

about them and even overcome them occasionally. But that was that. That was all anyone did. It was sort of a “water under the bridge” approach. It was a Gospel according to acceptability, not one of redemption. In depressed moments Bruce wondered if the whole spark had not gone out of life. Dare he even strive for the celestial? Yet what use would sixty more years of living have if it weren’t possible?

I recoiled at such questions. What was that promise? “. . . and I, the Lord, remember them no more.” Bruce was in gear with a divine power that few knew: heavenly forgiveness. Ironically it is the central message of “the good news.” He needed to complete the process. To salve his agony now might leave him with unfinished business always in the back of his mind. The achievement of full forgiveness now would endow him with a lofty spirit that could call forth unused powers from his soul. I felt Bruce passing me up, and many others who were now pausing on a plateau. If Bruce could sustain his new relationship with God, there was no limit to his potential.

I couldn’t help but look at myself, my family, and our ward stuck on that plateau of convenient church activity. I worried less about Bruce than those who were not compelled and might not discover that first base. Our plateau was comfortable and acceptable, but deceiving. Where is the power to self-motivation without the crisis of despair? Must a man lose his soul in order to save it?

I began to take long walks.

GUILT: A PSYCHIATRIST’S POINT OF VIEW

Louis G. Moench, M.D.*

President Stephen L. Richards, concerned with some of the psychiatric problems which had come to the attention of the First Presidency, asked if I had time to drop over. In the minute required to walk to his office, there was time for a quick examination of the conscience, a prophetic preview of the topic of the interview.

President Richards was aware of the case of a woman patient in an out-of-state hospital who had been advised by a member of the professional staff to avail herself of the “benefits” of a weekend pass in a motel with a male patient, unrelated except by membership of both in the L.D.S. Church. The implication was that this would be therapeutic and would hasten her release date. In a consultation with the woman’s husband and her bishop,

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I had expressed doubts as to the benefits of such “therapy,” expressed fears that the expected guilt feelings would greatly complicate the illness, and suggested other forms of treatment which are usually more effective and which do not violate the moral standards of the Church.

President Richards reviewed another case in which a psychiatrist had advised an L.D.S. patient to abandon her guilt feelings over an earlier immoral experience.

These cases, and others, had made him wonder if current psychiatric practice included advice to abandon moral standards and to forgive misbehavior which resulted in guilt feelings.

He expressed concern about the authority and the validity of psychiatrists forgiving sin or encouraging immoral behavior. What would be the ultimate effect on the person if sin did not produce suffering (including guilty feelings), personal acknowledgement of error, confession, repentance (including learning to identify and deal more effectively with one’s vulnerability), forgiveness (especially if earned) and the personal growth which comes from a problem mastered?

We agreed that it is indeed unfortunate that a few psychiatrists, considering themselves the world’s most sophisticated citizens, have what might be called a Jehovah complex and feel it is their privilege and duty to manipulate the lives of their patients, ostensibly for the emancipation of the patient from archaic restrictions, but probably more for the psychiatrist’s own ego extension and vicarious gratification. Freud’s analytic theories are supposed to place the blame for all mental disorders on repression of sexual instinctual drives. Most serious students of Freud do not see his theories as advocating license but rather responsibility, and point to Freud’s exemplary personal and family life. The majority of psychiatrists see enlightened self-control and ethical responsibility as the desired goal.

The patient may misinterpret as approval the psychiatrist who listens without passing judgment or without falling off his chair in shocked amazement or disapproval. Recognition and study of the patient’s irresponsible behavior, as a step in learning more about himself and learning more mature control, may be mistaken for forgiveness or encouragement of the irresponsible behavior.

There is legitimate doubt about the rightful role of the psychiatrist in some problems of guilt. For ages people have sought instant salvation, and in recent years, instant power, instant relief of discomfort, and prompt and miraculous cure of all illness; they often seek the short-cut, the evasion, the vicarious resolution of guilt feelings. Sin and measles are both undesirable, and their eradication laudable; but uncomplicated measles do not require treatment, run a natural course, leave long-term immunity, and are not shortened by obscuring the rash with calamine lotion. Passive immunization with gamma globulin may avert an attack during an epidemic (and is properly used in circumstances where measles would be especially hazardous at that time) but the immunity is short-lived. If guilt is serving a useful purpose, if it is part of a successful ongoing process — not incapacitating nor crippling —

it is more appropriately a matter for religion to facilitate the resolution than for psychiatry to circumvent it.

