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FAITH, REASON
and
MODERN PSYCHIATRY

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Editor

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and

MODERN PSYCHIATRY

SOURCES FOR A SYNTHESIS

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**FOR HOPE AND FAITH
... AND MICHAEL, TOO**

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THE EDITOR

FOREWORD

A LITTLE LESS than three years ago the editor of this symposium joined his voice to a mounting chorus of warnings against the neglect of psychiatry and mental hygiene instruction in our country.¹ In the following year, Dr. Braceland wrote, fifty to sixty thousand intelligent young men and women would be admitted to our mental hospitals and diagnosed as schizophrenics, and five years later six thousand of the group would still be hospitalized. "The psychiatrist," he noted, "meets little opposition from philosophers and theologians" when he is dealing with psychotics. "It is in the treatment of the neuroses by psychotherapy that he runs afoul of the critics." And, he continued, "This is quite unfortunate because undoubtedly the greatest advances in psychiatry in this century have been made through application of lessons learned from the teachings of psychoanalysis."

Despite differences of opinion, and human traits of psychiatric experts, Dr. Braceland saw "no good reasons for decrying the specialty of psychiatry or advising the sick against seeking its ministrations when they are needed."

To the ears of many, the words psychiatry or psychotherapy convey an unpleasant sound, for the very reason of the fascination they seem to exert over an increasingly large sector of our population. We do not need an Evelyn Waugh's *Love Among the Ruins* or a T. S. Eliot's *Cocktail Party* to remind us that there are people today who turn to the mental healer for every ill of the soul, will, or imagination.

Still more uneasiness is created in the public mind when spokesmen for the psychiatric profession designate as the ideal goal of their therapeutic efforts not the formation of the individual to bear the burden of moral responsibility, but simply the achievement of social adaptability: adaptability to unknown and indefinable controls, hidden under a mask of anti-authoritarianism. Were theorists of this kind to dominate the field of public health and public education, the uneasiness could readily develop into a real distress. There is little reassuring in the vista opened up by the proclamation of an

internationally influential health leader at Geneva in the Spring of 1951:

It is necessary to radically modify the education given children from the first moments of their life. The world of the future is going to be absolutely different from the one we know now. Not a single one of the notions of family, politics, or religion now in force will be of any value in face of coming problems. We must renounce transmission of them to the new generation.

Yet it is plain that neither the overemphasis upon a certain type of skilled human service, nor its deliberate misuse by some for personal ends, will justify our resorting to the opposite extreme and taking refuge in a mistaken "angelism" or "supernaturalism." Human intelligence, freedom of will, and grace—the Church's sacramental system specifically—ought to suffice for man's health and happiness, if human nature were differently situated. In point of fact, however, man's weakened nature, owing to the sin of the first parents, coupled with the pressures of modern life, disturb the psychological equilibrium of all but the most hardy—or the most moronic. The question has been raised whether mental disease is not the endemic disease of the age. As Charles A. Lindbergh views the situation,

This mid-century generation we represent stands on amazing accomplishments, but faces alarming problems. . . . We tie all countries close together, put each doorstep on a universal ocean, but how are we to direct these accomplishments to improve the basic qualities of life? In emphasizing force, efficiency, and speed, are we losing a humility, simplicity and tranquillity without which we cannot indefinitely hold our own? ²

Hence the real need for both preventive and curative psychiatry, and a more precise inquiry into some of its functions as seen from a soundly spiritual point of view.

A failure to advise or seek psychiatric help when indicated, or in general, failure or refusal to recognize the participation of psychiatry in the divine economy, may be due to pride in one's own self-sufficiency; or it may result from the absence of philosophical formation, eventuating in erroneous notions about the nature of man, particularly his sexual and emotional life, and amounting to

a kind of neo-Manicheism. On the other hand, such reluctance may arise from a completely justified objection, often based on actual experience, to a certain pansexual section of psychiatric practice; and a reasonable dissatisfaction with persons to whom such treatment has become a cherished luxury. Again it may be the effect of mere hearsay, a currently popularized impression that because of occasional excesses all psychiatric practice is therefore unwholesome or immoral.

In accordance with this need, this book endeavors to establish some bases of agreement between science and revealed Truth, and to go beyond to demonstrate that psychological medicine has a valid and noble vocation in the domain of secondary causes; that it enriches Truth and implements the saving mission of Christianity; that it is one of the most subtle, delicate, and important ways in which man can serve man according to St. Paul's doctrine of the Mystical Body of Christ. As a more immediate purpose, the symposium plans to encourage the examination of certain areas that need investigating, especially problems that invade or impinge upon spiritual-moral-philosophical territory, or that seem to threaten the autonomy of either medicine or religion.

The priest, in his sacred office of moral and spiritual guidance, is apt to be peculiarly conscious of the need for such careful exploration. As I myself wrote recently:

The confessor does learn not infrequently that many a supposed mental affliction is due simply to disturbed and guilty conscience. Such persons need contrition, honest confession, and sacramental absolution more than they need professional psychiatric treatment. The current and frequently frustrated dependence on the psychiatrist to heal all inner anxieties is one of the many penalties modern man must pay for the decay of his religious faith and practice.

On the other hand, the confessor cannot be expected to take the place of the psychiatrist and heal genuinely sick cases that demand skilled professional treatment. The spheres of the confessor and of the mind-doctor are distinct; and Pope Pius XII, in his recent address to the fifth International Congress of Psychotherapy and Clinical Psychology meeting in Rome (April 13, 1953), emphasized the great and blessed work of a psychiatrist who works according to the highest standards of his profession. He did not ban psychoanalysis as long as it is practised within limits and respects the religious and

moral conscience. The confessor's primary work is to absolve from the personal guilt that has been subjected to his sacramental judgment, and to aid people by personal counsel to avoid evil and practice virtue in the future. Where he meets with genuine mental cases, he fulfills a great work of mercy by advising them to consult a morally reputable and professionally competent psychiatrist.³

Undoubtedly, says André Snoeck, S.J., professor of moral theology in the University of Louvain,

. . . Faith, understanding of the religious life, the conscious imitation of Christ in the moral, ascetical, and mystical life, are the work of divine grace in man, whether that man is of a well-balanced or ill-balanced character, whether he is psychically healthy or unhealthy. Certainly God chooses His instruments as He pleases; but it is a not less healthy Catholic idea that, other things being equal, the better the harmony and equilibrium which a man has established in his psyche and in his character, the more fruitfully will he be able to direct himself in [his] supernatural abandonment to faith.⁴

In point of fact, as Father Snoeck points out, most moral conflicts are tied up with a complex of problems arising from a person's situation, from his character or his psychological disposition. It is the priest's work not to suggest inadequate means of trying to solve these conflicts, but to direct the sufferer to the competent sources that may be able to point out to him the precise source of the conflict worrying him.

From the other angle, the experienced psychiatrist realizes that all the trouble does not arise from man's unconscious side. Conscious convictions, especially those in the moral order, have much to do with the psychic system itself. The psyche and the character structure that offer solid support for a fully Christian religious life are also the most solid foundation for all human life in its plenitude. As the same writer observes, the Christian psychiatrist forestalls the decay of the personality and substitutes for it the liberty and emotional maturity so favorable to a disinterested giving of the self to Christ. In other words, the operation of God's grace is furthered by a deeper understanding of the subtler reactions of our own nature. (St. Ignatius Loyola himself was concerned lest certain excessive ascetic practices should *corrumpere subjectum*, break up a person's

physical and spiritual equilibrium.) As was cogently expressed by Dr. Charles Burns, the prominent English psychiatrist:

What I am after, in short, is a respect for the nature of man and a recognition of its shortcomings and its needs. To think that prayer and the sacraments, necessary and holy as of course they are, will put everything right no matter what the nature of child or adult may be, no matter how warped the character or how desolate and depressed the state of mind; to think this is "supernaturalism," and again a case of "nothing but." . . .

It is to think only in terms of body and spirit and not of their meeting ground which is mind; it is, in other terms, to create an absolute antithesis between nature and grace. The knowledge of man's true nature, the recovery of "natural law," is a terribly urgent need of our times. The Catholic writer, Thibon, puts it thus: "In times past, Christianity had to fight nature; that nature which was so hard, so hermetically closed that grace could hardly penetrate. Today we must fight for nature in order to save that minimum of health which is necessary for the grafting of the supernatural." ⁵

If these observations apply in the problems of the individual, they apply with redoubled force in the matter of social psychology—the matter of sane and charitable human relations—that is so preoccupying us today. The late Dr. Harry Stack Sullivan doubted if statistical methods could help much in the analysis of human behavior, and observed that "One of the great barriers to the integration of diverse populations into larger organizations is the anxiety-enforced arbitrariness of the self-systems of the people involved." ⁶

For society as well as for the individual it is essential to recognize that sanity of the mind is closely allied with the health of man's body, heart and soul; to respect and to understand the sphere in which God's grace operates.

Certainly confusion would be avoided in the public mind if people were better instructed as to the true nature of sin, personal responsibility, and conscience, as distinguished from a neurotic guilt complex or guilt anxiety. Such a need is evident in the case of persons afflicted by scrupulosity: a morbid anxiety lest they commit some misdemeanor, coupled with a complete inability to reach a satisfying decision. The spiritual director, in contact with such cases, recognizes that the phenomenon may proceed from any one of

several causes. An undue anxiety may arise from the notion that the moral law prescribes in every case a minutely precise course of action, or from a mistaken idea that divine grace ought to provide a comforting sense of complete certainty at every turn in the map of life and leaves no room for the individual to use his own judgment or humbly to suffer the consequences of his own blameless errors. On the other hand, a rash of scruples may point, as it frequently does, to a psychic condition that only the psychiatrist can remedy. If all these factors, objective and subjective, are present, the situation clearly calls for the co-operation of doctor and priest alike.

In a study of the above-mentioned declaration of Pope Pius XII on psychiatry, Louis Beirmaert, S.J., notes that certain reassuring developments have taken place even in the Freudian line of thought. Its analysis, he remarks,

is more and more devoted to the totality of the conflicts that upset the personality in its relations with itself, with others and with the world. Freud's theory of instincts leaves plenty of recognition for aggressivity and the need of security. Personality development, instead of being reduced to a mere privileged instinct, is seen as a total growth in the sense of personalization and of socialization. It is less and less concerned with a "technique of sexuality." . . .

When a treatment is run along these lines, experience shows that it is possible to bring sexual or aggressive conflicts out into the light of consciousness, without violating, in the Pope's words, the law "of personal integrity and purity."⁷

The authors of this symposium are bound to reveal certain differences of view, and they may expect from critics a quota of misunderstanding. But the very fact of such an experience shows all the more clearly the need for a scholarly investigation.

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JOHN LAFARGE, S.J.

NOTES

1. "Our Number One Medical Problem," by F. J. Braceland, M.D., *America*, May 10, 1952, pp. 155-57.

2. "The Fourth Dimension of Survival," *Saturday Review*, February 27, 1954, p. 40.

3. *The Manner Is Ordinary* (New York, 1954), pp. 138–39. Reprinted with permission of the publishers, Harcourt, Brace & Co.
4. *Mental Hygiene and Christian Principles* (Cork, 1954), p. 43.
5. “Psychology and Catholics,” *Blackfriars*, March, 1950, p. 124.
6. *The Social Theories of Harry Stack Sullivan*, by D. R. Blitsten, M.D., (New York, 1953).
7. *Études*, November, 1952, pp. 235–36.

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• PART I •

Physician and Patient Confront
the Cosmos

IN THIS BOOK we want to test the suspicion entertained by many thinking people, and expressed by Thomas Gilby, O.P., to the effect that "two bodies of truth [theology and psychology] or at least two methods or spirits of inquiry have been allowed to clash perhaps more than their proper inclinations and interests warrant." * But in any effort toward eliminating the suspected clash and building for a fruitful synthesis of the two disciplines, we are immediately confronted with two central and apparently conflicting representations of our subject, man.

There is the picture of man as a single creature, body and soul, to whom both sickness and health are normal; to whom suffering may be, among other things, necessary and highly rewarding; and for whom no ultimate and complete medical rescue can be seen from the ills that are so largely the product of his own necessarily human and individual existence, and so obviously play the dominant role in the cosmic drama of salvation and redemption. And there is the picture of other men dedicated to the task of alleviating suffering and prolonging life—to all effects, in their "therapeutic intent," oblivious to the inevitability of suffering and death.

In Part I, the Editor and four other practicing psychiatrists, writing as psychiatrists, offer some fundamental perspectives on the larger problem of man's situation as it emerges and develops out of the clinical situation, and point the way to a fusion of the two pictures of man.

Of course, we cannot hope to deal effectively with man's situation until the concrete facts be known—facts concerning both the magnitude of the current problem of mental illness, and the means we possess to cope with it. Thus, before setting out to make contact beyond the territorial limits of medicine, we must clarify the status of psychiatric theory and practice: its position among both medical and extra-medical disciplines, its hopes and despairs, its accomplishments and failures, its future directions, and, in view of the overwhelming incidence of mental disease today, its claims to the interest and confidence of the public. This first chapter, a kind of

* "Vienna and Vienne," *Thought*, March, 1946.

“Inside Psychiatry,” provides the point of departure for the discussions to follow, and in the process will also (we hope) remove a few of the misconceptions and consequent fears engendered by right-hearted but wrong-minded friends and advisers, radio orators, pamphleteers, playwrights, novelists, and cartoonists (not to mention certain psychiatrists themselves, as is gently suggested in the Foreword), which misconceptions and fears have impeded the care and cure of the mentally afflicted in the past and into the present.



F. J. BRACELAND, M.D.

1. . . . Clinical Psychiatry—Today and Tomorrow: *An Introduction*

THERE IS PROBABLY NO subject within the entire sphere of medicine which is more widely discussed today than psychiatry. This is understandable, for, to a much greater degree than any other branch of medical science, psychiatry concerns itself with the specifically human and intimate personal problems of man, and thus it has a particularly poignant appeal.

These personal problems have in one way or another been man's perennial preoccupation ever since he began to think of himself; but, while earlier ages were concerned with man's problems in general, modern civilization, paradoxically, is concerned with man as a problem. In the latter part of the last century, as science gained ascendancy and came to be envisaged as the only trustworthy source of knowledge, considerations of the philosophical and humanistic aspects of man's affairs were minimized and later dismissed as of little consequence in a scientific age. Today these aspects, particularly those falling within the domain of psychiatry, are in a fair way to regain their citizenship because of the claim that psychiatry and psychology now have attained the status of science.

Thus, by reason of changing circumstances, modern man again may feel free to discuss his peculiarly personal problems with a physician, for he can do so now with the blessing of "science" and even pay homage to the spirit of the times. Although there are diverse opinions regarding this turn of events, still it is probably fortunate that they have taken this direction, for man's emotional problems today seem to have acquired a sense of urgency and with it a correspondingly urgent need of understanding and attention. Partly because of extrinsic factors, such as the changing social order and the complexity of modern life, man now lives under more intense mental and emotional pressure than ever before; and as he dreams

of security he seeks a method of coming to terms with a new and rapidly changing culture.

Despite all extrinsic pressures and all the modern cultural complexities, the most pressing insecurity of all arises from emotional conditions inherent in the individual himself. Faced with the task of adjusting to an inevitable and overwhelming reality, modern man is at a loss, for he understands neither the reality nor himself. Consequently and in consonance with the general trend of the times, he looks for expert assistance in order to learn about himself and how to order his thinking about everyday life. The person to whom he appeals regarding these difficulties today is the psychiatrist, for he is the physician thought to be most expert in the handling of intellectual and emotional problems of daily living.

As its status has changed in the medical firmament and in the world of ideas, psychiatry has emerged as a particularly important medical specialty. New as it is as a separate discipline, it has nevertheless a venerable tradition, for it treats of one of the oldest of man's ills. Confined earlier to medical oblivion behind asylum walls and regarded even within the past few decades as "the Cinderella of Medicine," it is now conceded to have an important role to play and an extremely worth-while contribution to make to all aspects of medical practice. In fact, this "stone which the builders rejected" now holds promise of becoming the cornerstone of a new type of integrated, comprehensive, medical practice predicated for the future.

Necessarily, as the specialty of psychiatry attained new status, so also did its practitioners. As the worth of its ideas was acknowledged and new concepts were promulgated, the number of its practitioners doubled, standards were raised, and treatment, training, and research facilities were expanded. When the pendulum of interest and popularity swings, however, it sometimes swings too far; and the psychiatrist found himself propelled from the halls of the mental hospital into an atmosphere somewhat more rarefied—not to say glamorized. To the uncritical he now became an oracle, and this was unfortunate for he was thus endowed with qualities and capacities he did not possess. Fortunately for all concerned, however, both the specialty and its practitioners were soon returned to proper perspective.

The attitude of medical practitioners toward the psychiatrist, too,

has undergone a change. Though it is not yet by any means one of complete cordiality or understanding, the feeling is much more receptive and friendly than it was even a decade ago. Because of lack of understanding of the nature of the psychiatrist's work and because of his labors in areas beyond the pale of physical medicine, even medical attitudes toward him have always been somewhat quizzical and sometimes hostile. Strauss describes the present attitudes well when he states:

The modern psychiatrist presents a challenge and the attitude toward him is particularly ambivalent. At the same time as he is regarded with a considerable amount of suspicion and, accordingly, comes in for a fair amount of (sometimes rather ill-natured) banter, he is quite confidently expected to work therapeutic miracles and in double-quick time. . . . Strangely enough, he often comes up to expectation.¹

With these alterations in attitude vis-à-vis psychiatry—and probably motivated by the same underlying forces—a noticeable renewal of interest in sociological and psychological sciences, and an intensified attention to the “humanities,” has been taking place. Concomitantly there is a fairly general realization that the physical sciences, having attained to their zenith, provide few answers for the serious problems now beleaguering us. In fact, it is now apparent that many of our present-day problems have arisen as a direct consequence of the destructive potential that accompanied the rapid advance of these physical sciences.

Chesterton once observed that it was strange that men should see sublime inspiration in the ruins of an old cathedral and see none in the ruins of man. Although Chesterton was writing some decades ago, and of a quite different cultural problem, his observation is uniquely applicable here and now. The ruins of man attracted but little attention during the past half-century, and the present re-examination of his personal problems and the effect of the tensions under which he labors has come none too soon. A brief glance at our country's mental hospital statistics will bear out this statement.

It is estimated that at present 6% of the nation's population—approximately 9,000,000 people—suffer from some serious psychiatric disorder; and 10% of this number is psychotic, requiring mental hospital care. In other words, each year, 900,000 people pass through

our public mental hospitals, and each year these same institutions admit nearly 200,000 new patients—many of them young, some brilliant, and some, unhappily, destined for chronic illness and long-term hospitalization.² These statistics cover only a small segment of the total psychiatric problem for they do not include a count of private hospitals, nursing homes, or general hospitals, nor do they take in neurotic patients who are bodily handicapped, psychosomatic cases, alcoholics, addicts, the retarded, or that great group of patients who need but have not yet received hospital care. And it is conservatively estimated that over 40% of all patients who consult general practitioners and nonpsychiatric specialists have emotional components as major factors in their illness.

On the other hand, although it is estimated that one infant in twelve born today will spend some part of its life in a mental hospital, the annual national increment to the mental hospital population is only about 10,000 patients. This increase is not ascribed to a rise in the rate of mental illness, but rather in part to the general increase in population, in part to the greater proportion of older people and the attendant higher rate of senile admissions, and in part to an earlier and more extensive recognition of the actuality of mental illness on the side of the public and the medical profession alike, with consequent earlier and more extensive recourse to treatment. Remarkable strides have indeed been made in the improvement and discharge rates from mental hospitals in recent years, but these have of course been offset by higher admission rates and the ever-increasing longevity of the citizenry. However we try to minimize or rationalize the figures, the fact remains that *if any other disease reached such stratospheric proportions, a national emergency would be declared.*

In view of the magnitude of the problem, one question inevitably arises: Is psychiatry as a system of theoretical knowledge and a set of practical techniques adequate to respond to the demands that will be made upon it? The answer is that it may be and in some cases it is, providing that it ceases to move within too-narrow confines and that it realizes the far-flung implications of its task; that it sees the need for continual study and research; and providing, also, that it carefully avoids pronouncing upon subject matter in which it has no competence. Even though today's psychiatry comes no-

where near to the fulfillment of all the demands justly addressed to it, there are numerous indications that it is moving slowly in the right directions.

