits of the Spirit, as love, joy, peace, long-suffering, etc. (Gal. 5:22, 23.)

A third form of psychasthenia is compulsion. A compulsion is an obsession that carries with it an impulse to action. Some people have a compulsion to count the lamp posts and other identical objects they pass. Some can dress only in a certain way, putting the stocking on the left foot first, etc. A Roman Catholic girl became obsessed with the idea that everything she touched was contaminated with "fluids of passion." The reason for this was that when she reached puberty and felt normal sexual urges, she thought she had committed mortal sin. This erroneous idea concerning sex led to this type of obsession and also to a hand-washing compulsion, both of which represented her guilt feelings. Happily she had a priest who was wise enough to help her resolve her conflict, and thus her mental breakdown was nipped in the bud. By the Word of God our pastors should help people suffering from compulsions to make constructive, God-pleasing adjustments to the temptations that come upon them from within and without and thus to rid themselves of their psychic conflicts.

A third neurosis is neurasthenia. This term, as well as the

designation "nervous breakdown," is a misnomer. The fatigue is general, both physical and mental. After but a little activity these neurasthenics are "done up." Hence they are very irritable and lack emotional control. With time they become pessimistic and depressed. Finally they lose interest in life. The cause of neurasthenia is overstrain in some form or another. It may be overwork, too much sexual indulgence, too little sleep, too little relaxation, and, of course, too much worry. The cure is obviously to remove such causes and to teach these people the Christian stewardship of life based on each individual's capacities.

The fourth type of neurosis that we shall note is anxiety neurosis. This is more severe than the anxiety states which occur when people are suddenly thrown into a state of intense fear and which last a few seconds or minutes and then subside. Such attacks, which are accompanied by various bodily manifestations, are always induced by some stress situation, yet a detailed study shows that there are always other underlying troubles that need to be corrected. When people acquire the constant habit of needless worry, they may develop an anxiety neurosis. There is nothing in the environment to cause such constant worry. The trouble is within the personality of the individual. Because of some inner conflict the person lives in a morbid state of anxiety. There may be some outward source of trouble, unsatisfactory family relations, difficulties at work, etc. Unsatisfactory sexual relations are also the cause of many an anxiety neurosis. Then, again, the habit of needless worry is often formed in childhood and persists in adult life. Too much care and protection, as well as too much discipline and thwarting, furnishes the soil in which later anxieties thrive. Here again the cure lies in locating the real cause of the anxiety and in effecting a remedy for this basic difficulty. The Christian should not only be taught to cast all his care upon the Lord, but should also learn to lead a truly sanctified life.

To prevent the development of a neurosis one must constantly guard against sinful thinking and emotions. It is a great folly for a person to imagine that he has the right to think and feel as he pleases. If a man allows himself to become polluted with ruinous desires, he will deteriorate mentally, physically, and spiritually.

The pastor is divinely appointed to watch over men's souls and

must concern himself with the entire soul life of his members. He will sound forth the warning of Solomon again and again: "Keep thy heart with all diligence, for out of it are the issues of life," Prov. 4:23. His work along spiritual lines will often prove decidedly helpful in overcoming mental disturbance within the personality. However, the pastor's largest contribution will be in the field of prevention. Regarding the value of pastoral counseling in the prevention of mental breakdowns John Rathborne Oliver, the well-known clergyman-psychiatrist, says in his book *Psychiatry and Mental Health*: "The pastor comes into early contact with the development of faulty mental habits; he, in a much deeper sense than can ever be applied to the physician, is a physician of the soul. He stands, as it were, as a watcher at the gate, the gate that leads to the mental hospital. He can, if he will, turn back hundreds who, but for him, will have to pass through the same gate." We close our presentation with another pertinent quotation from John A. Broadus, taken from his excellent book *On the Preparation and Delivery of Sermons*: "It is of inestimable value to the preacher to know the normal mental and social processes, to have an intelligent approach to the ills and problems that disturb men's mental life, to be acquainted with the problems of social relations, both pathological and normal. Both the search for souls and the cure of souls are set forward by intelligence."

Kankakee, Ill.