

his penetrating interpretation and the breadth of his thought, they have built up their own psychodynamic view of the world perhaps with horizons very different from those Freud himself possessed and containing many discoveries not known to him and many patterns of reaction which he only began to see and maybe saw imperfectly. The body of psychodynamic knowledge, like the body of all scientific knowledge, is forever changing. But there is no justification for assuming that in an age of psycho-pharmacology and accurate pre-frontal leucotomy there is not a very real place for an accurate re-adjustment of the interpersonal life in details and in areas in which medication is simply irrelevant, just as to attempt to treat a serious depressive or schizophrenic illness by psychotherapy alone may be regarded as just silly.

But this brings me to the question of drugs, pre-frontal leucotomy, etc., and their ability or otherwise to simulate or interfere with religious convictions. I fear that all the examples that Dr. Sargant gives may prove to be extreme and rare occurrences rather than the rule, and I can see no evidence for the view (regarding the effect on a patient's religious convictions of a prefrontal leucotomy) that

'a very full operation would probably have achieved this despite the strength of her conviction'.

Here again, real religious conviction is built round a synthesis rather than being built round a disintegration. In a very well written contribution from Downside Abbey when this subject was being discussed in *The Times* not so long ago, it was pointed out that whereas those taking drugs may lose their time sense and suffer perceptual distortion as a primary effect and be seeking to evade the impact of a painful reality, the religious devotee seeks to hold reality before his mind for so long that other irrelevant questions pass temporarily out of the field of consciousness. In essence, therefore, the two processes are diametrically opposed. And one hardly needs to pause over-long on the enormous gaffe in Aldous Huxley's argument in *The Doors of Perception*, in which he begins by stating that the experience of another cannot be fully apprehended and ends by supposing that because his own experience with mescaline (analysed later from recordings by his own highly synthetic mind) had some superficial resemblance to the writings of the mystics, he had thereby begun to 'enter in' to the experiences that they had had.

I say superficial resemblance because this brings us once more back to our original question and to the question of the nature of religion as a whole. It was a wise and thoughtful man who set some theological students this question: 'Why is the word

religion difficult to define? For it can mean a great many things—from Voodoo to high intellectual argument: from sexual orgy to puritanism; from primitive demonology to ethical monotheism (just as science can be loosely joined with alchemy and modern surgery with witch-doctoring). Such hazy combinations get us nowhere; and if all that Dr. Sargant's argument amounts to is saying that in the vast variety of religious experiences the emotions are brought heavily into play he has not taken us very far. If he is saying this is the essence of faith, I hope I have shown him to be mistaken. And we may be taken a little further along the journey by those who hold their convictions because these are largely determined by the force of argument, whose minds are always open to new questionings, and who are driven back to the same essential core of belief (however modified) from every position which they have temporarily assumed.

That emotion is an integral part of religious life it would be foolish to deny. Would religion have any ultimate validity if it ignored so important an aspect of life? Curiously enough, like psychiatry itself, it is concerned with the emotional and the intellectual harmony of human life, and its task is to create an intellectually true as well as an emotionally valid symphony—a symphony in which the intellect and the emotions are inextricably conjoined but without distortion of the one or disregard of the other. In the pursuit of that task there may be many 'religions', many crises, many long drawn out intellectual battles, many distortions and all of these may be seen in cultural as well as individual terms. *But the end is the same—a set of convictions so intellectually valid and tuning so accurately with the real emotional needs of everyone of us that it is proof against intellectual as well as emotional assault. What exactly is the form of that faith is beyond the reaches of psychiatry proper—perhaps we are still forging it—but no doubt the solution will be found somewhere in the depths of interpersonal behaviour.*

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DEAR SIR,

I was particularly interested in the Maudsley Lecture by Dr. Sargant, but since reading it I have had increasing doubts as to the validity of interpretation of the experience of faith.