ISOLATION AND INTEGRATION

The task imposed upon the psychiatrist as co-worker in the attainment of knowledge is as unending as are all other such tasks. Every insight attained reveals the existence of more questions to be answered, more mysteries to be revealed. Reality, including man's own, is inexhaustible. Psychiatry started its journey in earnest when it recognized that its concern was with the whole man and that by previously restricting its endeavors to only one aspect of man's being it had closed to itself a comprehensive viewpoint and thereby limited its effectiveness in dealing with man's problems. Psychiatry as conceived today has to do with the problems of human beings as persons. They are not those of man as an organism, as a member of a group, as a competitor for social status, as a seeker for meaningful existence or of any other isolated facets of his life and being: rather they are of the individual as a whole. His difficulties concern him as a living totality.

The limitations of man's mental powers and his natural desire for simple formulation compel him to approach the complex phenomena presented to him by the world about him by isolating certain aspects of it from all others and studying them as if they alone were relevant. This procedure is methodologically legitimate so long as one does not forget the artificiality of the isolation and separation. Actually, no such independence exists, and we must be careful, therefore, not to draw generalized conclusions from this artificially separated segment. The more integrated, the more of a whole, is the subject matter under study, the more misleading does it become when one isolated aspect of it is envisaged as explaining all others or when it is believed that the whole is reducible to it. This tendency to reductionism has for a long time vitiated the endeavors of disciplines dealing with things human. We need mention only a few instances of it.

(a) Psychiatry failed to cope with its urgent problems—or even to realize fully their existence—as long as it conceived of its task as seeking organic changes and cerebral pathology in order to explain

all the various illnesses it encountered. This attitude and approach were expressive of the general materialistic trend that characterized the nineteenth century.

(b) Social scientists and reformers were unable to arrive at an adequate concept of man or a comprehension of his problems when they saw him (as did the Marxists) as a passive product of his economic situation. Man cannot be understood if the vital aspects of his being are overlooked and his troubles are viewed as stemming exclusively from his attitude toward reality, his fellow men, or his moral obligations.

(c) A one-sided spirituality—"supernaturalism" or "angelism"—is as incapable of dealing with man's problems as is a one-sided materialism. An encompassing vision of man must see him as a living organism dependent in his whole conduct upon the state and functioning of the powers of his body; as a feeling mind, responding emotionally to the conditions of his existence; as a rational spirit, capable of understanding his besetting difficulties by means of his reason; as a social creature influenced by the manifold complexities of human relations; as a being endowed with conscience and hence aware of his rights and obligations and bound by the principles of morality; as a finite creature conscious of his limitations and dependent upon powers greater than himself which transcend both his understanding and his sphere of influence.

It is toward this vision that modern psychiatry, despite its many errors, mistaken concepts, and philosophical detours, is patiently and painfully progressing. But a sound philosophy or a sincere religious belief does not obviate the need for psychiatric assistance with emotional disorders; as Father LaFarge suggests, *de jure* it should, *de facto* it does not. When a man becomes sick he needs the doctor. But while this fact is readily accepted when the disease has physical symptoms, it is either admitted reluctantly or denied altogether when the sickness is emotional. To some the need for psychiatric help with overpowering emotional burdens is equated with weakness; to others it looms as an admission of mental disease—and that in turn has moral connotations. When Christ's burden was too heavy, He accepted the help of Simon the Cyrene when He might have had "legions of angels"; yet some of us mortals prefer to count on a miracle or two rather than prayerfully to seek competent help. One wonders whether this is not due to a complete misunderstanding of the

“permissive will of God”; whether the search for a miraculous solution of emotional disturbances when professional assistance is at hand does not in a way savor of presumption. This is not to imply that one should be in any degree less fervent in prayer, or that psychiatrists are able to solve all the problems presented to them. It is to propose, however, that psychiatrists have acquired a certain knowledge and competence in the field of mental and emotional illness, and that the believer is warranted in availing himself of that knowledge when the occasion requires it.

CLINICAL ADVANCES

Despite the somewhat overwhelming statistics quoted earlier, appreciable progress has been made in the clinical aspects of the psychiatric problem, conspicuously in basic and clinical research, technical procedures, and the use of new drugs and antibiotics.

Some mental diseases heretofore accounting for a sizeable percentage of the hospital population are now well under control. As late as a decade ago, 10% of the number who acquired syphilis developed paresis, an organic disease of the central nervous system, while now the rate is down to 3%, thanks to treatment with the newer drugs. The same may be said of pellagra, a distressing illness which ended in dementia and which formerly accounted for 10% of the patient-load in our Southern mental hospitals. With the finding that the disease is caused by vitamin and metabolic deficiencies, action has been taken on a vast scale in the direction of proper nutrition and therapy, and the incidence of pellagra has now become negligible. Indeed, intensive treatment on all fronts has radically improved the recovery rates of hospital patients, even of those previously believed to be chronically ill—as has been demonstrated conclusively in recent studies conducted in the State hospitals of one of the large Western states. And there are few greater rewards in medical practice than the return of these people, once considered “lost,” to a welcome in their homes and a useful place in the community.

Thus, despite acknowledged deficiencies in psychiatric treatment and lacunae in psychiatric understanding and knowledge, nearly two-thirds of today’s first admissions to mental hospitals are discharged within a year: psychiatry has long since graduated from chiefly custodial care. The crowding of mental hospitals is mainly due to the backlog of old patients and the increased admissions of the

older-age groups. In the average State hospital about 15% of the patients have been in residence for less than a year, approximately 25% between one and five years, and 60% have been there between five and 45 years. (That is, of course, one of the most distressing aspects of mental illness—the time required for hospitalization and recovery.)

Great advances have followed in the understanding of the functioning of the organism, particularly of the nervous system and its interactions and interrelations. Moreover, the role of the emotions in the human economy has gradually come to be understood, and through this understanding, new means have been developed for treatment of mental and emotional ills. After a period during which emotional factors were neglected and another, when they were studied perhaps too exclusively and pin-pointed too minutely, psychiatry arrived at a recognition of man's capacity to gain knowledge of himself through dynamic procedures resulting in an insight that is more than a mere intellectualization. It came to learn of the importance of social relations, communications, and various other interactions—and particularly of their great significance during the early formative years. It is the recognition of these reactions and their implications that determines the growing importance of psychiatry in the total structure of modern society. At the same time, more psychiatrists now recognize the significance of moral conflicts, not only as conflicts and therefore disturbances of comfort and serenity, but also as objective ethical entities.

Finally, in certain segments of psychiatry there is a new recognition of the need of man to conceive his existence as a teleological one—that is, as understandable only within the total setting of end as well as means, of destination as well as phases or stages along the way. This concept of course requires that the spiritual aspects of his existence be given consideration to an extent that only a short time ago would have been rejected by psychiatrists as being “incompatible with the scientific spirit.” Some responsible observers now hold indeed that the neurotic conflict is ultimately metaphysical in origin, and that the trouble lies between the original *superbia* of fallen man and his recognition of his creaturely finiteness. The attitude of *non serviam*, they say, is deep in human nature; and this is the basis of neurotic suffering. The task of psychotherapy in this purview is to

enable the neurotic to acquire an attitude of humility, to forget the grasping self and to love and live for others.

At this writing, clinical psychiatry—especially that department concerned with treatment of mental hospital patients—is in something of a ferment over the appearance of two new drugs—Chlorpromazine (a synthetic product) and Reserpine (an alkaloid of an Indian root, *Rauwolfia Serpentina*)—which give promise of aiding with some of the more distressing symptoms of mental disease and thus of enabling the psychiatrist to take a more dynamic psychological approach to the patient's problems.

Although it is true that many pharmaceutical agents have been developed in the past, created intense interest, and then silently slipped into occasional usage or into the discard, the present entrants upon the scene give some evidence of being here to stay and, perchance, of rendering real assistance in an area in which help is sorely needed. Medicaments of this type have been sought for decades, but the search has heretofore been disappointing, for there always seemed to be side-effects resulting in unfortunate sequelae and thus greatly lessening their usefulness. Usually when a drug of real value is synthesized, various modifications soon appear, and out of the medley of new preparations one or two are demonstrated to be of permanent importance. Such seems to be the case with Chlorpromazine and Reserpine.

Like all drugs, these may have certain unpleasant side-effects, too, and already a few reports have been published to indicate that they must be used with great care. In any case, thorough studies will have to be carried out over a period of several years, before their usefulness is definitely evaluated. It is safe to state, however, that through their usage certain patients heretofore classified as chronically ill have apparently gone into remission and some have been able to leave the hospital. Already Chlorpromazine has made a great difference in the treatment of mania. Both agents have proved their usefulness in alleviating the withdrawal symptoms in drug and alcohol addiction, and in calming the agitation of senile patients. In general, their particular efficacy seems to consist in contributing to the control of excitement, agitation, and anxiety, all of which have always been serious problems for both patient and physician. Thus they promise to promote the incidence of complete social recoveries;

and, short of that, to render more patients more readily accessible to psychotherapeutic efforts toward such recovery.

To realize what such discoveries mean to the psychiatrist—who, like his colleagues in other divisions of medicine, wants only the health of his patient—we have only to recall that two decades ago psychiatrists had little but sedatives and fever therapy in their armamentarium and, in fact, were all but impotent in the face of the more serious mental diseases. Should the improvements already noted be found to be lasting, this drug therapy might signal a new era in the treatment of mental disease.

PHYSICAL METHODS OF TREATMENT

With the fairly widespread adoption of the new drugs in mental hospitals, the necessity for electric shock, insulin therapy, and psychosurgery—the procedures that give most trouble to Christians and pagan humanitarians alike—has been markedly lessened.

Both electric shock and insulin therapy are empirical forms of treatment, developed either from chance observations or from hypotheses later proved to be untenable; at best there is little that is rational about them, and certainly most psychiatrists and all patients wish that some other equally efficacious method of treatment could be found to take their place. During the past 15 years, however, little else has been available for treatment of serious psychoses except these drastic therapies—and it must be remembered that until the terrible impasse in the psychotic patient's mind can be dissolved, whether by chemical or physical means, and some approximation of insight made possible, all recourse to the more gracious and humane psychotherapy is largely unavailing. The efficacy of both methods, however, has been heightened in recent years by technical improvements, the development of criteria for better selection of cases, and the use of psychotherapy on a planned basis in conjunction with them.

It is true, psychotherapy *without shock therapy* has been attaining popularity of late in the treatment of the psychoses, but the claims regarding its effectiveness with seriously ill patients are conflicting and unconvincing. It is also true that, according to long-term follow-up records, remissions accomplished through use of insulin therapy have not been long-lasting, and records at ten- and 15-year

intervals reveal that the ultimate results are roughly comparable to those of individuals who received no drastic therapy at all. On the other hand, many more of the treated patients enjoyed remissions—and the benefit of years outside the hospital—before relapse occurred. The treatment may therefore be considered justifiable, since there is always the hope that remission will be prolonged or even permanent.

Numerous other drugs and physical methods are utilized in the attack upon these so-called functional psychoses, but as yet none of them is specific. Thyroid substance, histamine, carbon dioxide therapy, narcosis, narcosynthesis—all of them have their advocates, but their usefulness is limited. Dr. López Ibor, a contributor to this volume, several years ago recommended the use of intravenous acetylcholine in the alleviation of anxiety states, for it is his considered opinion (unfolded in this volume), that many of these anxiety neuroses are somatic in origin, and recent research will perhaps confirm his belief.

Until recently psychosurgery seemed to be feeling a revival of interest—after its earlier fall from grace. But this interest will subside again, if and when the effects of the new drug therapy can be finally—and favorably—determined, for psychiatrists and surgeons are pretty well agreed that such radical operations as frontal lobotomy should be avoided in favor of limited procedures with fewer adverse effects upon the patient's basic personality, character, and spiritual development. The recent resurgence of lobotomy was marked by greater preoccupation with new operative techniques and in more careful selection of patients; and some observers have recently noted good results in depressed and agitated patients in the older-age groups. But the fact remains that it is a drastic procedure, to be undertaken only when everything else has failed. Even though it may be justifiable and perhaps necessary in certain cases, it should be, as Strauss observes, "relegated to the museum of grim, outmoded neurosurgical curiosities" as soon as possible.

PSYCHOLOGICAL THERAPIES

It should be obvious from what we have been saying that there are few quarrels between psychiatrists and practitioners of the other medical disciplines regarding medical treatment of psychotic pa-

tients in hospitals—in fact, nobody else wants these distressed people. If the truth were known, the only quarrel the hospital psychiatrist has on his hands is a long-standing one with the apathetic or ineffectual citizenry outside the hospital walls. When it is a matter of psychological methods, however, the whole outer world—and indeed the orthodox and eclectics within the profession itself—feels called upon to have opinions and to fight for them, sometimes rather noisily. For psychotherapy, even if its territory is clearly demarcated, inevitably impinges on the spiritual order intimately related to man's values and life concept, and there are extremists on both sides of the territorial boundary: those who attribute to psychotherapy at all levels the capacity to bring about an earthly paradise, and those of the equally dangerous opposition, who view with horror any clinical invasion of the sacred ground of the soul. Now, a certain amount of sword-crossing is a healthy thing indeed; but even healthier—especially in view of upheavals ahead—would be a bipartisan program of understanding and collaboration, in which theologians and directors of souls might reckon more seriously with the psychic conflicts capable of frustrating spiritual development, and psychotherapists might concede the factorial element of spiritual and religious values in any attempted cure.³

The present book was conceived as a contribution to such a program. But a very serious misgiving always lurks behind any overture in this direction; it is a question of psychiatry's right to a place in the community of truth. Let me read for you a few paragraphs from a letter I have recently received, for this letter both states and answers the question.

It is only too easy for anyone who does not subscribe to them to regard spiritual (especially Christian) and/or psychoanalytic and related doctrines as *theoretical principles* for organizing neutral data into patterns which may or may not be true but cannot be in any way demonstrated or verified. According to this view, the results are coherent but not necessarily *right*.

Now it is true, of course, that knowledge of the inner workings of human beings is always necessarily limited, but still it *does* exist. Surely, the psychiatrist's knowledge of one of his patients is more than a set of theories, involves some valid and demonstrable facts (demonstrable, at least, to anyone trained to interpret them). And the same must be true of an experienced spiritual adviser's knowledge

of a penitent. It seems to me extremely important somehow to grasp that in spite of philosophical differences within and between the fields, it is more than a matter of personal opinion when a psychiatrist distinguishes between, say, love and possessiveness, or a confessor, between contrition and scruples. . . . As a matter of fact, a psychiatrist *can* distinguish on occasion between emotions and experiences based on actuality and those that distort or conceal it—that is, between “real” and “unreal”; and he *can* bring about the disappearance of the unreal phenomena sometimes, but *cannot* similarly cause the “real” to disappear.

This is all very crudely stated here, but I hope that you will see in a general way what I am getting at—that psychiatry is neither a set of theories having no demonstrable validity nor, on the other hand, a manipulative technique so powerful that it can twist an individual into any desired shape without reference to his real nature; that, however arguable their implications, its findings are within their limits true, and therefore are *bits of that immeasurable fabric of truth which, beyond our comprehension, is one.* . . .

In his most recent book, *The Third Revolution*, Dr. Karl Stern (another of our collaborators) expresses the same problem in different terms. Predicting an upheaval of revolutionary proportions in the world of ideas, he visualizes this upheaval as Comtean in nature, one in which Revelation and Faith will once more be challenged—this time by the sociological sciences—and one bearing within it lively potentialities for the rise of a moral nihilism. While he acknowledges in certain psychoanalytical hypotheses a stubborn challenge to religious values, he believes that psychoanalysis, when divested of its philosophical trappings, possesses the seeds of some really precious creative ideas that can be integrated with the Christian concept of man.

Thus, according to Dr. Stern, it is incumbent upon us to examine the tenets of psychiatry and psychoanalysis carefully in the present setting, for the image of the inner world of man which we hold today has been modified immeasurably by the teachings of the psychoanalytical discipline. Indeed, he is convinced that through these teachings a turning point has been marked in the history of psychology and perhaps in the totality of human knowledge. By means of psychiatric and psychoanalytical doctrines, he tells us, we are re-discovering an old, old truth—the unity of the human person.

At any rate, following upon World War II, when the always

vulnerable medical psychology emerged from its partial eclipse behind the more readily available biological or physiological therapies, there was a swing from somatic overemphasis to what was considered by some to be a psychological overemphasis. As a consequence of the psychiatrist's work with his colleagues in military service, and especially in view of the neuroses of war, interest was directed to the contributions of psychoanalysis to psychopathology and psychotherapy. This emphasis upon the psychological approach is holding its own as the principles and techniques of psychiatric diagnosis, psychiatric interview, and individual and group psychotherapy tend to incorporate findings emanating from psychodynamic research. As one interesting reflection of this country-wide interest in the dynamic approach, a new classification of psychoneurotic and psychotic disorders has been adopted by the American Psychiatric Association. This new nomenclature, which brings order out of the chaos occasioned by deficiencies in the old, provides for the following states: anxiety reaction, dissociative reaction, conversion reaction, obsessive-compulsive reaction, depressive reaction.

One of the most remarkable of recent developments—and one that might bring on the final annihilation of “therapeutic imperialism”—is the concentrated effort being made by psychiatric teaching to encourage the general practitioner to treat the minor manifestations of neuroses which are encountered in daily medical practice, particularly the mild anxieties and depressive phenomena; and to this end more instruction is now given to physicians in the elements of psychopathology and psychotherapy. After all, the family doctor is the physician the patient usually sees first, the one the patient knows best, and the one he usually trusts the most.

It has become especially apparent that the emotional disorders of men and women in middle life, as well as those of the older-age groups, are treated best not by the skilled psychotherapist but rather by the family doctor—unless, of course, these illnesses have already reached psychotic proportions. In the case of women, the disturbance arises because of emotional and personality predisposition, coupled with what I have called “a need to be needed”—a need to fuss over or “mother” someone or something. If such a woman is without satisfying, useful, or absorbing interests—or indeed, sustaining spiritual resources—she becomes prey to boredom and frustration, and bizarre physical and emotional symptoms may manifest themselves.

So far as can be determined, none of them is due to hormones or to glandular changes—or lack thereof. There are, of course, among physical symptoms appearing in middle life some that would probably benefit by administration of hormonal substances, but as a rule any changing glandular conditions are simply additional elements in the natural stresses of that particular period of life, and have too often in the past been exploited merely as the most tangible and convenient factors upon which the presenting illness could be blamed.

It is not always recognized that the lordly male, too, may develop depressive symptoms in middle life, though such symptoms usually appear a decade later than they do in the female. Here again, it is not a question of glandular imbalance, but rather the marked psychological pressures occurring during this life period. Such patients also can best be treated by a sympathetic family physician, providing that he has some knowledge of the factorial role of these psychological pressures in the production of symptoms, and providing again that the illness has not reached the psychotic stage.

CURRENT LITERATURE ON PSYCHOTHERAPY

In the psychiatric and psychoanalytic literature of the past few years several general directions are noted. The analysts themselves are still divided into camps, one group solidly orthodox, another liberal—with all the degrees and shades of liberality—besides those schools that are obviously deviant; but for the most part the psychoanalysts are much less intransigent now. Some even advocate flexible techniques of treatment—something unheard-of before; and nearly all partisans are agreed that psychoanalytically oriented psychotherapy is efficacious in many instances. In this therapy the emphasis rests upon the corrective emotional experience of the so-called transference situation (discussed by Dr. Stern in this volume).

The significance of early memories both for diagnosis and for brief psychotherapy is accentuated in the recent literature. The sequence and relations of these early memories, together with the content and spontaneous comment about them, it is held, reflect the patient's unconscious conflicts, his emotionally traumatic experiences, the main defenses of his ego and, at times, the transference trends. Some writers maintain that the important thing about these

memories from the third and fourth year is not the question of their accuracy, but rather the fact that the individual has recalled these specific events and fantasies. One psychiatrist regards the first conscious memory as an informative diagnostic statement, the retrospective selection faithfully reflecting the personality dynamics. Thus, he says, masochistic persons remember being punished or punishing themselves; patients with anxiety remember frightening experiences; depressed patients remember the experiences of abandonment; and the schizoid, the experience of severely traumatic relations with significant people.

