Am J Psychiatry 135:6, June 1978

OFFICIAL ACTIONS

Report of the Task Force on Religion and Psychiatry: Phase III

In 1970 the American Psychiatric Association conducted a "U.S. Census of Psychiatry" in which psychiatrists were asked whether they provided any psychiatric services to religious institutions. A surprising 2,198 of our membership (13%) responded affirmatively.

In Phase I of our study, these 2,198 "providers" were studied to determine who they were, their personal and medical backgrounds, and the nature of their psychiatric practice. The data came from information already in our computer.

For Phase II, a questionnaire was devised in 1972 to solicit more detailed information about the "providers" and the nature of their services to religious institutions. In addition, confidential questions about their personal religious beliefs and practices, as well as those of their children, were included. The results of the Phase I and Phase II surveys have been published.[1] Phase I and II gave the "providers' " viewpoints about their services. To complete the picture, APA felt that the institutions served should be consulted.

On the Phase II questionnaire the "providers" had named about 400 religious institutions that they had served, including theological seminaries, denominational colleges, churches, social agencies connected with religious groups, national church headquarters, and the like.

PHASE III

A questionnaire was devised in 1976 to elicit from the administrators of these institutions their evaluation of the psychiatric services rendered (see appendix 1).

Although four years had elapsed since the original study, we hoped that recollection of the services supplied and the psychiatrists who supplied them would be strong enough to render an objective evaluation. Another goal of the Phase III study was to elicit suggestions from the institutions as to how APA might better meet the needs of religion and psychiatry in the future.

The Task Force on Religion and Psychiatry included Abraham N. Franzblau, M.D., Ph.D., chairperson, Angelo D'Agostino, S.J., M.D., Edgar Draper, M.D., Merritt H. Egan, M.D., William N. Grosch, M.D., Emanuel M. Honig, M.D., and Ana-Maria Rizzuto, M.D.

[1]American Psychiatric Association Task Force Report 10: Psychiatrists' Viewpoints on Religion and Their Service to Religious Institutions and the Ministry. Washington, D.C., APA, December 1975.

THE RESPONSE

Of the 369 questionnaires sent out, 152 (41.2%) usable responses were returned. Although this may be regarded as a satisfactory response in view of the time that had elapsed between the 1972 and the 1976 surveys, the fact remains that over 200 institutions did not respond. Some of the institutions were no longer in existence, and some addresses were incorrect; we have no clues about why the rest did not respond. We have no way of determining the facts about the present status of psychiatric services in those institutions or how they regarded the services rendered in 1972.

Twelve institutions used psychiatric services less than in 1972. It might seem logical that their responses would give us some explanation of why 58.8% of the institutions did not respond, but their comments were not helpful. One stated that their psychiatric consultant had left, but they were seeking another; one, for practical reasons, is using clinical psychologists for "day-to-day services" and employing a psychiatrist for "difficult cases"; another is using a psychologist, "but apparently with little results." One uses psychiatric services "for screening, since the costs are too high for anything else." The remaining comments from these 12 institutions were not relevant. Comments from institutions in which psychiatric services are utilized to the same extent as in 1972 were no more helpful in pointing to the reasons why over 200 did not respond.

We may conjecture that some of the nonresponders were institutions in which psychiatric services are no longer used; hence, present personnel lacked the information necessary to evaluate what went on in 1972. Another segment may have been institutions that were dissatisfied with the services rendered in 1972 and did not care to take the time now to cooperate. Others may have neglected to reply for the same reasons questionnaires rarely gain anywhere near a 100% response—they get lost or misplaced, "filed and forgotten," are put aside for later reply and preempted by more urgent matters, etc.

Institutions' Attitudes Toward Services Rendered

In the 152 institutions that did respond, the psychiatric services rendered by our members appear to be well regarded and well remembered. The questionnaire's request for "essay-type" comments was complied with abundantly by most of the responders. These have been analyzed and classified (appendix 2).