But guilt is not always the result of misdeeds. Every addict of the late-late show as well as the most experienced district attorneys are aware of the false confession. The more the capital crime is a *cause celebre*, the more people come in to confess. The confessor may wish to share the grisly glory and momentarily rise above mean and miserable nonentity. He may have been raised to feel that he, personally, is responsible for all the catastrophes in the world, the crabgrass in the lawn and mother's unhappiness, and automatically volunteers to take the blame if anything goes wrong. The sack-cloth-and-ashes costume is a familiar and sweetly sour mantle for some persons. Religions with formal and stylized confessional processes encourage some people to take the chronically continuous-continual guilty role.

Guilt, or the convincing facsimile thereof, may be a small price to pay for, and a key ingredient of, vicarious gratification. The hysterical woman (the modern counterpart of the colonial witch) who confesses illicit sexual relations may enjoy the imagining, the recounting, and the shocked reaction of the persons to whom she confesses. She runs no risk of pregnancy nor venereal disease, and receives great attention, especially if her promises to repent and reform are made conditional on the amount of attention she is given and the vigor with which her soul is saved. Almost every mission president, bishop, and surely every general authority, has encountered this woman (or man), whether or not she is so recognized. A bishop called late one night, broken-hearted, because a teen-age girl in his ward had just confessed to him in dramatic, colorful detail, multiple sexual escapades with numerous boys. Poor, pitiful, unpopular girl, longing for a date, suddenly fantasizing great popularity, and at the same time enjoying shocking the father-figure.

Depression is far more common than the public realizes. Characteristically, the depressed person goes through a process of introspective rumination in which he asks, "Why did this happen to me?" He searches his soul and his life history. And who hasn't done some nasty thing of which he is ashamed? Or neglected to do something he should have done? Closed boxes are reopened. Old, cold ashes are sifted and sifted again. Settled conflicts are revived. Historical battles are re-fought. Experiments in growing up are reviewed. "Aha! I've found it! It is no wonder I feel this way. I was the worst person who ever lived! The sin was unforgivable! No wonder the Lord turns his back on my prayers!" Long, patient inquiry may bring to light the horrible misdeed. The young psychiatrist's common reaction, when the sin of the ages is finally held up to light, is, "You mean to tell me you've been wasting my time and your health on that trivia? Why, it is nothing!" (There he goes, forgiving sin, and since the sins are often sexual, he is condoning sexual misconduct.) This doesn't dispel the depression in the least, any more than the bishop's reassurance that the Lord has forgiven. The remembered, magnified, or imagined sin is not the cause of the depression, but an apparent cause which conforms to the patient's concept of causality. And

since it is not the cause but only the symbol, attacking the symbol does not relieve the illness, and alienates the helper from a position of usefulness.

The intensity of the guilt feelings may drive the person to act on his concept of personal worthlessness. Suicide is a leading cause of death, and most suicides are persons who have been overwhelmed with guilt feelings. Our assessment of their validity or invalidity does not alter the victim's view of himself. Even in "well" persons, guilt and behavior may not be related quantitatively.

A person's concept of what is good or bad, and therefore his concept of himself as a good or bad person (and hence his feelings of guilt or lack of guilt), rests on the basic family attitude about goodness or sinfulness in mankind in general and children in particular, on what things are acceptable or not acceptable, on permissiveness or rigid discipline, on methods used to obtain compliance, on the value system of internal or external controls, and on the skills taught in attaining control. If the child is brought up to the tune of, "No! Don't do that! Naughty, naughty, You're a bad boy!" he may feel that only a small number of things are permissible and he is bad if he doesn't constrict his life. Or he may rebel against the whole list. If mother's feelings are always being hurt, as a way of exercising control, he automatically feels guilty later when anyone is offended, though this guilt is often combined with explosive rage.

If he is raised in total permissiveness, under the theory that letting him express whatever feelings he has in whatever way he chooses will automatically eventually result in his being an adult with all the desirable qualities, he may say in all seriousness, "I don't know why people can't acknowledge their faults. Why, I'd be the first to acknowledge mine, if I had any!" His desirable qualities are desirable only to him. The rights and well-being of others are of minimal concern to him. Anyone who stands in his way must be destroyed. The system which doesn't give him instant power and instant orgasmic gratification, must be overturned (usually to the tune of noble, lofty slogans and altruistic clichés). A little guilt might be very effective in permitting such a person to live his life in peace and harmony with others. The psychopath probably has caused more suffering than anyone else in history, and his problem is a defective conscience, a guilt-deficiency.

Inability to tolerate guilt feelings may lead to denial, to one's self or to others, of the experience giving rise to the guilt, or a flight into repetition of the same or similar behavior. Premature forceful confrontation of the person, by the clergyman or the psychiatrist, with a demand that he feel or acknowledge wrongdoing, may drive him into further acting-out of his conflicts.