To speed up analytically oriented psychotherapy when this has advanced to a suitable point, several psychiatrists advocate what they call a technique of "auto-elaboration." In this method the patient is given the therapist's notes on the productions of the treatment sessions and is requested to type them up and elaborate upon them at home. It is reported that the method works well with literate and intelligent nonpsychotic patients.

The problem of "insight" (which is in essence simply the patient's understanding of the factors that led to his present condition, and is thus the ground for the first meeting of minds between patient and physician) continues to harass the psychiatrists. Several maintain that therapeutic and creative insights never come during concentrated mental effort and struggle, but rather during relaxation and wide diffusion of consciousness, and then accompanied by physical and emotional concomitants. Some contend that insight cannot be partial or exclusively intellectual or emotional. Insight, they tell us, is really a state of personality, the ultimate point of integration of ego functions. It is stated by others that insight through transference is the only type of insight that provides affective experience appropriate for reorientation and reintegration of the ego; that without transference the patient acquires at the most a series of conceptual props of temporary value only.

As apparent from the literature, there is a growing belief in the possibilities of psychotherapy in schizophrenia. Although this method of treatment seems to remain somewhat nebulous, enough data apparently have been accumulated to suggest that the schizophrenic is capable of developing transference relations and insights and is thereby treatable by analytic techniques structured to his own particular psychopathology. There has been less intensive psycho-

therapeutic activity with the manic-depressive psychoses, but then the diagnosis of manic-depressive psychosis seems to be made less frequently now in this country. None the less, some therapists find analytic principles of great value in the psychotherapeutic interviewing of depressed patients, maintaining that such approach helps the patient become aware of his negative feelings toward objects important to his security, objects with which he has identified and upon which he then expends his hate. From this standpoint, the termination of a depressive reaction would depend upon the success with which the patient becomes emancipated from bondage to the lost objects and forms new relations with new objects or with old objects dispossessed of the psychic energy formerly invested in them. Other investigators claim that the primary value of intensive psychotherapy for depressive patients is to prevent recurrences of the illness.

It is evident from these and a multitude of other studies that psychoanalytic formulations have captured the fancy of psychiatrists and expanded widely the potentialities of psychiatry: so much so that now we come upon expressions of concern regarding this current of psychodynamic enthusiasm. Cameron, for example, deplors the distortion that tends to creep into psychotherapeutic technique when the passive rather than the multidimensional role of the therapist becomes the focus of attention. Bartemeier, in his presidential address before the American Psychiatric Association, discussed other emerging dangers, notably that of viewing the patient as a bundle of psychological mechanisms and disregarding useful psychotherapeutic methods for a type of psychoanalysis entirely unsuited for a good many patients. A further hazard, in the opinion of Dr. Desmond Curran of London, is a tendency to overstate the possibilities of psychiatry and psychotherapy, to expand the borders of the specialty beyond the primary purpose of helping the mentally ill, to an unrealistic meddling in other fields on the assumption that any individual can be so transformed that his potentialities will be unlimited; indeed, that society itself may be revolutionized by the principles of psychiatry.

Whether such designs can be attributed to enthusiastic psychiatrists is a question, but it is interesting to note an analogous observation by Robert Jungk in *Tomorrow Is Already Here*. To his melancholy and not impartial eye, it seems that to occupy God's place, to repeat His deeds, to re-create and organize a man-made cosmos ac-

ording to man-made laws of reason, foresight, and efficiency is our nation's scientific objective. It appears, therefore, that the same complaints as those made by Curran about psychiatry can be ascribed as well to other disciplines and even to nations.

FUTURE DIRECTIONS OF MEDICINE AND PSYCHIATRY

As psychiatry has experienced its growing pains and its treatment methods have oscillated from one extreme to the other, there is some evidence that a more certain therapeutic regime is in the offing and that new directions are in sight for the specialty. Psychiatry as a discipline has been said to be fifty years behind the other medical specialties, but its present rate of advancement is as rapid as any of the others, if not more so. As new knowledge is acquired and psychiatry returns more solidly to the medical fold, it points a new direction to medicine itself which eventually should redound to the benefit of all patients.

It is axiomatic that a discipline cannot be practiced in a vacuum—in complete disregard of the *Zeitgeist*. While medicine was accomplishing its prodigious scientific feats, there were forces operative on the outside which were destined to exert a powerful influence upon it. These forces moved in the economic and political spheres, areas traditionally neglected by physicians as being of little concern to them. That they could be of great concern was demonstrated by the débâcle of the once proud and far advanced scientific German medicine. In a social revolution preparatory to a world war and under the influence of unjust laws it lost its birthright and its integrity, becoming for the most part an auxiliary to a propaganda machine. It was diverted from its mission; ignominiously and subserviently it was led to attempt to prove the superiority of a race. Medicine has not to this day recovered its rightful place in that nation and it will not recover it easily. Psychiatry naturally fell from grace along with its sister specialties and, as is its wont, it fell even lower. Some of its practitioners forgot their mission and, as a result, some of its patients were, unbelievably, marked for sterilization or destruction.

The trends propelling the physician far along scientific paths during the last half century led him to neglect the knowledge of the leavening influence of the humanities and the importance of emotional and environmental influences in illness. Medicine moved in

stages from a family-type practice through a laboratory period and then into the highly specialized scientific stage that we know today. During this sojourn into scientific Olympian heights several things happened. One was that doctors collectively came under public criticism and slipped noticeably in the affections of the people. This reaction has had widespread repercussions, even to influencing the number and quality of students applying for admission to medical schools.

Never before have physicians possessed such a high level of scientific knowledge and never before have they been in such danger of Government interference. Obviously their relations with the public did not deteriorate because of their high degree of scientific advancement, but rather because medicine grew away from the people. Medical educators have had this forcibly brought to their attention; they have learned the hard way that scientific knowledge, important as it is, is not the final purpose of medicine. They now realize that future physicians must be prepared for practice in the emotional, social, and economic environments they will encounter when they leave the sheltering walls of the school and hospital. As a consequence of this knowledge, present-day experiments in medical education are being directed at returning the young graduates to a family-type practice, a form of practice which will embrace the fine qualities displayed by the old family physician and fortify it with the findings of modern scientific medicine. This type of medical practice, at present called "comprehensive medicine" or "integrated medicine," will have for its goal not only the return of the patient to optimum physical and mental health, but also his return to society as a normal, functioning individual.

It is in comprehensive medicine that the psychiatry of the future should find its greatest opportunities. Because of its interest in the patient as a person, it will be best fitted to bind together the various segments that must be integrated in order to ensure a comprehensive approach to the individual's problems. Not only will psychiatry be prepared for a role in medical education in the teaching of integrated medicine, but also it should be taught as a basic science, because it has a fundamental contribution to make to all departments of medicine—just as it draws upon all departments of knowledge itself. As the Trappist psychiatrist Raphael Simon, O.C.S.O., has observed, "Psychiatry must include some knowledge of whatever touches the

human mind or heart." All branches of medicine are concerned with people, and people cannot be separated from their emotions—and emotions are the domain of psychiatric practice.

As medical education advances, both the general practitioner and the nonpsychiatric specialist will have to be prepared for the handling of the minor neuroses they encounter in their practices. They will require further training in medical psychology, for a theory of the neuroses can be based only in this area, and the accompanying physical changes will be recognized as effects of the neurotic state. Lindeman, in commenting upon this matter, states:

The community feels justified in carrying to the physician anxieties, tensions and conflicts in interpersonal relationships. It is justified in doing so. But, if the physician is to assume this role as a special authority in the community, he must have a thorough background in both psychiatry and neurology. The beginnings of his training must be established in his undergraduate days.⁵

At the present writing, most general hospitals have one or more psychiatric wards, and many of them are steadily increasing the number of beds assigned to psychiatry. The use of the new drugs, which apparently have the power to quiet excited and hyperactive patients, plus the judicious application of electric shock and insulin therapy, make it possible to admit, retain, and treat more psychiatric patients in general hospital wards, and thus these hospitals are becoming effective treatment centers even for the mentally ill. As more and more patients can be treated in general hospitals, certain modifications in psychiatric practice are inevitable. One predictable result is that psychiatry will be associated still more closely than it is with general medicine—and that will be advantageous all around. One might almost envision the large private and State hospitals of the present as "recovery hospitals" of the future—for the custody of long-term patients or of those in whom therapy in the general hospital has failed and chronic illness supervened.

Another significant departure in the field of hospital psychiatry is the emergence of so-called "day hospitals," as described independently by Cameron in Montreal and Joshua Bierer in London. This type of service, offering full-range hospital facilities on an eight-hour daily basis, so that patients may return to their homes in the evening, is an immense boon to patients of the "borderline" states, not to

mention the large complement of psychoneurotics who heretofore had no place to go except to private sanatoria, which are often beyond their means.

Experience indicates that the great contribution of the day hospital lies in closing the gap between in-patient and out-patient hospital services. In the day hospital the patient, while not losing contact with his family and his world, is removed from stressful home situations for a good part of the day, and yet at the same time avoids the so-called "regressive escape" and the overdependence and accompanying anxieties of in-patient status in a mental hospital. From an administrative point of view the economy in space, time, and personnel in the care of these patients is impressive. More people can be treated, and the in-patient space in psychiatric installations—already at a premium—can be freed as patients are discharged earlier to complete their rehabilitation in the new day hospitals.

Greater attention is currently being paid to the social atmosphere of psychiatric hospitals and its effect upon patients. The role of hospital attendants has come under special scrutiny, and steps are being taken to bring them up to the calibre of occupational therapists and nurses in their therapeutic influence. The tremendous importance of the patients' influence upon one another in effecting ward socialization is also being studied, for it is agreed that the combination of an effective patient and an effective personnel member is most advantageous in the treatment situation.

"Boarding out" or foster-home placement programs are operating in several states at present with gratifying results. Recovered State hospital patients are entrusted to families and kept under the unobstrusive but watchful eye of social workers. The families participating receive a small emolument and the patient is encouraged to work and to acquire a sense of dignity and self-dependence. The model for all of these types of treatment, of course, is Colony Gheel in Belgium where, since the thirteenth century, patients have been boarded in private homes and become an integral part of the family. Begun under the guidance of the Church, the Colony, which is dedicated to St. Dymphna, patron saint of the mentally ill, now is under the supervision of the state.

A new approach to the social rehabilitation of the problem patient is the Social Rehabilitation Unit of the Belmont Hospital in Sutton Surrey, near London, England. Here, by means of community living,

community meetings, and group psychotherapy, efforts are being made to treat the severe character disorders and long-standing neurotic problems.

Present Directions of Research

A voluminous amount of material has been published in the basic psychiatric research fields, particularly in the psychophysiological and biochemical departments. The patient's deficient physiological response to stress occupies the attention of many investigators. And much of the new literature implicates the adrenal glands and their abnormal responses in schizophrenia, but there is no general agreement about this, so that it is probably wise to reserve opinion on this point and admit with Selye that at present there is no convincing evidence to substantiate an adrenal substrate for schizophrenia. Numerous forms of psychologic and physical stress have been considered as precipitating factors for schizophrenia, and it would be tempting to correlate them with the adrenal deficiency so often said to be observed in this illness; but whether adrenal aberration is the cause or result of the mental disorder with which it is allegedly involved remains to be established.

Thus, the research efforts in psychiatry are in broad spectrum, ranging from the pointing up of clinical data to sharper focus to the complicated biochemical and other basic scientific procedures. One has the feeling that the discipline is constantly on the brink of a discovery that will pave the way for greater understanding of the distressing mental ills that have beset mankind. As yet, however, these meaningful insights escape the investigators, although hopes are raised with the appearance of each new drug and every new procedure.

Thus also, as we have seen, the facts of mental disease are constantly before us. There is no question about the size of the problem, its importance, or the distress the illness causes. The mental hospitals are full to overflowing and the patient population is being added to daily as the population grows older. The problem calls for a multi-disciplinary approach: every effort must be made by medical science, the law, philosophy, and religion to render assistance to those who are emotionally distressed or mentally ill, for their suffering transcends most physical illness and is aggravated by lack of understanding.

THIS VOLUME AND ITS VIEWPOINT

We have been describing some of the basic ways in which clinical psychiatry endeavors to cope with its share of the afflictions of the human condition. From the clinic, the wards, the laboratory, the library, we have gathered and contributed our infinitesimal bit of thread to "that immeasurable fabric of truth which is one," as our correspondent had it. But even from this sketchy discussion it should be obvious that psychiatry, like other branches of medicine—and all departments of human knowledge dedicated to the "humanization of the universe"—has a job to do in the domain of secondary causes; and the collaborators on this volume, each in his own fashion, advance further common truths that must interpenetrate and fecundate each other before psychiatry becomes free to function as it should in that domain.

In these essays in integration it becomes early apparent that sound psychiatric thought, far from being prejudicial or inimical to the life of the spirit, rather liberates the mind of the afflicted one so that he can realize more fruitfully his religious and spiritual ideals—even to mastering the art of suffering more intelligently and efficaciously. In turn, theology is shown to uphold the age-old notion of the unity of man which psychiatry is presently rediscovering and laboriously bringing to the attention of its sister medical specialties; and to this notion it adds important corollaries on the operation of grace in the human spirit.

This book is not, and does not aspire to be, a compendium of psychiatry or theology, but only a series of *cahiers* dealing suggestively and often deeply with a few major themes upon which a rapprochement between psychiatry and religion becomes ponderable. Nor is it an exercise in apologetics, despite its Christian orientation. Its position is simply that a truly comprehensive and tenable concept of man is achievable within the Christian ideology. From this concept an encompassing anthropology might be erected, one that does justice to all aspects of man's being and in turn permits the integration of the various descriptions concerned with man as a person. Truth is taken where it is found, for although truth is eternal and one, it may be approached from many directions and frequently must be set forth via many different vocabularies.

We hope that the pages ahead will prove interesting and useful

to pastoral clergy who have come to suspect that their ministrations might be more effective if enriched by some insights from psychiatry; to psychiatrists who have discovered that their background in the metaphysics of spirituality is inadequate to the need thereof; to the thoughtful layman interested in some original ideas; and to all who are confronted with the severe trial of mental or emotional illness in their friends or loved ones, and who, because of either lack of information or false information, have hesitated to seek necessary professional and spiritual help with this distressing problem.

And now it is time the experts weighed in . . .

NOTES

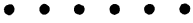
1. E. B. Strauss, "Reason and Unreason in Psychological Medicine" (Croonian Lecture), *The Lancet*, vol. 2 (July 5, 1952).

2. All statistics from official records, U.S. Public Health Service Testimony before Wolverson Committee, House of Representatives, Oct. 8, 1954.

3. According to Zaehner, Spalding Professor of Eastern Religion and Ethics at Oxford, religion in the past maintained the equipoise between the conscious and the unconscious parts of the self, and that the weakening of religion in Europe is unequivocally responsible for the prevalence of neurosis in modern man. See R. C. Zaehner, "The Menace of Mescaline," *Blackfriars*, July-August, 1954, pp. 412-13.

4. American Psychiatric Association, *Diagnostic and Statistical Manual, Mental Disorder* (Washington, 1952).

5. Erich Lindeman, "The Role of Medical Education in Modern Society," *American Journal of Psychiatry*, 109 (August, 1952), 89-92.



IF MAN is to govern himself wisely within the limitations of the human condition, it is essential that he understand himself. He is not, however, an isolated individual, altogether self-sufficient, but rather is entangled in the multiplicity of sensations which in their context and sequence make up his world. To understand himself, then, he must try to understand his world. Such an understanding may be explicitly formulated as a philosophical system, or implicitly harbored as a set of less formal principles constituting his world-view. The picture man develops of the world, of himself, his relation to the world—in short, the existential reaction—determines his life conduct and destiny. . . . In the following chapter Dr. Allers evaluates the principle ways in which the world may become meaningful in individual existence, and points up their bearing on parallel manifestations in both the philosophic and psychiatric situations. In the process he provides a nonpartisan but sympathetic and illuminating explanation of the various “Existentialist” schools of psychotherapy, which, in their compounding of things old and new, promise so much for future treatment of emotional disorder. The themes stated here are basic, and it will be interesting to watch for their restatement and development in ensuing chapters.



2. . . . Psychiatry and The Role of Personal Belief

I. MENTAL HEALTH AND PHILOSOPHICAL OUTLOOK

THE GERMAN PHILOSOPHER Johann Gottlieb Fichte first expressed an idea that one now hears quite often: "The sort of philosophy a man has depends on the sort of man he is." This is certainly true to some extent, but the reverse might also be true: The sort of man one is may depend on the sort of philosophy one has. Upon a man's philosophy depends the way in which he tries to come to terms with reality, since it is his philosophy that depicts reality to him. He sees the world and himself and, consequently, his place in and relations with the world in the light of his philosophy.¹

Psychiatry has long known that a mental disease is not a complete novelty in the history of a person. It is not unrelated to traits, dispositions, experiences, and the effects of experiences in the person's life before the outbreak of mental disturbance. Indeed, in many cases mental disease appears to be but an increase or exaggeration of traits that were evident when the person was still normal—or at least so considered. The study of the relations between this "pre-psychotic personality," as it is called, and the type of disease to which the person falls prey is a study of great importance and one that has been very fruitful. Much of it, however, appears to be one-sided, for it considers only what might be called the *formal* aspects of a personality.

The same thing is true of a related, and also very important, line of inquiry, the study of psychological types. Here types may be distinguished by mental operations or prevalent tendencies. Thus the two main classifications in C. G. Jung's *Psychological Types*² differ in the general direction of interest. The introvert is chiefly concerned with the inner life; he tends to withdraw; he is diffident and not quite at home in the world of things and men. The opposite type, the extravert, turns mostly to the outside, is preoccupied with

the world, the social life, and with activities operating in and upon the environment.

Another such division, proposed by G. Pfahler,³ contrasts one type characterized by "rigidity of attention" with another of "fluid attention." There are several such typologies, but these two examples will suffice to show the formal nature of the differences discussed. The material content of the interest that turns inward or outward, of the attention that is rigid or fluid, is not considered. Yet one may well ask whether it does not make a definite difference in a man's conduct and in the structure of his personality whether, as an introvert, he is attracted by mathematics or by music; or, as an extravert, by sports or by engineering; whether he is more interested in the practice of politics or the study of experimental biology.

A typology that does consider the content rather than the form of mental activity, matter rather than manner, might be called *material*. Such is the typology first outlined by E. Spranger⁴ and utilized, with some significant modifications, by G. Allport.⁵ Here the psychological types are distinguished by the central values around which the individual's whole picture of reality is arranged. Such values may be those of abstract reason, of usefulness, of love, power, or religion. It is the person's main interest that is considered the distinctive trait in his being.

This same diversity of approaches occurs in the study of the pre-psychotic personality: here, too, it is the formal approach that prevails. E. Kretschmer⁶ has described the "schizoid" or "schizothymic" personality, of which the mental disease schizophrenia appears to be an intensification, and the opposite, "cycloid" or "cyclothymic" type—also called "syntonic"⁷—in terms of strictly formal properties. Now it may be true that for an understanding of the relation between the pre-psychotic mentality and the subsequent mental disease, the formal aspect is particularly relevant. We cannot, however, know whether or not this is the case until extensive inquiries have been made into the material aspect as well.

Descriptions of pre-morbid personalities in terms of Freudian psychoanalysis have made a certain contribution to the material aspect of the picture, but these, too, have largely been limited to formal considerations. They could hardly be otherwise, since it is the fundamental position of the psychoanalytic theory of human nature that man's goals are primarily those that promise satisfaction

of instinctual needs; all other goals are seen as substitutes for these primary ones, and thus differences of material content lose their significance. The original purpose of psychoanalytic research was to discover the relation between neurotic states and the total life history of the individual, but in its later development it came increasingly to focus on the infantile stage. Now, the farther back the causes of neurotic symptoms are traced into the past of an individual, the less differentiated they appear, and at the infantile stage all values are reduced to the uniformity of immediate instinctual satisfaction where no differentiation is possible at all. The differences characterizing later stages of life are interpreted as a sort of superstructure erected on the ground of the primary instinctual needs; this superstructure may be of interest to a descriptive, but not to a genetic, approach.