The findings presented in the remainder of the report are, of course, characteristic of the 152 institutions that responded and not a basis for wider generalization.

Present Utilization of Psychiatric Services Compared with 1972

Almost one-half (47.5%) of the institutions that responded stated that they were utilizing the services of psychiatrists in larger measure than they were in 1972. About one-third (33.6%) were using such services to about the same extent as in 1972 and about one-tenth (9.8%) less. The remainder (9.0%) did not reply to this item.

Institutions' Ratings of Psychiatrists' Services

The institutions were asked to rate the quality of the services rendered by the psychiatrists in the various areas in which the "providers" served them (table 1). These included teaching and/or training, therapy, screening and/or diagnosis, consultation, and research. Proportionately, these services were reported as having been utilized to more or less the same degree, except for research, in which psychiatrists participated in only a small percentage of institutions.

Combining the ratings of excellent and satisfactory, well over 90% of the responding institutions gave ratings of at least acceptable quality to the services rendered by APA members, and most ratings were excellent. It should be remembered that only a small percentage of institutions used psychiatrists for research, which may account for the lower ratings in that area.

Other Services

In the section of the questionnaire dealing with evaluation of the services rendered, there was a space for services other than those listed, but only five institutions specified any others. These were crisis care, supervision, clearance for marriage, evaluation of marriage cases, and psychological testing.

Were the Institutions' Goals Achieved?

In answer to the question "Were your goals achieved by the services rendered?" 91.0% of the institutions replied "yes," 2.5% replied "no," and 6.5% did not answer.

We also asked whether the religious knowledge and/or identification of the participating psychiatrist affected the services and found that the answers proved to be ambiguous, since we had not allowed a choice between affected favorably or unfavorably. Almost one-half (47.5%) of the institutions answered "yes," 29.5% answered "no," and 23.0% did not answer. This was the highest "no answer" response to any part of the questionnaire, confirming that the question was not as clear as it might have been.

Are Additional Types of Psychiatric Services Desired?

In response to the question "What additional or modified services would you like to receive?" The first four services listed, namely, teaching and/or training, therapy, screening and/or diagnosis, and consultation, were again specified to about the same degree (19%–25%), and research was again listed by only a small number (N=2) of institutions. Evidently, the services actually received in 1972 and those the institutions specified as desirable in 1976 were almost identical. As a matter of fact, 17 institutions answered by stating "the same" or "present services are sufficient." The suggested services other than those specifically listed in the questionnaire were scattered over 10 categories, none of which were named by more than 2 institutions. They included such suggestions as meeting with parent groups, agency referrals, "medicine/religion" breakfasts, guidance in welfare payments, geriatric programs, and the like.

TABLE 1
Religious Institutions' Rating of Psychiatric Services

Type of Service	Rating (%)*			
	Excellent	Satisfactory	Fair	Poor
Teaching and/or training	75.4	21.7	—	1.4
Screening and/or diagnosis	75.9	21.7	1.3	—
Consultation	72.0	22.0	3.0	—
Therapy	68.6	24.3	4.3	1.4
Research	35.7	28.6	35.7	—

*The difference from 100% in each line represents no answer responses.

DISCUSSION

It has long been assumed that psychiatrists, as a class, were antagonistic to religion or at least not particularly sympathetic. It is possible that this stems from common assumptions about the incompatibility of the scientific and religious points of view as well as from Freud's well-publicized definition of religion as the "universal obsessional neurosis of humanity" and his unregenerate atheism.

With reference to Freud's attitude toward religion, it is not well known that in *The Future of an Illusion*, he says, "And now you must not be surprised if I plead on behalf of retaining the religious doctrinal systems as the basis of education and of man's communal life . . . It seems to me that the religious system is by far the most suitable for the purpose . . . It allows of a refinement and sublimation of ideas which makes it possible for it to be divested of . . . primitive and infantile thinking." Like so many of our own colleagues, Freud found it compatible to react ambivalently.