Faith, by its very nature, is a personal experience. Ultimately it is what I believe that becomes faith for me. Of course there are, as Dr. Sargant points out in his lecture, many influences at work, including the neurophysiological, but in the end it is this personal

aspect of believing that gives to faith its essential characteristic. Without this personal response faith may degenerate and become assent, merely, to a convenient formula, or a sudden uprush of emotion unrelated to real life.

Faith implies growth, and personal maturation is an individual experience whose content must be given a personal interpretation. In order to understand such experience it is therefore of primary importance to give not only an objective account of the events themselves but also a description of their belief in their own words by those concerned. Indirect reporting is inevitably coloured by the observer's own attitudes and prejudices. Unless Dr. Sargant considers the totality of the situation of faith, giving each aspect of it the due seriousness he gives to the researches of Pavlov, his hypotheses regarding the gaining and losing of faith must of necessity have a very limited application to the realities of those situations he attempts to analyse.

My lack of conviction derives not from any antipathy to the use made of neurophysiology, which has a legitimate field of application, but to the use made of the concept of faith which by analogy must be regarded not as the Lowest Common Multiple but as the Highest Common Factor. For the approach to the life of another person in terms of his faith demands a sensitive awareness that will stretch our own ways of believing to the full so that our own faith cannot remain unaffected. To play safe, as it were, by fixing the result before we start by some predetermined and inflexible method restricts full personal involvement, whether that method be a rigid ecclesiastical dogma or Pavlovian neurophysiology.

If the progress of truth is to be the aim of true dialogue it is essential that the polarities of thought, in this instance physiology and faith, are each fully explored and presented. Having read this lecture, and also *Battle for the Mind*, I gain the impression that the discussion is overloaded towards the polarity of physiology, and my purpose is, I hope, the eirenic one of giving the other polarity of the dimension, that of faith, a little more weight, so helping to restore the balance.

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DEAR SIR,

As a Christian with experience abroad, I was most interested in Dr. Sargant's Maudsley Lecture 'The Physiology of Faith'. Some of the points he raises

with regard to faith merit further discussion. He speaks of the value of faith in fervent terms, e.g. 'The possession of such states of faith is necessary not only for the holding of such exclusive religious beliefs; it is paradoxically needed to a lesser extent to support so many of all our own day to day much more ordinary beliefs and behaviour. Faith is especially necessary in our work as physicians and psychiatrists.' Or again 'The very importance of this whole subject is due to the fact that without a supporting faith of some sort or another few people can hope to live happy and constructive lives.'

Having spoken so eloquently on the value and need of a faith it is surprising that he deals with its acquisition and content in such a peremptory way, as if it were something totally irrational and only to be acquired in a state of mental abnormality.

If any Christian is asked why he believes, there will be many different answers according to his personality and experiences. Today my answer would be from experience, reason and intuition.

*Experience.* I was not leading a satisfactory life. I met others, some of whom had much less in the way of possessions and position than I, who lived a life of contentment and peace. They were making a great contribution to the welfare of others, appeared to be enjoying life to the full and there was a welcome in their homes for all. There was no doubt that their state reflected their ideology, or in Dr. Sargant's words 'The acid test of any faith is what it results in and makes of those who come to believe in it'.

*Reason.* As doctors we study medicine and then one day we are called 'Doctor' and a sometimes irresponsible medical student becomes quite changed. We accept a commitment to serve the public in this capacity. We are constantly upheld by the ideals of the medical profession, the goodwill of other doctors, the medical organisations and even the General Medical Council. These are not just abstract ideals, but humans held in authority, ideology and fraternity by a force like themselves but much greater than any one individual: 'The God' of the medical profession.

The seeker after Christianity accepts a similar commitment, to direct the highest and best in himself towards the highest and best purpose in life; and where possible to isolate the worst in himself from the lowest in life. Religion is also more than an ethic. It is to seek a goal, preferably in human fellowship, the essence of which is an attitude of love. The members contribute towards this, but are also supported and succoured by this quality even when alone. When one is sharing and receiving love this is more than ideal, it is more personal, its strength is more vital, and in its depth, constancy and reliability