It is an essential characteristic of psychoanalysis and almost all other types of medical psychology that the genetic viewpoint predominates. This emphasis is justified, since all medical practice seeks to remove disturbances by finding their causes and rendering them ineffective. It cannot, however, be assumed *a priori* that these causes will be found exclusively in the earliest periods of a man's life. Even if instincts and the fate they suffer in infancy are decisive factors, it is possible that their effects will depend on additional factors entering the picture at a later time. A predominant interest in such ultimate causes has prevented medical psychologists and psychiatrists from realizing the need to complement their inquiries with detailed descriptions of personalities and mental states, descriptions that take account of the material as well as formal factors determining conduct.

The formal characteristics of a personality, whether constitutional or arising from early experiences, exercise a definite influence on the material attitudes a person develops in his later life. They form the framework, as it were, within which all further experiences find their place and according to which they are interpreted. Since these factors are formal, however, their influence is by no means strict or inevitable. It allows for a wide variety of responses, and it can be largely modified, neutralized, or counterbalanced by other influences that come to bear on the individual after he has passed from the stage of unconscious and almost automatic reactions to that of conscious experience. Otherwise it would be impossible to

understand why individuals develop into widely different personalities although the conditions of their infancy appear to have been the same. For instance, every child experiences frustration. If it is true that frustration often underlies aggressiveness, there must also be other factors at work, since not all children develop into aggressive, antisocial personalities.

It is, therefore, legitimate to ask whether, and to what extent, acquired attitudes, convictions, and general conceptions of reality may predispose toward, or modify, specific mental disturbances. One may put the question in this form: Are certain attitudes or world-views more or less conducive than others to creating difficulties, engendering conflicts, making a man less capable of coming to terms with reality? Can one say that the chance of falling prey to mental disturbances is less for people who have acquired one set of convictions than for others whose convictions are of another, perhaps opposite, type?

Approaches to an Answer

These questions are not at all easy to answer. Today, some authors reject the idea of a causal relation between convictions and mental state and claim that it is rather the conviction that depends upon an actual or latent abnormal state. Others believe that there is a close interdependence between a man's convictions and principles, on the one hand, and his mental state or mental health, on the other. Both these arguments appear to be based much more on preconceived ideas than on an analysis of facts.

One might try to answer this question by means of a statistical survey. If it were found that mental disturbances were notably less frequent among people of one type of outlook or belief than among others, one might conclude that this particular outlook has certain protective powers. In fact, such attempts have been made, but they are not conclusive because of the enormous complexity of the co-genent factors. For example, if certain religious beliefs are more frequent in one income bracket and less frequent in another, the incidence of mental illness among people holding those beliefs may be due to social rather than ideological factors. Moreover, it is difficult to assemble enough data for a reliable statistical elaboration. As N. Wiener⁸ has pointed out, the "statistical runs" possible in social studies are much too short even to approach the accuracy

of statistical physics. And finally, although a given number of people may say that they hold and live by certain beliefs, and although they may be perfectly sincere, one cannot know how closely their statements correspond to objective reality.

Even though statistics are not very helpful, however, there are certain data that strongly suggest a significant relation between mental health and a world-view or philosophy, and there are certain inherent factors that make such a relation probable. Perhaps it is not a very strong argument, for example, but it is a fact that the incidence of mental disturbances, and especially of suicide, is remarkably low among philosophers.⁹ Since their viewpoints vary so much, however, this would seem to suggest that the important thing is just to have any philosophy at all, to have worked it out and believe in it.

A more fundamental approach would be based on an analysis of human nature, and especially of cases in which an individual appears to resolve his difficulties when he attains greater clarity in matters of philosophy or of faith. In proceeding along these lines, however, it is extremely difficult to eliminate one's own bias, and there is always a danger of overrating the good influence of beliefs similar to one's own and the evil influence of others.

By the very nature of the psychotherapeutic process, a psychiatrist can never be perfectly certain that a cure has been the result of his efforts, or certain of the role played by other co-operating factors in bringing about a favorable result. The late Alfred Adler once remarked that half of all neurotics get well independently of the treatment they receive, simply because they have the will and ability to adopt a new attitude toward reality. In these instances the therapy becomes more of a "face-saving" than a truly effective agent. Yet, even when the therapist believes that he has good reason for attributing a patient's recovery to his treatment, he still does not know for certain what the decisive influence was. He may claim that it was the unearthing of unconscious material, if he is a pupil of Freud; the awakening of the will of community, if he follows Adler; the force of persuasion, if he adopts the view of Dubois and others; but he cannot know for sure.

Other factors enter into every psychotherapeutic situation. Quite often the therapist is the first person, perhaps even since childhood, with whom the patient has established a human relation of some

significance. He may be the only person with whom the patient can speak of things, not even necessarily personal or intimate, which he dares not or cannot mention to others. It does not matter in what terms this relation is described; call it "transference" if you wish, with all the implications of Freudian doctrine, or use some other name. The fact remains that in the therapeutic situation the isolation of the neurotic person is overcome, and the wall is broken through which had separated him from the world of his fellows and from reality.

Many psychiatrists will take these difficulties lightly and will consider the patient's recovery a sufficient proof both of the effectiveness of their treatment and the truth of their theories, but this is a fallacy. Human relations are much too complicated to permit such simple explanations. For the same reason, one cannot state that an individual's attitude has either caused or prevented an abnormal state, or that a change of attitude has caused an improvement in his condition. It is only in full awareness of the enormous complexity of all human affairs and of the need to avoid hasty generalizations that one may venture to approach the questions under consideration, propose certain tentative views, and try to support them by a careful analysis of the available facts.

II. PSYCHOTHERAPY AND THE SCIENTIFIC METHOD

Science, which seeks to establish general laws, may and even must ignore individual differences. It is an essential feature of the experimental method that all individual circumstances be eliminated and that the phenomenon under investigation be made as "pure" as possible. From the viewpoint of medical science, each patient is a "case of—." It is characteristic of a case that it fall under the general rule of its kind; it is an instance of a species, the manifestation of a general law. Just as every time an object falls to the floor the law of gravitation becomes manifest, and always does so in exactly the same way, so to medical science the case of pneumonia appears as one more manifestation of the general law that is called pneumonia.

In medical practice, however, one deals not with a controlled experiment, nor with an admixture of irrelevant, negligible factors, but rather with a sick person, and a person is the most individu-

alized being of which we have knowledge. He is essentially unique; he is fundamentally not a "case" but an individual in his own right, unrepeatable. Thus, the practice of medicine has often been called an art rather than a science. Originally, the term *ars medica* meant simply that the activity of the physician consists in applying theoretical knowledge to practical use. *Ars*, the rendering of the Greek *téchne*, is the name for all practical disciplines and for the knowledge underlying them. It is significant, however, that this designation "art" has attained a specific connotation. It is generally understood to mean that mere knowledge, as acquired from books, lectures, and laboratory experience, is not enough, and that the physician must possess something more than theoretical knowledge. Theory deals with generalities, whereas art is concerned with particulars.

Medical practice must use an individualized approach because the patient's general attitude may influence the development of his illness, and also the extent of his co-operation with the physician. The patient's individuality can "color" the disease, so that the pneumonia of Paul differs from that of Peter, even though both suffer from the same disease. On the other hand, the individuality of the patient may play a minor role when the question is whether or not to operate, and the choice of therapeutic procedures is almost independent of the patient's personality.

Individualization in Psychiatry

It is obvious that a person's response to illness depends largely on his general attitude: he may revolt; he may be reconciled; he may even welcome being an invalid and, therefore, "on leave," as it were. Yet one observes that notable changes in behavior are more likely to occur when the person's illness is one that involves all of himself rather than just, for example, a fractured leg. Even a slight infection such as the common cold may change a man's outlook. There are people who ought to be forbidden to make decisions while they have a cold or hay fever. Others will maintain a distance between themselves and their illness and consequently will be less affected in their relations with others and the world in general. Strictly speaking, neurosis is less a disease than a peculiar form of attitude toward reality or—to use an expression preferred today—toward existence. Because of the nature both of neurotic illness and

of the curative procedures known as psychotherapy, individualization is much more important here than in other branches of medicine.

All treatment aims at the restoration of health, and health is a state of the whole man. When the physician treats a disturbed function, he aims, in truth, at the whole man. But his point of attack is only a part of the whole. Although it always deals with a diseased person and not just a diseased organ, medical treatment in the usual sense proceeds from the symptom or the disease—hence, from a peripheral point, toward the ultimate aim of restoring normality to the whole human being.

The procedure of psychotherapy is fundamentally different from the procedures of all other branches of medicine.¹⁰ The psychiatrist does not treat the neurotic heart as such, and he does not expect to restore normality by making the heart function normally. He expects that the normal functioning of the heart will occur when the total personality of the individual becomes normal. Thus, psychotherapy *proceeds from within*, from the core of a man's being toward the peripheral manifestations.

It is here that the material factors discussed above require consideration, for the total being of a man cannot be described and understood in purely formal terms. To know what a person thinks, what preoccupies him, how things look to him, is at least as important for an adequate understanding of his being as to know that he is quick to anger, is given to incomprehensible changes of mood, or cannot shift his attention readily from one subject to another. If we are to understand a person, we must be familiar with his attitudes toward himself, toward things in general, and toward his fellow men.

One frequently encounters the statement that what is required is an "objective analysis" of a man's situation, meaning that all details of his situation should be carefully studied and listed. Even so, the resulting picture may be misleading. There may be features in the situation which seem quite outstanding to the observer but which are actually irrelevant because the subject does not consider them; they are simply nonexistent for him and consequently play no role in his life. On the other hand, features that appear negligible to the observer may have a marked significance for the subject, who sees them from a different angle. The situation which

influences a man and to which he responds is not that revealed by objective analysis but that which he sees himself, and we shall not understand him until we can see things his way.¹¹

Case vs. Person

Science never reaches down to the individual but moves inevitably on the level of generalities. An approach that takes full account of individuality is no longer scientific, although it naturally uses all the help science may furnish. Basically, such an approach should be called *historical*. There is a slight recognition of this in the technical term "case history," except that one is dealing with the history not of a case but of a person. To repeat a statement I made many years ago: When the physician leaves the laboratory and stands at the bed of a patient, he passes from a purely scientific approach to a historical one; he is confronted not simply with a case but with a person.¹²

It is interesting that case histories published by psychiatrists read very differently from those in medical journals and treatises. It has been said, not without reason, that the case histories written by disciples of Freud or Jung resemble modern novels, while those by followers of Adler are like moral tales. In any case, they are certainly more like biographies than anything else. This is only a superficial point, but it does indicate a significant difference between psychotherapy and other kinds of treatment. In any event, it has taken years for men of the various schools of psychotherapy to realize that neither the principles of medicine nor those of psychology in the usual sense are sufficient to cope with the problems encountered in psychotherapy.

The original intention of Breuer and Freud apparently involved some recognition of the fact that the problems they were studying required an approach other than that of scientific medicine. They obviously saw their problem to be that of integrating a person's life and experience, on the one hand, and the neurosis, on the other. The implicit shift away from a strictly medical and scientific viewpoint may have been one reason why psychoanalysis was rejected at first as unscientific. Disciples of Freud have pointed out that in recent years the charge has been reversed, and psychoanalysis is now criticized for being too scientific. The observation is justified, but it does not prove, as has been claimed, that opposition to

Freud's theories is based not on any rational, experiential, or objective basis but on the "resistance" of those who cannot accept the theory because they have not personally undergone the experience of psychoanalysis. First of all, among the critics are some who have gone through analysis and were once orthodox Freudians. Secondly, psychoanalysis has not developed according to the plan implicit in the *Studies on Hysteria* of 1895, but, quite to the contrary, has sought to become as scientific as possible and to speak the language of science. Indeed, this tendency was also present from the beginning: Breuer and Freud gave their preliminary note the revealing title, "On the Mechanism of Hysterical Symptoms."

It should also be noted here that, partly because of the influence of Freud's thinking itself on all of the social sciences, and partly because of the great changes in the intellectual climate of Europe before and more particularly since World War I, the problems not only of psychotherapy but of all studies of man have appeared in a new light. It would be beyond the scope of this essay to attempt even a brief report of these intellectual developments, but it should be remembered that the present situation of psychotherapy is a part of this broader history of ideas.

Psychotherapists have gradually come to realize that even the life of a psychoanalytic patient involves something more than symptoms. It is understandable that a neurotic's ideas and problems may be seen as a part of his general, abnormal state, especially when they differ markedly from the physician's own convictions—but this is, in fact, fallacious reasoning. The truth of a statement does not depend on the mental state of its maker. The proposition that two and two make four remains true even if a mentally disordered person says so; and it may well be the same with many other propositions. Moreover, the fact that a statement makes no sense to us does not prove that it is meaningless, for every mind has its limitations. We are all caught up in a network of preconceived ideas and thus prevented from seeing the truth, or even the possibility of it, in many statements that are alien to our habitual conceptual system.

The kind of mentality which has prevailed since the eighteenth-century Enlightenment and dominated the larger part of the nineteenth century has prevented the recognition of many problems. Even "today . . . psychologists write with the frankness of Freud or Kinsey on the sexual passions of mankind, but blush and grow

silent when the religious passions come in view.”¹³ In so far as certain psychologists and psychiatrists consider such problems as religion at all, they view them as symptoms. They try to find out why a person is preoccupied with such questions, why they play a role in his life, and particularly what is “back of them” (their origin, in other words).

The Genetic Fallacy

Under the influence of psychoanalysis, modern psychology and psychiatry have fallen prey to what is known in logic as the “genetic fallacy”—that is, they confuse the discovery of origin with that of meaning.¹⁴ This has two consequences, both of which have handicapped the understanding of neurosis and the development of an effective therapy in many cases. One of these consequences is the almost complete neglect of description or phenomenology. The statements of patients are taken at their face value, and no one asks whether two persons who speak of a feeling of guilt, for instance, actually mean the same thing. Quite possibly they do not. The second consequence is precisely that experiences are considered solely as manifestations of the origins from which they are supposed to have derived. The psychiatrist may be satisfied when, for instance, he has been able to trace a religious belief back to the Oedipus situation, or to interpret it as a mask for the will to superiority. He does not see any need to inquire into the present significance of the belief in his patient’s life, much less its possible truth value.

It may, indeed, be characteristic of a certain person that he is preoccupied with a specific type of problem, but this fact does not imply any judgment on the problem itself.¹⁵ It should be obvious that problems are not simply symptoms, and that they must be judged on the basis of their own intrinsic nature. Nevertheless, many medical psychologists still believe that it is improper for them, as psychologists, to deal with matters pertaining to religion, metaphysics, or the general world-view of their patients, since such matters involve an element of value judgment which lies outside the scope of strictly scientific treatment.¹⁶

It is true, of course, that science does not and cannot consider values and, therefore, the motivations of individual actions. As H. Poincaré put it: “Science always speaks in the indicative, never

in the imperative mood." The psychiatrist, however, expresses an evaluation the moment he speaks of someone as, for example, "mal-adjusted." The term implies not only that it is subjectively preferable to be adjusted, and thus to avoid suffering, conflicts, and social disturbance, but also that it is objectively better that people be adjusted to the conditions under which they have to exist.

Once they have grown roots, ideas do not die easily, and the persistent ideal of the scientific method is largely owed to what one might call cultural inertia. It was natural for a thinker trained in science and imbued with the nineteenth-century idolatry of science to assume that all problems, including those of man's individual existence, could and would be solved by the appropriate scientific method. The demand that psychotherapy be primarily or even exclusively scientific, however, is born of prejudice and not imposed by the facts themselves. It deprives the psychotherapist of any possibility of seeing his patient's ideas and problems except as symptoms, or as irrelevant to the psychotherapeutic situation. When one stops to realize that ideas and attitudes are not mere superstructures but powerful agents, this position is quite untenable. Not only is the particular, the singular, beyond the grasp of scientific methodology, but the most important aspects of human existence, man's beliefs, his ideals, his ultimate motivations, all belong to a realm of reality with which science is unable to deal.

The scientific method proceeds by analysis and seeks to reduce all phenomena to certain ultimate basic elements assumed to be constant and immutable, comparable to the atoms of a short time ago. In psychology these elements were "ideas" or "impressions," then "sensations," and more recently "instincts." The methodology of science requires that these basic elements and the laws governing their combination should suffice as principles of explanation. The world is reconstructed by putting together what analysis has separated. But this implies that only that can be integrated which analysis has been able to disengage from the complex whole of immediate experience. Since the elements are necessarily conceived of as being simple and, as it were, at the bottom of the scale of being, the resulting view is one that envisages things "from below."¹⁷ Now there is no reason for assuming *a priori* that this view encompasses all of reality. Quite to the contrary, there is a strong presumption that this view leaves out certain most important factors. This is not to disclaim the usefulness and legitimacy of the

procedure from below but simply to point out that it has not been and cannot be demonstrated to be universally and exclusively applicable.

III. THE CONTRIBUTION OF EXISTENTIALIST THOUGHT

The development of psychotherapy toward an increasing recognition of these problems runs parallel to a similar development in philosophy which has come to be known under the general heading of "existentialism."¹⁸ In recent years there have been a number of writers who believe that real progress in the understanding and treatment of mental illness can be attained if psychiatry avails itself of the existentialist approach.

Among the philosophers, J.-P. Sartre has written on "existential psychoanalysis,"¹⁹ a term implying that psychoanalysis should consider the existential viewpoint. There are also some incidental references to psychiatric problems in the writings of Gabriel Marcel.²⁰ Among psychiatrists, L. Binswanger was probably the first to study the problems of psychotherapy in the light of the philosophy of M. Heidegger,²¹ a writer who has influenced several contemporary psychiatrists. Following Heidegger's terminology, Binswanger speaks of *Daseinsanalyse*, a term difficult to translate because *Dasein* means not simply "existence" but the kind of existence proper to man. Binswanger seems to believe that something like an analysis of existence is possible. Since 1934 V. E. Frankl has advocated an approach with a similar name, *Existenzanalyse*, but he actually seeks not to analyze existence but to envisage an "existential" form of life as the goal of psychotherapy.²² I. Caruso proposes the "psychoanalysis of existence" and even the "synthesis of existence," as does his pupil, W. Daim.²³ One must beware of being confused by these very similar terms, for the ideas they represent are actually quite diverse. One may also question whether some of these terms, for instance, "psychoanalysis of existence" and "synthesis of existence," can be used significantly at all. Laxity of expression is apt to lead to inaccuracy of thinking.

A Question of Metaphor

An even more dangerous pitfall is that of the metaphor. It is too easily forgotten that most of the terms used in psychology and psychiatry are metaphors and do not directly indicate the nature

of that to which they refer. Through frequent use they come to be taken as denotations of reality. Thus it is customary to refer to certain schools of psychotherapy by the common name of "depth psychology" and to speak of "depths" or "layers" of the human mind. This seems to be a natural metaphor, since common parlance includes such expressions as "deeply moved," a "superficial" state, and others. Yet it is not a metaphor common to all languages; ancient Greek, for example, spoke of a "deep" emotion as a "heavy" one. However much the metaphor of depth may suggest, it remains a metaphor, and one is not entitled to speak of the "layers" of the mind as realities.

Neither language nor imagination possesses adequate means for referring to mental or ideal things, and the use of metaphor is inevitable. Nevertheless, it is misleading to say, as is regularly said, that Freud "discovered" the unconscious, or repression, or regression, or anything else. Actually, Freud made certain observations the novelty and originality of which no one will contest, and he invented certain names, that is, metaphors, as convenient ways to refer to these discoveries. In the same way, no one has ever observed an instinct; the term is a convenient label and hypothetical explanation for a definite kind of behavior observed with great regularity in certain animal species.²⁴

If one remembers the metaphorical character of psychological terminology, and realizes also that philosophy must depend upon metaphorical terminology,²⁵ one will not so readily see a confirmation in the coincidence of terms used in the two fields. A philosophy that has derived its terms chiefly from physics and mechanics, for example, will sound like the findings of a psychiatrist who uses the same metaphors. It may be, however, that all the two have in common is terminology, and it is even possible that both have chosen metaphors that could be replaced by others better suited to deal with the facts. Thus a careful and searching consideration of metaphors and, indeed, of all terms is necessary. A survey of the writings called "existentialist," for example, leads one to the conclusion that the very term "existence" means different things to different thinkers, and that we may not borrow one statement on existence from one writer, and a second statement from another, without ascertaining what their respective positions are.

