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**RELIGIOSITY AND MORBID
MENTAL STATES**

RELIGIOSITY AND MORBID MENTAL STATES /

BY

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PREFACE

THE purpose of these lectures, which were delivered at the University of Copenhagen, is to throw light on the relation between religious soul life and morbid mental states, by going through the principal disease groups in brief, and showing, for each group, the manner in which mental trouble affects the religious life of the individual. The writer has endeavoured to distinguish between morbid and healthy religious life—as far as any such distinction can be made at all—as a guide to the clergy on this most important point. The spiritual treatment of mental cases is dealt with at length in a special section, but here also the writer endeavours to show where such treatment may be considered advisable, and where, on the other hand, it is likely to do more harm than good.

The accounts of particular cases have been given with due regard to professional secrecy, all personal data being omitted, and the cases so presented as to render identification impossible.

The work is doubtless far from attaining the innermost depth of truth, or such precise expression

as the author might have wished. If so, some excuse may perhaps be found in the fact that in this field of work, a very difficult one in itself, there is an almost complete lack of literature on the subject; and the view here set forth is from first to last the author's own. This is probably one of the first attempts on the part of a medical man to study the religious psychology of the insane.

I hope that this little book, despite its imperfections, may afford some information of value to those entrusted with the care of souls, and prove of use to them in dealing with insane and nervous patients, who sorely need our charity and sympathetic understanding.

H. I. SCHOU

DIANALUND,

September 1924

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DEDICATED TO
MY FRIENDS AMONG THE YOUNGER PRIESTS
OF DENMARK

RELIGIOSITY AND MORBID MENTAL STATES

LECTURE I

RELIGION AND MELANCHOLIA

I HAVE been invited, as a medical man, to put before you, as priests, some information as to the relation between religious soul life and morbid mental states; and I take it that what you want is principally such information as may be of practical use to yourselves as spiritual advisers. You want, not so much a discussion of problems or a dissertation on religious psychology—which our subject in itself might well suggest—but rather some practical equipment, some concrete information on matters which you may, and will, encounter in the future.

Every one of us who is concerned with the spiritual welfare—or the reverse—of his fellows will, as experience shows, be brought into contact with a number of human beings in spiritual difficulties, people in a critical mental state, but at the same time *diseased*, diseased in soul and body. These people need a very particular form of treatment, and a far more intensive understanding than we are called upon to give to persons of normal and healthy mind. The priest and the doctor, the lawyer and the teacher have again and again to deal

with these mental invalids ; and the first great thing to realize is, that these persons are *ill* ; they are suffering from disease, and therefore different from those we have to deal with ordinarily. And when we try to put them right as regards their spiritual life, it can only be done by taking into consideration their condition *as a whole* ; their state of mind and body. It is a mistake to pick out a single phenomenon from their spiritual life, such as for instance their religious experience, and treat that by itself. Fatal errors may be committed in this way, often leading to harm instead of good.

But with these morbid phenomena in view, we discover that the number of people suffering from mental trouble is far greater than generally supposed. Not in the sense of incoherent utterance or eccentric behaviour, of "hearing voices", "seeing visions", and the like ; it is simply that their mental life at some point or another is awry, abnormal ; it has got off the track which our mental life normally follows ; and persons so affected are what we should describe as "odd" or "queer". Very likely they are not aware of it themselves ; or, at least, will not always admit it. But none the less it *is* so. And if we do not meet them with some psychological understanding, and a certain degree of psychiatric knowledge, we shall never be able to help them in their spiritual life.

A difficulty here, however, lies in the fact that morbid mental states and their relation to religious life are in most respects as little known to young clergymen as certain aspects of theology to young doctors. And I should like to draw attention to this fact at once, as a regrettable state of things, which should, if possible, be amended. It is undoubtedly wrong that young

theological students, when they commence their task in life as spiritual advisers, should be ignorant of the most elementary principles of psychiatry, and thus unable to recognize, and adequately deal with, the many cases of people suffering from some mental trouble, pathologically abnormal, whom they must inevitably encounter in their work. Every mental specialist in the medical profession has had occasion to learn from his own experience that the clergy are ill equipped in this respect. Their studies for Holy Orders make no provision for this field of work. Such psychiatric and neurological knowledge as the clergy do possess has necessarily been acquired either by practical experience—and many of the older men have learned a great deal in this way—or by studying the question for themselves. This last, however, is by no means easy, owing to the lack of suitable works on the subject.

As to the cause of this, the question why theological students are sent out into the world with no psychiatric knowledge, when they will inevitably have to deal with a number of morbidly religious cases, I should like to draw attention to two points. Firstly, the study of morbid mental conditions has of late years been left entirely to a few medical specialists, and is no longer common property, as it was in earlier times. There was a time when not only ordinary medical practitioners, but also the clergy, as such, ministered to minds diseased. In the Middle Ages, for instance, it was the monks and nuns who treated the insane; their work in this field was not extensive, it is true, but they had at least abundant opportunity of studying insane persons and their religious difficulties. And in ancient times, the offices of priest and medical practitioner

were almost always combined. But in the course of the last hundred years, the study of psychiatry has passed completely into the hands of the medical profession, and here again to the specialists, so that these and these alone are, in our modern society, capable of dealing rationally, and on the basis of experience, with insanity and the unsound mind. The clergy, then, are at present left out altogether, and it will probably be very difficult for them to make fresh progress, owing to the fact that insanity is now regarded as mainly a defect in the human brain, and thus a matter to be dealt with in all essentials on the same lines as other physical ailments.

The second reason why candidates for Holy Orders have not up to now received any instruction in psychiatry is, that at the close of the past century, when the great discoveries of medical science were being made, and when also psychosis, once an object of philosophy and metaphysics, became an object of natural science, a tendency to *medical materialism* arose among medical men, which found its adherents not least—as we psychiatrists are forced to admit—among the mental specialists. Many of our leading authorities on mental diseases have been out-and-out materialists. They regarded the human brain not only as the primary object, but as the most important; the only thing that had any real existence. The soul was to them a secondary matter, a derivative; properly speaking, indeed, it was nothing at all, for all that could be seen was the vascular and cellular structures in the brain, with the reactions of which were associated as “symptoms”, certain psychic processes of various kinds.

But the clergy could not, or would not, receive instruction from these materialistic medical authorities.

The two lines of study lay so far apart that no reciprocal influence was possible. And as a consequence we find, in place of peace and concord between psychiatrist and priest—which ought, one would think, to be the natural state of things, seeing that both aim at improving the mind—there arose dissension and hostility. So much so, indeed, at times, that the two parties quarrelled over the patients, each trying to snatch the mental cases from the other, each side believing that they alone were qualified to deal with such cases. This has been more especially the case in Germany.

It is to be hoped that this is now a thing of the past. And we have perhaps good grounds for believing that it is so. For the more medical men realize the rights of the soul as compared with the physical life, and the more theologians recognize the importance of the body in its effect on every form and phase of soul life, the more co-operation will be possible between the two. Doctor and priest will seek to learn of each other on the points where they have interests in common, instead of quarrelling; and their suffering fellow-men will benefit accordingly.

From this point of view, then, I venture to express the hope that these lectures may be of some use to those about to enter the priesthood. It was a welcome innovation that a doctor of medicine should have been invited to instruct an audience of theological students on matters so closely knit up with their own province; and it is to be hoped that the example set by the University of Copenhagen may be widely followed. Doctors and clergymen have much to learn from each other, and nothing but good can result from their co-operation.

By a morbid mental state we understand some disturbance of the mental processes proceeding from disordered functions in the human brain.

Such pathological conditions may be roughly divided into the following three main groups. :—

1. Mental diseases.
2. Nervous diseases.
3. Mental disturbance or abnormality.

We shall here consider each of these three groups separately, devoting the first four sections to mental diseases, the fifth to nervous diseases, and the sixth to mental abnormality or degeneration. Each section will be divided on the same lines, taking first a brief outline of the nature and progress of the disease in question, then considering its relation to religious life, with the various pathological religious symptoms, and finally the treatment of the disease ; more particularly our attitude, as doctors or priests, towards mental symptoms of a morbidly religious character.

The commonest and most typical of the ordinary mental diseases is melancholia, with its preliminary stage : *mental depression*.

By mental depression we mean a disease, the predominant symptom of which is that a person's attitude towards life is affected. A normal human being who has, perhaps, up to now been cheerful and well balanced enough, as we most of us are when things go fairly well with us, suddenly becomes gloomy and sad, melancholy and reserved. The touch of melancholy that is latent in every human mind, especially when the shadows lengthen towards evening, and the body is tired with the toil of the day, spreads and affects

the sufferer's outlook upon life as a whole. For persons thus affected, life becomes hateful ; its joys are lost sight of, and a mist obscures the way. Thought becomes difficult, and mental activity comes to a standstill. Mental processes are hampered, and with them all initiative and power of action. A man, once busy and capable, sits idle and dull. Life no longer wakes in him the need of action which is characteristic of the normal human being. He becomes a silent, passive and melancholy onlooker.

What can be the cause of this depression ? As a rule, it is impossible to say for certain. Nothing particular has happened to the man ; he has not lost money or been disappointed in love ; no personal bereavement can be found to account for his state. He still possesses all that ordinarily makes a person happy. All the same, he becomes a prey to deep and inexplicable weariness of life. He, or she, suffers from a sadness of the soul, an indefinable melancholy which tinges every thought, and in a short space of time transforms the active citizen, the cheerful, light-hearted neighbour, to a person taciturn, reserved, passive and obviously suffering, who shuts himself up in his own room and shuns his fellows, his mind occupied with heavy thoughts. If we ask such a person what is the matter, he will as a rule give no answer, for it tires him to talk at all. But if we persist, we may perhaps learn that he is sick and tired of the whole thing ; he feels as if something inside him had come to a standstill. Things that he cared for before, such as his home and children, are now matters of indifference. His daily work, that he used to find easy and interesting, is now a burden. It is as if his brain cells had stiffened to the core ; or, as another patient

put it, "as if his feelings were stuffed up with cotton-wool".

When a person gets into this state there is reason enough to feel sorry for him. For there are few forms of suffering so hard to bear as those imposed upon a human being in a state of mental depression. There are few pains so intense as those of the mind; they are far worse than bodily pain. Bodily pain is, after all, to a certain extent objective, a thing we can at least now and then consider as if from without. But mental suffering attacks the individual at the core, and therein lies its sting.

Now, a patient suffering from mental depression will often exhibit certain physical symptoms, which, to the expert observer, confirm the impression of actual disease: a physical disease. The patient complains of headache, giddiness, a tired and heavy feeling, dullness, difficulty in breathing, palpitation, loss of appetite, constipation, bad breath, etc. Often severe insomnia sets in, with troublesome dreams and painful fits of terror, amounting at times to positive fear of death. There may also be unpleasant sensations in the region of the heart, "as if the heart were going to stop", and so on.

Very often—almost, indeed, as an inevitable accompaniment to the general depression—we find religious doubts and trouble of mind. And these may, moreover, occur in earnest Christians, who have lived a long life in God's fold, as well as in persons indifferent to all religious considerations, who have never troubled themselves about such things. All experience a feeling of internal chill, a callous obduracy, a sense of harsh injustice, calling forth in them a protest against the Highest. In extreme cases, such persons may be

inspired with a positive hatred of God. And when the patient is a Christian, this leads to a painful tension in the mind, between his former faith and these new doubts ; that is, to a serious conflict in the soul.

This state of depression may be rendered especially painful and severe to many, by the lack of sympathy in those about them. They are exhorted to “pull themselves together” and not give way to their feelings. They are told to take more exercise, to eat this or give up that, and, above all, to leave off worrying about such things. It is worry that has upset them, they are told ; and well-intentioned friends insist on trying to “cheer them up” by giving them something else to think about. They are advised to go out more to parties and theatres, read good books, and go for long walks. But all this time their state is growing worse. They become more and more weary, hopeless and indifferent. And we should indeed admire the energy, the enormous effort which many such patients do exert by simply getting up in the morning at all, or carrying out the simplest transactions in their business. They themselves can tell us what it cost them—afterwards, when they are restored to health.

For they *are* restored to health. The good thing about this disease is that it generally passes off after a time. The state of depression is transient—that is to say, when it is a true case of depression. The duration cannot be given with certainty ; it may vary between a few months and a few years ; from three to six months is not uncommon. The trouble may wear off gradually, or it may vanish all of a sudden ; but it always disappears somehow, and that completely. No trace of it remains. There is no weakening of the intelligence, no change in the personality, no defect in the human feelings. It is

of great importance to the medical man to be able to give relatives this assurance ; and one should, of course, assure the patient himself repeatedly of the same thing, though the patient will rarely believe it as long as the depression is still present.

Unfortunately, the duration of the disease is little amenable to any form of treatment. It runs its course, and takes its time, independently of external conditions and medicines. But the physician who knows his business can to a great extent *alleviate* the symptoms by the use of various medicines, such as opium in small doses, veronal and other sedatives ; and in particular by ordering rest and quiet, and freedom from all work or responsibility. Rest in bed is often used in cases of depression, and is an excellent specific ; for it must be remembered that we are dealing with a physical disease, and the brain needs rest and quiet, the same as any other affected organ. Moreover, in cases of depression, various peculiar processes take place in the body, and the most recent theories suggest that the trouble arises from a kind of self-poisoning, proceeding, it may be, from the intestines or from some small glands in the body which fail to perform their proper functions. These are, however, only hypotheses at present.

I will now give some instances of mental depression accompanied by slight religious obsession.

CASE 1.—This was a young girl of twenty-two, who stated that her aunt suffered from melancholy and had been for some time in an asylum, where she was subject to severe “religious unrest”. With regard to herself, the girl stated that she had formerly been healthy, but was at times depressed. It came over

her suddenly, she said, and then everything looked dark; she became irritable over trifles, and during these periods sometimes felt like throwing herself in front of a tram.

During the past six months her depression had been particularly bad; she was also subject to fits of fright; "afraid she was going to die". These came especially in the evening when she had gone to bed; and she would then feel that she was sure to die in the night—and what then? Where would she go to after? What was there after death?

In conjunction with this fear of death, religious unrest appeared, though she had never previously been interested in religion. She said she had always hated the churches and the priests, because "they took money for it"; but she would gladly now believe in the teaching of the Church. But she *could* not; she felt that she was wicked and sinful, but she could not accept God's grace. There was no peace for her. God would no longer have mercy upon her, though she prayed to Him every day. Prayer brought her no comfort, no rest. She also stated that her feelings towards her relatives had changed; she had become cold and blunted; was now careless and indifferent about everything; her work seemed harder; she was always tired and lacking in energy. Slept badly, lack of appetite, constipation, etc.

This patient looked pale and thin, she spoke slowly and in a low voice, presenting in every respect the impression of a typical case of depression. Examination of her physical state revealed nothing abnormal. She was then told that hers was a case of mental disease, not "wickedness", as she said; it was merely a typical disease of the brain. But this she refused to believe.

It was wrong, she argued, to put it off by saying she was ill, for it *was* wickedness all the same ; she was sure of that.

A course of treatment was then ordered, with opium and mild sedatives, rest in bed, and lying out in the garden. With this treatment, the depression gradually wore off. The patient's mind grew brighter, fear diminished, and the religious unrest disappeared altogether. I saw her some time back, and she was then completely well, thoroughly at ease, cheerful and active. She no longer talked of religious matters.

CASE 2.—This was a woman of forty-five, who had always previously been interested in religious matters, a church-goer, and taking part in the life of the congregation. Stated that she had at times suffered from melancholy, and had from childhood been inclined to take things rather seriously ; but not, she considered, in any morbid degree. She had had a good deal of trouble in her life.

For the past few months she had been greatly depressed and seriously hampered in mental activity. Everything seemed a trouble to her ; she had to force herself to do every little thing. She also had a feeling that every one was more or less in trouble ; that life altogether was more a burden than a pleasure. Her religious life, too, was altogether upset. The sense of being at peace with God, which she had known so well in former days, had completely left her. Her joy in being saved had vanished ; she was indeed most inclined to believe herself utterly lost ; or, as she herself expressed it, " dead in life ". There were a number of physical symptoms which I need not mention here, but no demonstrable physical disease.

The patient presented the appearance of one in spiritual distress and great religious trouble ; she had several times applied to the clergy. The last priest she went to realized that she was ill, and sent her to a doctor. It was explained to her, as in the previous case, that she was ill, and that illness was the cause of her trouble ; this relieved her perceptibly, her intelligence being unaffected. An improvement in her circumstances was then effected—a domestic conflict being removed—and with suitable physical and mental treatment she gradually recovered. Her former calm in matters of religion returned, and she took part once more with pleasure in the parish work. During the period of depression, also, she gained experience which she declared she would not be without.

A great number of instances might be quoted of mental depression accompanied by a religious element, but this will not be needed here ; the examples already given can be supplemented by anyone from their own experience. The trouble in such cases is one of very common occurrence, a disease which every spiritual adviser will encounter again and again. The great thing is to remember that it is *an actual disease*, and that the patient must accordingly be placed under expert treatment.

We will now pass from depression to mental diseases proper, and first of all the disease known as melancholia.

In melancholia, the feeling of discontent becomes positive misery. The sufferers feel that life is not merely gloomy or unpleasant, but positively dreadful, a thing to fear. They are in despair at having to live

at all. The obstruction of their mental powers is now so advanced that they are altogether dumb towards other people, and entirely incapable of carrying out any sort of work.

On going the rounds of an asylum, we find these patients in bed in a ward, where they either lie covered up in the bedclothes, unwilling to see anyone, or sitting up in bed with desperation in their faces and an expression of the greatest mental suffering. The forehead is wrinkled, the eyes are red, there are deep furrows round the mouth, and the complexion is pale and wan ; they lie there in silence, wringing their hands, as they await the doctor's visit. If we ask them how they are, they will as a rule make no answer. If the question be repeated, they shake their heads and say they are "very bad indeed". And if we press them persistently, we learn that there is no hope for them now, they have done so much that was wrong ; they are the most sinful of human creatures ; they have sinned against God ; they are lost ! Tears come into their eyes, and they can hardly utter their words. Their mental processes are hampered, they can hardly associate their ideas. They are lacking in all initiative, and have to be helped in everything, often even with their food.

And if we try to comfort one of these patients, it will in nine cases out of ten prove fruitless. The patient cannot be comforted, and that is one of the symptoms of his condition. For if he could be comforted, it would not be a case of insanity, or, at any rate, not of melancholia. One patient may perhaps admit for the moment that his complaints are unreasonable, and that he has done no more harm than many others ; but the feeling of misery overwhelms him again next moment,

and he will say: "Yes, but, doctor, it *is* true all the same; I *have* ruined my life, I *am* lost, I *know* it. Help me."

Here we come to a central point in the conception of melancholia, and one of extreme importance to the spiritual adviser, namely, the patient's *self-reproach*. This is the predominant symptom in religious melancholy, and one that often leads the sufferers to seek counsel of their pastor. And it is these self-reproaches that the priest will first attempt to treat—by references to the Scriptures for instance—in the belief that he is dealing with a normal consciousness of sin or the confession of a normal human being.

And how do these self-reproaches appear?

