February 1985

The Role of Religion in the Practice of Medicine - The Psychologist's Viewpoint

H. Bruce Ewart III

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation
Available at: http://epublications.marquette.edu/lnq/vol52/iss1/11
The Role of Religion in the Practice of Medicine—The Psychologist’s Viewpoint

H. Bruce Ewart, III, Ph.D.

A consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

I have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.

How many unfortunate have any of you encountered who have been the perennial “mental patient,” going from one hospital to another and one doctor to another, but without improvement, year after year? I have met in my practice a significant number and have treated despairing individuals who felt sick and hopeless for 10, 15, and 25 years before coming to me. In one case, I was a consultant for many years in alcoholism and drug abuse and to the Family Life Ministry, Episcopal Archdiocease of Pennsylvania—the author has been in private practice in individual and family therapy and the treatment of alcoholism from 1966 to the present. He was co-author of A Caution a Day—a Pro-Life Doctor’s Story, and has been a radio and television guest and speaker. Mr. Ewart presented this paper at the 1984 annual meeting of the NPCPG.
she would have to return to the hospital. I told her right then, in the first session, that she did not have to be “sick” anymore; that Christ could and would heal her if she would only believe and carry through some acts of faith. She accepted the truth immediately and began to improve, having received hope for the first time in her life. She went back to church, got involved in prayer meetings, and developed a personal prayer life with the Lord Himself.

Today she lives independently, having been out of the hospital for two years. She receives no more therapy, takes no medicines, works full-time, has established financial credit, and is in the process of enrolling in college, with a planned career in mental health administration. She is a bright and effective disciple of Jesus, and has gone back to witness to the doctors and social workers who tried for all those years to treat her.

She is only one of many examples of the truly miraculous results which can be achieved through a thoroughly Christian approach to therapy. And these blessings which the Lord Himself brings about occur not only in my practice—which I now call a ministry—but with other genuinely Christian therapists who base their therapy not on the wisdom of the world, but on the truth of God as He reveals it through Scripture and through the Church.

Tragically, to this day, the overwhelming majority of counselors of every sort obey the central commandment of Freud, and that is not to contaminate the therapeutic setting by allowing Christ in. The giant spectrum of pop psychology is comprised of hundreds of theories, techniques, and strategies which are not science or wisdom by any stretch of the imagination but are a substitute religion—and a very primitive one at that. As Paul C. Vitz explains most succinctly in his book, Psychology as Religion, these personality theories and theories of psychotherapy are based on an agnostic, atheistic, or downright anti-Christian view of man. They are highly prejudiced and thoroughly contaminated by a subjective, emotion-charged dedication to the dignity of man: that is, secular humanism.1

Beginning with Freud, and continuing through the popular psychologists of today, these theorists have not provided workable answers to—or treatment for—human suffering. The failure of worldly psychology, which has been thoroughly documented, is especially well delineated in another recent book, Psychological Seduction, by William Kilpatrick.2

My belief is that only God knows the mind of man, because the mind—as distinguished from the brain—is part of the soul, and that is why any of us trying to treat a mind must stand in awe. We are on holy ground. We are in the presence of a universe of wonder which is an expression of almighty God. Any therapist, regardless of education or training, who is opposed to Christian teaching, is not likely to help and is in grave danger of doing harm.

The kind of Christian therapy which I offer takes into account the reality of sin and the rampaging activities of a very real Satan. In fact, the cause of what has been misnamed “mental illness” is most often sin. “Mental illness” is a poor choice of a term which really describes someone who is suffering—almost always—from what has been done to him by his family, most especially the parents, but also including husband, wife, brother or sister, perhaps even teacher. The parents of the victim are, in turn, the way they are because of the “number” done on them by their parents. And the parents of these parents were imperfect as a result of the same etiology: human failure and temptation. So it goes, then, generation after generation, all the way back to Adam and Eve, the original parents. Yes, what we call “mental illness” is not by any means a disease in most cases, but rather a consequence of the fallen state of all mankind, with plenty of badgering by Satan, who would like nothing better than to destroy the family and all of its members completely. “Mental illness” is too often the result of what family members do to each other—and they cannot help it. None of us can, without Christ.

(I am careful to add here that I am not referring to organic conditions or such things as learning disabilities, sensory deprivation, and early childhood restraint. Neither am I minimizing the vital role of good medical practice in psychiatry, especially in the acute care of very distressed patients.)