Once these qualifications have been noted, however, there is

no doubt that the existentialist movement has brought to the fore problems of immediate concern to the psychologist and, perhaps even more, to the psychiatrist. Philosophers are not psychologists, but what they have to say is often extremely useful to the psychologist, and this modern movement is certainly closer to human reality than were many philosophies of the past. In spite of their differences, all the existentialist philosophies share a common concern for the being of the individual person as such, in the concrete situation of his life. Since his being, or its manifestation, is codetermined by the situation, which in turn must be seen as it is experienced rather than as it is objectively given, it appears that the reversal of Fichte's proposition is justified—that the kind of man one is does depend on one's philosophy or attitude toward the world.

Being-in-a-World

Heidegger's fundamental notion is that man is inevitably, by virtue of his very being, in-a-world. Being-in-a-world is a constitutive factor of man's existence. But this world takes on a new aspect each time it is viewed by another person. The problems to be dealt with are not those of ontology, which would consider the being of man in general and his world in general; the problems concern "factually occurring forms and configurations of existents."²⁶ The relevance of this approach for psychotherapy is obvious. Because of this viewpoint, existentialists criticize other philosophies as "essentialistic"—that is, as dealing with the general nature or essence of man. Existential analysis (a term much to be preferred to "analysis of existence") does not seek to discover causal relations or the origin of this or that phenomenon; it seeks "the spiritual (*geistig*) connection between the contents of experience."²⁷

Although this formulation of being-in-a-world is peculiar to Heidegger, and he particularly emphasizes this aspect of human existence, the ego's concern with the non-ego is central in all the existentialist philosophies.²⁸ When man encounters the world, or his world, he is forced by the very dynamics of his being to seek an interpretation of what he encounters. And let it be noted once more that the truth or falsity, adequacy or inadequacy, of such interpretations does not depend on the way man arrives at them. All merely genetic analysis is absolutely powerless before actual questions about life, its significance, man's place in the order of things, and

his ultimate destiny. Thus the new ideas emphasize the importance of problems that the psychotherapy of the last half century has either disregarded or treated as mere symptoms. Although the two new Viennese schools, those of V. E. Frankl and I. Caruso, must not be confused, they do both speak of existence and stress the relevance of religion for human life and for the re-establishment of satisfactory relations between the individual and reality.

It may be asked why there has been no mention here of the ideas of C. G. Jung. The Swiss psychiatrist has often been regarded as one who, going beyond the teachings of his master Freud, has given full recognition to the role religion plays and ought to play in human life. A closer examination reveals, however, that Jung's views differ considerably from those of the Viennese schools and certainly from those of any truly religious person. He is not concerned with the truth-value of religion or with the metaphysical questions involved. In Jung's "complex psychology" God is not a transcendent reality of which man may achieve some knowledge by means of natural reason, but rather an "archetype" or externalization of a basic tendency in human nature.²⁹ The ideas of God, of divine justice, of a future life, and all the other tenets of religion are seen not as expressing reality but as corresponding to a subjective need. Jung has not gone beyond the subjectivism so eminently characteristic of the nineteenth-century mentality.

Symbols and Subjectivism

This subjectivism is evident in Jung's whole theory of archetypes. He had observed—a most interesting and important observation, indeed—that certain figures of an obviously symbolic nature³⁰ occur in quite different civilizations and are also produced in spontaneous drawings by people who know nothing of cultural anthropology or comparative religion. According to his way of thinking, the only possible explanation is that these images dwell somehow, hidden from ordinary consciousness, in every man's mind; they are archetypes not of reality but of mental operations. It did not occur to him that in fact one can, and probably with better reason, explain the recurrence of symbols as the result of objective rather than subjective factors.

It may be helpful here to consider some similar ideas that play a prominent role in psychoanalytic theory, those of "regression,"

and of "archaic" and "magical" thinking. Freud believed in a definite parallelism between the development of the individual mind and that of the mind of mankind as manifested in the history of civilization. He applied here the so-called "law of ontogenesis" formulated by E. Haeckel, which states that the development of the individual organism recapitulates, in an abbreviated manner, the development of the race. Now, even if Haeckel's law is assumed to be valid, this does not necessarily justify Freud's application of it, for there is an enormous difference between the history of the race and the growth of civilization. The first involves the operation of natural forces over many geological periods, while the second has to do with man's own activities during a relatively brief period.³¹ Freud's application appeared conceivable because of the metaphorical use of the term "development," and it expressed his fundamental belief that all human operations must be of the same basic nature as those of forces in the physical universe. Various facts have been used to support the theory, even though they do not demonstrate it.³²

Freud's theory appeared to be confirmed by the writings of L. Lévy-Bruhl, published in 1910.³³ According to this author, the primitive mind functions in a different manner from that of civilized man. He declared that the principle of contradiction has no place in primitive thinking, which is dominated by the "law of participation;" it is "magical thinking" and is "pre-logical." Severely criticized by both cultural anthropologists and psychologists, Lévy-Bruhl gradually moderated his more extreme statements, and at the end of his life he was preparing a book that was altogether to retract his previous views.³⁴ He frankly admitted that "pre-logical" thought does not exist; that the principles governing the thinking of primitives were the same as our own; that the whole idea of a development from magical to realistic and finally to scientific ways of thinking was a fictitious construct.

This retraction failed to impress the psychoanalysts, and those psychiatrists who followed their lead.³⁵ They still cling to the notion of archaic thinking as the only possible explanation for similarities observed in the thinking of primitives, infants, and schizophrenics. This explanation is based on the concept of regression and assumes that under the impact of mental illness or of a shock suffered in encountering a reality with which the individual cannot come to

terms, the mind retreats to a more primitive stage, one that it had already passed through, individually, in the development from infancy to adulthood, and racially, in the progress from primitive to advanced civilization. Because of the prevailing subjectivist trend, this appeared to be the only possible explanation.

Once subjectivism is abandoned and the idea of being-in-the-world is taken seriously, another approach becomes possible. Obviously human nature has not changed fundamentally since its earliest times.³⁶ Men respond to similar situations in a similar way; if they did not, we could understand neither our fellow men nor history. No particularly penetrating analysis is required to realize that primitives, infants, and schizophrenics all live in similar worlds: they are thrown into a world of which they are largely ignorant, confronted by strangeness and by unaccountable, unpredictable events, exposed to dangers they cannot foresee, and made victims of forces they cannot control. It is certainly understandable that their responses should all be more or less the same.

The same approach can be used to consider the recurrence of symbols which Jung sought to explain. It is conceivable that certain common data of experience and certain forms and shapes that come readily to mind are, by their own nature, symbols; they reveal a "world of meaning." In other words, symbols are not so much created as discovered. Both natural phenomena and artifacts may prove to be symbolic in themselves. One of the commonest symbols is the wheel, and another is the door. Both are artifacts and were certainly not invented as symbols.

Religion and Scientific Neutrality

When subjectivism is abandoned, psychotherapy must become seriously concerned with the objective referents of subjective states, for these states are seen to be the responses of the individual to the world as he encounters it. Metaphysical and religious matters cannot be regarded merely as symptoms. It is not enough to know, (if it can be known) what factors determine a man's concern with such problems; the problems themselves must be understood. Nor is it enough to introduce a "religious instinct" among other instincts, for such a hypothetical, and highly questionable, notion brings us no nearer to the problem.³⁷ An instinct, it seems, is an innate tendency enabling the organism to cope with certain aspects of reality

or to function in certain concrete situations as they occur in the life of the species. To speak of a religious instinct implies, if the term is to make sense at all, that such matters form part of reality. Naturally, it is not at all the intention of the subjectivist psychologists to admit this.

However religion may be interpreted, the recognition that psychotherapy must deal with such matters raises serious problems. The therapist can no longer rely on mere technique and maintain the aloofness he has claimed as his right and, indeed, as the necessary condition of his activity; inevitably, he is personally engaged. If he believes, in one way or another, in a transcendent or supernatural reality, then he may intentionally or unintentionally try to persuade his patient to adopt his views. In fact, this happens easily and not infrequently even with those psychologists who believe that they are "neutral" and harbor no such beliefs at all. In the matter of philosophical or religious world-views, no neutrality is possible. What is often called neutrality is a kind of tolerance for beliefs that are felt to be arbitrary or superstitious or incompatible with science and reason. But even tolerant indifference and scepticism are also beliefs of a kind, and the most tolerant person may involuntarily influence another's way of thinking, especially in the peculiar relationship that develops in psychotherapy. Just a simple inquiry on the part of the psychiatrist—"Is that what you believe?"—may be enough to make the patient feel uncertain of his convictions, and thus may become the source of conflicts sometimes more serious than those for which he sought help in psychotherapy.

It cannot be the task of the psychotherapist to "convert" his patient. However strong his convictions and however good his reasons for them, they have no place in the psychotherapeutic situation as such. If some belief of a more or less religious nature should prove necessary for the patient's return to normality and a satisfactory form of existence, a truly neutral formula must be found which is independent of the convictions of psychiatrist and patient alike, that is, a definition of the "minimum requirements" to be met.

Some people, of strong and sharply defined religious convictions, feel that to limit oneself to such minimum requirements would be an improper compromise. Anything less than the whole truth, as they see it, appears almost equivalent to falsehood, for if one knows the truth, he has an obligation to proclaim it. Under-

standable as this viewpoint may be, it is both unfounded in theory and untenable in practice. These overzealous folk would do well to reflect on the words of St. Paul about the milk to be given to infants and the solid food suitable for adults. The minimum requirements should be such that they are acceptable to everyone, whatever his religious training, whatever his attitudes and prejudices.

Open from Above

"To many people a sense of cosmic affiliation is needed . . . Love of God is needed in order to make life seem complete, intelligible, and right."³⁸ Indeed, man's existence is not fully characterized by Heidegger's formula of being-in-a-world, for this world and man's existence are, so to speak, open from above. They require some sort of fulfillment. It is not possible to demonstrate with the cogency of a chemical formula or mathematical equation—the tenets of orthodox Christianity. Still less can nontheological science cope with the more or less undefined "cosmic affiliation" Allport posits. But reason, when it is not held back by too many prejudices, can and frequently does bring people far along toward discovery of the theological truth.

The most powerful obstacles to thought about religion are fears of not being sufficiently modern, advanced, or in step with science. The so-called advanced mind criticizes the faithful, and those who find meaning in metaphysical speculation, for harboring "obsolete" views. This same advanced mind seems to be utterly unaware of the fact that it is simply repeating the rather shopworn ideas of the eighteenth-century Enlightenment. The student of the history of ideas is sometimes amazed at the naïveté with which ideas are presented as new which were actually put forward by *les philosophes* and their followers.

Comparable is the position of E. Fromm, who holds that religion, especially when represented by an ecclesiastical organization, is necessarily "authoritarian" and, therefore, to be rejected in favor of the independence and self-responsibility of the human person.³⁹ Fromm fails to make two important distinctions. He confuses a voluntary and responsible acceptance of faith with the immature submissiveness of an underdeveloped mind. And he confuses the authority of office with that of truth. Actually, when one believes that a doctrine is true, he submits to it by the same inherent necessity that

compels him to accept a mathematical proposition, even though the assent is of a somewhat different character. But the "faithful" recognize that certain dogmatic and moral precepts are in harmony with the demands of reason and conscience *simultaneously* with their recognition that the teaching and legislating Church, having its authority from God, cannot possibly profess doctrines or impose laws that would be *unreasonable* or *unconscionable*. The mature believer accepts the tenets of his Faith with the same free, intelligent assent with which he agrees to obey its laws, and with the same justification: the divine *reason* of divine *power*. Truth sets man free.

Similarly, it cannot be said that conscience is a product of parental authority, a remnant of the infantile situation which still burdens the individual and which he obeys as he once obeyed his parents.⁴⁰ This is a case where generalizing from the observation of abnormal personalities (as is done in contemporary psychology) proves a hindrance to the adequate understanding of the phenomenon in question. The practice of assuming that the characteristics observed in abnormal personalities are common to all men is based ultimately on the idea that such phenomena as conscience are without objective reality anyway and must be seen as symptoms of something else.

Symbols Are Not Symptoms

This is often overlooked because discussions of such matters are likely to be in terms of symbols rather than symptoms. Now there is a great deal of difference between the two: the symptom is caused by the underlying trouble, but the symbol does not owe its existence to that which it symbolizes. Freud, however, considered a symbol to be a kind of symptom and thus confused two totally different relations, that of causation and that of signification.⁴¹ A symptom indicates and permits the discovery of some delimited trouble; a symbol refers to a context of meaning which becomes manifest, though not necessarily perfectly clear, to the subject.

The hasty identification of symptom and symbol is one of the features of psychoanalysis which recent work seeks to eliminate. Binswanger with his notion of *Daseinsanalyse*, Sartre when he speaks of *psychanalyse existentielle*, Frankl in attempting to complement psychotherapy by "logotherapy," Caruso with his idea of analysis of existence—all realize that one is dealing not simply with

symbol-symptoms but with the manifestation of the total being of a human person.⁴² Although Caruso's term "synthesis of existence" is of questionable nature, because that which by definition is an organic whole cannot be put together or synthesized from an assortment of elements or parts, the idea does involve a recognition that analysis is not enough, that the interpretation of human life involves more than breaking it down into relationships between elementary constitutive factors such as Freud's instincts.

There are profound differences among the various existentialist philosophies which cannot be considered here, but they all have in common a serious concern with the understanding of man as an individual living in the world, and a belief that previous philosophies have failed to provide adequate means for reaching such an understanding.⁴³ In the course of their work, the existentialist schools have accumulated an amazing amount of empirical material. Their approach is neither that of the psychology taught and practiced in modern laboratories nor that of medical psychology as it has grown out of the ideas of Freud and others. It is a "phenomenological" psychology, which attempts to describe precisely what goes on in a man living in a definite situation. It recognizes that the situation to which a man responds must be understood as it appears to him, through the medium of his own fundamental attitude toward reality. And reality here means not simply the environment but everything outside the ego—the whole universe of things and events, of institutions and ideas, of facts and values, including the person himself.

IV. TOWARD A FULLER UNDERSTANDING OF THE HUMAN SITUATION

Out of recent trends in philosophy on the one hand, and certain inherent difficulties of psychotherapy on the other, there has arisen a recognition of the role played by a person's world-view in his individual existence. The implications of this new understanding, when recognized in their full significance, will undoubtedly transform the current ideas of psychotherapy. The situations both of the psychotherapist and of his patient will appear in a new light.

The medical, analytic, scientific approach that has prevailed until now has tended to regard all mental troubles, whether they

were diseases in the strict sense or conflicts, as something which "happens" to the individual. Accordingly, the patient is an almost wholly passive object of therapeutic efforts. He is expected to cooperate to some extent, but fundamentally the cure "happens" to him just as the development of a neurosis happened. Today, however, it is "not unrealistic to think that a man is capable of being responsible for himself."⁴⁴ It is possible to see a man's personality not simply as the product of innate disposition fashioned by environmental forces, but as something which he himself has achieved and which, therefore, he may also transform. Of course, an individual's potentialities are limited by the given nature of his being, but within these limits there is room for a great variety of developments depending to a large extent on man's own choice. Personality is not given but entrusted to man.⁴⁵ The motto of the new schools in psychotherapy might well be the words uttered first by Pindar, repeated by Plotinus, and taken up by Goethe: "Become thou what thou art."

Minimum Requirements Again

In any case, whatever a man may be by virtue of his uniqueness as a person, he partakes of human nature and shares with others the human situation. The question therefore arises whether there may be some general outline of human personality and human conduct within which man must move if he is to avoid serious conflicts with himself and the world around him. We return to the question of minimum requirements⁴⁶—a question that is so complex and involves so many problems that even to outline it and to suggest, not an answer but the way to look for an answer, is very difficult. While it is certainly true that a "right ordering of life" may prevent conflicts and neuroses, it is far from easy to say in what such a right ordering consists.¹⁷

The term "minimum requirement" may be taken to mean two things that are related but nevertheless distinct. It may mean, first, man's minimum requirements for subsistence. As there are physical conditions that must be met for life to be preserved, and others, before life deserves to be called human, so there are other kinds of conditions which must be met before man can live without too heavy a burden of conflicts and too much dissatisfaction. Sociologists and psychologists have spoken of "basic needs" the nonfulfill-

ment of which depresses man's life below the minimum level, but these basic needs cannot be defined in biological terms. Georg Simmel has remarked that life demands not only more life but more than life; and Ortéga y Gasset has pointed out that satisfaction of the vital needs is not enough to render a life a human life.⁴⁸ Moreover, what is required beyond the fulfillment of strictly vital needs varies considerably with individuals, civilizations, and social circumstances. An effort to define minimum requirements in this more elementary sense encounters great difficulties.

Secondly, the term "minimum requirements" may refer not to the demands man makes on the world, but to the demands the world makes on him. It is here that very serious problems arise, for it is customary to include the various troubles and conflicts making up a neurosis under the general concept of maladjustment, and then to regard the task of the psychotherapist as that of reconstituting the individual's adjustment to his situation. This approach fails to consider the question of whether adjustment to actually prevailing conditions is always to be equated to normality and will always eliminate disturbances and bring about a greater capacity for activity and for enjoyment.

Adjustment—to What?

In fact, it is quite possible that the conditions to which a person is expected to adjust are such that conformity would cause even greater troubles than those of maladjustment. And I am not referring here to conditions so extreme and unusual as to make demands beyond the limits of human tolerance. Paradoxical as it may sound, it may be normal, or at least healthy, for an individual to respond abnormally to highly abnormal situations. To be adjusted or to try to achieve adjustment to certain conditions might be more harmful than helpful in the effort to work out a tolerable form of existence. Modern man sometimes finds himself forced to live with a certain group and to conform to the group pattern. If he refuses to conform, he will be ostracized. Yet the group pattern may be contrary to the deepest tendencies of his being, and conformity may make demands on him which will sooner or later become intolerable and cause serious conflicts within himself. For such a person, no course of action can ensure a normal form of existence.

One may call these developments unfortunate; nevertheless they

are real, and no individual can change them. A psychiatrist may firmly believe in the need of every individual to be wholly himself within the limits of possibility and may realize that the straight jacket of a group pattern threatens to suffocate the very being of his patient. The patient may see clearly that most of his conflicts would disappear under different circumstances. Neither can do anything about the situation. It is a fact that too many persons find themselves caught in situations from which they are unable to extricate themselves.⁴⁹ Thus it is almost impossible to define minimum requirements because they would still not ensure a satisfactory form of existence where external conditions prevent it. Moreover, individuals differ, and a situation that is tolerable for one may be felt as beyond the limits of tolerance by another. Some people find compensations for an unsatisfactory existence in an intense religious life, or intellectual avocations, or artistic activity; others have no such resources.

The discontent caused by the emptiness and mechanization of modern life⁵⁰ has given rise to the demand that man have an opportunity to "express himself." It is certainly true that self-expression gives some help, but it is not enough, especially over a long period of time. For self-expression to be significant, there must be something in the self which seeks and deserves expression. The expression of an empty self is but an empty gesture. What man really seeks, when he clamors for self-expression, is something else. The real trouble is that his life is devoid of significance and he is incapable of creative achievement. The consequence of this tragic situation is that man is more and more concerned with receiving, less and less with giving. Emptiness, it seems, must be filled from without; hence, man becomes more and more demanding and is haunted by the fear of not getting enough.

One might go on indefinitely describing the unfortunate entanglement in which modern man has allowed himself to be caught, but even this brief discussion is sufficient to indicate that easy solutions and simple formulae are unattainable. Moreover, the problem is the more difficult since even under the equalizing conditions of modern existence man does not cease to be an individual in the strictest sense of the term. At the same time, it is true that the uniqueness of a human being is increasingly blurred as he is less himself and, therefore, farther from normality. All abnormality is

in some sense a diminution or defect, and therefore is destructive of individuality. The more abnormal a man becomes, the more he will be "true to type," and idiots and the demented insane retain little if any individuality *qua* human beings. A study of man which starts from that of abnormal people is, therefore, always exposed to the danger of overlooking essential aspects of man's being.⁵¹

Whatever the circumstances of man's existence, it seems that it may be possible to reach a sufficient understanding of his nature to establish certain conditions as necessary for the achievement of a normal and satisfactory existence. We must not, however, delude ourselves into believing that the fulfillment of necessary conditions will ensure success. Without them, the goal cannot be attained, but with them one can still fail.