They may begin very lightly, as a general under-estimation of personal value, a sense of unworthiness which makes the patient quiet and silent, but not far exceeding what is normal. The patients may complain, for instance, that they have not been so good as they ought to have been, have not deserved the kindness shown them, or the fortunate conditions under which they live; some fault, some false step in their past life now recurs to their mind, and they are busy with it day and night. But even in the lives of normal human beings such periods of reckoning may occur, and these are, perhaps, not the least fertile in religious respects. It is difficult, then, to form any diagnosis at the present stage.

But melancholia goes farther than this.

The patients begin to feel they are not worthy to live, have not deserved the food they eat; they are the greatest sinners that ever lived on earth, only worthy to be destroyed, and so on. Utterly insignificant things from their past life crop up and assume terrifying

dimensions in their disordered imagination. One patient, for instance, complained that she had stolen sugar from the pantry when a child ; another that she had worn her dresses cut too low at the neck in childhood ; a third was agonized by the thought that she had " almost certainly " once cheated a little—a matter of a few shillings—over the income tax, and insisted on our writing to the authorities to say what a wicked and untrustworthy person she was.

The self-accusations of such patients may be based on matters entirely imaginary ; things they invent out of their own intense, unresting sense of guilt, to " prove " how base they are, and how utterly depraved they always have been, but with no foundation whatever in reality. One respectable old shopkeeper declared that he had stolen all he possessed ; the fortune he had amassed by care and industry was but the fruits of cheating and fraud. " Not a single penny have I earned by honest work ", he declared. An old lady, upright and refined, asserted that she had killed her husband by " poison ". How ? Well, the last night of his life she had given him *one drop* more of the sleeping draught than the doctor had ordered, and that had killed him ; and so she was a murderess.

But what we are particularly interested in is self-reproach of a religious character, the morbid sense of guilt. And here we must say that the feeling of having sinned against God can, in cases of melancholia, attain an astonishing intensity. The autobiographies of the insane will show us what it means to suffer the torments of hell.

It is characteristic in this respect that both religious and irreligious persons seem inclined to accuse themselves before God when the waves of melancholy surge

over their soul. We gain here some remarkable information as to the spread of the religious instinct and its tendency to assert itself in quite primitive fashion when once the outer mask is dropped. Persons of all ages, from all classes of society, with all views of life and at all stages of melancholia complain that they have sinned against God. They have not sought Him while it was time ; they have not been to church ; they have lost the power to pray, and—in the case of Christians—they have no longer the feeling of being saved ; they are cast out and utterly lost ; they can feel the Devil has got hold of them, and hell is about to swallow them up.

It is a very common thing to hear patients in a state of severe melancholia declare that they have *sinned against the Holy Ghost*, or have committed the sin for which there is no forgiveness. This declaration is *very* often heard, and in such cases it is practically useless to refer to the Scriptures, or any other authority. The patients know better. They have often heard or seen that they are lost.

Hallucinations generally play no small part in the picture of melancholia, and it is necessary for laymen also to know something of these hallucinations, as it is only by this means that we can explain certain distressing and fast-rooted fixed ideas.

By hallucinations we mean sense-impressions having no external cause, but arising from within, in the brain. That is to say, the insane person hears, sees, smells, tastes, or feels things which have no existence in reality. And we speak of hallucinations of sight, sound, taste, and smell, etc. These hallucinations are due presumably to some irritation of the nerve centres pertaining to the respective organs, affecting either

the nerves themselves or the brain cells, and due to insanity.

Hallucinations are very common in cases of melancholia, and are often of a distressing character. The patients hear voices telling them they are wicked, they have done wrong, they are to be shot, or burnt, tortured or beheaded. They see visions, in the form of black figures, demons, coffins, flaming swords or the like. They can taste poison in their food, smell sulphur in the room; they undergo experiences of a highly dramatic nature, such as war or murder; and in these they find confirmation of the idea that they themselves are doomed to perish. Obviously, these hallucinations must be of great importance to their melancholy fixed ideas, rendering them more persistent and horrible than they otherwise would be; the hallucinations are to some extent actually the cause of the fixed ideas and their sole explanation.

The patients naturally suffer greatly from fear as a result of these distressing mental experiences. They get out of bed and run about the room, or lie drenched in perspiration with the clothes over their heads. They sleep badly at night, lose weight, and look pale and worn. Not infrequently, also, they refuse all food and have to be fed through a tube; and it is not unnatural as a result that such patients develop in course of time a predominant idea of putting an end to their lives. Suicide is one of the greatest perils that threaten these patients. This should always be borne in mind; and these patients should therefore always, without exception, be placed in an asylum.

I will now give some instances of melancholia where the disease was attended by a particularly marked religious element. These are of course the types of

patient that you are most likely to meet with in your work as spiritual advisers.

CASE 3.—At a nerve clinic in Copenhagen there was a man of middle age, an engine-driver from Copenhagen, formerly a cheerful and sensible fellow enough, living in the ordinary way as so many others do, without any thought of more serious things. He did not go to church. One day he begins to feel burdened with life, unhappy, weighed down in mind, with no interest in his work, no feeling for those nearest to him. He thinks he must give up his post, he is not worthy to live, he is a great sinner before God and man. He now begins going to church, but it does not make things better; goes to meetings, but still with no effect; and one day he is discovered in a woodshed with a rope round his neck. He is cut down at the last moment and sent to a nursing home. Here the patient exhibits all signs of melancholia: he hides himself away, busy with his own thoughts, troubled, unhappy, will take no food, and reproaches himself with various things, as for instance, not going to church. Every time the doctor comes round he complains of not having sought God before; now he receives revelations from God, and sees God the Father Himself; voices tell him he is lost and is to be tormented through all eternity. He often asks the doctor to plead for him, to pray for his salvation, and he reads his Bible, but in such a manner that it has to be taken from him. This goes on for six to eight months; then he begins to get better. The hallucinations wear off, the fixed ideas begin to disappear, the depression is lightened. And in the course of a few months he is once more the old steady,

contented engine-driver, no longer worrying himself about higher things. All consciousness of sin and self-reproach seem to have vanished. All real religious longing is as alien to him now as before he was ill—as far as this can be ascertained by others.

CASE 4.—This was a young man of eighteen, who had always been steady, cheerful and intelligent ; he had the best of recommendations from the places where he had been, and was a regular attendant at the Y.M.C.A. At one of the meetings here he suddenly fell on his knees and moaned loud : “ My sin, my sin ! ” He is somewhat confused, and talks of trifles in his previous life which he says have made God angry with him. He is taken home, and it then transpires that he has for some time past been “ sort of downhearted ”, taciturn, reserved, and bad at his work. He is taken to “ Section VI ” (the municipal hospital for nervous diseases in Copenhagen), and while here he hides under the bedclothes and refuses to speak to the doctors. He will not eat, but lies there, muttering something about his own wickedness and that he is doomed to perish ; now and again he gets out of bed, falls on his knees and prays aloud ; at other times he becomes violent, flings the bedclothes across the floor, knocks over the tables, and attacks the other patients. He is removed to St. Hans (the municipal asylum in Copenhagen), and here he lies with closed eyes. When asked why he will not open his eyes, he answers, “ I have sinned against the Holy Ghost ”. One day he declares that he has heard God’s voice in the spirit, and another that he has been hypnotized by “ God’s people ”. There are various symptoms of melancholia, and persistent self-reproaches and ideas of sin, which among other things prevent

him from eating ; “ he is not good enough for the food ”. And there are voices, too, telling him not to eat. The disease proceeds in this fashion for a couple of years, then gradually it clears off, and in six months he is, to all appearances, completely recovered. I met him some months ago on the railway-station at Roskilde ; he looked well, and spoke naturally and pleasantly of his work.

CASE 5.—This patient was an old Swede, who had for many years worked hard for his daily needs, but had lived a spiritual and Christian life as far as he was able. He now believed he was possessed by the Devil. True, he could not explain precisely what he meant by this, as his melancholy state of mind hindered his speech, but he did say that the Evil One had “ taken him by the throat ” and tried to suffocate him, and that his own previous attitude towards God had been hypocrisy. If asked at visiting time how he was getting on, he answered regularly that he was “ plagued by the Devil ”. He managed to explain, however, that there were some evil spirits inside him which were wearing him out from within, “ but ”, he added, “ when Christ walked on earth, He drove out the evil spirits from those possessed, and no doubt He can do the same still ”. The melancholia fluctuated for several years, but there has lately been some tendency to improvement, and he now talks less of his obsessions.

To these three examples we might add many others. I call to mind a young priest who told me that he had been obliged to preach every Sunday for months despite incipient melancholia. It is hard to realize the mental

agony which such a state of things imposes on a human being. And I remember the leader of a young men's association, who told me how, during a period of depression, he had to deliver his regular talk to the lads on "Courage" and the like; but when he came back to his own room, fell on his knees and sobbed aloud in terrible self-accusation. Both these men were greatly relieved to learn that they were suffering from an actual disease, and thus, being ill, must be exempt from work and responsibility and placed under medical treatment for a time.

I have now endeavoured to give a survey of the two principal forms of mental suffering: depression and melancholia, with their relation to the religious life. If my own description has been poor, I hope that the examples I have quoted may afford some idea of the complicated suffering involved. The main thing, to my mind, is to realize that we have to deal with *actual diseases*. It is not an empty phrase, or a pious fraud, when we doctors in such cases say to the sufferer: "Your self-reproaches are not a sign of wickedness, but a symptom of disease. It means that you are ill, and must go to bed, and take medicine. And you must give your brain a rest, give it a chance to get well. As for your religious doubts and fears, they may disappear as the mental disturbance clears up; but in any case, they must take second place for the present."

LECTURE II

RELIGION AND MANIC-DEPRESSIVE INSANITY

IN the science of psychiatry there is still much that is far from clear, and only halting attempts have yet been made towards the formation of a true psychiatric system ; but there are nevertheless certain groups of mental diseases which stand out apart from the rest, and it is to the credit of our age that these have been charted and their limits defined. Among these forms of mental disease is the manic-depressive psychosis. Dr. Kræpelin, of Munich, the leading mental specialist of our day, described this disease some twenty-five years ago, and separated it from the other psychoses.

I shall now endeavour to give some idea of this manic-depressive psychosis, and indicate, by examples, the social and religious significance of this disease. In order to do so, however, I must first of all describe that element in it which, as the name implies, amounts to one-half of the whole, that is, *mania*, a disease which occupies the same position, compared with depression, as does light to darkness or joy to sorrow.

All of you, no doubt, have met with people who for certain periods, or throughout a great part of their lives, were remarkably lively and full of vitality, while at other times they were dull and reserved : people, that is to say, who are subject to varying moods—

people who can go about for a long time heavy and sad, mournful and restrained, unable to enjoy life as their fellows do, and then suddenly light up into liveliness ; they are cheerful and happy, full of energy, and with a capacity for work in marked contrast to their former pace. They can laugh and talk, sing and whistle, and work from morning to night ; and in this exalted state of vitality they can overcome difficulties, carry out tasks which would have been beyond their power in the periods of depression. They may achieve results of the greatest importance to themselves and other people. It is a well-known fact that many artists and men of genius are of this type, only working intensively, only creating anything of importance, during their periods of exaltation. Not a few of our greatest masterpieces in the sphere of art—literature, music and painting—owe their existence to this high pressure in the mental state, to an exaltation which even the artist himself realizes is half pathological. It is no exaggeration to say that these periods represent, to a certain extent, the flourishing period of life, in so far as many of the most beautiful products of the human mind were created in such periods. And in the field of religious life also the sunshine of exaltation has brought forth many splendid blooms : ecstasies, revelations, experience of blessedness, and many another sudden and partly incomprehensible development have taken place in such periods of exaltation—and more particularly during their initial stage ; that is, at the sudden *transition* of the mind from the state of depression to that of exaltation.

Let us now imagine that the exaltation increases in force and at last passes the bounds of what we ordinarily regard as normal. We then have *mania*.

Mania is thus the exact reverse of melancholia, its opposite in every respect. Patients suffering from melancholia are sad ; those suffering from mania are glad and boisterous ; in melancholia they are hampered in speech and can hardly utter a word, whereas in mania they talk extravagantly, and their association of ideas takes place with abnormal liveliness. In melancholia they are mentally at a standstill, whereas in mania they are mentally excited and productive to the highest degree. They talk and sing, laugh and whistle, preach and write, work without pause or rest, interfere with everything around them, make plans of all sorts, forget to take their meals, and have no time to sleep. And as long as they are able, they throw money about lavishly, their own and other people's ; it is often this which leads to their being shut up in an asylum.¹

Now it is characteristic—and a point worth noting—that this morbid exaltation, or mania, in its slighter forms, is far less easy to diagnose, or recognize, for the layman, as a state of disease, than depression or melancholy. This is a thing we mental specialists have found again and again ; and there is, after all, nothing remarkable in that it should be so. It is harder to see that a person is ill when he is cheerful and full of energy and joy in life, than when he sits about listless and mournful, incapable of doing anything. And so it is that a number of people go about in a

¹ It may here be well to point out that the question whether a person should be "shut up" in an asylum or not is generally decided more from social than medical motives. It is only when a person becomes a social danger in one way or another, as for instance by threats of violence, extravagance with money, plans for suicide or the like, that he is placed in a hospital or nursing home. This is often a great mistake, since by taking such measures at an earlier stage the disease might have been checked, or some disaster averted.

high state of exaltation, sometimes even with a slight—but harmless—mania, simply because their condition is less “asocial” than the depressive state. They are more capable of work, and easier to get on with. But in both cases it is really a matter of actual and well-defined mental disturbance.

When patients of this sort are admitted to hospital, we find them as a rule immediately after in the restless ward, where they run about the room more or less completely dressed and talking unceasingly. Their tongues are never still. They talk of a dozen things at once: of themselves and their friends, events in their own lives and those of others, politics and economics, life and death, God and the Devil. Often their observations are keen, striking, marked by a certain humour and an increased acumen. If they find anything wrong with the doctors or nurses, a button missing from an overall, or a few minutes delay in going the rounds, they are sure to let us know it. Maniac patients are reformers *par excellence*. They are the judges of the Institution.

Simultaneously with this abnormal mental activity we find another easily recognizable symptom in the feeling of exaltation which induces the patients to see everything *couleur de rose*: the past, the future and themselves. The maniac is altogether lacking in self-criticism, and in this respect also, mania is the exact opposite of melancholia. The maniac over-estimates himself, he is self-sufficient and pompous, and may at times also have actual ideas of greatness, as, for instance, that he is very rich, rarely accomplished, a person of distinction, and the like. These ideas are, however, transient and changing; not, as in the case of crazy (paranoia) patients, fixed and unalterable. Sufferers from mania may at times also have hallucinations,

as do the melancholia patients, but they are as a rule of a pleasanter character. They have beautiful dreams and blissful experiences, in marked contrast to the gloomy and painful hallucinations of melancholia cases.

And now, what about exaltation and mania in the subsequent course of the disease? Can these patients recover, or are they incurable? How long does the trouble last?

Mania, like melancholia, is a *curable* disease, and patients can make a complete recovery, with no mental defect whatever remaining—that is, in cases of mania proper. But it may be a long time before they get well; months and years, in some cases several years may pass before they are cured. There are two things in particular which make matters difficult for these patients, and we must consider these a little.

In the first place, mania and melancholia have a tendency to pass over one into the other, so that a patient after having been in a state of exaltation becomes depressed, or after depression gets into a state of exaltation. It may happen that a patient who has lain weeping and moaning in bed for a long time suddenly appears smiling and cheerful, and in answer to the question as to how he feels, replies, “first rate, never felt so well in my life”. Or a patient who has been running about all day shouting and singing and making a noise, may in the course of a few hours fall into a depth of depression, and refuse to utter a word. He now feels himself the most miserable creature on earth. This change of mood from mania to melancholia may be repeated several times; and when this takes place, we have the disease I mentioned before: manic-depressive psychosis.

Manic-depressive psychosis has a tendency to attack a person several times during a lifetime, and this is

the second difficulty in the case of such patients. They always recover from a single attack, and are then completely well, but the attack may recur; it may come again and again in the same form or in its opposite; indeed, we may have mania and melancholia alternating in the same person throughout a period of several years, and when this occurs regularly at brief intervals, we call it "*folie circulaire*", that is to say, a mental disease in which the two phases, mania and melancholia, are constantly alternating, the patient being only completely well for short periods between. The mental state shows a series of undulations, these patients are always too exalted or too depressed; only where the wave-line, so to speak, intersects the normal level is there a brief period of normal sanity.

After these general observations on mania and the manic-depressive psychosis, I will now give some instances of mania accompanied by religious ideas. I should like to point out, however, that while religious ideas and experiences in patients afflicted with melancholia are as a rule of a gloomy, unpleasant and painful character (self-reproach, sense of guilt and the conviction of being eternally lost), those of persons suffering from mania are chiefly pleasant and agreeable, expansive in their nature. This is, indeed, only in accordance with the nature of the respective diseases and the mood associated therewith.

CASE 6.—This was a carpenter, aged forty, who had hitherto been always healthy and steady. Like so many other mechanics, he was as a rule cheerful enough; drank a little when he had the money; took no interest in religious matters, and never attended church.

The disease began with a pronounced interest in politics and religion. He took to going to meetings of a religious or social character. He wanted to reform society and start a revolution. He drew up a proclamation to his fellow-citizens, inviting them to march to the palace of Amalienborg and "take away the King's crown". To the astonishment of his family, he began reading the Bible, and declared that he would henceforth believe in Jesus and follow His example. The Bible, he said, was a splendid book, and he had been given insight into all its details; he must therefore go out and convert his fellow-men. Accordingly, he took to making speeches in the streets about his mission; he was convinced that he had been chosen to spread abroad the message of Christ. He talked day and night of his ideas and plans; ate nothing, and slept but little, but was in the best of spirits; whistled and sang, preached and wrote incessantly. The other members of the family got no peace; and when at last he began to have hallucinations, hearing voices and seeing visions, he was sent to Section VI.

While in hospital he presented the appearance of a typical mania case, with quick flight of thought and mental and physical unrest. He made long speeches about religious and social questions, drew up proclamations to the people, to the King, to the Parliament; he wanted to get bread for the poor and destroy the rich, to preach the Gospel of Christ, and ring the bells of peace, to be crucified himself with Christ.

The following is a specimen of his talk: "I think of life; life is a mystery; the workers suffer and toil for bread, for life. I think of those who lie swimming in blood. It hurts me to think there is war going on in the world. I have travelled in foreign parts myself.

I've seen a deal of misery. When I was in Germany, I got the *Social-Democrat*—a newspaper—and it said 'Sol'—the word in Danish means 'sun'—and when I came home it said 'Sol' again, and that means 'Solidarity'. And I have been to church too. I got three papers there; but I put my trust in Pastor Thomsen out at Vesterbro, for I'm going to live my own life; and the Lord has forgiven my sins; and we're all to be good Christians!"

This patient was for some time so restless that he had to be kept in a warm bath, and was given strong soporifics. After that he gradually quietened down. He ceased to talk so much, and the religious obsession grew less marked, so that in about six months he was well again. He became once more a cheerful, steady carpenter, with a touch of swagger, but devoid of social or religious interests. He had but slight recollection of things from the period of his illness.