Concept Explained in Article

Part of this concept about what can go wrong in families is explained in an article for which I was a spokesman several years ago. It had a bold title, reading “The ‘wrong’ person seeks therapy, psychologist says.” I made a claim which I can still substantiate—that I almost always get the wrong patient. What I mean is that the victim diligently shows up for treatment while the perpetrators stay home and think of more ways to convince the victim that there’s something wrong with him and that he’s the one who needs the help.3

Thus, one form of Christian therapy that I often apply involves having this wrong patient understand thoroughly what was done to him and helping the victim reach a final stage of forgiving those who hurt him and forgiving himself, with the help of Christ. Forgiveness is always the ultimate goal of therapy because it always brings healing to the patient and to the vital relationships in his life.

The concept of the wrong patient applies to children, especially, and I think that branding a small child as a patient who has something “wrong” with him is almost always a tragic mistake. I agree with the distinguished author and teacher James L. Framo, who once told me that there is no such thing as a disturbed child who does not come...
from a disturbed marriage. I would add, however, that it is often the case that one or another parent, or both, is the one in distress as should be the real patient. For this reason, I treat children by not treating them—by asking them to stay in the waiting room and watch TV while I talk to the parents.

When a child is presented as the identified patient, the real problem, as I say, is often in the marriage of the parents. I'll talk more about that in a moment. Very often parents need help in teaching and disciplining children. No one is born with the ability to be a parent or with the ability to be married. Both are learned behaviors, and they are learned almost exclusively by example. The only example we internalize is that of our own parents. If that example has been insufficient as a model for marriage or as a model for parenting, then the couple will require some help from someone who has learned these skills by direct experience. As the parents improve in their marriage and in their parenting, the child improves automatically. When doing this kind of teaching, I keep in mind that Holy Scripture warns that God will hold parents accountable for the correct upbringing of their children. Many parents have run from this responsibility by getting a doctor to agree that there is something "wrong" with the child.

Go to Family's Nerve Center

One of the basic keys to improved mental health, or just plain happiness, from the Christian point of view, is to go to the nerve center of the family, and that is the marriage. When we get the marriage on a solid foundation, the entire family benefits, no matter who happens to be the identified patient.

I have come to think of marriage as a second chance at life. In a marriage agreement, each partner can be taught to be open and honest about his or her deepest needs and deficits, so that the spouse can be strong in the partner's weak areas. By dovetailing these weak points in each partner in a complementary way, we can achieve a union which is stronger than either individual.

But the first step is to help both husband and wife understand what Holy Scripture teaches about how a marriage should be constructed. I always refer married couples to Ephesians 5:22, in which St. Paul lays down the foundation for a successful marriage. But after the part about wives being submissive to their husbands, I am careful to interject that this submission must be brought about by the husband through his love for his wife. He must love his wife as Christ loves the Church. Then the wife is submitting not to tyranny, but to love. Anyone can submit to love—and it's the wisest choice anyone could make.

The number one marriage problem I have seen—and this, too, is spelled out in Scripture—is misplaced loyalty; that is, either the husband or the wife has a greater allegiance to parents than to spouse. Our Lord, in the New Testament, quotes the Old Testament book of Genesis when He says, "For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh" (Genesis 2:24). It is impossible to be completely married to your husband or wife if you're still married to your parents. I've seen patients have extra-marital affairs as a way to destroy the marriage and accomplish their real goal of getting back home to mommy and daddy.

I have seen a number of cases where the parents of married people will either sabotage the marriage or do nothing to further it—in other words, leave it to death. Such people would never tolerate a son's or daughter's criticism of their own marriage, because they insist that it is sacred. But if their own marriage is sacred, then so is their son's or daughter's. Jesus says, "Therefore, what God has joined together, let not man separate" (Mark 10:9). Very often when I find a man or woman who doesn't want to be married, I find parents who don't want any marriage to occur—ever.

The concept of Christian therapy is gradually becoming more prevalent and is being adopted by psychologists and psychiatrists. I am greatly blessed to be able to work very closely with a Christian psychiatrist and several Christian physicians in other specialties. But some therapists are still completely secular in their treatment approach, even though they identify themselves as Christians in their personal lives. Others use secular techniques but add a prayer before the end of the session, and that approach is not adequate either.

My kind of Christian therapy is the direct opposite of nondirective counseling. My methods involve active, assertive teaching with plentiful feedback with an underlying emphasis on Christ as the way, the truth and the life—the only way.