Failure to take personal responsibility for one's inadequacies or misdeeds is often projected onto society, one's ancestors, teachers or loved ones, or onto divine disfavor or supernatural evil creatures. "I'm depraved because I was deprived" is currently a common social complaint; the deprivation may have been for food, shelter, protection and love, or for one's share of sugar cereals. "You made me what I am today, I hope you're satisfied!" is the title of an

old, petulant song, a theme repeated over and over in the currently popular fashion of searching for environmental causes.

"The devil made me do it," says the little boy caught with his hand in mother's cookie jar. Perhaps he was just hungry, and his mother made delicious cookies. The devil provides a convenient scapegoat, but the price one pays for using him thus is the fear that one is in his power, and guilt feelings for letting him have that power.

Projection of guilt onto others may convince them of their guilt, though they may not know of what they are guilty. The wayward husband often blames his wife and she, in turn, says, "Where did I fail?" Parents of wayward or willful children plead, "What did we do wrong? We gave him everything he wanted!"*

President Richards and I accepted the premise that ideally the clergy and psychiatrists could and should work together, with common or at least compatible goals, but in actual practice the cooperation is far from ideal.

I acknowledge the validity of President Richards' concern, and expressed the concern psychiatrists often have when encountering the clergy treating illness, often without recognizing it as illness. We agreed that each discipline tended to look on people's problems as belonging in his domain, and each often minimized the proper domain of the other, that cooperation between the two is often praised and much less often practiced.

We agreed that guilt serves useful and constructive purposes in helping a person achieve inner control, and in converting a mistake into a learning and growth experience, but it may become pathological in amount (excessive or deficient), in duration, or may be distorted or symbolic. In some circumstances, it is appropriate to deal with guilt itself, but in others it becomes advisable to understand and deal with the underlying process.

It is not appropriate for psychiatrists to forgive sin or to encourage behavior or attitudes contrary to the religious standards of the person or of the community. The psychiatrist should be familiar with and respectful of the patient's religion and encourage the healthy application of and participation in his religion. He is often much more aware of the pathological forms of religious involvement, such as entheomania, scrupulosity, asceticism, fantasy, denial, etc., than the wholesome forms of religious participation.

The clergy should not treat mental illness (except where especially trained or as part of a professional team), should be aware of the pathological forms of religious belief, should be aware of the principles of mental health, and should recognize the more overt signs of psychiatric disorder. The psychiatrist and the clergyman can use each other as resource persons without competitive concern. In the enormous middle ground of human experience and relations, mutual respect and cooperation between the psychiatrist and clergyman enlarge the calling of both.

*Present-day university administrators are now going through agonizing soul-searching to see where they have been responsible for suffering, injustices and social sickness around the globe.

Having outlined an acceptable working arrangement between religion and psychiatry, President Richards, a wise, kind and thoughtful man, returned to his home, and I returned to mine.

**SOME THOUGHTS ON REPENTANCE
AND FORGIVENESS**

Matthew Cowley

Good old Judea [New Zealand], where I became a man (if I ever did become one). At the age of seventeen, I was young indeed to have had the experiences I had there, but they were worthwhile and have since been an anchor to my faith. It was there that I learned that there is saintliness in sinners; that sinners sometimes manifest greater love than some so-called Saints. It was there that I descended below all things and rose to the greatest heights of loving the weakest of the weak. It was there that my mind was first enlightened and my soul enlarged by the impact of the Holy Ghost. It was there that I first became the recipient of the gifts of the Spirit. It was there that I learned the value of patience, long suffering, kindness, forgiveness and the other virtues that are so necessary in the regeneration of the human soul. No greater respect have I ever received as a bearer of the priesthood than I did from the people of Judea, both members and non-members alike. When I was there as a mere boy, they would come all hours of the night and day for confession, and for counsel and for administration. "And a little child shall lead them." They taught me the significance of this scripture. It was there I came to know that poverty may be priceless as a source of genuine happiness. I have never seen a happier nor more fun-loving folk than were they. And they still are. Their happiness was punctuated with inter-family feuds, quarrels, but the grudges were soon forgotten. They would "cuss" each other out one minute and sing together the next. There amidst fleas and filth, I loved and was loved. Dear old Judea!

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I have in my office every day good and faithful members of this Church who are depressed, who are frustrated, who think they are not being saved, and most of these people whom I see are just as worthy as I and some more worthy. Why they are frustrated, I don't know, unless someone is trying to scare them into the celestial glory. I like to get fun out of this business — good, wholesome, righteous fun — get a kick out of it. When I obey the principles of this gospel, I am the happiest man on earth. When I don't,