For the achievement of a world-view that takes account of being in its totality, it is evident that the fundamental condition is the acceptance of man's place in the order of being, the attitude that Gabriel Marcel has appropriately termed "ontological humility."⁵² In Heidegger's conception of being-in-the-world as the fundamental characteristic of man's station something similar is implied, but it is not developed to the same extent as in Marcel. We have seen that Heidegger's ideas have exercised a considerable influence on psychiatrists whose approaches are otherwise as different as those of Binswanger, Frankl, and Caruso. On the other hand Marcel's conceptions—which ought to be of considerable interest to Christian psychiatrists—have attracted little if any attention. There are in Marcel's works many views and observations that psychotherapy could utilize.⁵³

Neither Heidegger nor Marcel is specifically concerned with the problems of psychiatry, but J.-P. Sartre has devoted a chapter of his main philosophical work to a discussion of "existential psychoanalysis." While this is not the place to discuss either Sartre's philosophy or his ideas on psychoanalysis,⁵⁴ a few brief comments will serve to introduce our final considerations.

The Two Ways Open to Man

When man realizes, not only theoretically but with the whole of his being, what his nature is—that of a finite being with infinite possibilities—there seem to be two ways open to him. One way is that of self-aggrandizement, the insensate attempt to raise himself

to the level of an absolute. He then falls into despair, as Kierkegaard so clearly saw. This despair may not be recognized by the subject and may be disguised in many forms, one of which is precisely neurosis.⁵⁵ Sartre's atheistic existentialism is the imposing but hopeless attempt to make this fundamentally abnormal state the norm of human existence.

The other way is that of faith. This is the way of Gabriel Marcel. But a faith that is capable of transforming man's being must be more than the acceptance of certain tenets and the fulfillment of certain obligations. It must become one with the person's being.

Sartre writes that man's most profound desire, the very source of all his doing and striving, is to become God. He seems unaware of the fact that Alfred Adler saw in this striving precisely one of the basic traits of the neurotic character. It probably means nothing to the author of this tragic atheistic existentialism that his words sound amazingly like the tempting and deluding promise of the Serpent. What Sartre asks is certainly not "minimum requirements." His philosophy is one of despair because it is one of absurdity: since he cannot explain why things are, and why they are as they are, he judges the whole realm of being to be absurd. Indeed, his ideas constitute a "tragic finale," as W. Desan aptly calls it—but if so, it is a tragedy without catharsis. It leaves man in the depths of hopelessness, and the only consolation it offers him is the assurance that the little meaning he may find in life will be his own work.

For all the subtleties of his analysis, Sartre's picture of man is pitifully incomplete. The success his work has found is understandable at a time when most men feel unable to make sense of their situation and unable to find a place for themselves. It is not that they cannot exist within society, or that the serious defects of modern society cannot be remedied. They find no place because they no longer know what they are.

The finite can be understood only against the background of the infinite. The image can be understood only when seen as a reflection of the original. To understand himself man will have to realize anew, and with the totality of his being, that he is made in the image and likeness of his Creator. But religion and conscientious compliance with the obligations of the Faith are not enough; these are but the necessary conditions. Man must be made capable of living his faith. Instead of striving for adjustment, he must strive

for being; instead of seeking more and more goods, he must seek to become good himself.

It is not the task of psychotherapy either to convert its patients or to indoctrinate them. It is the task—and the glory—of psychotherapy to help a man caught in the meshes of neurosis, and thus deprived of the freedom to decide upon his own life, by showing him the way to arrive at a true picture of himself and his place in the order of being, of his task and his hope.

The psychiatrist, even though he may be a religious man, does not have the task of preaching good tidings; but to him it is given to “prepare the ways of the Lord and make straight His paths.”

NOTES

1. “Philosophy” as used here does not mean an elaborate system, nor does having a philosophy imply acquaintance with any of the writers on such matters. The term refers to that largely unavowed and unclarified general attitude that every person has in regard to himself, to others, and to the world in which he lives. Were the average person able to express these things, or even to figure them out for himself, the result would be his own personal philosophy.

2. C. G. Jung, *Psychological Types* (New York, 1922).

3. G. Pfahler, “System der Typenlehren,” *Beih. d. Zeitschr. f. Psychol.* (Leipzig, 1929), No. 15.

4. E. Spranger, *Lebensformen* (6th ed.; Halle a. S., 1927).

5. G. W. Allport, *Personality*, 2nd ed. (New York, 1939).

6. E. Kretschmer, *Physique and Character* (2nd ed.; London, 1936).

7. See, e.g., E. Minkowski, *La Schizophrénie, psychopathologie des schizoïdes et des schizophrènes* (new ed.; Paris, 1953).

8. N. Wiener, *Cybernetics* (New York, 1951).

9. A rapid survey of the philosophers listed in Vol. IV of Ueberweg-Heinze's *Grundriss der Geschichte der Philosophie* (13th ed.; Basel, 1951) shows that among about 450 men who have lived and died in the period since 1800, there is one who became insane, Nietzsche (perhaps J. J. Rousseau is a second), and one who committed suicide, O. Weininger (who was not strictly a philosopher).

10. This does not mean, however, that psychotherapy is a mere technique or that the knowledge underlying it constitutes a discipline alien to medicine. The neurotic is fundamentally a sick person, though he suffers from a peculiar sickness, and dealing with him is essentially the task of a trained physician. This is particularly true since the diagnosis and treatment of many

psychosomatic troubles require that the therapist be fully trained in medicine.

11. Many so-called incomprehensible actions on the part of normal or abnormal people can be understood in this way. The sudden refusal of a man to go any farther along a path becomes quite understandable once we know that he is very superstitious and that the black cat we hardly noticed was enough to make him change his plans. The same thing is true of the behavior of certain schizophrenics: little incidents that seem to us utterly insignificant may be full of portentous meaning to the schizophrenic.

12. R. Allers, "*Begriff und Methodik der Deutung*," in O. Schwarz, ed., *Psychogenese und Psychotherapie körperlicher Symptome* (Vienna, 1925). The German equivalent of case history is *Krankengeschichte*—that is, the history of a sick person; while the word is used largely in the same sense as case history, it can also be interpreted in the sense discussed here.

13. G. W. Allport, *The Individual and His Religion* (London, 1951), p. 1.

14. This confusion of origin and meaning has been pointed out recently by K. Jaspers, *Vernunft und Widervernunft im gegenwärtigen Philosophieren*, (Munich, 1953). See also R. McKeon, *Thought, Action and Passion* (Chicago, 1954), p. 213: "We can explain aspects of the development of science, knowledge, and institutions ideologically, epistemologically, historically, and sociologically, but when we explain *why* men say what they do, we tend to discount *what* they mean when they say it."

15. We may note in passing that the same psychologistic and subjectivistic approach is found in those studies of art and poetry which are conceived according to psychiatric categories. One may well study the antecedents of a work of art, the personal experience of its creator, and even the "unconscious" material appearing in it, but all of this has nothing to do with the work as such, which must be judged for itself. In fact, knowledge of the artist's past and personality contributes nothing at all to a strictly aesthetic appreciation of the work or to an understanding of its meaning. The work speaks for itself and not for its maker. The psychogenic aspect is as irrelevant to a consideration of art or poetry as such as are, for instance, the details of the casting technique which Benvenuto Cellini used in making his Perseus, or the fact that Michelangelo's *Moses* consists of carbonate of calcium from Carrara.

16. See, for instance, Ch. Odier, *Les deux sources, consciente et inconsciente, de la vie morale* (Neufchatel, 1943); "À mon avis le concept d'autonomie, si psychologique soit-il, est un concept-limite au delà duquel le psychologue comme tel n'est pas fondé à s'aventurer. Il doit se borner à analyser et registrer les conditions de la restauration de cette autonomie, ou de la faculté d'accomplir un acte moralement libre."

17. For a further discussion of the "view from below" and that "from above," see Allers, *The New Psychologies* (London-New York, 1931).

18. The best survey and analysis of these philosophies is that in J. Collins, *The Existentialists* (Chicago, 1952).

19. J.-P. Sartre, *L'Être et le néant* (Paris, 1943). See also A. Stern, *Sartre, His Philosophy and Psychoanalysis* (New York, 1953).

20. R. Troisfontaines, *De l'existence à l'être: La philosophie de Gabriel Marcel* (Paris, 1953).

21. L. Binswanger, *Ausgewählte Vorträge und Aufsätze* (Berne, 1947). See the new treatise by U. Sonnemann, *Existence and Therapy* (New York, 1954).

22. V. E. Frankl, *Ärztliche Seelsorge* (Vienna, 1946), and *Der unbewusste Gott* (Vienna, 1948).

23. I. Caruso, *Psychoanalyse und Synthese der Existenz* (Vienna, 1952). W. Daim, *Umwertung der Psychoanalyse* (Vienna, 1951).

24. It is instructive to experiment with the devising of other metaphors to replace those currently in use. The metaphor of depth, for instance, can be replaced by that of center and periphery. Repression then becomes expulsion; the unconscious is not deep down but far out. This metaphor may be developed in detail, and in doing so one realizes how many of our ideas about the operations of the mind are dependent on the metaphor, and how different things can look when the metaphor is changed.

25. The source of a philosopher's fundamental metaphors makes a difference to his total outlook. This can be seen clearly if one compares philosophies inspired by Plato-Plotinus-St. Augustine with those whose lineage is that of Aristotle-St. Thomas Aquinas.

26. L. Binswanger, *op. cit.*, p. 190.

27. *Ibid.*, p. 61.

28. This is particularly true of Gabriel Marcel. See Sonnemann, *op. cit.*, p. 126.

29. For a different interpretation, see V. White, *God and the Unconscious* (Chicago, 1953).

30. On the meaning of the term "symbol," see below.

31. Even so convinced a naturalistic thinker as Julian Huxley realizes that with the appearance of man and the beginnings of civilization factors became effective other than those which determine phylogenesis. See J. Huxley, *Evolution* (New York, 1941), especially the concluding pages.

32. This is one of the many instances of circular reasoning which one discovers in the theories of Freud. See R. Allers, *The Successful Error* (New York, 1940). See also, V. Sonnemann, *op. cit.*, p. 163. Orthodox Freudians, however, refuse to recognize even the demonstration of factual errors. In 1946 in a lecture at the Sorbonne, Anna Freud still maintained that "the child is born in the Stone Age and has to attain, within five years, the actual civilization." Quoted by A. Stocker, *Psychologie du sens moral* (Geneva, 1948), p. 178.

33. L. Lévy-Bruhl, *Les fonctions mentales dans les sociétés inférieures*, (Paris, 1910).

34. *Les carnets de Lucien Lévy-Bruhl* (Paris, 1951). For a more detailed discussion, see R. Allers, "Über die Begriffe eines archaischen Denkens und der Regression," *Wiener Zeitschrift für Nervenheilkunde*, I (1941), 237.

35. They had given no consideration to the critical remarks of such men as the eminent cultural anthropologist B. Malinowski, or G. Cassirer, whose views are summarized in his *Essay on Man* (New Haven, 1943), esp. p. 80.

36. On primitives, see W. Koppers, "Lévy-Bruhl und das Ende des 'prae-logischen' Denkens," Reprint: *Abhandl. d. 14 Internat. Soziologen Kongr.*, IV, Rome, 1951.

37. V. E. Frankl (*Der unbewusste Gott*, p. 96), in a passage that contains an incisive criticism of Jung's subjectivist notions, refers to a statement by H. Bänziger (*Schweizer Zeitschrift für Psychologie*, VI, 1947, p. 281): "One may speak of a religious instinct (*Trieb*) as of a sexual instinct or an instinct of aggression."

38. G. W. Allport, *op. cit.*, p. 91.

39. E. Fromm, *Escape from Freedom* (New York, 1941).

40. G. W. Allport, *op. cit.*, p. 100: "Conscience in the normal personality may not be considered as a carry-over from childhood, a parentally imposed superego."

41. I have remarked above that this identification is unfounded. It was possible because of the fact that in psychoanalysis when a symptom is traced back to its origin, as that is understood in Freud's doctrine, the symptom disappears. Freud saw this as an experiential confirmation of his view. However, it is not possible to generalize from such observations to a theory which will be valid in all instances, even those in which experiential confirmation is unattainable. In the case of an analyzed dream, for example, the analyzed dream element cannot disappear because it has disappeared already.

42. "The principle of this psychoanalysis (existential) is that man is a totality and not a collection; that, consequently, he expresses himself totally even in the most superficial and most insignificant conduct." J.-P. Sartre, *L'Être et le néant* (Paris, 1943), p. 656.

43. For a pertinent criticism of non-phenomenological psychologies and their significance, or lack of significance, for an understanding of man's being or existence, see the discussion of behaviorism and configurationalism (Gestalt-psychology) in Sonnemann's book, *passim*.

44. A. Roe, "The Use of Clinical Diagnostic Technique in Research with Normals," in *Feelings and Emotions: The Mooseheart Symposium*, ed. M. L. Reymert (New York, 1950), p. 341.

45. R. Allers, *Self-Improvement* (New York, 1939).

46. The question discussed here also has definite implications for the role of the psychiatrist. "Good and bad are essentially ethical concepts and have no place in the realm of science . . . To the psychiatrist, however, . . . a maladjustment is an ailment to be treated . . . he is called upon not only to investigate but also to judge and to modify behavior." L. F. Shaffer, *The Psychology of Adjustment* (Boston, 1936), p. 137.

47. ". . . psychotherapists today are inclined to forget that a right ordering of life which is fully accepted and acted upon prevents conflicts and, therefore, neurosis." M. B. Arnold, "The Theory of Psychotherapy," in M. B. Arnold and J. A. Gasson, *The Human Person* (New York, 1953), p. 531.

48. G. Simmel, *Lebensanschauung* (Munich, 1918). J. Ortéga y Gasset, *Toward a Philosophy of History*, trans. H. Weyl (New York, 1941).

49. V. E. Frankl is certainly right in saying that "one becomes a man in the true sense only at the point where he is free to resist the sort of determinism which produces types (*Ärztliche Seelsorge*, p. 58). But how can he be free to do so?"

50. Cf. G. Marcel, *Man against Humanity* (London, 1952), and D. Riesman, N. Glazer and R. Denney, *The Lonely Crowd* (New Haven, 1950). The American edition of the Marcel work is titled *Man against Mass Society* (Chicago, 1952).

51. B. Bosanquet once remarked that human nature can be studied better in the great heroes, geniuses, and saints of history than in the inmates of mental hospitals and prisons. *The Value and Destiny of the Individual* (London, 1913).

52. G. Marcel, *Being and Having*, trans. K. Farrer (London, 1949).

53. I owe my acquaintance with this thinker's work to the unpublished

master's dissertation of my student Miss Guillemine de Vitry, whom I wish to thank here for permission to use her essay.

54. For a critical analysis of Sartre's ideas, see A. Stern, *Sartre, His Philosophy and Psychoanalysis* (New York, 1953), and more recently, W. Desan, *The Tragic Finale. An Essay on the Philosophy of Jean-Paul Sartre* (Cambridge, 1954).

55. I pointed out as far back as 1929 that "at the bottom of every neurosis there is a metaphysical problem." *The Psychology of Character*, trans. E. B. Strauss (London-New York, 1931).



AS DR. ALLERS wisely observes, psychotherapy must proceed "from within, from the core of man's being toward the peripheral manifestations." Modern man's world-views—his attitude toward the reality of "being-in-the-world"—examined by Dr. Allers on a plane of ultimates (so to speak), is now analyzed "from within" by an eminent authority on "inwardness," who interprets the existentialist movement as the philosophic reflection of the personal anxiety crisis in which modern man has become involved, conditioned as he is by the hollow spirit of the nineteenth century, the catastrophic events of recent years, and the profound transformations to which society is increasingly subjected. . . . In dissecting the anxiety crisis, however, the author recognizes the equally powerful somatic origin or cause, thus maintaining the necessary balance between an overly historical or metaphysical position on one hand, and a strictly biological, materialistic position on the other.

On first reading, Dr. López Ibor's restless, richly allusive style of presentation (which we have endeavored to preserve in the translation) may seem somewhat startling, for it has more the feeling of a causerie than of a formal article, and, as with all good conversation, it is punctuated with dazzling aperçus, and virtually covers the universe in its breadth. That is all the more reason for attending closely to what he is saying: we may miss something very important if we do not.



3. . . . Psychiatry and the Existential Crisis

I. NEUROSIS: SOME PRELIMINARY NOTIONS

A GOOD PART of the psychiatric ambit today is occupied by the neuroses. The term "neurosis" has been in use since the time of Cullen (1710-90), when the new science of pathologic anatomy segregated, in a *negative* way, a group of illnesses in which no lesion could be found. Falling as it did into a negative classification, this group was destined to lose ground continually; for it was logical to predict that the accumulation of knowledge would reveal an organic substrate for many of these apparently "essential" disorders. Classed as neuroses at one time were Parkinson's disease, epilepsy, and numerous other conditions that eventually came to enlarge the files of organic pathology.

Negative vs. Positive

It was therefore necessary to discover *positive* characteristics in the group of neuroses or to renounce the classification altogether. Goldscheider's description of a case of cardiac dysrhythmia, in which autopsy revealed a ganglionic mass that irritated the vagus nerve, indicated strongly that neuroses were infirmities not of the organs themselves, but of *the nerves of the organs*, and that they could be, and in the majority of cases were, of an irritative nature. This discovery opened the doors to functional pathology. Yet, from the study of gastric neuroses it became clear that in the production of such neuroses a certain element intervened which was foreign to organic pathology. That element was the *psychic* factor. From then on, neuroses did have a positive content: *the intervention of a psychic factor*. Hence the expression "psychoneurosis," introduced at that time.

The observation of the psychogenesis of neuroses, it is almost un-

necessary to recall, was due mainly to the work of Freud. His first published works referred to hysteria, anxiety neurosis, and what he called "defense neuropsychosis." Hysteria, the history of which is one of the most instructive in medicine, had been regarded as an independent illness. When Cullen spoke of neuroses, he did not include hysteria in this category: the hysteria of his time included anxiety neuroses, phobias, obsessions, depressions, and other disturbances. It was an illness more multiform than picturesque, although it was this, too, in large part. Realization of the similarities between hysteria and gastric neuroses occurred in the wake of the first psychoanalytic works, by way of the gastric neuroses. This seems natural enough, if one recalls some of the symptoms common to both pictures: lump in the throat, the swallowing of air, distension of the abdomen. But despite the many parallels, certain basic differences remained. The large group of the neuroses was therefore divided into psychoneuroses and organ neuroses. Both were united by a common etiologic factor, *psychic trauma*, but were separated because of the plane at which the clinical manifestations occurred: psychic in the psychoneuroses, and visceral in the organ neuroses.

Neuroses, therefore, are characteristically *determined by a psychic factor*. Yet, every observer has been impressed by the fact that the very same psychic events that precipitate illness in some people occasion no disturbance in others. The pathogenic factor involves the mode of elaborating the traumatic impact, and the path it takes in the interior, in the *metablema*, as Unamuno would say. Neuroses are transformed into *abnormal life reactions*. Hysteria is the most typical example of this.

The abnormality in the experiential trajectory may be determined by one of two conditions: an abnormal personality, or anomalous psychic charges growing out of the experiences of the individual and operating like a reverberating circuit. The first possibility introduces a problem of considerable magnitude. For many authors, it is so enormous as to absorb the entire field of neurosis. Bumke, for example, includes all such disturbances under the heading "Pathological dispositions, reactions, attitudes, and developments." When psychopathic personality itself is set aside, the group is broken down into the following subdivisions: nervousness, hypochondriasis, obsessive state, psychogenic reaction, hysterical atti-

tude, and paranoid development.* The school of psychiatry which we might call *canonic* or *academic* always tends to emphasize this constitutional approach.

The second possibility, the relation of the neurosis to special psychic material in the unconscious, is the way opened by psychoanalysis. According to this school, it is not so much the most recent life of the patient as his earlier experiences that really count, in other words, his internal history. Freud taught that neurosis is the result of a conflict between the ego and the id. It is a culminating point, a crisis, in a biography. Later, Von Weizsäcker succeeded in formulating a principle of greater amplitude: illness, whether somatic or psychic, is a *biographical crisis*.

This, then, is how points of view with respect to neurosis have developed. After tracing the diverse evolutionary themes, we are not surprised that Jung is able to define neurosis as the "illness of the soul that has lost its direction." This definition, in the plastic acuity of its formulation, deposits us irrevocably before the problem of what constitutes the point of departure for the definition of psychiatry.