A major reason for the failure of secular psychology is the illusion that the "self" can be bolstered and the ego made sufficient. The logical extension of this philosophical base is that man can be made self-sufficient without any need for God. This premise, of course, is the original lie of Satan, presented to Eve in the Garden of Eden. People with self-image problems are being bombarded by hundreds of self-help books coming through the market, all with a new approach to self-sufficiency; that is, to become self-sufficient as opposed to God-sufficient—to glorify the self; that everything you need is within you; that you can become your own god.

These trendy, fast-selling methods are logical extensions of Freudian psychology—a religion which has as a central sacrament the bolstering of the ego through endless therapy. The first step is to remove the "neurosis" of Christian belief and replace it with a new religion which exalts the "self." Holy Scripture clearly teaches in many places...
that “He who trusts in himself is a fool, but he who walks in wisdom (that is, God's wisdom) is kept safe” (Proverbs 28:26).

St. Peter counted on his own determination when he told Jesus that he would never fall away, even if everyone else were to abandon Him (Matthew 26:33). But he denied Christ three times at the most critical time in history. There is also the parable of the self-sufficient Charise and the self-abasing tax collector (Luke 18:9-14). And that passage warns that he who exalts himself will be humbled and he who humbles himself will be exalted.

Mental health consists in knowing who God is, as revealed through Christ, and in trusting not yourself, but a God Who is intimately involved in every detail of your life every day and Who cannot only heal, but also transform the believer.

I myself was taught secular psychology, and my clinical experience, as well as my early practice, were strictly worldly. I’ve tried it both ways. When I first began treating patients according to Christian truth about two and a half years ago, I was astonished at the results. Patients have gotten well consistently, predictably, and quickly. Therapy is usually very brief. Many go back to church after an absence of years — and not as spectators, but as participants — as witnesses who have experienced the love of Christ and have become committed and surrendered to Him.

REFERENCES

1. Vitz, Paul C. Psychology as Religion.

BOOK REVIEWS

Sex and Gender

Mark F. Schwartz, Sc.D.; Albert S. Moraczewski, O.P., Ph.D.; and James A. Monteleone, M.D., Editors

The Pope John Center, St. Louis, Missouri, 1983, xvi + 386 pp., $19.95.

Sex and Gender is a compendium of scientific findings on the development of human sexuality, taken from animal and human studies, and a critical commentary by traditional Christian philosophers and theologians on the implicit and explicit ethical inferences of the scientist-contributors.

The contributors to this exchange between the scientific and theological communities are experts in their respective disciplines: sociology, psychology, psychiatry, anthropology, endocrinology, philosophy, and moral theology. Consequently, it is not a book for casual reading; it requires close attention, especially for those fields in which a reader’s background is rather cursory. The scientific essays will be no problem for the physician or the reader with a fairly strong background in biological science. However, the conference originally was suggested by a number of bishops who expressed the need for a better comprehension of the scientific data on human sexuality. This readership, as well as any professional concerned with sexual development and sexual ethics, but lacking expertise in biological science, would have been helped by a “translation” of highly specific technical scientific terms and data into language more comprehensible to the “layman.”

Some authors of the chapters of reflection on the scientist’s essays do begin with a review of the scientific findings, which is of some help in this regard.

Because of the book’s scope of academic disciplines, its critical review is a tall order. The scientific writers generally are measured and cautious in their scientific conclusions. But as Dominican Fathers Moraczewski and Ashley point out in the introduction and first chapter, some of the decisions and conclusions of the behavioral scientists, particularly the psychological normality of homosexual orientation, the moral neutrality of homosexual behavior, and sex reassignment surgery, are based not simply on research data, but upon nonempirical assumptions, and at times, on shaky logic. Father Ashley’s chapter provides a succinct yet penetrating Catholic theological view of sexuality, and delineates the differing philosophic assumptions of the traditional moral theologian and the empirical researcher as represented in this volume.

Freed conceptualized human sexuality in terms of physical and psychological characteristics. But only in more recent times have researchers teased apart the many factors and functions — physiological and psychological, innate and acquired — which mutually interact in constituting an individual’s developing sexuality.

The biological factors are genetic or chromosomal sex, gonadal sex, phenotypic sex (+e.g., ambiguous genitalia), and, for want of a better term, “brain sex,” that is, the genital hormonal masculinization or feminization of certain neural pathways in the brain and central nervous system which affect cognitive as well as sexual behavior. Psychological dimensions of sexuality ignore core gender identity, gender role, and sexual orientation, all of which develop postnatally.