CASE 7.—This was a man of twenty-eight, previously healthy and intelligent, industrious, natural and sociable. In the autumn of 1917 he began writing letters to his brother, in which he expressed dissatisfaction with his position, criticized his fellows, and used various religious phrases. On the 23 November he came to visit his brother in Copenhagen with a view to "converting the whole city". The Devil had been after him, but now he was saved, and would save others; he was very restless and fidgety, talked a lot, and ran about the streets, so it was thought best to have him placed in a hospital. Here he was very excitable, and tried at once to convert the patients and porters by driving the Devil out of them. A letter to his relatives ran as follows :—

"DEAR BRETHREN AND SISTERS IN THE LORD!—When you see these first words you will doubtless think I'm thoroughly dotty, but I assure you I've never been so happy as I am now. But you, dear friends, will no doubt soon have discovered what's happened to me. You know that Jesus Christ our Lord has said that he that is not with me the same is against me, and you can't say you were with me at first the last time I came to see you, but you did turn after a bit to seek the Kingdom of the Lord. Remember that sermon of Pastor A. Hansen, about crossing the boundary-line, and think of St. Paul and finishing the course. I dare say you are afraid of working too hard, and losing a little unnecessary fat—what, you two? But never mind about that; let us turn to serious things. I came over to Copenhagen just before New Year, and am still in Section VI", etc., etc.

The patient was removed to an asylum, where I had a conversation with him one day. It was more or less as follows: Do you believe in God?—Yes, the Almighty God He guides our will. It's done by hypnotism, but sometimes they do it by God's word.—Have you been converted then?—Yes, it was in September, and I was ever so glad of it, for I understood everything then, and knew I was saved.—Why were you so glad?—Because my brother sent me a book that meant a great deal to me, and I understood things then—it's all a question of understanding, you know.—Were you unhappy before?—Yes, all through the summer I was terribly unhappy, and I'd done so much that was wrong, and I felt the burden of it all.—Used you to be interested in religion?—I always went to church, but

I never got the real understanding, and it's understanding that's the thing.—Did you formerly suffer from low spirits?—Yes, I've always been reserved and different from the others, and when I was a child, they said I was slow to learn.

One day he wrote the following letter :—

“DEAR UNCLE AND RELATIVES!—It is the will of the Almighty God that I am to go out! Say the word, Lord, and we will cast out our nets. And I too want to be of some use in the work for the Kingdom of God, being sick and tired of slaving under the power of death and the Devil and my own lust of the flesh. It's only about four months back I had to go down on my knees to the Saviour of the world. . . . And praise be to the Lord, I chose the place that becomes a sinner and declared like David that I could do nothing of myself, but with God's help it is possible to live a holy life. When the spirit of God bears witness with my spirit that I am a child of God, then a man has a chance. We find it heaps of times, both in the Old Testament and in the New, that God can shape a creature to His work, which is not to be made cease. And when He hasn't any human creatures He sends angels, as He did to the Virgin Mary for instance. Our Lord Jesus came unto His own, but they would have none of Him, and it's the same with those that would bear witness to *Him* that has *paid* for all *sinners*. If the Old Adam in us, as M. Luther says, isn't thrust aside as a trifle not altogether needful to life, seeing life here is short, but eternity long, God loved us before the foundations of the world were laid, and our little understanding comes to a standstill, which is a good thing for us, to find ourselves so small, no bigger than a grain of mustard

seed. . . . Now I will try to conclude, but only say I came to Copenhagen between Christmas and New Year, but the same evening they took me to the hospital to be under observation.—With much love from yours, X.”

This patient, in addition to a lively flow of imagination and of talk, exhibited for some time repugnance to food, declaring that now he was “ converted ” he had no need of food. He also urinated in bed “ to make a fool of the Devil ”. He slept badly, and there were periods when he did not recognize his surroundings, was often violent towards the attendants, became greatly emaciated, etc.

The exaltation lasted about six months, after which the patient’s mind gradually cleared, and he passed from the state of exaltation to a period of marked depression (such as had evidently preceded the outbreak of the disease, *vide* his utterances above quoted). After that, he slowly returned, in the course of a year, to his normal condition, and was discharged sane.

It will be seen, then, that the experiences of a patient suffering from mania are marked by the exalted mood, and the religious ideas which dominate them are pleasurable and lofty in tone. It is the mental expansion which the patient experiences, the religious revelation, the complete regeneration, the inner spiritual deliverance. They dress up, as it were, the mood of exaltation—due to psychosis—in a religious garment. As long as they are under the psychosis, it seems to them that they are passing through a valuable experience, a true spiritual acquisition. But later, when their mind grows calmer, these experiences generally lose

their splendour more or less, and sometimes completely ; it may happen that the patient afterwards thinks of them with the greatest displeasure, feels ashamed of his behaviour, and will not on any account refer to what has passed.

But it is of the greatest importance that these religious crises in a state of mania should not be taken by priest or layman for more than they really are. We have here simply a morbid outburst of feeling, a pathological state of mind, and though there *may* be some element of truth in them at times, they are nevertheless often of doubtful religious value, and should always be regarded with the greatest scepticism.

It is strange, too, that "religious mania" should not infrequently occur in persons who were formerly irreligious, and who, when the mental disturbance has passed, again relinquish all religious interest entirely. This is a proof of the wide diffusion of religious ideas, but at the same time it shows how superficial and morbid such religious experiences can be.

If I had to cite a field in which the priest is particularly liable to be misled, and where, too, even the practised psychiatrist may find it difficult to determine what is genuine and what is the reverse, it would be the cases of sudden conversion which occur among young people who have for some time previously been depressed and self-reproachful, and conscious of sin.

The position is this : It is a psychiatric law that depression is followed by exaltation, or that melancholia turns to mania, as I have before described. Now when a person has been for some time in a state of religious depression, with self-reproach and anxiety, and then suddenly changes over completely—possibly after much prayer and the intercession of others—it may

easily appear to himself and others that a spiritual experience of religious value has taken place, a conversion, whereas perhaps it may be nothing but one of the ordinary fluctuations of the mental state, having nothing whatever to do with a real and profound recognition of the truth, still less any intervention from above. The results will often prove this subsequently.

Nevertheless, we are on difficult ground here, and it behoves us to move warily. For though it be true that the germ of truth is rarely to be found in fully developed mania or melancholy, and that manic-depressive fluctuations as such, do not indicate any divine intervention but peculiarities in the human mind, it is nevertheless impossible theoretically to deny that the psychosis, like all other mental crises, may carry with it religious values of the highest importance. The theologians may rightly declare that God *can* make use of very peculiar, and, from a medical point of view, morbid mental states, in order to bring about certain results in a human being. He can, perhaps, in the course of a psychosis, teach a person something which that person would never otherwise have learned or understood. And there is really no contradiction in putting the matter thus. There is nothing inconsistent in saying that what is experienced in the course of a psychosis may at times be so strange and incomprehensible that its deepest value, ethically and religiously speaking, is altogether unknown to us. We physicians diagnose the case as one of insanity, and we are right in doing so, inasmuch as it is undoubtedly insanity from the medical point of view. But why should not insanity also serve a higher purpose? Why should there not happen, during psychosis, things beyond human understanding, which lead us upward? Many

persons will stand forth and bear witness that such things *do* happen ; that they themselves, at the time of their religious awakening, were undoubtedly insane ; they heard voices, and saw visions, suffered from insomnia, terror, depression or exaltation—yet their awakening was real enough. The history of religion shows us examples of this ; and a simple examination of the fervently religious among our fellow-men will show us the same thing.

We can, then, only utter a word of warning to our friends among the clergy ; we cannot undertake to make clear the precise position in individual cases. We can show proof in black and white that the majority of psychoses certainly make human beings neither better nor richer. But we cannot declare that psychosis should not do so in certain cases. And undoubtedly there is a chance in this respect as regards manic-depressive psychosis.

And here, in conclusion, I would refer to some historical instances of manic-depressive mental disturbance, showing in the first place how frequently it may occur among persons of great spiritual gifts, and, secondly, how the intellectual activity of such persons may actually be developed and advanced by such mental suffering.

Grundtvig, the founder of the Danish High School movement, and a prominent religious writer and reformer in the first half of the nineteenth century, came of a family predisposed to insanity ; his own case has been described in a book by Dr. H. Helweg, from which the following is mainly taken. The first manic-depressive symptoms occurred in 1808-11, when he was living in a state of extreme mental tension, as is evident from his writings and sermons. This period

of forced activity, which would be psychiatrically described as a slight touch of mania verging on the pathological, was succeeded in 1810 by a remarkable apathy. He lost his capacity for work, his brilliance and readiness in debate, and from his writings it is evident that his brain was working heavily and under difficulty ; his mind is occupied mainly with the darker side of life, and some of his poems from this period seem to give warning of the outbreak which was to come : the first attack of insanity. In December 1810 his health broke down. One morning he was obliged to remain in bed, and the doctor summoned declared that the patient was not suffering from any physical disease, but " struggling inwardly for his soul's salvation ". Grundtvig is now restless and depressed. His friends find it difficult to keep him under control, and he speaks of " feeling the Devil bodily, twining round him like a serpent ". Whether he actually had hallucinations it is difficult now to determine ; it may perhaps have been a case of fanciful imagery. He was at any rate strongly obsessed by the idea of sin, and in one of his poems he recalls how he felt that the Lord had condemned him to worse than the grave ; how he perceived Death in a ghostly form and shuddered at himself.

A period of quiet and rest in his home at Udby somewhat restored him, but on his return to Copenhagen he had again, after the preliminary period of melancholia, a new attack of mania, in the course of which he exhibited a violent degree of activity and wrote some remarkable poems.

In later life Grundtvig had three further attacks of manic-depressive psychosis.

One was in 1844, when a phase of mania followed on the production of some writings in which the patho-

logical element is distinctly marked ; a melancholy phase succeeded this, and the patient was now himself aware that he was ill. The second attack came in his seventieth year, in the form of a brief but profound depression ; the last was in 1867, when he was nearing eighty-three ; on this occasion the attack took place in church, and Grundtvig suddenly invited the congregation to take the Sacrament, and addressed the Queen Dowager as " The Queen of the South, come to hear the wisdom of Solomon "—adding, " and a greater than Solomon is here ". During the period which followed Grundtvig was acknowledged to be insane, and treated as such.

Besides these attacks, there were other minor fluctuations in his mental state throughout his long life, which showed through in his literary production. Altogether, the life of Grundtvig is a striking instance of the manner in which the manic-depressive constitution can affect a man's personality and his work, without being recognized by those about him as a positively pathological condition. The important point to note is, that Grundtvig, throughout these attacks of insanity, especially the first, undergoes a religious development and fights his way to fresh points of view and experience of life which proved of the greatest importance to his later life and work. The psychosis, that is to say, seems in a way to have furthered his spiritual development.

The Danish philosopher, Søren Kierkegaard, who was also an intensely religious character, exhibited in the course of his life mental aberrations of a similar nature to those of Grundtvig, albeit less pronounced. His depression on the breaking off of his engagement as a young man, some curiously erratic writings at a later stage, and the state of his mind before his death,

together with the family disposition, which weighed on him greatly—his father's melancholy, and his brother's insanity—all these points might seem to suggest (I do not venture to say more) that Søren Kierkegaard also is an instance of manic-depressive constitution.

Another Danish religious writer, Wilhelm Birkedal, suffered for many years from a disability which must doubtless be regarded as the result of mental depression. He tells in one of his poems how he had to struggle during this period, when he stepped into the pulpit a man sick nigh unto death, how for sixteen years he had to fight against a burning drought of the spirit that threatened to wither up his soul, and strove to believe in God as a God of love, not of wrath. And with this struggle and its ultimate effects in mind, he tells us in another poem how he attained to harmony and reconciliation.

It is thus that depression and mania reveal themselves in the lives of great personalities. And in the lives of lesser men we find the same fluctuation, the same wave movement, less known to the world, but of no less importance to the individual himself.

And yet, widespread though the manic-depressive disposition may be, it does seem as if it were particularly frequent among men of distinctive character and ability. It seems as if it somehow aided them to become what they are. And in so far as the depth and importance of a personality depend on its power of feeling deeply and living strongly, sounding the great depths of existence and answering to the great spiritual movements of the times—to this extent at least the manic-depressive constitution gives its possessor an advantage over the level-headed, more superficial natures, ignorant alike of the extremes of light and darkness.

Just as a storm may fling the waters of the ocean into turmoil and bring up to the surface things otherwise hidden in the depths, so also the manic-depressive psychosis may create a turmoil in the human mind and bring forth what lay hidden there. There are many Christian personalities who, in the depressive periods of their lives, have undergone religious crises which they would not be without, and have, in their periods of exaltation, spoken or written of those religious experiences to the benefit of their fellows.

LECTURE III

RELIGION AND INCURABLE FORMS OF INSANITY

IF it be true that any physical disease is a burden laid upon a human being, and a trial which none would willingly be called upon to endure, it is even more true of mental suffering. These diseases are an evil which no human being desires, a pain which all would prefer to avoid, for they touch in most distressing fashion the innermost core of our personality. A broken leg or faulty digestion or a tuberculous lung may be bad enough ; but one can still to a certain degree adopt an objective attitude towards the phenomenon, and live one's spiritual life in spite of it. But mental disturbance touches us at the centre. It affects our innermost ego and transforms our personality. And herein lies its sting.

But if this may be said of curable forms of insanity, how much more so of those which are incurable ? Such diseases bring us face to face not only with burdens to be borne, but with mysteries to be solved, and which hitherto no human being has been able to solve. The problems here put before us are among the greatest which the mind of man has had to deal with. Thousands of human beings have in the course of centuries been affected by incurable forms of insanity ; and thousands have, by the mystery of these diseases, been led to

doubt the meaning of existence and the loving-kindness of God.

And now, why should those about to be ordained know something of incurable mental diseases ?

The first reason is simple enough, arising out of what has just been said, namely, that the clergy must take up their position and determine how they stand in regard to the problem of insanity ; they must face the mystery of mental disease. When a priest commences work in his parish, he will encounter a number of persons whose near relatives are seriously insane, and he must be able to help these persons. And he can only do so if he has had an opportunity of determining for himself what can be the place of mental disease in the plan of our existence ; to make up his own mind as to how the problem of insanity can be reconciled with the belief in the goodness of God. He who is to act as a guide to others must himself have some guidance in regard to the great problems of existence and the sufferings of human life. " My husband has lost his reason ", a woman will say, " and that has led me to doubt the goodness of God." " My daughter is mentally defective ", a man will say ; " she behaves like a brute beast, and that has made me hate God." " My son has epileptic fits ", a third will say, " and it makes him wicked ; how am I to make this agree with the belief in free will ? " Hundreds of questions will in course of time present themselves to the spiritual adviser, and he has to find an answer. He must in each case find some advice to give these doubting souls ; he cannot leave them despairing or defiant.

But the priest must know something of these mental diseases, not only for the sake of the relatives of the afflicted, but also for the sake of the sufferers themselves.

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Persons suffering from mental disease will, in the early stages, themselves seek the advice and guidance of a priest. For it is a matter of experience that in cases of mental suffering, people turn first of all to those whom they have been accustomed to regard as their spiritual guides, namely, the priest and the teacher. How many insane persons have not at one time or another sat in their pastor's study and poured out their woes? How often has not the priest himself had to visit these doubting and troubled, miserable and despairing souls? But among these there will from time to time be many in the initial stages of insanity, and it is of far-reaching importance that the priest should here be able to 'render first aid, *and refer the sufferer to a doctor when the case lies beyond his own power to deal with.*

We shall now consider two groups of incurable insanity, namely, chronic paranoia and dementia præcox.

Paranoia is a disease which attacks exclusively, or at any rate mainly, the intellectual side of human consciousness. If we divide consciousness, according to the old principle, into three parts, namely, idea, feeling and will, it is here the sphere of ideas that suffers. The patients have what are called fixed ideas, a craze or crotchet of some sort. They imagine, for instance, that they are subjected to persecution, or that they are something particularly great, or have invented perpetual motion, or the like. One thinks he is the Duke of Cumberland, or the Emperor of Brazil, a new Messiah, or the Lord Almighty, and so on. But apart from this, and in all other respects, they are as a rule quite normal. They talk and think, act and feel exactly as the rest of us do, and it is only when we touch on this one point, their fixed idea, that they are obstinate; there is

nothing to be done with them here ; they are simply crazy.

The disease may take different forms according to the nature and character of the ideas involved. The most common form is the idea of persecution. This begins when a person who has previously been frank and cheerful suddenly becomes reserved and suspicious, shy and unsociable. He thinks other people are strange in their manner towards him, and trying to do him harm. People look at him in the street, his neighbours lay their heads together and whisper when he passes by. Spies are set to watch him, and dark references are made to him in speech. Newspaper articles refer to him between the lines ; policemen make signs to each other about him. There is something funny too about the food : someone must be trying to poison him. Urged now by terror, he goes to the police. The matter is investigated, and nothing is found to warrant any suspicion ; for a time, perhaps, the sufferer calms down. But the persecution commences anew. He finds in the most ordinary happenings proof that somebody is "after" him, and he goes to the police again, but is turned away. Incensed at this, he shuts himself up in his rooms, barricades the doors and seals up the windows, and settles down with a store of provisions to await his fate.

When patients of this sort are admitted to hospital, they are at first greatly relieved to find themselves beyond the reach of their imaginary persecutors. But soon the "plot" begins to show itself within the walls of the asylum. Doctors and nurses are taking the part of the enemy. Here too they put poison in the food and try to incense the other patients against the unfortunate victim. In a word, the sufferers are surrounded

by a mesh of intrigue from which there is no escape ; they see on every side enemies lying in wait to compass their destruction. As a result, they soon become taciturn and bitter, unapproachable and full of hatred to all about them ; they sit scowling in a corner or huddled up in bed, often with fingers in their ears to keep out the " voices " that cry out threats and abuse through the walls and ceiling.

If the disease advances further, we often find a remarkable transformation in the patient's ideas, in that the idea of persecution gives way to megalomania, the idea of greatness. There is a logical explanation of this in the fact that when patients find themselves persecuted on every side, they can only consider it as due to their being in some way great or remarkable. For it is only famous people who are persecuted in this fashion ; or else there must be something of particular value in their possession. They fancy, then, that they are lords and ladies, princes or princesses wrongfully suppressed, heirs to great fortunes, the Emperor, the Pope, the Messiah, or God Himself. At St. Hans, the municipal asylum at Copenhagen, we had no fewer than five patients each believing himself to be God.

This, however, is not the form of paranoia which interests us most in a religious respect. The religious fixed ideas in cases of paranoia major are so massive and extravagant that no priest could mistake them or treat them as normal. But it is otherwise in cases of paranoia minor, where the ideas can be really deceptive, and we will therefore consider them a little more closely.

There is first of all the querulous form of paranoia, in which the patients believe they have suffered injustice in some respect, and are consequently obsessed by the idea of obtaining redress and compensation at any cost.