We demonstrated in the Phase I and Phase II surveys that one-fourth of the typical APA membership lists itself as "atheistic," one-third as "agnostic," and two-fifths as "theistic." Slightly fewer than 3 members in 10 claimed that they never go to church; all the rest go, whether regularly, occasionally, or rarely.

Although the ultimate harmonization of science and religion may still be in the future, people with a lifework in these fields often find it possible to cross over the boundaries and cooperate professionally with each other. Also, the areas of overlap shown in this study were wider than theoretical consideration might predict.

In the area of service to religious institutions, the APA membership included many who cooperate by rendering psychiatric services in appreciable amounts. The facts are clearly set forth in our published report on the Phase II survey. Two questions remained: 1) Was this report a one-sided assessment, from the point of view of the psychiatrist alone? 2) Would the institutions served agree on the extent and quality of the services rendered by our "provider" members? Both answers are evidently affirmative. Even after an interval of 4 years, the psychiatric services rendered by our membership to religious institutions are well remembered and well regarded.

No less a scientist than Albert Einstein stated, "Science without religion is lame, and religion without science is blind." The theory about how the universe came to be, which is held by at least half of the astronomers of our day, bears a striking resemblance to the "creatio ex nihilo" of the Biblical accounts of the Creation.

Compatibility is possible, both theoretically and in practice. Our study revealed that there is no conflict between religion and psychiatry.

APPENDIX 1
Cover Letter and Questionnaire Mailed in April 1976

Attention: Administrator

In a recent survey, your institution was named as one of those to which psychiatric services were rendered by a member of the American Psychiatric Association. These services may have taken the form of therapy, screening, training, consultation and/or other.

In this survey, it was found that a surprising number of our member-psychiatrists (12.5%) were actually rendering such services to religious institutions. The results of the analysis of our data, recently published, had fascinating implications as to the interrelationship of psychiatry and religion.

Now, the Task Force on Religion and Psychiatry is eager to secure data on your side, the side of the institutions served. This is the purpose of the present inquiry, and we earnestly hope to have your cooperation.

Realizing that time has elapsed and that personnel and programs may have changed since 1972, when our survey was made, we nevertheless trust that we may have from you your evaluations and comments on the psychiatric services rendered, as well as on your current utilization and needs. We are printing a brief questionnaire to elicit this information and we will be very grateful for your cooperation in completing it and returning it to us in the enclosed stamped and addressed envelope. Your promptness will be appreciated and we assure you that confidentiality will be respected.

I. PSYCHIATRIC SERVICES RENDERED AT YOUR INSTITUTION IN 1972:

Are you aware of services rendered to your institution by our members? *(please circle)* YES NO

Indicate the type(s) of psychiatric services utilized at your institution, and then rate the service(s) that were used:

Service	Utilized		Rating			
1. Teaching and/or Training	Used	Not Used	Excellent	Satisfactory	Fair	Poor
2. Therapy	Used	Not Used	Excellent	Satisfactory	Fair	Poor
3. Screening/Diagnosis	Used	Not Used	Excellent	Satisfactory	Fair	Poor
4. Consultation	Used	Not Used	Excellent	Satisfactory	Fair	Poor
5. Research	Used	Not Used	Excellent	Satisfactory	Fair	Poor
6. Other, please specify	Used	Not Used	Excellent	Satisfactory	Fair	Poor

Were YOUR goals achieved by the services rendered? *(please circle)* YES NO

In what way? _____

Did the religious knowledge and/or identification of the participating psychiatrist affect the services? *(please circle)* YES NO

II. PSYCHIATRIC SERVICES CURRENTLY USED AT YOUR INSTITUTION:

Compared with 1972, are the psychiatric services now rendered at your institution: MORE THE SAME LESS

Please specify: _____

Under your present operational conditions, what services would you like to receive from psychiatrists? Please list SERVICE and OBJECTIVE.

SERVICE	OBJECTIVE	SERVICE	OBJECTIVE

How can the APA Task Force on Religion and Psychiatry be of service to you?