Territory of the Psychiatrist

If neurosis is the illness of the soul that has lost its direction, then we cannot say that mental disturbances always have a somatic basis or that the concept of illness in psychiatry is the same as that of somatic medicine. We might get around this by saying that like psychopathic personalities, neuroses are deviations and not real illnesses. In such case, to what point should the physician be concerned with them?

The importance of the question becomes obvious when we observe some of its consequences. In neuroses today are included the so-called "conflict situations." And what is a conflict situation? Man lives in constant conflict with others, with the world, with himself. Should it be maintained that all conflicts belong to psychiatry? This notion of the psychiatrist converted into a magician of human relations has been entertained by certain sectors of the public. Psychiatrists themselves are not always averse to this exaggeration.

* See *Diagnostic and Statistical Manual, Mental Disorder* (Washington, American Psychiatric Association, 1952).—EDITOR.

Anyone who attended the International Congress on Mental Health held in London not so long ago can realize that the ambition of the participants was limitless: to succeed in resolving great human conflicts by containing the instinct of aggression through psychiatric therapy. While conceding the magnanimity that underlies such propositions, I know also how much naïve confidence in the resources of psychiatry exists and, what is worse, how much ignorance of what we refer to as human nature. Zutt, in a recent work, launched a direct attack against psychotherapy, in so far as it proposes to resolve all conflicts and embarks upon a task that transcends the area of medical competence.

If conflicts do not belong properly to psychiatry, to whom do they belong? Leaving aside for the moment the possible adjudication to the pastor of souls, let us consider a new personage who has appeared in the therapeutic arena—the psychologist. Psychic conflicts should be resolved by those who dedicate themselves in a special way to the study of the dynamics of the psyche. With this in mind, and by reason of their professional orientation, psychologists have jumped from psychological testing to clinical psychology. A similar problem confronted the psychoanalysts years ago, and Freud published some very searching pages on lay analysis. At present, however, the question has been answered in accordance with the principle that psychoanalysts should be physicians, that a thorough medical training is an indispensable preliminary qualification.

II. THE HUMAN PERSON

Americans speak of neuroses as “maladjustments.” In the Spanish vernacular we say, rather, that neurotics are “decentered.” The problem of the decentered person is to return to his center. This is, simply expressed, the formula of Jung, who, as we said above, defines neurosis as the infirmity of the soul that has lost its direction. The center that is sought is the center of the *persona*—the *Selbst* in the language of Jung. This personal center is a psychic totality where conscious and unconscious merge. It involves the place where the *unitas multiplex* of the *persona* has its abode—that is to say, where all contradictions, all paradoxes are harmoniously resolved. The unity of opposites cannot be a rational principle.

The *Selbst* of Jung is, in other psychologies, the center of the

human person. And now, in order to determine with scientific precision to whom we should assign the study and treatment of the neuroses and their various conflicts, we must be able to answer the following question: *What is the human persona*, or, more simply, *What is man?*

Dual Nature in Man

I shall not attempt to discuss the anthropological theories of neuroses other than to clarify certain aspects that throw light on the questions posed above. Man is nature and history, conscious and unconscious, body and soul. His life always partakes of this dual and contradictory character. To maintain himself at his human level he can neither descend to pure nature nor ascend to pure spirit. There exists in his behavior a natural plane and a personal plane. The conflicts that take place on his natural plane belong to medicine. Fundamentally, an infirmity of any organ is a conflict in his nature.

But it behooves us to have a complete idea of the natural plane of man, one not reduced to its mechanistic side. In the purely biological sense, man has certain characteristics, which I have considered in detail in a recent work. Conflicts can occur not only in his organs, but also in his instincts. In neuroses an instinctual conflict always takes place. In the area of instinctual conflict, neurosis remains in the purview of biology and is of concern to the psychiatrist.

The Spectrum of Instinct

Yet, can we regard human instincts as pure biology, even in a wide sense? Do instincts not have a personal slant as well as a natural one? The sexual instinct, the instinct of power, of perfectionism, of aggression—all of them; or, in broader terms, general instinctivity or libido. The personal plane is there. Over primary hunger flows differentiated appetite; sexual need converts itself into eroticism. It is the same with all of them. Disturbance, conflict, surges up about some point of instinctual life, at one time coming closer to the plane of nature, at another, to that of the persona. There is never a clear-cut line between them. It is a spectrum. The question now arises: When submit a conflict to the physician, and when to the friend, the confessor, the psychologist or the father?

I see but one answer. In each case someone makes his decision, and that someone is the man himself. It is he who seeks to discover the quarter most likely to be of help to him; and when this happens to be the doctor, he automatically declares himself ill. Illness in this connotation is not only disturbance, but suffering as well; and it is precisely the doctor who can alleviate or cure suffering.

We are speaking, of course, of borderline cases. In the neurotic whose conflict emerges on the somatic plane, as in hysteria, the decision is not difficult. A certain autonomous decision already exists, since a conflict can either be converted into visceral or sensory or motor disturbance, or be maintained on the personal plane. These migrations from one plane to another are observed daily in the evolution of a neurosis. The study of this internal trajectory, of this neurotic *metablema*, presents us with new problems.

A certain patient had become addicted to drugs because of abdominal pain for which no lesion was responsible. The pains were very severe on the days preceding menstruation. In an effort to avoid them, she resorted to drugs and was eventually enveloped in the mental haze that is produced by every toxicomania. In this darkness there appeared a ray of light and she decided to discontinue the drug. Upon her being detoxified, the conflict she was escaping by use of the drug painfully emerged. She had been married when very young to a man whom she did not love and whom she now loathed. Her husband, a very intelligent man, reacted with cool, calculating behavior that was the impelling factor in her lapse into drug addiction. The suppression of the intoxication—the *natural* disturbance—brought to the surface the personal problem. This is a very clear example. In other instances, such displacement may not appear so distinctly, but many times it exists. When the conflict emigrates from its visceral milieu to the personal plane, should the physician wash his hands of it? Some doctors who profess a devotion to pure natural science think so. The previously cited work of Zutt is a prime example of the attitude taken by those who hold that the doctor has no weapons to attack personal problems: his neutral natural-science formation disqualifies him.

This is erroneous and utterly false. In his actions the physician constantly surmounts the plane of natural science. His problems are legion: To produce an abortion or not? To give or not to give a

dying patient morphine? To expose or not to expose the malingerer? A hundred such questions could be cited. Can they be answered by any principle of natural science? Is it a mathematical or physico-chemical problem? No; the physician habitually allows himself to be guided by the conventions or laws of the society in which he lives. That this is not enough is demonstrated by many things that happened in Europe during the War. The doctor must act, then, on the basis of a certain concept of man, the first principle of which embodies the recognition of personal values. *The psychiatrist has to do so absolutely*, and it is he, precisely he, because of the special intellectual context in which his specialty rests, who should teach this to his colleagues.

Man the Compositum

I spoke above of the apersonal or natural plane and of the personal plane, as well as of the synthesis or composition of both in the center of the persona—the *Selbst* of Jung. It would be a grave error to believe that such a synthesis is a sum, a pure addition. Neither the notion of fusion nor that of totality suffices, for synthesis is basically a problem that signifies, etymologically, a projection. Synthesis is inherent in human existence, and existence is something that exists and is lived at the same time. Man is the being who lives, on the elevation of time, aware of the reality of his circumstances and of himself. For this reason we always find ourselves confronted by dualities. Man *is* his body, because without it he cannot exist; but man *possesses* his body, because he can emancipate himself from it or from parts of it. This conjunction of being and possessing converts life into a perpetual discovery of one's self.

After all, what I call *my body* is the fruit of a quantity of discoveries. Has one ever finished exploring one's self? Sometimes an improvised gesture, a movement made to keep from falling, gives you the sensation that *everything is new* in yourself. (Valéry)

Let us project these principles on to the pathological plane. The moment one becomes ill one adopts an attitude toward the illness. The principle can be made clearer by speaking of the grave somatic diseases. The patient fights, or becomes discouraged, or yields, according to the case. As we shall see, however, the relationship is not a simple one. Neurosis approaches the personal plane,

the plane of decision, in such away that *being* and *possessing* merge. The illness and the attitude toward it become fused. This occurs, for example, in any case of hysteria. The closer to the personal *center* the meeting takes place, the more authentic the illness. If the decision is discharged toward the personal *periphery*, the picture approximates more closely a sheer wanting to be ill without being so, a self-induced illness, a simulation.

The choice of attitude is even more free in the area of instinct, and so it is understandable that Julien Green could write as follows:

The truth at which I have arrived after years of struggle and reflection is that I hate the sexual instinct. I recognize its importance, I admire that enormous force that produces so many works, but I hate the desire, that power that casts so many sensible men at the feet of so many imbeciles and makes them as delirious as lustful children. I wish that it were not so.

Hence the variegation of instinctual conflicts; truly there is no neurosis, but *every man has his personal formula for converting himself into a neurotic*. This is the reason for the great diversity of classifications, the voluminous bulk of descriptions, which relate to these illnesses. When a neurosis accentuates its *natural* component, it corresponds to certain primary types; but in its *development* and *projection*, the divergence increases. At the base of the neurosis we always discover the same mechanisms: evasion, regression, projection, rationalization, segregation, repression, dissociation, conversion, inferiority complex, sublimation, transference, identification, and so on; but the edifice constructed with these mechanisms turns out in each case to be highly distinct.

By virtue of this personal coefficient, neuroses are more or less complicated, depending on the personality of the patient. A primitive personality will present a simpler picture than a complicated personality. The shape depends on the environmental circumstance, on what the patient has seen, on what the doctor believes. It is most important for the doctor to convince himself that the illness in these cases is in his hands, so to speak.

As we have seen, there is in every neurosis an apersonal and a personal ingredient. Actually a large part of my recent works has been devoted to calling attention to and emphasizing the importance of the apersonal ingredient. In my timopathy of anxiety I have

assembled a series of profiles usually regarded as purely psychogenic but actually not entirely so, in my opinion.

The Bases of Neurosis

In enumerating the basic principles that determine abnormality in the mode of experiencing conflicts, I shall insist with some emphasis upon the third factor, as being, in my judgment, not only essential but also in need of clarification. Thus, the bases of every neurotic reaction, or more precisely, of every abnormal experiential reaction, are:

A. *Inherent factors*—that is, of constitutional type. This concept should include both the physical and the psychic differences in human beings. Among the physical we should place, for example, vegetative lability or instability of the autonomic nervous system; among the psychic, the characterological roots. There is no doubt that a certain reactive inadequacy of the personality is found at the basis of many neurotic conflicts. In his first psychoanalytic publications, Freud defended himself against the reproach of disregarding constitutional factors by saying that psychoanalysis does not ignore them—it just does not take them especially under its wing because other schools do so.

B. *The internal history*, acquired after birth. Psychoanalysis has revealed the great importance of this historical base in the formation of neurosis. At the beginning it was thought that the nucleus of a psychic trauma was pre-eminently or almost exclusively sexual. Later, Freud pointed out that it was not a question of a single trauma, but that the symptoms were overdetermined in that they were the expression of various earlier traumatic situations. Each one of them had a cathectic charge or proceeded from a concentration of desires or wishes, and this served to support the symptoms. The idea of neurosis as conflict gave way to neurosis as a developmental disturbance of the personality. On the therapeutic plane the emphasis changed from catharsis (bringing the conflict to consciousness and venting the emotion associated with it) to transference (directing the feeling to a new object). Thus, in a recent discussion on whether neuroses become chronic, Schutz Hencke maintained that all neuroses were chronic since they were rooted in the period of infancy, and that the discussion was therefore idle.

C. A third factor exists, not taken into account until now, which

may be called a *phasic factor*, with characteristics of a vital function. We shall have a closer look at this factor now.

III. THE INSTINCTS: PERSONAL, PLASTIC

It is usually asserted that the instincts are integral to the natural plane of man and that his spiritual side has an influence on this natural plane. The very expression, "repression of the instincts," which though psychoanalytical in origin now enjoys the privilege of common currency, emanates from the idea of forces emerging from the lower level which can be and are restrained by the superior level. Actually, "somatic plane" and "spiritual plane" are two distinctions, two abstractions, which we make about human reality; for man is a person even in the most trifling and physical of his acts. This means that instincts have their personal coefficient and, for that reason, their history—not only individual but also collective.

The Sexual Instinct

Is there anything more profoundly related to the natural plane of man than the sexual instinct? And yet, consider the great variety in the forms of experiencing it, from the medieval troubadour to the man of our day. The troubadour sings of platonic love, though fundamentally the theme is adulterous (albeit only episodically concretized). In all the poetry of the troubadours the same motif is conspicuous: the love of a woman who is always a married woman of high rank. It is a question, basically, of an archetypical love for an *ideal* and *inaccessible* woman.* The process of sublimation was discovered long before Freud.

Sensuality, which had disappeared from the surface of the earth after the destruction of the Roman Empire, returned in the fourteenth century to extend its palpitating wing. The nude figure appeared again in art. The first nude representations of Adam and Eve may be seen in a Van Eyck painting that hangs today in the Brussels Museum. Another of the first representations is the relief created by Jacobo de la Quercia for the door of San Petrovia of Bologna around 1325 (Sombart).

* Certain authors—notably DeRougemont—have connected this unrealistic preoccupation with the perversion of the Manichees, Albigensians, and Cathari. Thus the troubadours may be proto-puritans gone underground, so to speak.—EDITOR.

How different is the eroticism reflected in the novels of Proust, in psychoanalytic works, and, particularly, in the novels of Lawrence or Henry Miller! But more than this. Even in connection with so archetypical a figure as Don Juan, we can recognize a variety of ways of experiencing it, as well as sundry modes of interpretation. From the seductor type depicted by Kierkegaard to that of Don Juan de Zorrilla, the distance is considerable; so is the difference between the interpretation of Marañón and that of Maestu.

Anxiety and Fear

The historical plasticity of the instincts is revealed on other planes of human life. The same displacement has occurred on the significant perimeter of words. At present, great stress is placed on the difference between anxiety and fear. Fear occurs in the face of real or anticipated, but *concrete*, danger; anxiety, before the indefinite and the indeterminate. Heidegger is very insistent on this distinction. Yet these words have not always been used with such purity of meaning; moreover, in the psychological field, which is ontological to a degree, there are transitions between one reaction and the other.

Panic is a fear of everything, of a danger that threatens from everywhere; and like anything that threatens from everywhere, it does so, basically, from nowhere. One may speak also of anxious fear. The fact is that the frontiers between psychic states are not so definite as they appear to be. Frequently it is language that tends to establish these divisions; and language can select one or another nuance of the state of mind to bedeck the expression. On occasion, language defines the state of mind on the basis of some exterior aspect of the reaction: fear, on the basis of the trembling evoked by the emotional situation; or horror, from the exhibition of "horripilation," this word being a contraction of *arrectores pilorum*.^{*} At other times, the expression is constructed on the basis of some internal sensation. The term "anxiety" itself refers to the sensation of constriction or strangulation in the throat.

But the point to which I should now like to draw special attention is the emigration of the significant content from one word to another. At the present time, we find that the significant perimeter

* Minute muscles that raise hair and cause "goose flesh."—EDROR.

of anxiety is almost immeasurable. Freud himself spoke of *Realangst*—that true anxiety felt in a concrete situation before a definite threat from the external world. On the other hand, Kant spoke of anxiety in terms of degree of fear: “*Bangigkeit, Angst, Grauen und Entsetzen sind Grade der Furcht*” (Worry, anxiety, horror, and terror are degrees of fear) (*Anthropologie*, I, 75). Nietzsche spoke of the “*Furcht vor dem Tode als europäische Krankheit*” (fear of death as a European illness) in a situation we would now call anxiety (*Aus dem Nachlass: Modernität*). And the same Kierkegaard who endowed the word “anxiety” with new and marvelous powers of flight, described the concept of anxiety as “that fear, that horror before the abyss of our consciousness.”

What is postulated by existential philosophy is that anxiety lies at the very basis of human existence. Heidegger emphasized the ontological and metaphysical character of his works. Although for him a psychological application is illicit, this application has been made by different authors and with good reason. A psychology also emerged from the efforts of those philosophers who used to try to unveil, in the realm of thought or will, the mysteries of human structure. From the point of view of existential philosophy it appears that neither the mental processes nor the instincts nor any other human phenomenon show us an adequate perspective of man. It is necessary to seek this wider perspective in something more nuclear: the *Stimmungen*, i.e., moods, states of mind. Kierkegaard and Heidegger choose anxiety; Sartre, nausea; Bollnow, the Dionysiac experience of the “great melody,” and so on.

States of mood occur on a primary plane, where it is not a question of the analysis of emotions, affects, and passions. There is a fuller affective life: that of states of mood or humors. Since actually, from the psychological point of view, one is concerned with “totalities” in the sense of Kruger, and these states of mood, moreover, tend to be automotive, the transitions between them in the course of life are fluid. Those having pathological potentialities are precisely the negative ones.

Every humor or state of mood includes the temporal focus of the subject. In sadness the perspective of the past is dilated and burdened; there is an inflation of the past. In anxiety all time is contracted to the present moment, and in that moment it is possible that the subject may lose control. In anxious fear it is the future that

appears menacing, and the normal form of the menace of the future is preoccupation.

IV. ILLNESS AS HISTORICAL MANIFESTATION

Now I should like to explore this point of view more precisely, projecting it on a plane that seems impenetrable at first glance—that of illness. We tend to have a purely natural idea of the nature of illness, and therefore an idea remote from any historical connotation. Like catastrophe and earthquake, illness is something that comes to us from the outside and finds itself incrustated like a stone on a highway. Illness is quite capable of playing a role in history, as it has done, for example, when an army has been decimated by an epidemic or a dictator has been brought to an early end by angina pectoris. It is not to this influence that I refer, however, but to whether what I have called the pattern of life takes body and expression in illnesses also.

Time and again, students of medicine are told by their teachers that illness does not exist: only patients exist. In effect, illness is a concept, an abstraction. For doctors to change their ways of thinking about illness is certainly permissible and is essential to scientific progress; but do illnesses themselves change?

Changing Attitudes

The two essential planes of the human being—one natural, the other personal—exist in the patient also. Over a wide and multi-colored spectrum, illnesses range from the most purely somatic to the most purely personal pole; but in every illness both these planes are operative. However completely somatic an illness may seem to be, that illness is something that befalls a man as a personal being. The individual will have one attitude or another towards his illness, depending on his place in human history. Even in those cases in which the process is marked by almost geological rigidity, personal variations always exist. The attitude toward illness taken by the hero of the Nordic saga is not the same as that taken by the Buddhist or the Hindu.

There is, however, an even more personal facet of the spectrum of illness; modern pathology has created the term *psychosomatic*

medicine, which raises up and emphasizes this fact. In all the illnesses in this highly personal category, neuroses predominate.

Changing Terms

The change in the manifestations of neurotic symptomatology is evident. Neuroses are historical illnesses. Medieval hysteria, the hysteria of Charcot, and that of our time are all distinct. And that is not all. Different words have been utilized, such as hysteria, neurasthenia, psychasthenia, with all their subclassifications, to designate groups of cases which are so similar that zones of fusion rather than frontiers exist between them. To attribute these changes to a mere caprice of medical fashion is to ignore their deep significance, for, basically, there must be very profound reasons for it.

There are two aspects to the problem. The changes have to do not only with the designations that doctors apply to neurotic patients, but also with transformations in the symptomatology itself. To what can this singular metamorphosis be attributed?

Changing Ideas

Man changes his ideas about man. Yet human totality is resistant to any synthesis oriented by conceptual analysis; there are always zones that evade us and conceal themselves. An idea of man may be elaborated, but this idea always lacks something. In the words of Kant, the process is hypostatic. The norm of success accepted in each specific epoch depends on the historical climate. The diverse terminology employed in the neuroses reflects this process clearly. The dawn of modern scientific technique so impressed the contemporary scientist that when he considered its repercussions on man he created the word *neurasthenia*, and then by analogy, though with a finer distinction, the designation *psychasthenia*.