The idea is often associated with a legacy, or default in payments due, being passed over for promotion or otherwise neglected ; and though there may sometimes be a slight actual injustice in fact at the back of it, the results, as far as the patient is concerned, are altogether pathological. The affair leads to great lawsuits with arguments *pro et contra*, examination of witnesses and documents by the ream. There are embittered discussions in public and private, in writing and by word of mouth, and throughout all this the patients have no rest day or night. The affair is always in their mind, and they can think of nothing else. If the decision goes against them—as is naturally often the case—they resort to writing to the papers, publishing pamphlets and booklets, advertisements and placards in the streets. When all this proves of no avail, they take the matter into their own hands : force their way into some Government office and make a scene there, or box the ears of a distinguished official—as happened once in Section VI—or threaten to murder the Minister of Justice, as in the case of a patient at St. Hans. This form of mental disease, paranoia querulatoria, is naturally of particular interest to lawyers.

CASE 8.—I remember a patient in Section VI, a tailor, who considered he had been wronged in a deal over some property, and therefore set himself to persecute the judge. For several years he kept on sending him threatening letters and petitions, and when this proved fruitless, appealed to the courts, where his case was refused a hearing. He then took to writing to the Minister of Justice, with applications for restitution and complaints. Gaining nothing by this, he wrote to

Members of Parliament complaining of the "plot", in which courts of justice, ministers and functionaries were united to defraud him of his rights. No result from this. He then wrote to the King, stating that if he were not granted his rights at once, he would have recourse to "action"—which he explained as meaning that he "had unfortunately no alternative but to shoot at the police". The patient was arrested, and kept for several years at St. Hans, where he exhibited all the symptoms of paranoia querulatoria.

Another form which this disease may assume, and which may perhaps be of more interest to clergymen, is the erotic paranoia, or erotomania. The course of this may be as follows: A lady falls in love with some well-known personage, priest, doctor, actor or the like, and feels convinced in her own mind that her affection is returned. She thinks the man looks at her when they meet in the street. The actor nods to her from the stage. The priest makes references to her in his sermon. There can be no doubt but that the man in question is fond of her, and she finds confirmation of the fact in a thousand trifles. When she reads the newspapers, for instance, she can read between the lines that he is sending her a message. When she finds a flower dropped in the street, it is one he has placed there for her. When she receives a letter, it is his writing on the envelope, etc. As a result of these imaginary advances on the part of the other, she does the like in return, sending her admirer endless letters and presents, flowers and sofa cushions and so on. And when this has gone on for some time, she takes the decisive step and makes her confession. Strangely enough, he will have nothing to do with her.

She tries again, with the same result. And from this point onwards the poor creature becomes a positive plague to her innocent victim. She follows at his heels day and night, bombards him with notes and love letters, and in the end the man is obliged in self-defence to appeal to the police, when the patient is generally sent to Section VI.

CASE 9.—A young girl imagined her schoolmaster was in love with her, declaring his affection in a variety of curious ways. He looked at her “strangely” during lessons, and everything he said had a hidden meaning. At an examination, for instance, he said to her: “Well, now, let’s see if we can manage this”—which was obviously a declaration of love. Whenever he spoke kindly to her it was the same. She therefore began writing letters to him, in an increasingly affectionate strain, and ended with an open offer of marriage. She was removed from the school, but continued to send him letters and flowers at all times, rang him up on the telephone, and spent hours waiting on the stairs outside his rooms. After a while she went so far as to declare that she *was* his wife, with the result that she was placed in an asylum. Here also, however, her obsession persisted; every letter that came for any of the other patients was intended for her, every ring at the bell meant he had come, and every whisper in the room was a reference to her love affair. At last she got over the fence and ran out on the road to meet him.

Though we may say that these poor creatures cause themselves more suffering than others, they may never-

theless be a serious annoyance to other people ; not to speak of the terrible scandal they can create if not taken in time.

Even more troublesome to society, and more interesting from the religious point of view, is reformatory or religious paranoia.

This disease takes the form of patients feeling themselves called upon to reform society and bring about a new state of Paradise on earth, or preach a new gospel. The sufferers may be persons who have previously been peaceably engaged in agricultural work, or serving quietly behind a counter, but now suddenly discover they have a " call " to alter the conditions of society. And they leave the plough or the shop accordingly, and set about their social or evangelistic task.

I have here in mind a decent farm labourer who got the idea that he was chosen to preach a new gospel communicated to him by the Spirit. He therefore hastened to take a ticket to Copenhagen, where he installed himself at an hotel frequented by farmers and cattle dealers, and started preaching at street corners. There was nothing particularly dangerous to society in what he said ; it consisted really of some undigested fragments out of Revelation, which the poor fellow delivered after his own fashion ; but his manner and striking appearance led the police to take him to an asylum. Here he continued to preach as before, and in long, endlessly circumstantial scribblings set down his ideas for the doctors to read, at the same time preaching to any of the patients who cared to listen. All this time he was quiet and peaceable, a harmless soul enough, able to talk sensibly on many subjects, but with no idea that he was really insane, and unable to realize that he could not be allowed to go about

preaching as he did. Here is a specimen from one of his sermons :—

CASE 10.—“ I, the prophet of the Lord God, hereby inform the doctors that this is the last time I shall apply to them to let me have my clothes so I can get away from here. If I don't get the things by this evening, the Lord Zebaoth will send a couple of military auditors who will take the doctors away to the military lock-up, and three days after I shall ask the military auditors, at the command of Him who created heaven and earth, to have those doctors beheaded and executed, for they are blasphemers. It is the height of blasphemy and high treason that these faithful attendants of the Serpent will help their god, the Serpent of the earth, to the last breath. Perhaps you may get off with being dismissed from your office if you let me have my clothes so I can get away from here this evening, for all the crimes that have been committed against me, seeing I am the prophet of the Lord Zebaoth, and with the true gospel to preach to mankind on earth. For in me is the word of Him that created heaven and earth, and hath all things under His command. He that hath power and will to let all things stand fast according to law.”

Such patients, in the more serious stages, are rarely met with outside an asylum. They are therefore of minor importance in practical religious respects. But the slighter forms of religious paranoia are not uncommon, and often lie concealed among those persons who form new sects and congregations of their own, with some eccentric interpretation of the Bible. Little

circles of this sort can do a great deal of harm, as for instance by turning the heads of less intelligent persons.

There is more danger probably to be apprehended from the reformatory paranoia. Persons suffering from this form of disease may exhibit an astounding energy and unparalleled obstinacy in their attacks on society, gathering round them, moreover, a host of the discontented and oppressed, such as are to be found in plenty in most societies ; anarchists, nihilists, bolshevists and other radical elements have among them leaders of this type, and in times of crisis or social disturbance, such as we have seen recently in Russia, such persons will always exhibit marked activity and take advantage of the general unrest.

It must not be forgotten, of course, that in these cases, as indeed in psychiatry generally, *it is difficult to determine in a given instance what is normal and what is pathological*. There is no sharply defined boundary line between sane and insane, as there is in a mathematical calculation between one side and the other, and not infrequently common sense and careful judgment have to take the place of any positive criterion. Moreover, times change, and with them the general view of what is normal and abnormal ; also, as I have already mentioned, it is often social rather than medical considerations which determine whether a person is to be shut up in an asylum or allowed to go about at will.

One thing, however, must here be borne in mind, and it is of great importance to the layman to realize this, namely, that the mental specialist does not base his diagnosis on a single symptom, or a single extravagant idea or feeling, whether religious or otherwise. It is not necessarily a sign of insanity, for instance, when a person declares that he has sinned against God, or has

done a great deal of evil. Nor is it necessarily insanity when a man believes he has a new gospel to preach, or is chosen to reform the world. Great minds are naturally very liable to be called insane by those who do not understand them. Even Jesus of Nazareth was not exempt.

No, the thing that warrants the medical man in diagnosing a case as one of insanity is not a single symptom, but a symptom-complex, a group of symptoms in which one is firmly and regularly associated with the next, one supplementing the next, in such a manner that experience justifies certain definite conclusions and a particular prognosis. Psychiatry is no longer philosophical, but empirical. So that when a man, in addition to self-reproach, has the further symptoms of insomnia, hampered mental process and groundless fears, with slight hallucinations, we know we have to deal with a particular form of disease, namely melancholia. And when a man, in addition to ideas of reforming society, also has ideas of persecution and personal greatness in a certain typical combination; when he isolates himself from the world to cultivate his ideas in a barren form, does not sleep or eat, and has visions and revelations from time to time, we know he is insane, he is suffering from paranoia.

I will here conclude with a typical example of religious paranoia.

CASE 11.—At one of our asylums there was admitted in 1918 a man stated to have been always of peculiar character, with extreme views and a tendency to follow fantastic and extravagant schools of thought. Even as a child he was dreamy, with keen imagination, played

by himself for the most part, and had few companions. When only eighteen he wrote stories and verses and occasional newspaper articles. He was not interested in religion or church matters.

After having been a free-thinker for many years, he began, eighteen months previously, to read the Bible, and took to speculating day and night on religious matters; read American books about the millennium, wrote religious articles in the papers, and exhibited a charitable activity far in excess of his means. His wife and children began to suffer want, especially as he was also now neglecting his business. His wife reproached him for his neglect, but he grew more and more taciturn and reserved.

On 25 July, 1917, he suddenly declared that he was the prophet Elijah, and that the whole family must kneel down and say the Lord's Prayer; they would then, the same evening, be taken up to heaven. He was therefore removed to hospital.

At the hospital he lay quietly staring at the ceiling, murmuring prayers, and saying now and again, "Yes, I am coming." On inquiry, he stated that he saw angels. He cried out loudly "I am Elijah", and scratching himself so as to draw blood, wrote with blood on the door: "In the name of Jesus Christ, he is Elijah; behold they have seen him." Afterwards he grew calmer and talked to the nurses, whom he informed that just as it said in the Bible that John the Baptist was Elijah, so too he was Elijah; but "as John would not say why he was Elijah, he likewise would not say".

The patient was later discharged from hospital and returned to his home, but his behaviour was still strange. He stuck to his religious ideas and acted accordingly,

gave away money belonging to his family, for the benefit of poor children, wrote articles on religious subjects, and distributed them gratis in the streets; sold old furniture and gave away the money, all the time neglecting his home and his work, and constantly receiving visits from angels and prophets.

The state of things at home becoming more and more intolerable, he was again taken to an asylum.

On admission here he looked a veritable prophet, with long hair and beard, and old, discoloured clothes. He behaved with stoical calm and dignity, and answered willingly and in friendly fashion when asked about his thoughts and his "call". God had applied to him directly, laying on him a great task: to declare to the people a new truth; to warn a sinful generation of the Day of Judgment and make plain the dark passages of Scripture to us all. When asked whether he should not work for his living, he answered, "And did not the prophets of old receive food and clothing, though they did not work, and the people shook their heads?" If asked how it was he knew more than other people, he answered: "God has enlightened my eyes and called me a prophet before His face. Edison was only a newspaper boy, but he became a great inventor after all. The meanest among us may hit upon the deepest truths." "Yes, but up to now, nothing has come of your prophecies." Answer: "None know the secrets of God; the Spirit alone knows what dwells in man." "Yes, but if you go on like this you will end in a lunatic asylum." "It is not supposed to be easy for one who seeks only to do God's will. The chosen shall suffer want and adversity. I have suffered a good deal already, but I know I am treading the path of the Lord." "Yes, but what about your family?" "Is

it not written that Jesus is come to set strife between man and wife ? The family will get on all right without me ", etc.

In the course of his stay at the asylum this patient wrote three big books, with the following titles : *Mene Tekel, The Day of Judgment is Come, The Flood is Coming.*" In these we read, *inter alia* : " The Day of Judgment is come, all the signs are there, the elements are on fire, pestilence is broken out among us, and the Beast is arisen out of the bottomless pit. It has pleased the dear Lord to let mine eyes fall upon a word in the Bible, and I have set myself to write a revolutionary sermon against the present social order. The conflagration of the world is come, the great war that is as a surprise to us all, as a thief in the night is the beginning of Judgment Day, which is to last seven years, and when the sun shall set at noon and then comes the night, and the court without the temple shall be trampled down for months, when it shall be known who remain faithful in spite of adversity and who will refuse to receive the Mark of the Beast ", etc.

In conversation, this patient gave one the impression of a calm and collected personality, ready to suffer persecution for his faith. His speech was slow and measured, interlarded with scriptural phrases and texts, but not without originality, and always logical or pseudo-logical. He suffered throughout from hallucinations, in a quiet fashion, but mostly at night ; saw angels and devils with whom he conversed, and persons deceased. One day he threw a lamp along the floor, crying out, " Get away, you old Satan."

As he continued calm and quiet in his behaviour, he was discharged, and continued his eccentric and pathological missionary work.

We will now proceed to consider another group of incurable mental diseases, which I mentioned at the commencement of this lecture, namely, juvenile dementia, or dementia præcox. This disease is one of the saddest of all mental diseases, partly from the fact that it commences in youth, and partly from its horrible character, and the fact that it is incurable. It consists in a dissolution of the personality and a gradual break-up of the patient's mental life.

Juvenile dementia, or dementia præcox, begins, as the name suggests, in youth, generally between the ages of fifteen and twenty-five, and not infrequently in conjunction with puberty. The first stage is often that a young man or woman, so to speak, comes to a standstill mentally. They lose interest in their work, become dull and unreliable, cannot keep their situations or attend to their studies, and suffer reproaches from their relatives on that account. At the same time, however, their character also begins to change in a distressing manner. They cannot be trusted, they tell lies and shirk their duties, commit acts of extravagance and take things on credit; often they commit some more or less serious offence against the law, and are reprimanded by the authorities. Up to this stage, however, no one has any idea that it is a case of incipient insanity, and not a few crimes are committed in the initial stages of dementia præcox.

One day, however, these patients begin to make curious statements. They talk about being affected inside their bodies by magnetism, and of people speaking to them by wireless telephony. They feel as if there was a "machine" inside them making a noise, and there are people trying to draw the "life force" out of them; or there is somebody "putting thoughts into

their heads " or " taking their thoughts ". It may also appear that their intestines have got loose, the spinal marrow has fallen down, or they have been sealed up inside so that evacuation is impossible. Sometimes they also hear voices ; somebody calls out " thief " or " murderer " after them in the streets and when alone in a room, they see horrid sights : fire and sulphur, angels, devils, etc. There is a smell of smoke about, and a poisonous taste in the food (hallucinations).

These symptoms are naturally not often all present at once, but only appear one after another ; nevertheless, the relatives of the sufferer are alarmed, and begin to understand that it is a case of insanity. The doctor is called in, and the patient removed to an asylum.

At the asylum they sometimes begin with an attack of derangement which may be of the most violent and distressing character ever seen in these cases of psychosis. They are confused and restless, with powerful hallucinations. The sun has fallen down from the sky, flames envelop the earth and all the world is on fire ; hell opens to swallow them up, ghastly figures appear on every side, voices cry aloud of murder and beheading, God and the Devil, blood and crime. And in this state of extreme excitement and terror the patients may die ; they can rave themselves to death and wear out their physical strength ; the heart becomes exhausted, the temperature rises, and then follows unconsciousness and death.

Such a termination, however, is rare. Generally, the derangement passes off, and the patients grow calmer. But the attack leaves them more or less psychically defective. Their wits are duller than before, their

character further changed, their judgment is gone ; in a word, there are symptoms of incipient dissolution of the personality. This process of dissolution goes on slowly but surely, increasing during the next few years—indeed, for the remainder of their lives. They may live to a fairly old age, but they can, in the later stages of the disease, fall to a degree of imbecility where every sign of humanity is extinguished, and they show themselves in many ways lower than the beasts ; as, for instance, by devouring their own fæces. They have to be helped in every little thing. If you stand them up somewhere, they remain standing till they are moved ; if you make them sit down, they remain sitting till someone moves them again. They have to be fed and washed, dressed and cleaned like infants. They are spiritually dead.

The course of events here described is naturally only to be taken as a rough, schematic presentation of the disease. It would be altogether wrong to draw conclusions from this as to any individual case, for there are few diseases so capricious and fickle as dementia præcox. There may be long periods of improvement, when the patients can be sent home and given a little work to do, so that for a time they may appear to be cured. But it is a feature common to the different variations of the disease, that *the patient's mental life becomes gradually restricted and reduced*. The finer forms of soul life are gradually destroyed. Intelligence, feeling and will give place to an increasing imbecility. It is supposed that the disease arises from intensive, organic alterations in the brain cells, alterations which can, in the more advanced cases, be discerned under the microscope. But what is the ultimate cause of this destruction of the brain we do not know. It is at present supposed

that it may be due to a kind of auto-intoxication, proceeding from some small glands in the body ; this, however, is only hypothetical.

Now it is not uncommon for patients suffering from dementia præcox to have religious ideas, and these may be of a varied and remarkable character. It is indeed characteristic of all ideas in this strange and distressing psychosis, that they crop up in the patient's brain in an irregular, incoherent, haphazard fashion, interwoven in an extraordinary degree and producing a complete state of chaos. It is hard to give any notion of these conditions except by quoting examples. I take a couple at random :—

CASE 12.—A young woman was admitted to Section VI on the ground that she had become incapable of work and affected with strange religious ideas. She was a student, but neglected her studies ; had lately been drifting about in religious dreams. At the hospital she appeared vacuous, indifferent, and void of feeling. She talked little, but one day she announced that she was the bride of Jesus, and was to be “ married to the Holy Ghost ”. On another occasion she declared she felt a child inside her : it must be the infant Jesus. It was impossible to bring her to reason, *inter alia*, because she heard voices telling her she was to be the mother of Jesus. She had also other symptoms of chronic insanity, namely, stereotyped ideas, mannerisms, odd attitudes, repetition of words and obstinate resistance. This state of things lasted without a break for several years, then she became violently deranged, shouting and screaming, running about the room and delivering long incoherent monologues ; the Devil was after her,

God would save her, the earth was opening under her feet, life welled up in her breast, etc. She had visions of various sorts: piercing eyes, red dragons, the Lord God Himself. Voices cried, "Strike her down! Who is she that blasphemes the Holy of Holies?" This state of things gradually subsided and gave place to one of mental vacuity. She is now almost entirely imbecile, and has to be looked after like a child.

Somewhat in contrast to this case, which we might call one of religious delirium, occurring episodically in the course of a chronic insanity, is the following, where fixed ideas of a religious character are more constantly in evidence:—

CASE 13.—A young lawyer in a good position and with every prospect of a distinguished career began to neglect his work and took to dissipation. He drank, took drugs, and exhibited various forms of sexual perversity, and, losing all initiative, went rapidly downhill in social respects. One day he began talking nonsense about being the "Man from the North" and "Ruler of the Solar System". A new star had appeared in the heavens, he said, and this had reference to himself; it meant that he was divine, or that he was "evil and good in one person". It might also be that he was "a new form for the reappearance of Christ on earth". He had marked hallucinations from time to time, was terrified, restless and confused. One day he threw his watch at the Devil and smashed it. As an instance of his monologues with religious tendency may be quoted the following: "I thought I was God—I could be

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saved by Jesus Christ—no, I am eternally lost and doomed to punishment through all eternity—I am God and Satan in one, you understand? I am God to mankind and Satan to my brothers. I know I am hopelessly mad and would rather die.” In a letter to his relatives he wrote : “ DEAR —,—It is a long time since I wrote you last : I did not think I was God then, but I think so now. Yes, I believe I am God and Satan in one, and the worst of it all is that Christ has gone to hell, and what that means only you can tell me. And I believe too that I am to be burned eternally—dreadful, isn’t it? But then I think evil again and believe I can live for a day ; a day is a thousand years or one, I don’t know, for then of course you would be God to Satan for a thousand years, and I don’t think the world will last longer than that ”, etc.