Please specify: _____

III. SUPPLEMENTARY NOTES: We would greatly appreciate any additional comments you might wish to make on any of the above topics. Please add pages as necessary.

IV. DO YOU DESIRE INFORMATION ABOUT THE RESULTS OF THIS SURVEY? *(please circle)* YES NO

APPENDIX 2
Samples of Suggestions, Comments, and Criticisms Received from Institutions

WERE YOUR GOALS ACHIEVED?

General Comments

It enabled us to deal with the whole person in meeting emotional needs.

Our services to the public have become better directed and more realistic.

Training and consultation were done in a competent and professional manner.

It assisted us to broaden our awareness of emotional and psychological factors in patients and parishioners.

It improved our skills in pastoral care.

Individuals receiving help recognized the positive side of psychiatry, and may help others to overcome negative attitudes.

Seeing patients and families treated with respect by professional psychiatrists helped personalize and humanize services.

Specific Comments

We were helped to gain a better understanding of the children we serve.

Our men were helped to know themselves better, to be more open and to grow.

It assisted me to get a handle on the weaknesses and strengths of my own supervision and provide more effective education.
Early detection and prevention of psychiatric problems helped avoid needless hospitalization of old people.
Religious were helped to adjust better to the psychological pressures of our life, and some unsuited to it were persuaded to leave.
Referral from local pastors provided a service to certain members of our community not available before.
Psychiatrists have done very well in giving evaluations of cases for our Marriage Tribunal.
It provided the support necessary for insurance payment eligibility and application for Title XIX approval.
It helped in evaluation of psychic grounds for marriage annulments.
It increased openness between men and their superiors, more frequent "cries for help," and more frequent use of psychotherapy for clergy, especially for depression.
More comprehensive screening and care in choice of applicants to seminaries, orders, etc., was made possible.
Therapy was made available for current employees and consultation for supervisors and others with specialized needs, as well as staff training sessions.
Specialized services were rendered, such as adolescent, geriatric, alcoholism, and medication programs, as well as research, consultation for pastoral counseling, doctoral studies, and helping staff faced with illnesses for which they have no expertise (for example, chemical dependence, depression, overwork, homosexuality, etc.).
In a more structured way, dialogue takes place between the disciplines of religion and psychiatry, through a series of seminars.

HOW CAN APA BE OF SERVICE TO YOU?

General Comments

APA should take the initiative toward pastoral counseling, instead of remaining aloof and authoritarian, as though psychiatrists are the high priests of mental health services.
Many clergy still see the psychiatrist oversimplistically as condemning religious practices. It is important for the psychiatrist not necessarily to believe but rather not to condemn belief.
The religious affiliation of the psychiatrist makes a difference in his understanding of the moral dimensions of problems like abortion, divorce, annulment, dissolution, etc. When the psychiatric consultant is committed to our goals and philosophy, his insight is consistently helpful, and this is so even if he is of another faith.
The days of theology having the questions to which psychiatry has the answers are over. Changing social values bring enormous problems for both psychiatrists and clergy. We need to work together on these problems of people caught in the human condition, or else we are apt again to go our separate ways.

Specific Comments

A recent paper given to the Superiors General in Rome by a Jesuit psychologist stated that 60% of religious are in need of professional help, 20% are beyond help, and another 20% are healthy. If these statistics are accurate, something definite and concrete should be done.
We need to explore third-party payment for the pastoral counselor, since the curative factors in personal, marriage, and family counseling may be as significant with a pastoral counselor as with a psychiatrist.
We find a multidisciplinary approach helpful, though we appear to work better with psychiatrists than with psychologists and social workers.
We need help in understanding and dealing with religious symbolism, pathological and defensive use of religious ideation, evaluation of religious experience, priestly role development, and the like.
New trends and information in the field of psychiatry and religion, as well as publications, brochures, course materials and the like should be shared.
Liaison with organizations working in the field of religion and psychiatry should be maintained, with invitations to attend each other's conferences, annual meetings, etc.