The Next Decade of Dialogue—Religion and Health

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Mary Hemingway Rees died in 1954, some time before many of us here had the opportunity to know her, or the World Federation for Mental Health. Those of us who did not know her are so much the poorer. There is always too little of “courage and autonomy,” “grace and tranquility” in this present world, qualities that Mrs. Rees possessed and was possessed by. In these two decades since her death, our world has become quite unlike the world she knew. Still those qualities of life she achieved are the same each of us would strive for. Her personality and career being what they were, the choice of subject for these memorial lectures is especially appropriate: “spiritual values in mental health.”

However, there is no way, given what has happened in psychology and in religious affairs, for that subject to be approached in a fashion similar to the first lecture given by Dr. Henry Dicks. For example, it was just two years before Mary Rees’s death that I had my first training experience in a mental hospital, and I recall sitting in general case conferences with all of us attempting to get acquainted with and accustomed to the most recent change in nomenclature for behavioral syndromes. What was new then has now been replaced more than once. This was all before the era of the Esalen Institutes, Carl Rogers’s second phase, humanistic psychology, Ida Rolf, sensitivity training, the Primal Scream, Gestalt therapy, behavior modification, and, of course, transactional analysis, to say nothing of the revolution by the psychotropic chemicals and the broad use of hallucinogenic drugs.

In this same period, on the spiritual side, the Reverend Mr. Robinson helped us see that “God is dead” in his book Honest to God. The churches came to be characterized as museums of man’s past, and deluded, experience. Spiritual “truth” came to us in the West from the East, the flower children appeared on the scene with transcendental meditation, and the worldwide revolution of youth thrust us into a paroxysm of protest.

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The Mary Hemingway Rees Memorial Lecture, endowed in memory of a cherished friend of the World Federation for Mental Health, has been given at the federation's annual meetings since 1958. This paper is the one delivered at the 25th anniversary meeting of the federation in Sydney, Australia, on October 8, 1973.
against orthodoxy and ancient truths. Any experience that felt good was "meaningful," everything in nature became sacred.

Instant love, instant relationship, painless partnership, and nonsexual sex became for a while, and for some, the new verities. On the plus side, and at the same time, the orthodox values of acquisitiveness, materialism, competition, and technology were devastatingly questioned.

In short, to pay attention to the question of spiritual values at all is to do so with occasional glances over the shoulder to what we have just lived through, to see what has happened and where ancient truths have gone. For example, in the United States, to consider mental health is to do so with an awareness that we are somewhere in the midst of the fervor of a Pentecostalism known as the "human potential movement." The predicament of today's pilgrim is well stated by Dr. Fritz Perls: "Modern man lives in a state of lowgrade vitality—out of gas, apathetic, non-excited, not turned on." How do you take such a statement? You get the feeling that this commentary on modern man is a stinging judgment, as well as a battle slogan, to arouse whatever processes are necessary to help everyone be a fully self-actualized person. However, it is not very clear just what that might be. One sometimes feels that his brain is like a computer tape, perforated by input of bewildering patterns, and he is never quite certain about what buttons to push to release from his computer brain the data upon which to construct a coherent image of what is perceived and experienced.

One thing does seem certain to me. Whatever portion of this space vessel called Earth we live on, we are in a faith crisis. Science has hardly more credibility than religion anywhere. Yet these two ways of knowing are what we must have the best of to survive. Particularly, it is urgent that those in religion and those in psychology vigorously continue the dialogue that over the past two decades has been increasingly friendly and productive. I address myself, therefore, to the practitioners, the psychiatrists, clinical psychologists, psychiatric social workers, psychoanalysts on the one hand, and the clergy of all faiths on the other. We have been on friendly terms sufficiently long to pay attention, at least, to a certain agenda under which the conversation may proceed for a further understanding one of another and of the assumptions each espouses. This agenda perhaps may serve as a guideline, or presupposition, for each side to consider. To begin, let us take these four.

In the time given, we cannot do justice to any of them, but our lack of time applies especially to the first agenda item. It is only partially a matter of time, however. Mostly, the issue is complex and needs a broad team approach: sociologist and psychologist, architect and philosopher, et al. Briefly, both systems, psychology and religion, are facing radical redefinition, once they leave the psychologist's classroom and the theologian's study. This world will not much longer endure parochial or materialistic parameters in anything, let alone medical, psychological, and religious services, and their application to social problems. Moreover, the great questions of overpopulation, extreme shifts in value systems, the unavoidable interde-