You perceive how difficult it is for a normal human being to discover any meaning or coherence in the utterances of such patients. It is sometimes positively painful, in a physical sense, to try to follow their erratic thoughts. They may live for years talking in this incoherent fashion, and are as a rule entirely absorbed in their confused ideas, with no interest in their surroundings. Fortunately, we may say, it is rarely that their emotional state corresponds ; I mean, they do not feel as an ordinary person would necessarily feel when uttering such things. For these patients become altogether blunted and devoid of feeling. They do not always suffer as one might suppose. This is evident, for instance, from the fact that they may grow fat and enjoy the best of bodily health at the same time that their utterances are of the type above

noted. Consequently, they often live to a considerable age.

Here is an instance of the development of dementia præcox in a theological student :—

CASE 14.—This was a patient whose family had shown marked disposition to insanity. He had studied theology for five years and done well, and was now reading for his final examination. He then began to feel religious scruples and to lose interest in his work, spent his time going for long walks with folded arms, and speculating on “ problems ”. He would kneel down and pray for hours at a time, kiss the floor and declare he was a spirit. Was admitted to hospital, and exhibited here an attitude of superiority and self-satisfaction. He was not ill ; the whole thing was a misunderstanding—the doctors would be called to account for this, etc. (a thing one often hears). Occasionally his behaviour was strange : he would lie down flat on the floor, and stay there for hours as stiff as a ramrod, or stand up against the wall with his arms extended. One day he declared that he was “ the greatest theologian and the greatest doctor ”, and also “ The Father of God the Father Himself ”. On another occasion he said he was engaged on a great work which he had come to carry out here on earth ; it was something in the direction of exterminating sin and poverty on earth ; but he added : “ God the Father can keep His angels to Himself. Devil take me if I don’t manage the whole thing on my own. God and all His angels, Satan and all his devils and all mankind, I can do the whole lot of them in by my own strength in three minutes ! ” He has now been twenty years in an asylum, is dull, self-centred, brooding over

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his mad thoughts ; now and again, however, he asks to be discharged, as " there is work waiting for him as a missionary ".

In addition to these two forms of insanity there are also a number of others which it would take too long to discuss here.

It may be of importance, however, to note that *in practically every form of insanity we may find fixed ideas of a religious character*. And this applies to diseases arising out of definite and well-known organic causes, as for instance syphilitic cerebral paralysis, or arterio-sclerotic dementia (senile dementia). Even in alcoholic delirium the patients may have revelations of eternal bliss or suffer the tortures of hell.

There remains now one question which naturally arises in this connection, and that is : how are we, as Christians, to regard the problem of incurable insanity and its place in the order of the universe ? What can be God's purpose with these poor demented persons ?

I shall not here go into what the Bible says on this point. The Bible, as we know, takes in most cases a view of insanity in accord with that of those times in regard to mental disturbance.

It seems to me, however, immediately obvious that *no Christian can possibly regard insane persons as spiritually dead*. They cannot be annihilated, their soul life cannot have perished altogether, as one might suppose from their outward appearance. It is incompatible with the belief in God's loving-kindness to think that this should be so ; it is incompatible with our faith that salvation is within the reach of all. That which has once lived, as a personality, cannot perish or

be effaced. It must live, in some form, somewhere or other. God alone knows where it is.

When I go about among my insane patients, I find help and comfort in the thought: they are not dead, *but sleeping*. Their consciousness has left them, as consciousness leaves us when we sleep. They lie there helpless, devoid of all volition, unable to control their bodies, but in their subconscious existence there must be a life accessible only to the one who lives it, and visible only from within. It is the same with persons under an anæsthetic: as long as the ether or the chloroform binds their brain cells, they appear as if dead, lacking all sign of mental life. But they are not dead. They awake when the effect of the anæsthetic passes off, and not one of their functions of consciousness has suffered in the least. The soul once more takes possession of the body, whole and unimpaired, and they return to life.

Sleep and narcosis, then, are analogous to the incurable psychoses, and though these analogies may be imperfect in many respects, they afford us nevertheless a slight support for the belief—and here we touch on a question of faith, pure and simple—that the incurably insane will wake some day, will know their dear ones again, and will themselves be capable of spiritual life. It is possible—who can say?—that they may be able to thank us for what we have done for them while they lay in their trance, or reproach us for what we have failed to do.

This is my own belief, and though it may be called arbitrary or irrational, it is nevertheless a help to *me*. It is more than a help; it is a necessity; without it, I could not live and work as I do among the insane with courage, and hope, and unshaken faith in the loving-kindness of God.

LECTURE IV

RELIGION AS A CAUSE OF INSANITY, AND SPIRITUAL TREATMENT OF THE INSANE

WHEN a person becomes insane, and goes to a doctor, or is admitted to hospital, there are various questions which the doctor nearly always has to answer, and on which the friends are most anxious for enlightenment. The questions are : What is the matter with the patient ? Can he get well again ? How did the disease arise ? and How is it to be treated ? We have already considered the two first questions, namely, the nature and course of the disease. We shall now consider the two last questions, namely, the causes and treatment of mental diseases.

Does religion drive people mad ? This is the first question which we shall endeavour to answer.

That religion drives people mad is an assertion often heard, especially when one has, as a doctor, occasion to talk with insane persons and their relatives. We often hear, when a person has been admitted to a lunatic asylum, observations of this sort : " My wife has gone mad ; it was all through going to those meetings and to church." Or, " My daughter was always one of the holy sort, and it seems to have turned her brain." The form of expression may vary considerably, but the meaning is always the same. And it would seem as if

persons well or ill disposed towards religion are equally liable to say such things. People who bring an insane person to the asylum are always very distressed and upset, and in such a state are apt to speak without restraint.

The question now is, whether this assertion is right or wrong, from a medical and psychological point of view, for if it be correct, then the fact must be admitted without reserve, even by those well disposed towards religion; but if it be erroneous, then it will be to the interest of all parties to lay this ancient ghost once and for all. It must do a great deal of harm, especially among certain classes of people, where it serves as a pretext for disregarding sacred things.

As far as I can see, there are three ways of getting an answer to the question as to whether religion drives people mad. The first is by examining the annual reports of the mental asylums; the second by an examination of the opinions of well-known psychiatrists; and the third by a consideration of the cause of mental disease generally.

A small booklet is published annually in Denmark under the title of *Reports from the State Mental Asylums and St. Hans Hospital*. In this booklet we find information communicated from the six lunatic asylums in Denmark regarding patients admitted, deceased or discharged during the year, and there is also—as a relic of former times—a section devoted to “Causes and Conditions Relative to Patients Admitted”. If we take, for instance, the Report for 1916, we find among the more common causes of insanity the following: Hereditary tendencies, about 40 per cent.; abuse of alcohol, about 5 per cent.; arteriosclerosis, about 4 per cent.; climacteric, about 3 per cent.; physical

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diseases, about 5 per cent. ; and syphilis, about 10 per cent. Among the causes more rarely found we may mention at random : Over-exertion, 1-2 per cent. ; emotional strain, about 5 per cent. ; economical difficulties, 1 per cent. ; and—in some of the reports—*religious influence*, to wit, in about $\frac{1}{2}$ to 1 per cent. of the cases.

That is to say that out of 1,000 persons, 400 became insane through one or other form of congenital defect. About 50 went mad through drink, and about 100 from syphilis, whereas only 5, or at the utmost 10, owed their insanity to religious influence, or, as some of the hospitals prefer to put it, “unhealthy religious influence”. If we look back through earlier reports, we find a much greater number of alcoholic cases, owing to the fact that spirits were cheaper before the late war ; and if we take St. Hans Hospital alone, which only admits patients from Copenhagen, the number of syphilitic cases is considerably greater, whereas psychosis due to religion is not mentioned at all.

The importance of these figures is of course qualified. In the first place, because it is based on a personal estimate of the causes of the disease and the chief medical officer's personal sphere of interest ; but also because it is never possible to say with certainty what was the true cause of insanity and what not. We can at the outside only speak of apparent or contributory causes.

Nevertheless, these figures tell us this much at least : that *religious influence is, according to the view of modern psychiatrists, a rare, a very rare cause of insanity*, although it may occur as such. We shall see how later on.

The second means of ascertaining whether religion makes people insane is to consult the utterances of

well-known psychiatrists, of high authorities, on the point. I will here quote some few writers on the subject.

Professor Oppenheim, in his book *Nervenleiden und Erziehung*, says: "From my experience as a medical man, I reckon lack of faith as one of the most regrettable qualities. It seems to me that religion offers a strong, albeit by no means certain, support in the struggle against those powers which attack the nervous system. A strong and firm faith is a safeguard against most of the emotions which the vicissitudes of life call forth in those lacking this support."

The late Dr. Krafft-Ebing, a well-known authority on mental diseases, writes: "Altogether, we may assume that true religion, true ethical sense, ennobles the human spirit and directs it toward something higher, affords comfort in adversity, and will reduce the danger of insanity." J. L. A. Kock, Head of the Mental Asylum at Zwiefaden, writes: "In so far as it is possible at all to render mental life more resistant to harm through the nervous system, there is, at any rate to begin with, no other means but a certain resignation. And I will not conceal my opinion that the persons most capable of resistance to mental disturbance are those whose safeguard arises out of a living religious feeling."

Dr. Hyslop, Principal Medical Officer at the Bethlem Mental Asylum in London, considers that constant simple prayer must be granted the foremost place among the hygienic precautions which can counteract mental disturbance, depressed state of mind and all the consequences of mental distress.

The Danish mental specialist, Frode Krarup—if we may be allowed to include a few Danish names—writes of the patients at Viborg Asylum as follows: "In the

older journals, it is not altogether uncommon to find 'lack of religion' noted as a contributory cause, whereas nowadays people are more inclined to attach similar importance—somewhat unfairly, perhaps—to 'exaggerated religiosity'. Among the commonest mental contributory causes in patients at Viborg we find, first and foremost, erotic experiences and disappointments, and next, though far more rarely, religious anxiety." And finally, Dr. P. D. Koch writes: "I cannot, from my own experience, quote a single case where religious influence or emotion has given rise to insanity. And I am speaking from an experience of something like a couple of thousand cases of insanity, of whom I have had close personal knowledge in my private practice, and this moreover particularly among religious people. If anything is to be done seriously to check the spread of insanity, it would be more useful to direct such endeavours towards combating syphilis and alcoholism than to attack religion."

Taking all these expressions of opinion together, we must say that they do not to any great degree suggest that religious influences should be held responsible for insanity; rather, indeed, the reverse, namely, that religion is a safeguard against insanity. It is possible, however, that other opinions may be found tending in the opposite direction, but I have not, despite the perusal of a very great amount of literature on the subject, been able to find any. And there is one fact which appears particularly striking, namely, that the great psychiatric textbooks, such as those of Kræpelin, Bleuler, Binswanger and Siemerling, make no mention at all of religious experiences among the etiological factors in the psychoses, and especially not among the psychical causes.

We may, then, venture to say that in the opinion of psychiatric authorities, religion, in the sense of a true and healthy attitude towards God, is not only harmless as regards mental health, but directly preservative.

Let us now glance at the various causes of insanity, as far as these are known at all, and see whether this throws any further light on the subject. These causes may be divided into three groups.

The first group is that of endogenous causes, which includes hereditary disposition, pre-natal accident, puberty, the climacteric, pregnancy, etc. This is the largest and most important group. The religious element is obviously of no account here.

The next group comprises exogenous causes, among which are reckoned bacterial disease (e.g. influenza, typhus, tuberculosis), poisoning (e.g. alcohol and morphine poisoning), accidents involving the head, and a series of physical diseases, including kidney trouble, diabetes, anæmia, myxœdema, Basedow's disease, etc. To these must be added the chronic cerebro-spinal diseases. Here, of course, the religious element is out of the question.

But, finally, we have the third group of *psychical* causes, and it is here that we should expect to find religious experiences and religious crises. We know that sorrow and disappointment, mental troubles of all kinds, penal servitude and prison camps in war, can lead to insanity in persons predisposed towards it. These are called psychogenous psychoses. The war has brought these diseases very much to the front.

Now it would be highly remarkable if religious trouble and religious crises, doubts, conversion and self-reproach, which can undoubtedly produce the greatest disturbance in the mind, should not be able to produce insanity.

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It would be under-estimating the intensity of religious experiences if these alone were to be excepted and not take equal rank with all other forms of mental disturbance which can, in suitable soil, break down the normal barriers of the mind and lead thought astray. If love troubles and shell-shock can lead to insanity, a religious crisis may surely do so as well. It can, and does ; as numerous examples have proved. The question is, why it so rarely happens. Why is it only once in a hundred cases that it does so ? The explanation must presumably be that religious crises and profound religious experiences are altogether of rare occurrence. In our part of the world, people are carried toward religion rather by a soft gentle breeze than by violent storms. Do not the majority of people live rather on second-hand experience or very mild and harmless religious feelings than on original conversion ? This may at least doubtless be said of people in Denmark.

But now comes the question : If religion is so rarely a cause of insanity, as seems to be the case from the foregoing, how can it be that so many people think otherwise ? Even though they may be wrong, there must be some reason for their having that opinion. We can surely find something to account for it.

The explanation is easy enough. It is due to a confusion of cause and effect, and an erroneous interpretation of the fact, of enormous importance in itself, to wit, that religious ideas are so extraordinarily frequent among insane persons. Indeed, we may say that no other class of ideas is so permanently represented in a mental asylum as the ideas of religion—unless it be those of a sexual character.

We might here quote numerous examples, but it would take too long to go into the history of particular

cases here. We need only think of melancholia, the commonest of all psychoses, especially if we include its slighter form, depression; how often do we not find here religious anxiety and ideas of being eternally lost, a sinner beyond forgiveness, human or divine, hearing the voice of God cry "All is over". Or take mania, the opposite of melancholia, where thought races hurriedly on, while the patient is flushed and excited. How often do we not find here that the augmented sense of importance and increased enjoyment of life find outlet in religious phrases and the idea of being the "Chosen of God", or perhaps a gifted preacher, a famous singer, a "man after God's heart" as David was. Or think again of paranoia, chronic dementia, where, more than anywhere else, we find "systems" with a religious colouring. The man who calls himself "God's Prophet So-and-so", and delivers harangues on the new doctrines which are to make humanity perfectly happy; or the decent, hard-working little fellow who has suddenly become "The Messiah" for whom the world has been waiting, and who is now destined to renew heaven and earth! Even in juvenile dementia or advancing cerebral paralysis—which by the way does not involve much inventive power, but consists in a gradual dissolution of personality—even here we may meet with phrases of a pronounced religious character, with "God" and "The Devil" and "the spiritual army of evil under Heaven" pursuing and tormenting the unfortunate sufferers. Later, in the more advanced stages, it is mostly religious fragments and futile religious Utopias which dominate the scene.

One might easily fill a book with the religious ideas and experiences of insane persons, and I have, in the other sections, given examples of these; but what has

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here been said must suffice to show that it is a natural misunderstanding to regard religious feeling as a cause of insanity. In reality it is rather the reverse, in that insanity gives rise to a certain kind of religious impressions. It is the frequency of religious ideas in all forms and phases of insanity which misleads the layman and induces him to repeat the old catchword, that " religion drives people mad ". But it is really the reverse ! It is insanity which produces a kind of religious excitement and gives vent to religious thoughts and longings.

And now we might further ask : *Why are religious ideas and experiences so frequent in cases of insanity ?* There are various answers to this question.

We may say, for instance, that in a Christian community all persons are imbued from childhood with religious ideas ; at school and at home, in confirmation classes and at church, at funerals and meetings they have imbibed a sum of Christian knowledge which may well be latent in their daily life and under normal conditions, but makes itself felt in the hour of need. And the hour of need is certainly the hour of psychological suffering ; it is then that one turns to the old truths as the only ones that offer any support.

But again we may say, from an entirely different point of view, that religious ideas are a mere jumble of nonsense to people, a sort of mystic protecting charm which the sufferers stammer out in the hours of darkness. Just as the wanderer by night makes the sign of the cross when he meets a ghost, so also insane persons make the sign of the cross when they find themselves in the dark night of mental disease. They attach no profound meaning to the thing.

Without venturing to deny that these two explanations may have a certain probability, I will nevertheless

maintain that the frequency of religious ideas in cases of insanity is of far deeper origin, in that it is related to the *primitive character of religious life*.

There is no doubt but that the majority of mental diseases reveal the total content of the patient's consciousness to a very great extent, and remove the mask which most people wear to a certain degree in everyday life. Mental trouble is thus a merciless exposure of ourselves. All that is inherent in the personality comes to the surface, and things before unsuspected become clear as day. It is the same with religious matters. Religious life becomes powerful and violent in psychosis, because it is a primitive thing, a primitive tendency, a natural inclination, an instinctive craving, which may be suppressed in many people in everyday life, but in psychosis breaks forth strongly and violently, inflexibly and uncontrollably, resembling in this respect the sex instinct and the craving for food.

There is matter here for interesting studies in the psychology of religion, for the point is one that has been too little regarded by religious psychologists up to now.

We must, however, leave the question as to the origin of mental diseases, and turn to the other vitally important question we have to deal with here, namely, that of their treatment. This is, of course, a principal consideration with all who have to deal with insane persons, and I should like to give some directions here.

I may perhaps be allowed to begin with a word on behalf of the Danish mental asylums and their attendants. For the work of mental asylums is carried on under difficult conditions, and often with remarkable opposition from the public. This applies both to those

belonging to the congregation and those that do not ; and the ill will, or suspicion—if one may call it so—is the result of the views held in earlier times with regard to lunatic asylums. Because, at one time, lunatics in asylums were ill-treated, these institutions are still feared by many ; but the attitude is unwarranted. The old wrong lies at the door of all humanity, and it is unfair that lunatic asylums should be blamed more than others. We have given up the old name of lunatic asylums, and now call them mental hospitals ; and in the same way, a reformation has taken place within the walls, so that of the ancient prisons practically nothing now remains in our modern hospitals ; openness, homeliness, comfort and beauty are prominent in most of our mental hospitals, and sound, modern methods of calming refractory patients have superseded the old strait-jacket and the padded cell.

Clergymen and others who have to deal with insane persons can therefore quite confidently refer them to our hospitals and asylums. And as a rule the same applies also to cases of psychosis with a marked religious character. For though there may of course be functionaries at the hospitals who fail to recognize the importance of religious life, and some perhaps who may speak derisively of the same, this is *not* the general rule. From my own knowledge of Danish mental hospitals I can assert that most of the functionaries, and at any rate most of the doctors nowadays, have due respect for religious values, and would not speak disparagingly of what is sacred to others. In this regard also there has been a change since the old days of lunatic asylums.

On the other hand, it must of course be admitted that the Christian mental hospital is the ideal institution

for patients from Christian homes, or even for patients with pronounced religious psychosis. It does undoubtedly give such persons a certain feeling of security and mental well-being to be surrounded by people who understand them and share their view of life, even though they may not talk much with them about such things. The ideal arrangement, then, is that which prevails in Holland, where there are three kinds of hospitals, one for Protestants, one for Catholics, and a third for the so-called " neutrals." All these hospitals are supported equally by the State, on the sensible and humane principle that when people become insane they should be placed in the surroundings where they properly belong in spiritual respects. They are not forced to live during psychosis in a spiritual environment alien or hostile to them. The Protestant mental hospitals in Holland all belong to one great " Society for Christian Treatment of the Insane ", which has no fewer than four hospitals, and a psychiatric university clinic with 2,500 patients in all.

As regards the spiritual treatment of the insane, I must admit that as far as my experience goes its value is very limited. All that can be done for insane patients from a purely humane point of view is, as I have already explained, to treat them with tact and friendliness, with deep human sympathy indeed. And what we can do for them from a Christian point of view is to surround them with a spirit of Christianity, that is to say, place them in the care of people who understand their calling and its responsibilities, and spare no pains to treat them in the spirit of Jesus Christ, as far as this lies within the power of frail human beings. This is in itself a very great deal, when we look at it from the right side. Try therefore to procure Christian nurses for the

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patients. Try to arouse your congregations to a realization of the sufferings of the insane. And give the institutions which will undertake the care of the insane in Jesu's name the material means they need. Refrain from criticizing the work, though it may be far from perfect, but rather lend a helping hand where opportunity arises. This is in the main the solution of the problem as to the congregation and the insane.

But apart from this indirect treatment, spiritual means avail very little in the case of insane patients, as is obvious from the nature of the case. How can we hope to cure by spiritual means a disease due to physical alterations in the brain? This is, however, the case with most psychoses, and the treatment must therefore be physical, not spiritual; or more correctly, physical and spiritual at once. Where the physical therapy aims chiefly at soothing and sparing, the spiritual therapy must also follow the same lines. The patients must be put on a strict *spiritual diet*, just as they are put on strict physical diet. The first principle of medicine is *nil nocere*, and this should also be the first principle of spiritual aid when dealing with insanity.

But how is such a spiritual diet to be formulated? Can any suggestions be made in this respect?

I will endeavour to give a general outline which may perhaps be some use as a guide. The details can only be learned by daily practice.

In dealing with cases of melancholia, it is of course necessary as far as possible to counteract the hypochondriac fixed ideas and self-reproaches, including those of a religious character—such things as the fear of hell, consciousness of sin, conviction of being eternally lost, etc. In any case, these symptoms must not be encouraged or augmented; care must be taken not to

afford, by word or prayer or reading matter, any material for further morbid ideas. The Bible must in some cases be taken away from the patient. The Bible is, indeed, a book for healthy minds, not for minds diseased. Patients suffering from melancholia are particularly inclined to pick out passages which they can turn into self-accusation, showing that they are utterly lost, they have sinned against the Holy Ghost, that God is an avenging God, and so on. Such passages, for instance, as "Many are called, but few chosen", references to hell fire and eternal damnation and the like, have given rise to great distress of mind in many cases. In pronounced cases of melancholia, one should at any rate allow only certain selected parts of the Holy Scriptures to be read, as for instance the Gospel according to St. Mark, or portions of the Psalms. The hymn-book may be used in slight cases. But here also care must be taken. It is surprising what a patient suffering from melancholia can make out of a simple hymn and how the simple truths of Christianity can be distorted. At certain stages of the disease all spiritual reading is undesirable. The patient must be placed on what is called *Diætum absolutum*, that is, no food whatsoever.

And further, it must be borne in mind that when talking to melancholia cases, it is no use arguing with them, for fixed ideas are not to be dispelled by logical argument. This is just what characterizes them as fixed ideas, the fact that they cannot be so dispelled. Prolonged argument, the quoting of text or reference to theological authorities only tires the patient; he may perhaps for a moment admit the truth of what is said, but as soon as the visitor has left the room, doubt and unrest return with renewed force. And why? Because the sick brain has been fatigued and the sick

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mind further disturbed. What is needed is rest, rest, and again rest ; and as a rule confinement to bed for a lengthy period.

But a thing which can be done for melancholia patients suffering from religious anxiety, and always should be done by those who have the requisite spiritual authority, is to propound *the Gospel of God's mercy and God's love*. This should be done briefly, clearly, simply, and with as much impressive power as Christian faith can command. Take such a text as this : " God so loved the world that He gave His only begotten Son to the end that all who believe in Him should not perish, but have everlasting life." Or this : " He who began a good work in you will perfect it until the day of Jesus Christ ", etc. This should be stated as forcefully as possible. Tell the patient that these words are truth to you, and that you have proved their truth. Tell him that you are well, and he is ill, and therefore it is you that are right and he that is wrong. And repeat it every time you see him. Do not be afraid of repetition. The talk of insane persons is stereotyped, and their treatment must be on the same lines. I remember how I myself have said the same thing over and over again, every day for months at a time, to patients of this class, and afterwards they have thanked me for it. Spiritual comfort can be administered like medicine, that is to say, a teaspoonful three times a day.

Should one pray with the insane when they themselves wish it and ask it ?

The question is difficult to answer in a general way. Much depends on the nature of the patient and the disposition of the spiritual adviser. As a rule, I think we may say that it is better to pray for the insane than to pray with them ; and prayers for them should be

offered up in the privacy of one's chamber. Prayer is an act which calls for concentration of mind, if it is to be effective, and the sufferers are not capable of this. Moreover, the prayers of the insane may often be sprinkled with the ideas of insanity, and produce a most distressing effect. My own recollections of attempts in this direction are not such as to tempt me to repeat them.¹

As regards the spiritual treatment of mania and maniac exaltation, this naturally consists in soothing and calming, in contrast to melancholia, where the patient rather needs stimulating. The main thing here is to help the patient not to over-estimate his own powerful feeling of happiness and pathological ebullitions of feeling (cf. the cases cited in Lecture II). These patients may, you will remember, experience a religious awakening which is only an apparent conversion, in that it does not originate in God's intervention, but is an outcome of the patient's own altered mood. Take care, then, not to make a mistake in such cases. View with some scepticism and timely reserve all sudden conversions occurring after long periods of depression. For though they may be genuine, they may also be false and superficial. By their fruits ye shall know them.

¹ The question as to spiritual care of melancholia patients is a very extensive one, and may call for independent consideration. I will only add here that the Epistle to the Hebrews vi. 4-6 may cause great anxiety to those suffering from depression, and also the story of Judas Iscariot, whose dark fate fills the sufferers with fear of predestined perdition. It is easy to understand also that such parts as Revelation are among the most dangerous in the Bible to those whose thoughts are already astray. In contrast, we may note some passages calculated to give the troubled soul rest and comfort, and which may well be used by the spiritual adviser, viz. Isa. lvii. 15, Matt. xi. 28-30, Mark ii. 17, John vi. 37, the Psalms, e.g. the xxiii., etc.

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It remains now to consider religious ideas in patients suffering from paranoia and hallucinations—in a word, those affected by chronic and incurable psychoses. Spiritual treatment is here of course out of the question save in a purely negative sense, that is, to the extent of not contradicting, and thus irritating, the sufferers. Laymen are rather apt to err in this direction. But fixed ideas are not to be eradicated by “sound logic”; they would not be “fixed” ideas if they were. We can no more persuade Patient X, who considers himself the Prophet of God, to admit that he is no prophet, than we can convince Patient Y, who believes himself to be God Almighty, that he is anything else. It only does the patients harm to talk about their fixed ideas, and the treatment must consist in leading their thoughts in other directions, which is best effected by means of work. It is for this reason that the system of providing patients with a definite occupation takes such a prominent place in our modern mental hospitals.

There is wide scope for the spiritual adviser in the treatment of convalescents, that is, the numerous cases of those who have passed through a psychosis. A great deal of good can be done in this way. Such persons are often in a difficult position in respect to their religion. For those who have once been insane find it hard to adapt themselves to life again; they have, as it were, been driven out of their course, and have to start afresh. And very often the fact that they have been insane is a great stumbling-block to them in their religious feelings; they cannot understand how God could have so dealt with them. They bear a grudge against existence for the horrors it has revealed to them, and they doubt the goodness and the loving-kindness of God. In this they are at times confirmed by seeing the un-

friendly manner, the strange aloofness with which others meet them at the gates of the asylum ; and there is every reason then that the clergy should render all the aid they can. They must help such persons to find a meaning in existence.

And finally, one more word : Do not forget to pray for the insane. Jesus Christ has Himself taught His flock to care for the afflicted in mind. He cured many who suffered from diseases of the mind ; and we are acting in the spirit of Christ and following His example when we mention in our prayers, not only the sick and the fallen, the poor and suffering, but also the insane.

Pray God to help those who are in darkness, in the incomprehensible darkness of insanity.

LECTURE V

RELIGION AND NERVOUSNESS

THERE is one point of great importance to all whose work lies among the sick, and that is, that every serious form of bodily suffering has a corresponding mental counterpart of some sort and in greater or less degree.

It is a fact known from of old, which all have learned from experience, that illness renders people sensitive, and occasions a mental change in them. But it is strange that this fact should have been so little noticed by spiritual advisers ; that they rarely take it into consideration when visiting the sick. They do not sufficiently reckon with the peculiar mental state of sick persons when speaking or writing for their benefit. They have, in a word, neglected the psychology of the sick-bed.

I will illustrate what I mean by one or two examples.

A man is suffering, let us say, from dyspepsia. He was formerly a cheerful and sensible person, contented with his lot in life and happy in his work, his home and his little pleasures. Now he is constantly suffering pain and discomfort, has to observe troublesome rules of diet, rest and exercise, go to bed early, and take medicine. All this affects his mental attitude ; he was an optimist before, but now he becomes a pessimist ! He was an idealist before ; now he is a materialist !

His range of interest has become lessened, he becomes more and more introspective. He turns gloomy, morose and ill-balanced. People about him note the change with some surprise ; what has come over him ? Has he lost money, or is there some trouble at home ? Nothing of the sort. He is suffering from dyspepsia, that is all.

Take another case. A man developes kidney disease accompanied by increased blood-pressure and heart trouble—the combination is not uncommon. His psychic state will alter simultaneously. Once robust and self-confident, he becomes weak and feeble-tempered, he shows a lack of sympathy, or indeed positive hostility, towards all that is brisk and healthy, smart and active and forceful in life. He complains of heaviness and giddiness, and acts at times in an altogether unexpected fashion. Little trifles irritate him beyond reason ; he flares up at the slightest thing. What is the matter with the man ? Is it drink, or sheer wickedness ? Not at all ; it is simply illness. He is suffering from a serious physical disease with mental complications.

We might point out many other abnormal states of body and mind together. Heart trouble may give rise to fits of inexplicable terror, and not infrequently positive fear of death. A diseased liver may lead to sluggishness of thought and marked depression, with irritability due to poisons allowed to escape into the blood. Chronic anæmia with low blood efficiency may occasion weariness, heaviness of mind and disinclination to work. Fever may give rise to euphoristic conditions, when the patient sees everything in a brighter light than that of reality, as for instance with consumptives. A disease in certain small glands with so-called “ internal secretion ” may produce the most remarkable alterations

in the personality of the sufferer, as we know from affections of the genital glands and others. In a word, there are a number of physical diseases which exert a profound influence on the mental state ; *it is indeed questionable whether any physical disease is altogether without some mental correlation.*

For we must bear in mind that there are two factors which act together and support each other in producing an abnormal mental state : firstly, the effect of the disease on the brain itself, and secondly, the isolation and alteration of circumstances occasioned by the illness. This latter must not be overlooked or under-estimated. The fact that a person physically ill is uprooted from his accustomed ways, removed from intercourse with his friends and forced to look to others for help and attendance ; sometimes confined to bed for a lengthy period, and worried by uncertainty as to the future and perhaps difficulties in meeting present obligations—all these are in themselves sufficient to induce a state of mental depression ; and it is not strange that people on a sick-bed appear altogether changed in character from their normal state when active and at work.

The spiritual adviser must take all this into consideration. He must, so to speak, feel the sick man's pulse in a spiritual sense. He must be able to diagnose the mental state before commencing treatment. Just as a good doctor does not attempt to treat a patient until he has made his examination and arrived at a diagnosis, so also a spiritual healer should never proceed to treatment without having diagnosed the case ; that is, he must first find out what is the weak point, and what are the spiritual needs. And this he can only ascertain by letting the sick person speak freely, and by putting questions himself, wisely, insistently, patiently and

with tact, until he has got at the inmost heart of the trouble. Only the quack presumes to give treatment without examination, and apply the same medicine to all cases alike.

Therefore, all spiritual treatment of the sick should begin by letting the patient talk, and listening unwearyingly to all that he has to say. The spiritual adviser has always to listen before he can advise ; but this is more particularly the case when dealing with sick persons. The sick person needs to talk of his trouble, and has ample leisure to do so ; and his confidence increases the more he feels he can talk freely. Seek, then, to expose the hidden suffering behind a mask of calmness ; try to find the weak point in the individual case. Analyse your patient just as a nerve specialist does, in the expectation of finding—as will often be the case—some hidden mental suffering behind the nervousness ; the repressed painful complexes, as German writers have accustomed us to call them. For these are the real root of the trouble.

After this little digression, we will pass on to our main subject, which is, neurasthenic and hysterical conditions and their relation to religious feeling.

We may begin by asking : What is neurasthenia ?

And it must be admitted that it is hard to find a satisfactory definition of the word, for experts have not yet agreed on the point. In the main, it means : nerve-weakness, or nerve-weariness ; that is, a state of things well known in everyday life. The patient complains of feeling tired and disinclined to work, is irritable, and suffers from headaches, insomnia, giddiness, palpitation, cold feet and trembling hands, blood flushing the head—in a word, a number of symptoms which may be very troublesome, but are often highly

inconstant and variable. Sometimes the patient is altogether preoccupied with his own condition and cannot concentrate on anything else. Sometimes he may feel elated and fit. But the work is done irregularly, in heavy bouts, and the patient collapses after a long spell of work. The Germans call this condition *reizbare Schwäche*, which is very characteristic. The patients are *reizbare*, that is, irritable, easily affected, easily set in motion, but at the same time weak, lacking in reserve of strength.

The question now is : Now does this form of trouble affect the religious life ?

The answer is not difficult to give. These persons suffer from *reizbare Schwäche*, or irritable weakness, also in their religious life. There is naturally an intimate relation between the state of the nerves and the soul life as a whole, and consequently the latter will be like the former—weak, sensitive, easily tired, incapable of effort, ill-balanced. The sufferers can, from a religious point of view, pull themselves together for a while, chiefly by artificial stimulants, by talking with others, for instance, and going to church or to meetings and the like ; and in this condition they may display a certain amount of energy and forced activity. But they cannot keep it up. They collapse again after a short time, and have periods of slackness, where the sense-impressions have free play and the personality is at their mercy, affording a melancholy example of man's dependence on physical conditions. They try again and again to advance in their spiritual life, but with no real success. Their prayers, their study of the Bible, and their deeds stop half-way, because their nerves fail them. They cannot carry anything through to the end, and under the impression of their own inefficiency they

become more and more apathetic and resigned. They gradually get the idea that they are wicked in themselves, that is to say, hopelessly weak-willed, impossible people, capable of nothing at all. And they do not realize that they are more than wicked ; they are *ill*, and often more seriously ill than they themselves believe. They need medical treatment.

Such conditions may be met with not infrequently among the workers in our congregations, such as priests and mission workers, secretaries in the Y.M.C.A. and Y.W.C.A., and similar undertakings. These men and women are often too lavish of their nervous energy ; their clubs and committees and meetings entail too heavy a strain on them ; they are always having to exert their personal influence, talking earnestly to one and another, making speeches to a crowd, going late to bed, and doing without their proper holidays, and so on. It proves too much for them in the long run. And in many cases the result is a serious breakdown in health, which may take years to put right. A nerve specialist with some practice among young people of this type can speak from experience. And one cannot cease wondering at the fact that neurasthenia is so little known and so little respected. Young men and women are allowed to work for years at half-speed or at a forced pace, and worn and wearied priests in the capital preside at meeting after meeting without taking any heed of their nervous state. At last there is nothing to be done but give them a holiday for six months or a year, or appoint them to the cure of a desert island, to bring them back to health. Is this right ?

Neurasthenia is a disease which must be treated as such, and it must be taken in hand before it becomes chronic. For the treatment of acute neurasthenia is

not difficult, and is one of the most gratifying tasks a nerve specialist can have. The treatment begins as a rule with confinement to bed for a period, in order to give the patient complete rest and restore normal sleep. The diet is so arranged as to make patients put on flesh, which is often badly needed, and consequently acts rapidly, a short time sufficing to bring about an increase in weight and improvement in appearance. Massage, baths and lying out in the open air are employed in addition, and suitable medicines given, the quantity, however, being often very limited. Later on, when the worst of the weariness and unrest has passed off, physical (and mental) strength is encouraged by work in the open air, walks, light carpentering, gymnastics, etc. Finally, a change of air and scene may be used to complete the cure.

CASE 15.—Medical student, age twenty-two. Comes of a family with disposition to nervousness and has previously (at the age of puberty) suffered from nervous attacks. A high-minded and sensitive young man with humane and Christian interests. During the past six months he had been reading very hard for an examination, and at the same time working in the Christian Students' Union, in addition to which he was worried about his sister, who was ill. Now complains of fatigue, insomnia, irritability, lack of courage and energy, impaired resistance to temptation; suffering also from headache, palpitation, fits of shivering and weeping for no apparent reason. Lost about 25 lb. in weight.

Objective examination showed no sign of organic nerve trouble. Lungs and digestion normal, but numerous symptoms of increased irritability and low

fatigue limit. Treatment: three weeks in bed with bromide and arsenic, extra nourishing diet (cream, malt, eggs, etc.). From third to fifth week: light general massage and breathing exercises, and lying out two hours daily in the open air. Gained 20 lb. in weight. Fifth to eighth week: walks and carpentering on a regular time-table. After two months, holiday in Norway, with walking tours round Jotunheim. Complete cure with physical and spiritual fitness. Harmony in the spiritual life.

Now I will not attempt in any way to conceal the fact that it is not all forms of neurasthenia which can be cured as easily as this. There are regrettable forms of neurasthenia which are very difficult to treat, are, indeed, practically incurable. For they arise not from overstrain or physical disease, but from an abnormal disposition of the nervous system, a congenital defect. They can no doubt be helped and improved for a while, but there is always a relapse, and the sufferers may spend their whole lives in a ceaseless struggle against their bad nerves.

These cases afford an excellent opportunity for doctor and spiritual adviser to work together, namely, in teaching patients to cut their coat according to their cloth, and to use to the best advantage the power they have. For it is certain that there would be fewer unhappy persons in the world if those who have been given but a small talent and little strength would realize the need for economizing what they have, instead of ever complaining because they are not better off. Our task here is of a dual character; we have in the first place to help them to arrange their lives in a sensible

manner, and secondly to teach them not to complain of the inevitable. In both directions the religious life is of great importance. Religion—when earnest and of true moral force—gives to the weak a power of resistance against temptation, which they cannot obtain elsewhere, and helps them to renounce enjoyments which may be harmful to their constitution (social functions, theatres, spirits, tobacco, harmful amusements, etc.). It throws light on the importance of small things, and creates an inclination to cultivate what is desirable and leave the rest alone. But more particularly, religion gives a spiritual centre, a psychic strength which nervous people need more than others. It helps them most of all to collect their powers and find a meaning in life, as well as in their own lives.

A firm religious conviction is therefore the greatest advantage and the best of medicine such persons can have. It is better than rest-cures or bromide, better than exhortations to “pull themselves together”; for what such patients need is a firm faith in life, a living belief in Christianity. More than once I have heard nervous patients say: “If I had not had my religious life to fall back on, it would have been all over with me long ago. I should have gone mad or committed suicide.” And in this they are undoubtedly right. Professor Oppenheim, in his book *Nervenleiden und Erziehung*, correctly says that “Religion affords a strong though by no means certain support in the struggle against those powers which attack the nervous system.”

And for this reason, nerve sanatoria based on Christian principles, and guided by a Christian spirit, are of the greatest importance; more, indeed, in one way than the Christian mental asylums already mentioned, inasmuch as they aim at helping people who are capable of

grasping the essentials of Christianity, and greatly in need of it, which unfortunately is not always the case with the insane. But such nerve sanatoria must of course be run on proper medical lines. They must offer the patients the best that modern medical science has to give. They must be conducted in a rational manner and on modern principles, not following one-sided or fantastic ideas, such as vegetarianism, water-cure or faith-healing ; this gives the place a bad reputation among sensible people and brings it out of touch with truth. The congregation must procure properly trained doctors to manage such institutions ; only in this way will they be fit for the great and important task which lies before them at the present day, when nervous patients are so numerous. It is indeed strange that the Christian congregation in Denmark has not already established a Congregational Nerve Sanatorium, for we find in neighbouring countries good examples of nerve sanatoria on Christian lines, especially in Germany and Holland. In the latter country there is, indeed, a great society which cares for nervous patients on Christian lines.

We will now proceed to consider the second of the great neuroses which may be of importance to the spiritual life of the sufferer, namely, hysteria. And I must here at once observe that I am not proposing to discuss the clinical aspect of hysteria any more than its individual symptoms. I shall only touch on certain aspects of the disease, which are of importance from a religious point of view, especially modern theories as to the origin and treatment of hysteria, and shall consider the hysterical constitution in relation to its surroundings.

Hysteria is a disease which shows itself partly in

hysterical fits and partly in a chronic alteration of the character, which we call the hysterical constitution. We will take the two separately.

Hysterical fits are probably known to you all, at any rate from hearsay. You are aware that certain persons, especially women, may be subject to peculiar fits of spasm or paralysis, shivering or weeping, stumbling gait or dumbness, pains or vomiting, even blindness or deafness—*with no real organic disease to account for the symptoms*. The phenomena are produced by erroneous ideas in the brain of the patient, but no physical alteration is anywhere discernible, and the trouble really consists in their “thinking” they are lame or blind, deaf or in pain, without any corresponding organic defect, i.e. while the organs in question—eyes, ears, limbs, etc.—are perfectly sound.

Now it must not be supposed that hysteria is the same as affectation or malingering. The patients do not *want* to be ill; indeed, their illness often causes them great distress, and they do all they can to get rid of it. But the ideas which produce the trouble lie deep down in their subconscious mind, and are not easily removed. Something mysterious is taking place in those hidden depths, and producing physical results, but the patients themselves are not capable of controlling or resisting the “something”, whatever it may be, that operates in their subconscious mind. They do not as a rule know that it is there at all. They think the trouble really lies in arms and legs or eyes and ears. And it is only expert medical knowledge which can discern the hysterical origin of the phenomena; that is, show that they originate in ideas, and not in organic defects.

Hysterical attacks mostly occur when the person is

in trouble of some sort. Difficulties or disappointments, sorrow or fear or adversity, may suddenly produce these fits of paralysis, blindness, or pains here and there. It has been said that hysterical persons have recourse to hysteria as a kind of refuge, that is, they choose the childish and primitive mode of avoiding difficulties by running away, by being ill. They hide their heads, after the manner of the ostrich; but it is a subconscious action, it is involuntary.

In seeking for the painful event which has given rise in any particular case to the hysterical phenomena, modern nerve specialists, and particularly Freud, of Vienna, assert that the painful event may lie far back in the past, in a subconscious recollection of happenings from childhood or youth, which the patient has otherwise forgotten. It may, says Freud, be a matter of trouble at home or at school, unhealthy influence in childhood or youth, especially sexual errors and abuses, now long forgotten, but still painfully present in the subconscious. These recollections form painful complexes, the normal reaction to which has been repressed. And they have now to be brought forth into the clear light of consciousness, so that the patient can be cured. The doctor's task, then, is first of all to find the complex in question by a process of mental analysis, and then to remove it by making the patient realize that it is there, and that the trouble is due to that cause and no other.

This modern theory of the treatment of hysteria has, it is true, been somewhat exaggerated and overdone, especially by those who attribute practically all hysterical phenomena to some sexual experience or unsatisfied sexual desire; but it has nevertheless been largely justified. For it has shown the great importance of mental conflicts as a cause of disease, and the funda-

mental importance of such disharmony in producing mental disturbance.

And it is here that we reach the point of interest in our particular inquiry, as to the relation between religion and nervousness. It is necessary that priests should know the modern theories as to the origin of hysteria, inasmuch as they can here learn two things which they ought to know.

Firstly, that mental abnormalities may be due to painful experiences in the past, or troublesome conflicts in a person's life, or unsatisfied longings and desires, which are not discernible at a first glance, which may, indeed, be unknown to the patient, but nevertheless undermine health and produce nervous disorder. *And unless we can discover these sources of unrest, hidden but still flowing, we can never hope to render real assistance or effect a cure.* All spiritual treatment must be preceded by a mental analysis. The priest must, like the nerve specialist nowadays, learn to seek and search, listen and penetrate into the spiritual life in order to find the *causa morbi*, or cause of disease. Hour after hour, day after day, month after month, he must carry on his psycho-analysis. It takes time. Psycho-analysis is not quackery, but art and science in conjunction with extreme patience and the will to render real aid. Lengthy and intensive effort is here essential.

This is the first thing which priests may learn from the modern treatment of hysteria. Furthermore, the modern theory warrants the conclusion that if mental unrest and nervous attacks may be due to unsatisfied longings and inner disharmony, they may also be due to unsatisfied *religious* longing and the lack of peace with God. The religious longing is, as we have already mentioned, in connection with the insane, a primitive

impulse and a powerful craving in human nature. And this craving or impulse, whatever we may call it, can, like others of a similar primitive character, produce nervous disorder when it remains unsatisfied. The clergy, then, can assist the doctors in this respect, by tracing any spiritual or religious trouble and remedying it as far as possible. The priest must render spiritual aid in his own particular sphere, that is, the sphere of religion, and if he can restore the patient to spiritual health, that is, restore the sufferer to calm and surety in religious matters, he is directly aiding the work of the medical expert. Physician and priest have one great interest in common, namely, the task of aiding mankind to attain peace and harmony, health and happiness.

But there is still more to be said in regard to the treatment of hysteria.

The cure of hysterical attacks is effected by eradicating from the subconscious mind of the patient those morbid ideas which are the cause of the trouble. This is, of course, the logical method of proceeding according to the theory above mentioned. But it is often a very difficult matter. The process of eradication often has to be effected by suggestive treatment, that is to say, by the authoritative introduction or removal of certain ideas. This is most frequently done by personal influence, where one person by virtue of his or her personal authority imposes on another certain ideas or certain feelings. What we have to do in cases of hysteria is to *convince* the sufferers that they are physically healthy despite their belief that they are physically ill.

The suggestion can be effected in different ways. It may be given in the form of medicine which the patient believes will prove efficacious. It may be given in the

form of an electric current passed through the body. It can be given by massage, or camouflaged as a "system", preferably with the name of some well-known authority to support it. In every case it is *faith* that produces the effect; faith in the means employed to effect a cure, and in the power of the physician to accomplish it. *Anything in which the patient confidently believes can cure the disease*, whether it be certain medicines, personalities, sacred waters, amulets, electric belts, magnetic vibration, wise women or what not. The latest idea is to employ certain breathing exercises (the Yoga system), or manipulate certain vertebræ (chiropractics), or merely to repeat certain optimistic formulæ (Dr. Coué's method).

Here again, however, we touch on a point which must be of interest from the point of view of religious psychology, to wit, the cure of hysterical disorders by faith and faith alone.

You will all be aware that there are certain faith-healing movements which have from ancient times sought to cure people by faith and prayer alone. Such a passage as that in James v. 14-15, to the effect that the prayer of faith shall heal the sick, has served especially as a support for such movements, and, strictly speaking, it is perhaps impossible for an earnest Christian altogether to disregard the teaching of the Bible on this head. We must accept it in some way or other.

As examples of faith-healing, we may take the holy waters at Lourdes, where hundreds of persons make pilgrimage every year to be cured by a miracle, stepping down into the water while the Host is borne in procession by the priests. Or we can take the American Christian Science school, which declares that disease does not exist for those who truly believe. Disease is merely a figment

of the imagination. It is against the nature of God that His creatures should be subject to such frailties. The whole art lies simply in believing God's word, and one is then cured. And many persons have actually been cured in this manner. In 1919 the movement had two millions of adherents and one thousand churches in America, besides four thousand healers. Also in other countries there are faith-healers to be found. There are little circles in Copenhagen, for instance, where people assemble for the healing of the sick by laying on of hands and anointing them with oil. Not a few of my own patients have visited such circles and communities, and these movements are in reality far more widespread than is generally supposed.

How are we, as Christians, to consider these phenomena ?

It is difficult, if not impossible, to say what actually happens in each individual case. That God *can* heal people directly and by supernatural means will hardly be doubted by any Christian. The miracle is a possibility which we must reckon with, though it is probable that more miracles take place quietly than openly. A person who has experienced something of God's mysterious power and marvelled at the same, is not as a rule inclined to cry it aloud in the market-place.

But there can be little doubt that a very great number of these so-called miraculous cures are really due to *suggestive treatment of hysterical disorders*. In the first place, people who have recourse to faith-healing are as a rule nervous and ill-balanced persons with an inclination towards the sensational and unusual in other ways as well. And further, it can be proved that no small number of patients so cured suffer relapse, namely, when the suggestion has worn off. Most nerve specialists

can probably quote instances of this. We see how patients come from their faith-healing, cured for a time, but only to suffer further hysterical attacks later on ; and as a rule with an added bitterness, in that they feel themselves incensed against God for having disappointed their expectations. This confirms our assumption that it is not a question of miracles proper, but of ordinary suggestive cure of nervous disorders, a cure which many doctors can effect by themselves quite as well as, or better than, the faith-healers, *inter alia* because they are aware of the dangers of suggestive treatment.

It is of great importance, then, to realize this, for you will, when you enter on your task in life, hear many remarkable stories of healing by faith. One should not always positively refuse to give credence to such accounts, but it is as well to be sceptical. In the first place, hysterical complaints are far more common than laymen imagine, and almost every apparently physical trouble *may* be of hysterical origin, from chronic skin disease to serious wounds and fever, or even abdominal tumours. And remember also that suggestive force is a very powerful agent and a remarkable healing factor which can produce the most astonishing effects on the sick. But it is not a divine force in the special sense ; it is no more divine than are many other powers and forces which God has placed at our disposal.

The last point of interest in hysteria from a religious and psychological point of view, which we must briefly mention here, is the peculiar character and unusual emotional life of these people, which we may comprise under the general term : hysterical constitution. It means that hysterical persons are ill-balanced, unreliable, impulsive, theatrical, anxious to draw attention to

themselves, to " make scenes ", and inclined to surprising explosive outbursts of feeling, such as anger, hatred, temper, love, sorrow, jealousy, etc. It is as if they must always overdo everything ; as if there grew up, from dark depths in the hysterical mind, strange flowers, odd, warped, uncanny growths of the imagination, having no place in the world of reality.

This dark depth in the hysterical mind, whence spring so many strange actions and sudden outbursts, is the subconscious region, here more active than in others. It has been proved by psychological tests, which we need not go into here, that few people have the subconscious mind so keenly developed as hysterical subjects. This is perhaps most marked in their tendency to dream-like experiences and hysterical vapours, that is to say, a state of semi-unconsciousness where they go about as in a fog, and can, in the course of some hours or days, commit actions the effect of which they do not realize, and of which they are not afterwards aware. They may go off somewhere by train and make purchases, commit theft, or wander about in the fields and woods without any clear idea of what they have been doing. And these attacks are particularly liable to occur when something has upset the patient in some way, or some difficulty has arisen. They may be frequently repeated, until we get what is called a dual personality, where the normal ego is temporarily suspended and a new personality, unknown to the first, is formed, and acts and speaks like an entirely different person. As many as five different personalities may arise one after another in the same body, in the case of hysterical patients.

We cannot here go further into the question as to the subconscious in its relation to the normal consciousness. What we wish to point out is that religious life

in hysterical persons is also of a very peculiar character, and that such individuals are especially inclined to sudden and unexpected conversions and abrupt religious awakenings.

An American psychologist, Dr. George Coe, has made a special study of the mentality of persons who have experienced such religious awakenings. He gives, *inter alia*, the results of an investigation of the mental state of seventy-seven individuals, all of whom had experienced a sudden or "acute" conversion. He believed it could be shown that all these persons had a very active subconsciousness. He formulates his conclusions to the effect that in persons with a tendency to sudden conversion, three psychic elements are found, namely, a choleric or melancholy temperament, highly developed emotional life, and active subconsciousness. When these three factors are present, there will, he says, in nine cases out of ten, occur a sudden religious change—provided that there is some external influence, and that the patient himself desires it; whereas on the other hand, where these conditions are lacking, there will rarely if ever be any sudden transformation, even though the patient may wish it and even though external influence may be present. This is interesting from a religious and psychological point of view.

For the rest, I would recommend you to read this writer for yourselves, and at the same time I would remind you of William James's *Varieties of Religious Experience*, the foremost of all religious psychological works. This last-named work gives a number of instances of acute conversion in persons of hysterical constitution.

It now remains to say a few words about a disease which does not belong to the mental diseases or nervous

diseases proper, but is nevertheless of interest in this connection, owing to the morbid state of mind which the sufferers often exhibit, namely, epilepsy or the falling sickness.

Epilepsy is a disease which often commences in youth or childhood, and makes itself apparent in convulsions occurring at certain intervals. These fits are of a very distinctive character in contrast to those of hysteria. The patient first utters a cry, then loses consciousness and falls down, with convulsive movements of the arms and legs. The face turns blue, foam appears at the mouth, and the teeth often close on the tongue. When the convulsions have lasted a few minutes, they pass off, and the patient falls into a deep sleep, which may last for several hours; on awakening, he is perfectly well, but has generally forgotten all about the fit, only discovering it as a rule on finding that he has bitten his tongue or hurt himself in the fall, or when informed by others of what has taken place.

Patients suffering from this disease tend, unfortunately, when the fits have lasted a certain number of years, and if not checked by treatment, to undergo a change of character. They become dull-witted, lose memory, and not infrequently suffer a moral change for the worse. They become selfish, egocentric, mischievous, unreliable, irritable, hasty tempered, and sometimes develop criminal tendencies. Many of the worst crimes ever committed, such as murders, rape, arson, etc., have been the work of epileptics.

Now it is a religious problem in itself that the human character can be so thoroughly and so distressingly changed by a disease which from its whole nature appears to be physical, and the effects of which may often be demonstrated in the brain after death. But it

is not this side of the problem which we shall here consider, for the same arises in all insanity and all mental change occasioned by physical suffering, and is not confined to epilepsy. There is another aspect of epilepsy which the clergy should note, namely, that epileptics are as a rule *sensitive to religious influence, and at the same time inclined to morbid religious feelings*. The Germans call it "religiöse Frommlerei bei den Epileptikern". It is especially noticeable where there are many epileptics assembled in special colonies. They are ready and willing to receive the word of God, sing hymns, and are easily led into the life of faith; many of them may, indeed, develop a true and deep religious feeling which proves of great importance to them in their lives. But there is another side to this religious tendency among these patients, namely, a certain tendency to morbid eccentricity; as for instance in self-righteous pharisaism, hypochondriac self-reproach, fanatic imaginings and self-mutilation—in a word, to many kinds of morbid excesses in religious life. This is a result of their epileptic disease, and it may spread epidemically to other epileptics, and should therefore be combated firmly by doctor and priest together. The spiritual care of epileptics is a special field in itself, and it is necessary to know the peculiar constitution of these patients in order to give them the Gospel in the right way, i.e., in such a manner as to render it of value to them in the deepest sense, and not harmful.

LECTURE VI

RELIGION AND MENTAL DEGENERATION

WE have now finally to consider a series of morbid mental states which lie on the boundary line between sanity and insanity, and which may be designated by the common term of mental degeneration.

In order to explain what is meant by mental degeneration, I must begin by reminding you that we find, both in the animal and vegetable kingdoms, certain abnormalities which are not actual diseases, but merely indicate a deviation from the normal type in one way or other. We may for instance find odd wild shoots on the stem of a normal tree ; and among animals, we sometimes encounter variants differing curiously from the rest of the species. Degeneration among human beings may best be compared to such wild shoots or variants, and it would thus to a certain extent be better to use the word " deviation " in place of " degeneration ", inasmuch as we simply mean to imply that the individual is different from his fellows. He has deviated from the ordinary. He is a *casus hominis* of a peculiar kind and with a peculiar stamp of his own.

And with regard to mental degeneration we must first of all observe that it is, like all other troubles of the human mind, associated with the brain. All mental

activity is seated in the brain, and mental degeneration is due to a fault in the cerebral structure. We do not know for certain whether it is a faulty arrangement of the cells, or faulty structure of the cells themselves, or perhaps a functional defect. We only know that it is a purely physical disease of the brain which gives rise to the mental degeneration.

Degeneration may be inherited or acquired ; in most cases it is a legacy from the parents. Statistics based on extensive material show that in degenerate families there are many cases of mental trouble in the form of insanity, nervousness, alcoholism, crime, suicide and the like. These troubles can also occur in the families of normal people, but they are far more frequent among degenerates, and the reason is often that numbers of degenerate families intermarry, and the evil is thus increased, adding to its total from generation to generation, until Nature steps in and puts an end to it by rendering the individuals sterile, when the race dies out. Mental degeneration can, however, also be acquired, a normal person being transformed into a degenerate ; for instance, a blow on the head, cerebral inflammation or chronic poisoning, may produce degenerative brain trouble.

We will now run through various forms of mental degeneration, and especially those which are of importance to religious life. I must first of all observe, however, that we have here a very wide field to cover, and an enormous number of mental phenomena, so that it is difficult to determine what should be included and what omitted. Strictly speaking, every marked peculiarity comes under the heading of mental abnormality. There are not a few persons who have some weak spot or other in their mentality. But it is only the types, and

the particularly marked deviations which we shall here consider.

I will take three groups: (1) Moral Degeneration; (2) Chronic Alcoholism; and (3) The Higher Degeneration (*la dégénération supérieure*).

You are all doubtless aware that a famous Italian writer, Lombroso, has coined the term "born criminal" to indicate that certain persons are born, so to speak, without any moral disposition. They have not, as we have, a moral conscience to tell them what is right or wrong. They are morally colour-blind, and have thus to learn everything from others. Lombroso asserts that about one-third of all criminals are born criminals, and these, in his view, the worst of them all. Whether this is correct or not I will not venture to say. It is perhaps a somewhat high figure, for habits, temptation and environment are doubtless responsible for most cases of criminal development. But Lombroso is undoubtedly right in pointing out that *there are greatly varying degrees of moral resistance in different persons*. The thing that tempts one and makes him a criminal does not tempt another. There are thus persons (and here especially children) who are tempted beyond their power of resistance in modern society, and should therefore never be allowed to go loose in it. They have a gap in their mental life, and this at the most unfortunate spot, namely in their moral sense. Consequently, they become a burden to their parents and a plague to the community in which they are brought up.

Let us analyse some of these moral degenerates a little further. They make themselves noticed at an early age by obstinacy and unruliness. No one can tame them. Even as children they go their own ways. Discipline has no effect on them. Appeals to their

finer feelings are altogether futile, for they have none ; their home and relatives are a matter of indifference to them, and they hate their teachers. If force is used, they kick over the traces, become wild and defiant, have fits of blind fury, and smash tables and chairs, or attempt their own lives or those of others. They soon form the idea that everybody is against them, nobody cares for them, they are unjustly treated and persecuted ; and they may indeed develop fixed ideas in this direction, which lead them beyond the bounds of sanity. And when we further note that moral degenerates are thieving, lying and mischievous, disinclined to any form of regular work, throw up one thing after another and play truant from school, we have given some of the spiritual signs of this form of degeneration. We are here of course considering the most pronounced cases.

I will give a few examples from the journals of Section VI, which I am enabled to quote by the courtesy of Dr. Wimmer. All these are children. I have selected such cases as being presumably the most instructive for our present purpose.

CASE 16.—A boy of eight, whose two uncles were drunkards and who had always been difficult to manage ; steals, lies, and is generally ungovernable. His father declares that even the most severe thrashings have proved of no avail. He is brought to Section VI after having several times stolen things from his school, and had during the past ten months on ten separate occasions lit a bonfire in his parents' house. Reason unknown. On admission, he proved quick and alert, not lacking in intellect, and passed all the usual tests of intelligence

with ease. But he is very troublesome here as well, and the other patients say he swears "like a trooper" (a boy of eight!).

CASE 17.—A little girl of seven was admitted to Section VI because her mother could not manage her at home. The mother states that the child has been quite unmanageable from the time she was quite small, violent tempered and extremely naughty. Has lately taken to running about the streets, and there learned a number of abusive words which she uses freely towards her mother at home and in public. Had been brought up in a Roman Catholic school, but the nuns there will have nothing to do with her now, as she teaches the other children most abominable words. At the hospital she shows no particular signs either of physical or mental abnormality beyond being thoroughly naughty! Diagnosis: *degeneratio psychopathica*.

CASE 18.—A boy of fourteen is brought to Section VI as a vagabond. He has during the past six months three times run away from his work, to go loafing about the streets or sitting in taverns and cinemas spending money he has stolen. The reason for his running away is generally that he has stolen something, or is afraid of being punished for some other offence, and so stays away for several days. Sleeps at night in cellars and sheds and comes home in a dreadful state. The police think of sending him to a reformatory or to sea.

Naturally, persons suffering from congenital moral defects have always been a difficult problem in medical science as well as in law. In the old days they were

treated according to the principle: "An eye for an eye, and a tooth for a tooth"; that is, society took vengeance on them for every crime they committed. Nowadays, however, humaner principles prevail, to wit, those of the pædagogical system, which aims at educating instead of punishing. This is a natural outcome of the increasing recognition of the fact that we have here to deal with *a true congenital defect of character, not merely intentional wickedness.*

The Church, too, has in course of time done much for the cause of moral degenerates, and this is why we are mentioning them here. Reformatories and homes of various kinds for young men and women who have been in trouble, prison missions and the like, have shown that the Christian community recognizes its duty toward these unfortunates. But if we may venture here to criticize the work of the Church—and we may perhaps be allowed to look at the matter in sober judgment—it must be admitted that the Church has throughout the ages been extremely strict, and perhaps at times unfair in its demands with regard to these stepchildren of nature. Obviously, as long as the doctrine of free will is insisted on as a fundamental principle—as it must be if there is to be any sense in the words salvation and perdition—it will be difficult at times to admit that moral faults *may* be due to congenital defects, and not solely to wilful wickedness. It is a difficult problem, but there can be little doubt that whatever our views on determinism or indeterminism, the Church has been somewhat severe in its judgment and somewhat pharisaical in its treatment of the so-called born criminals.

It is highly desirable that the Church should, in the future, make some effort on behalf of moral defectives,

based on a practical and realistic consideration of the possibilities of these persons. This does not mean that we should refrain from telling them the truth about their faults, or refrain from holding up to them the great ethical ideals of Christianity. We do not lightly give up the attempt to restore the power of motion in a paralysed arm, or the power of sight in a blinded eye ; and similarly, we should not neglect to encourage the development of moral sense in defective persons. The Church is particularly qualified to offer a helping hand in this respect. It holds that there are *possibilities* of development in every human being, and can thus meet them with confidence, which is just what they need. But we can demand of the Church that it shall be just. And justice will often force us to admit that these persons *cannot*, by any conceivable means, make their way in society as now constituted. They sink to the bottom as a stone sinks in water when exposed to the temptation of modern social conditions. And our aim should therefore be not merely to preach and educate, but to isolate such persons, get them away from the unrest of society and give them peace. We cannot expect a paralysed arm to grasp, or a blind eye to see ; but we can provide the sufferers with extraneous aids and give them suitable conditions of life. The Church should be the servant of the weak, and not only their taskmaster. The work of Mathilda Wrede among criminals in Finland, and that of Pastor Munck among the dregs of society in Denmark, are fine examples of profound Christian and true psychological attitude towards moral degenerates.

And I must here mention a class of persons for whom the Church has done a great deal and rendered admirable help in many ways, namely, cases of chronic alcoholism.

We can, in the main, distinguish between four separate forms of chronic alcoholism.

Firstly, there are persons who drink because of congenital hypochondria. These are people who have never really felt the true joy of life for any length of time, and have from childhood been afflicted by a painful pessimism and weariness. They do not drink from any enjoyment of the drink itself, at any rate not at first ; but they find it gives them bright moments, drives away their misery for a while, and gives them a temporary feeling of well-being and content. Jack London has given an excellent description of this type of drunkard in one of his books.

Then there are the periodical drunkards, who have occasional spells of drinking and can do without it in the intervals. Most of these are undoubtedly patients suffering from periodical depression. The attacks do not actually begin with drink, but with a pronounced melancholy, insomnia and disinclination to work ; and when this has reached a certain point, they turn to the bottle. They stumble through their depression in a more or less stupefied condition, but when, after a time, the depression passes off, they abstain, and feel no real need of alcohol. It is difficult, however, to diagnose this complaint, as many drunkards declare they are periodical drinkers, whereas this is not really the case. They endeavour by this means to extenuate their vice, for the periodical drunkard has of course some excuse for his occasional excesses. The best way of treating these patients is to deny them access to any form of alcohol as long as the depression lasts ; if necessary, they should be placed in a hospital or private nursing home during the period.

The third group is the largest, and comprises those who suffer from congenital weakness of character, that is to say, true mental degenerates. These people, again, are

not wicked in the ordinary sense, but they lack power of resistance. When exposed to temptation—and the conditions of modern society abound with temptation—they fall. They may be otherwise decent and kindly souls—the drunkard's wife often exhibits a pathetic affection for her husband—but once they get into bad company and taste drink, they almost invariably begin to abuse it. The treatment of this type of patient is not always without its good effects ; it is carried out in an inebriate's home. But we must not expect to make a permanent cure in every case, for there are very often relapses. The Blue Cross Home seems to have the best prospects here, for statistics prove that most cures take place there. This is of course due to the fact that in these homes the patients' minds are carefully stored with new ideas and feelings, calculated to increase their power of resistance in case of temptation.

Finally, there is a small group of drunkards which is of great importance from the medical point of view, namely, those who take to drink at the initial stage of insidiously approaching insanity ; and these are more numerous than might be supposed. Dr. Neve has described this form of alcoholism in his book on *Chronic Alcoholic Psychoses*.

It would be a great thing if all endeavours towards the reclaiming of drunkards, including that of the Church, were based on a psychiatric appreciation of alcoholism, distinguishing between the different groups, and treating each in its own way. There can be no doubt that this would give more adequate treatment of individual cases, and be more economical socially. A great deal of time and effort is now spent on trying to help cases which from the medical point of view are already hopeless ; cases in which the only course is lasting confinement

or isolation in colonies on little islands or in remote places. It is this, and not temporary improvement, which should here be aimed at.

It remains now to consider the higher degeneration, or, as the French call it, *la dégénération supérieure*. This is a field as important as it is difficult to deal with, owing to the fact that a number of our most distinguished fellow-men have suffered from the disease, and it is almost impossible to determine what is morbid and what is healthy. We are moving on a psychiatric borderline.

The position here is best described by a definite example. (The case here, like those previously given, has been somewhat altered in personal details for reasons of discretion.)

CASE 19 was a young man of one of our oldest families, that is to say, whose ancestors had for many generations occupied high position in the country—a family, moreover, of a highly cultivated type, with artistic disposition and genius combined in the development of highly intellectual life. The family numbered several eccentrics, some few cases of insanity, and many neuro-pathic subjects.

The boy was nervous from childhood, but highly gifted, quick to learn and with a good memory, though somewhat superficial. He had a winning manner, smooth and pleasing, rather ingratiating, the type that is generally popular. Had also some artistic ability, sang and played and recited, acted very successfully in school plays. Naturally sensitive, he became religious while still at school, and after a sudden and violent conversion, began working for the conversion of others.

Became a member of the Y.M.C.A., and for some time acted as leader of a department here.

Despite all this brilliancy on the surface, he was far from being happy. Suffered from various morbid symptoms, which caused him anxiety and distress, such as headache, fits of terror, trembling hands, palpitation, and uncanny fancies. The sight of a knife made him think of cutting peoples' throats, and when crossing an open square he would be seized with fright, and imagine he was swimming in the midst of the ocean. His sex life too was marked by various abnormal features, he had to struggle hard against a morbidly accentuated sexual passion.

For some time he seemed to be making a good career, but this suddenly came to an end. In the first place, he was found to have slight moral weaknesses, and on one occasion effected a transaction with money not his own which led to his dismissal from a position of trust. And further, owing to the morbid character of his religious life, he experienced a series of revelations, fell into mystic trances and saw visions, heard voices, etc., which produced a state of ecstasy for some time ; in the intervals, however, he was altogether barren and blunted in religious feeling. Simultaneously with these religious revelations he became entangled in a series of love affairs which seriously affected his strength, and ultimately placed him in the doctor's hands.

Before this stage was reached he had, however, succeeded in writing a couple of quite good books, and had gained some reputation as a journalist.

Now what can we gather from a case of this sort ? What form of mental disease should we say was here in

question? Was the man sane or insane, normal or abnormal?

In the present instance, we cannot say that he was insane in the true sense of the word. At any rate, his case does not come under any of the ordinary categories of insanity. There was perhaps some indication of neurasthenia, but this diagnosis would not suffice. And the same may be said of hysteria; for though there were several hysterical symptoms, there remains much which cannot be attributed to hysteria. Nor was there anything to suggest epilepsy.

In point of fact, this patient was suffering from superior degeneration. The disease is by no means uncommon in great old families; a description of it is given in Fr. Lange's book on *Degenerate Families*. Our patient here exhibits various symptoms particularly characteristic of this form of degeneration, namely, extreme sensitiveness, artistic ability, inclination to mystical experiences, active and irregular mental processes, uncanny fancies, sexual abnormalities, and slight moral defects. This form of degeneration seems indeed to include a mixture of everything found in all types of degeneration, but we find in particular one point which, as it were, raises these sufferers above the common herd, the "lower degenerates", to wit, the touch of genius, the exceptional intellectual capacity.

Some years back there appeared a book by Lombroso entitled *Genie und Irrsinn*, which has attained some degree of fame. In this book the author endeavours to prove that genius, and indeed all that is original and creative in the history of mankind, has always been marked by a pathological element. Artistic, scientific and practical genius have always been found associated with disease, to wit, mental degeneration. If we go through

the biographies of a series of famous men, we find, according to Lombroso, that the greater number of them have suffered from fixed ideas, abnormal sensitiveness, alcoholic excess, sexual abnormality, fits, etc. And in most of these men of genius, the creative moments, their true hours of inspiration, have been almost invariably associated with mental and physical symptoms of pathological character, often to such a degree as to indicate acute insanity, followed by renewed clarity of mind and relative cure.

How far this assertion may be correct I will not venture to say. Lombroso's book is perhaps somewhat fantastic, and his contributions to other fields of medical research have not always been able to stand the severest test. The point that interests us here is, that he demonstrates, in many men whom we have accounted as of the highest distinction—including prominent leaders of the Church—the existence of decidedly psychopathic symptoms, more especially in the saints of the Roman Catholic Church. I will quote some of his examples.

St. Anthony was a man of highly sensitive nature, and with a tendency to automatic psychic movement. At the age of twenty he was seized by the suggestive violence of the words : Sell all that thou hast and give to the poor. He became a hermit, fled away into the desert, and gave himself up to penance and meditation. Here he experienced terrible internal conflicts, where storms of temptation overwhelmed him, one after another ; at times his sensations attained such a degree of intensity as to produce hallucinations ; he heard the voice of Christ, was whipped by devils and terrified by ghosts, and suffered great torment of mind.

St. Francis of Assisi was likewise of a highly sensitive temperament, and highly susceptible to suggestion.

This is evident from several incidents in his life. It is related that when communicating he often fell into a state of ecstasy, in which his soul was lifted up and longed for God. Often when praying he would fall into an ecstatic state, and when considering the sufferings of Christ, fell into such a fit of weeping that his eyes were affected. He has written some songs which in their highly sensitive nature and almost physical surrender to the divinity produce an uncanny effect, and show that he was highly psychopathic.

William James relates of George Fox, the founder of the Quaker religion, that he was a psychopath of the purest water. He gives the following example: Fox was once impelled by the word of the Lord to enter a city where he heard voices telling him to take off his shoes. It was winter, but he heard the word of the Lord repeatedly crying: "Woe, woe unto Lichfield, the ungodly city." When he reached the market-place, he saw a river of blood flowing across it; he seemed to be wading in blood, but the word of the Lord so burned his feet and body that he could not put on his shoes.

But we need not go to the Catholic saints for psychopathic symptoms; Martin Luther himself suffered from the same. At twenty-seven he began to suffer from headache, giddiness and noises in the head; this was repeated at different periods of his life, and sometimes accompanied by hallucinations. In 1521, when he was living a very solitary life, he heard one evening some hazel nuts in a bag moving about of their own accord; they rushed up to the roof and towards his bed. Later, when he had fallen asleep, he heard a violent crash, and starting up from his bed, he cried: "Who is there? I commend myself to Jesus Christ!" Several times in his life he heard his own thoughts repeated aloud, sometimes

in a voice of thunder, and "not infrequently", he relates, "it happened that I awoke at midnight and disputed with Satan until it was nearly time for Mass". It is also a well-known fact that at Wartburg, in a moment of extreme spiritual tension, he threw an inkpot at the Devil.¹

There is thus no doubt that William James may be right in asserting that many highly religious and spiritually creative persons have been psychopathic, or, as we may also put it, suffered from superior degeneration. It seems as if rare and exalted original ideas, those which really create new values, arise for the most part in the "crazy" brain, while persons of a robuster nervous system never get beyond ordinary everyday intellectual achievements.

What are we to say to this? Is there anything here derogatory to the great minds or to religious feeling?

Not at all. The manner in which spiritual results are achieved is immaterial in comparison with their value. It is the fruits of experience which count, not the intellectual mechanism which produces them. As William James points out, if St. Theresa had been endowed with a nervous system like that of the most peaceable cow, it would not have saved her theology, provided it had proved unsound by the test of intellectual judgment. On the other hand, if her theology stands the test, it does not matter how hysterical and nervously unbalanced she may have been while here on earth.

It is of the utmost importance to realize this. For it counteracts the shallow medical materialism which aims at reducing all spiritual values to something inferior,

¹ It has been suggested that Luther was a manic-depressive subject, but it is doubtful whether this is correct. Possibly, Luther should rather be regarded as psychopathic.

on the ground that they are based on a physical, organic process. It is to the lasting credit of William James that he maintains emphatically that it is arbitrary and illogical to deny the superior spiritual value of a religious mood because it can be shown to have an organic cause. If there be any such thing as inspiration from above, says James, it may well be that the neurotic temperament provides the main requirement for susceptibility.

On the other hand, this does not mean that the sane and ordinary, the needs of everyday life, are not also justified both in the life of the Church and in that of the individual. It is possible, indeed it is certain, that the Church has generally favoured the psychopathic, and under-estimated what was ordinary and straightforward. The Church should always bear in mind that certain persons, by virtue of their whole psychic construction, are altogether debarred from certain forms of religious experience. It is therefore altogether unfair to demand the same form of religious experience in all, for the psychic disposition differs greatly in different persons, and their religious experiences must therefore differ accordingly. If only we could always remember this, there would be less strife and dissension between the different schools of thought in the Church, since everyone would have enough to do in getting the best out of his own talent, and attaining what his qualifications permit in his own particular case.

And here I conclude these lectures on morbid mental states in their relation to religious life.

I am well aware that what I have been able to put forward in this field is poor and incomplete in comparison with the depth and importance of the subject itself. But I have throughout made it my endeavour to arouse

a keener interest in psychiatric and neurological study, and induce others to go further on their own account. For there can be no doubt that at the present day it is useful, indeed necessary, for theological students and the clergy to acquire more information on this head.

We live in an age when religious longing is strong enough, but does not always turn towards the Church. What is the reason of this? Is it not that the Church does not always turn towards the religious longing? It does not try to regard each individual human being according to his or her individual character and capacity, with all peculiarities of psychic structure. The Church has often endeavoured to put people into a definite spiritual uniform; but people nowadays will not wear uniform. They cannot and will not adapt themselves to anything of the sort. They must be themselves also in their religious life. And they have the right.

Consequently, the clergy of to-day must learn to understand the different human types. And among these types there is one which is not the least important, and which the clergy should not neglect, namely, that of the morbid mind.

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