If Renaissance man measured himself by the yardstick of virtue (*virtus*) and the man of the period of chivalry by that of honor, modern man measures himself by the standard of efficiency. The magic words of our times are efficiency, work, production. Children are being brought up, not in the odor of sanctity, but in the religion of work. Not only psychiatry, but all current medicine, is influenced by this point of view. Illness is defined as an organic disturbance that incapacitates the individual or diminishes his production. The point might be made that these expressions have been drawn from

biological terminology; but is that derivation adequately demonstrated? One step lower, and the degree of health or disease will be measured as one measures the product of a machine. In legislation on industrial accidents, the human quality of the person involved in the accident disappears; only incidence of accidents, as calculated by cold statistics, and decrease in production have any importance.

Let us consider the effects of this modern orientation. Production and work bring on fatigue. Man lives in subjection to the arduous laws of continued effort. His persistence in effort has no limits other than those imposed by certain real extremities: disease, old age, death. Henry Ford was once asked why he continued expanding his business and putting out new models. He answered that it was because he could not stop. This is the modern torment. When modern medical techniques fail to demonstrate the cause of a pathological condition, this is attributed to fatigue—either nervous fatigue (neurasthenia) or psychic fatigue (psychasthenia). But compare the symptomatology of both conditions as described by the clinician, and you will see how little they differ. During a number of great historical crises, such as World War I, hysteria itself served as a huge reservoir of the current psychopathology.

Changing Symptoms

It is not, however, just the idea of things that is changing, but the things themselves: the things in this case being the neurotic symptoms. Even now, if we compare the manifestations of hysteria in different peoples and races, the differences are evident. I called attention, in another work, to the great variation in frequency and richness of the symptoms of so-called war hysteria, as observed among the Moors and the Spaniards during the Spanish Civil War. The phenomenon occurred over and over.

This same change in symptomatology has been observed historically from the times of Charcot. Anyone who has access to clinical material in hospital or private practice notes also the decreased incidence of classic hysteria in private practice. Consequently, the symptomatology of the neuroses must be a coefficient of the historical; and the change embraces not only the idea that the doctor has about the patient, but the patient as well. What is responsible for this change? There are two co-operative factors. One of these is the patient's own idea of the illness, an idea he has imbibed from vari-

ous sources. Of these, one of the most copious is the personality of the doctor himself. It is generally agreed that Charcot composed his own symptomatological melody for his patients in *La Salpêtrière*, I suppose that the suggestion that Freud, too, committed this sin would be rather shocking. Yet Janet was mystified by the fact that Freud found so much sensuality in his patients whereas he, Janet, found so little. Committing a levity for which Freud reproached him severely, he attributed the disparity to the erotic atmosphere of life in Vienna—as though Paris were a prudish and puritanical city. No. This peculiarity of the patients of Freud must be ascribed to Freud himself. Chobrack offered his famous recipe for it, and many other doctors have offered it in a definite or equivocal manner; but why do all—absolutely all—of Freud's patients require this recipe, and some in so sublimated a form? Let us leave this question for the present.

Apart from the patient's idea of his illness, there is a more important factor: his attitude. The patient can permit himself to be more or less dominated by his symptoms. His attitude may be highly unconcerned (*la belle indifférence*) or he may struggle like one ridden by anxiety. Of course, various circumstances influence this attitude. One of these is what is presumed to be the reaction of the general environment. The difference in the forms of illness prominent during World War I and World War II is impressive. In the last War, moreover, the civilian population suffered so much more that it was impossible to make oneself out the victim, to try to inspire compassion in a "concentrationary" world where all were victims. Just as the mentality of the primitive man exists with its totems and its taboos, so the mentality of the citizens of London or Hamburg has its own existence. Recently, in describing the differences between the symptoms of anxiety and fear observed in earthquake victims and in those subjected to aerial bombardment, Panse attributed the disparities to the suddenness of the earthquake. That reason is insufficient, in my opinion. It may be that anxious expectation modulates the reaction; but the real difference in all probability appertains to the mental attitude enveloping the respective victims.

Changes in Sensibility

In addition to differences in attitude, differences in sensibility should be postulated. The discovery of "psychological intimacy" is

a modern finding. I have prefixed the adjective *psychological* to deal with the objection usually invoked by mention of the word "intimacy." Augustine was the discoverer of the interior life; but it was the *moral* interior life that he discovered, although he explored it on psychological levels. In modern man the discovery of psychological intimacy is a sequel of the process of secularization that forms the axis of his modern history. His interior life, which has been secularized also, has been reduced to a psychological forest with more brush than pleasant groves.

This trend toward inwardness has become especially obvious in the trend toward the emergence, on a primary plane, of states of mood. When these are of a pathological nature, they stand out impressively. And the revelation of a condition intensifies it. We see an interplay of forces similar to that taking place between conscious and unconscious. The conscious can ignore what is going on beneath it, as in *la belle indifférence*, with the conversion of the deeper process into somatic symptoms. It may, on the contrary, focus attention on the basic disturbing experience which, as I see it, is not primarily a complex as psychoanalysis maintains, but *a psychic state mounted on a disturbance of vital function*. The elevation of this to the plane of consciousness—its exteriorization—results in direct suffering, not the indirect variety exemplified by conversion symptoms.

There are numerous examples of the metamorphosing potentialities of neurotic illness: the hysterical epidemics of Loudon and San Medardo; the hysteria unleashed, not by exorcism, but by the ringing of the bell that signalled the arrival of Charcot at his Clinic; the trembling, impoverished hysteria of the first World War; the anxiety neuroses of World War II and of the concentration camps. And why this impulse? Because basically every illness creates a new type of human relation. The process of appeal undergoes an extraordinary expansion in the patient. He seeks and implores help. An atmosphere of preoccupation always surrounds the patient who is seriously ill. Everybody wants to do something for him, and this desire is exteriorized in their gestures of helpfulness, varied and absurd as they may be. This is the atmosphere that suits the patient, however.

The experience of illness in a warm bourgeois environment is quite unlike that in a city isolated materially by bombardment and

spiritually by the indifference of men toward one another. The modern world has a negative code of ethics: the levelling of all patterns of life, the security provided by the bureaucratic apparatus, leads fatally to a reduction in the personal atmosphere associated with intimacy. Man then becomes ill from his own solitude: with the least disturbance in his vital functions, there is an inflation of his internal life, hence anxiety—the illness of the man who, like Gaspar Hauser, knows not whence he has come nor whither he is going.

Sickness vs. Possession

In the modern world, the role played by the great hysterical and convulsive attacks of the Middle Ages is played by schizophrenia. It is scarcely necessary to dwell on the ease with which psychic epidemics were engendered in medieval times or on the grave problems that always arose when people tried to distinguish between the sick and those possessed of the devil. Nevertheless, there was a curious similarity in the symptomatology of the convulsive disorders and the signs presented by those possessed of the devil. For this similarity there must have been some reason. The fact is, that should the devil propose to attack man's being, he would quite rationally base his operations on the plane closest to the soul. For even though we adhere to the thesis of the substantial union of soul and body and recognize that the most anonymous cell of the body possesses life, we must logically admit a certain hierarchy in this degree of animation. Without doubt, it is the nervous system that holds highest place in this hierarchy. Lesion or destruction in the nervous system affects the purest functions of psychic life, including thought and will. Demoniacal aggression against the human being would therefore, in all logic, be exerted precisely on this fragile and complex structure, with results comparable to those of pathology itself.

Man is no longer preoccupied by the *mysterium iniquitatis*. In the course of time he began developing a rational, geometric conception of the human being that kept him from admitting the existence in himself of any obscure and mysterious faculty vulnerable to attack by demoniacal forces. As this trend began, the façade of human illness, too, began changing; and the process continues, though episodically the obscure capacity is released and we witness the reappearance of mob epidemics of convulsive type as in the instance of San Medardo.

Chaos—Within and Without

The word *schizophrenia*, which has the etymological significance of "split mind," has had a curious success in literary and even in popular language. The word was coined by Bleuler to demarcate in the field of major mental illnesses the largest and most archetypical group of all. Schizophrenia was, in fact, the paradigm of mental illness. To have created this word and to have assigned to it a specific perimeter within the wide field of mental disorders was not a pure accident, nor even a scientific *coup*. The success of the term stems from the fact that it expressed a modality of life, an attitude of the contemporary mind which had lost faith in the clear light of reason, and, having glimpsed the panoramas of internal chaos, began to experience a darkened vision of the world. The success of the term *schizophrenia* coincided with the success of certain new artistic productions such as surrealism, abstract painting, and of numerous other indices of man's desire to rediscover his vital source in sheer subjectivity—surely a pathological process when it elects to show itself in pure form.

V. DYNAMICS OF ANXIETY AND OF EXISTENCE

In any attempt to define the situation of modern man, there is scarcely a word more frequently utilized than that of anxiety. Each historical epoch is characterized by a certain condition of the spirit, and to the extent that such illnesses as neuroses express, in one form or another, a human situation, they had a coefficient of historicity. Without going back too many years, let us compare the clinical cases of today with those that peopled *La Salpêtrière* in the years of Charcot. Although it is undeniable that we are dealing with the same types of sick people, the style of their manifestations has changed.

By way of the neural pathways that carry the life of relationships, the existential crisis presupposed in every neurosis turns in one direction or another. Sometimes it turns toward the periphery and appears in the guise of paralysis, tremor, or hysterical amaurosis; sometimes it turns more toward the interior and then takes the form of visceral, organic anxiety, or phobic neurosis.

The Modern Temper

This change in the manifestations of neurosis is joined to the spirit of the times. Because of the trend toward interiorization in recent years, anxiety has advanced to the forefront as a theme for the neurotic disorders. The process goes on simultaneously on different planes. It is for this reason that the preferential theme of existential philosophy coincides with the deepest sufferings of our patients.

This coincidence raises a series of interesting problems about the mutual relations between modes of thought and modes of being sick. From the philosophic point of view, the *motif* of anxiety was first featured by Kierkegaard. A detailed reading of his diary emphasizes how personal, indeed, the theme was for him. Kierkegaard suffered, probably, from phases of anxious depression, and in the depths of his anxiety attacks new profiles of human existence were clearly delineated. In this case illness served to motivate a specific philosophic contribution. On the other hand, the *rationality* and *technicality* of the modern world have without doubt contributed heavily to the special situation of solitude that explicitly reveals the essence of man as an *anxious being*.

Better than any other experience, anxiety discloses the structure of human existence. Bollnow suggested that other states of mind also, among them boredom or Dionysiac exaltation, can serve as the basis for an interpretation of human existence. In effect this is so; but of all the possible approaches, that involving an analysis of anxiety permits the deepest penetration. Everyday life is lived without thinking about it; but the crisis of anxiety demonstrates what human existence really is.

Man is always related to his circumstances. To live humanly is to project oneself. In the anxiety crisis, the whole system of reference disappears and existence is revealed in its initial purity. The disappearance of the system of reference is *nothingness*. Anxiety is the revelation of *nothingness*.

Existential Anxiety

Philosophers have been successful in analyzing exhaustively the ontologic structure of human existence; this same structure exposes the illness of anxiety. The patient expresses in symptoms or banal

words a state of mind, the essence of which may be described in the basic formulas of existential analysis. In the nucleus of every neurosis, anxiety is found; for this reason it constitutes both the axial system of neurosis and the base itself. Other neurotic manifestations are epiphenomena of anxiety.

The classic differences previously cited between anxiety and fear are accepted by large groups of philosophers and psychologists, from the existentialists to the psychoanalysts. Fear is felt toward something concrete and definite; anxiety, toward some danger threatening—one knows not from where. The divergences in the various interpretations arise from an ignorance of the source of anxiety. In the fear reaction, the equation “stimulus → response” is clear and adequate when it is normal. The abnormality is a function of inadequacy. Faced with a dangerous situation—an aerial bombardment, for example—the normal subject flees or seeks adequate cover. The abnormal person does not respond this way; he seems to suffer, perhaps, a disturbance of consciousness (twilight state) and passes through the zone of greatest danger. The abnormality of the reaction pattern can manifest itself in another way: in the intensification and long duration of the trembling that accompanies the fear response. This quantitative increase or this greater duration is what makes for illness. It is necessary to discover the mainspring of this inadequate reaction, for it may be embedded in the constitution itself or originate in some event that has had an adverse influence on the development of the personality (psychic trauma).

The Two Great Fears

When we interrogate an anxious person in detail, we always stumble upon two types of fear: *fear of going mad* and *fear of death*. Descriptions in orthodox clinical psychiatry embrace a multitude of phobias. For each of these phobias a name was invented in former years; but little by little the terminology fell into disuse. The eclipse was inevitable. For phobia is always a personal way of experiencing anxiety and is determined by the circumstances of the development of the personality. Fundamentally, however, phobias originate in fear of the crisis of anxiety in its primordial form. The agoraphobe who is unable to cross a street cannot do so because he fears that it will give him “that” if he crosses it; and the man who cannot take a train unless he is accompanied by someone cannot do so because he

fears a crisis of anxiety. A very important task in clinical analysis is to weave one's way through the tangle of pains and suffering of the patient to this basic fear of madness or of death that exists in every case of anxiety. The patient will say that he fears apoplexy or cancer, or that he feels a sensation of heat in the head or of oppression in the chest. All are expressive formulas of the same initial experience—*anxiety*.

To repeat: the crisis in its basic form exists in one of two varieties—as fear of madness or fear of death. In any description of an anxious patient we encounter a term alluding to this situation. In Freud's famous case of Emmy de N.—the first that he published without the collaboration of Breuer—the fear of madness figures repeatedly, though aligned with the other phobias experienced by the patient. What does fear of madness mean? It is evident from the analysis of patients with marked capacity for introspection that fear of madness is the *fear of the dissolution of the personality*. This is a psychological formulation of what the patient tries to explain, often unsuccessfully.

The Meaning of "Ego"

Consciousness of the personality is, fundamentally, consciousness of its unity in time and in action. My personality is my *ego*. Two interpretations of the ego can be formulated in psychology, one of substance and one of form. Putting this problem aside for the moment and limiting ourselves to a psychological description of the experience of the ego, we perceive that the ego is a kind of center from which all psychic activity emanates. I have *my* sensations, *my* thoughts, *my* affects. Besides this unity of form, the ego maintains its identity across time. The thought of a year ago is a product of the activity of the same ego that is acting now. In spite of all the differences existing between the adolescent, the mature man, and the old man, "he" knows that he is he himself. The metabolism of his cells may have changed all the substance he is composed of; possibly his atoms of O, N, and C are different, and those he had when young are in another man or in the dust of the earth. This possibility of the absolute metamorphosis of man's physical components does not prevent him from feeling himself as a person, identical with the one of ten or twenty years ago.

These, of course, are all inferences emanating from the description of the ego; but how does this ego, which each one of us is, actually live?

A patient told me about the following experience. He was in a camp, lying down alone at the time of siesta. He had finished a march and was tired. He began reading an article in a magazine under the title "El hombre y Yo" (the man and I). It shocked him to see the word for *I* written with a capital letter and standing out from the rest.* It seemed irreverent to him. While he rested and looked at the objects around him, these objects seemed stupid, empty. He had no feeling that the objects were there. The world could do without them; therefore they were stupid. This experience produced a sensation of emptiness. And if everything was so empty, what could he take hold of? *He* remained—his "I"—confronting a world that had become empty. But if he remained alone, then what was he? "Who am I?" he asked. Then a great crisis of anxiety began. In the crisis he continued his persecution of the ego. He recounted how he could not ask, "What am I?" This question had no meaning. The *I* is not an object. He could only ask himself, "Who am I?" This difference between the *what* and the *who* meant something basic. The *I* lives only in its activity. In itself, the *I*, if it does not act, is an empty place, a vacuum, the experience of nothingness.

In their experience of anxiety, sick people penetrate to a very deep stratum indeed; more than this—they fear madness because *they live* the threat of the dissolution of the unity of the personality, the dissolution of the ego. This dissolution of the ego is to lose consciousness of existing; it is from this that their fear of vanishing, of losing consciousness, really comes. When a person has a fear of crossing the street or of remaining in a closed place it is because he has a fear of vanishing. To this initial experience can be added secondary circumstances affecting it, e.g., the fear of not having anyone to help, of making a scene, of giving free rein to the monster who lives within—that is to say, of behaving like a really insane person doing strange things.

But this is not a matter of ordinary dismay. The loss of the unity of the ego means that all that the ego unites will fall apart. What

* The word *I* is written without a capital letter in Spanish.—TRANSLATOR.

does the ego unite? The ego gives shape to the id; and in the id are found the chaotic forces of the personality that make up the instincts.

Either a monogamous or a polygamous theory of instinctive life is acceptable; for the case in point it matters not whether we speak of a single instinctivity or of various instincts or instinctual acts. These are descriptive points of view. Jung identifies instinctivity with the libido. For Freud two basic instincts exist: the sexual and the aggressive. I do not propose to criticize this descriptive vocabulary of the instincts, but I would like to indicate that what the anxious person fears in his crisis is that he may liberate, specifically, his aggressive impulses. The fear of madness or of vanishing is above all the fear of letting his animal impulses—in other words, his un-human ones—get the upper hand. Basically, then, he fears he will cease to be a person.

It is clear that anxiety can exist in the most concrete form. The fear of knives or of sharp, pointed objects is frequent. Psychoanalysis interprets these fears as phobias with sexual content; the sharp, pointed object is a phallic symbol. One has only to listen to the sick person to be convinced that much of the time this is not so. A mother told me, for example, that she could not look at knives because she feared she might kill her son without realizing it, if a crisis occurred. Because of this, she submitted her entrance into the kitchen and her use of knives to a series of protective rituals: she wanted to have someone in front of her on those occasions because in this way she was protected.

Fear of Death

There is another group of patients who, in their full-blown anxiety crises, have, fundamentally, a fear of death. This experience also warrants analysis. The fear of death occurs in every mortal who is conscious of the phenomenon. Scheler has said that man could have a fear of death even though he might not know through experience that he has to die. According to Scheler, there exists in the human being a tension of growth, and this tension is subject to a diminution that ends in death. It is the entropy of the living being. Freud formulated an analogous idea in the first of his "metapsychological" studies dedicated to the death instinct (*Todestrieb*).

When we turn from the metapsychological to the psychological

plane, we recognize that this fear of death does not exist in a very accentuated manner in normal man. It must be cultivated, for instance, in order to create or to revive a religious sentiment. Life, lived fully, tends to obscure the fact that one has to die. The soldier enters combat joyfully, thinking that this day it will not be he who is killed, but someone else. The Moors used to say during the Spanish War that each bullet came marked with the target of its destination. Death, then, does not exist in a personal way; but when it occurs, the normal man feels anxiety.

What happens with the patient who has a purely neurotic precordial anxiety crises? He fears death; but here as before, if he is capable of introspection and we ask him what he thinks death will be like, he will tell us: like annihilation of his own being—that is to say, like nothingness. If he has religious beliefs he will defend himself against the suffering inherent in this presentiment by thinking of the other life, the continuation of his personal being, and so on. The Spanish writer Unamuno experienced this form of anxiety about death, and, in compensation, advanced his thesis of personal transcendence.

In summary, then, anxiety in its two forms, fear of madness or of death, is always the *presentiment of nothingness*. Nothingness cannot be known, but only anticipated. Here, I believe, are united *the psychopathological experiences and the postulates of existential philosophy*.

Origin of Anxiety

But where does anxiety come from? Freud thought in the beginning that it originated in an abnormal repression of the libido (sexual continence, for example). Thus he spoke of the anxiety of unsatisfied widows or continent bachelors. To rectify this point of view, he did not need the discussion with Loewenfeld; the later development of his experience was sufficient to correct this primitive formulation of the genesis of anxiety.

Anxiety, he says, comes from an alteration of the very dynamics of personal structure:

Real danger is a danger that we know. Real anxiety is anxiety in the face of such a known danger. Neurotic anxiety is anxiety over a danger that we do not know. The neurotic danger, therefore, must first

be discovered; analysis has taught us that it is a danger from the instincts. As we bring to consciousness the danger unknown to the ego, we obliterate the difference between real anxiety and neurotic anxiety, and we can treat the latter as well as the former.

Neurotic anxiety, then, is the reaction to the threat that the instincts make against the ego. This threat proceeds from historic circumstances that have influenced the development of the instincts and given them traumatizing power. In psychoanalytic doctrine, the ego plays an almost passive role in the drama of anxiety.

The neo-analytic schools (Alexander) call attention to the weakness of the ego:

The neurotic condition is the result of the ego's failure to accomplish its function, which consists in finding gratification for subjective needs in a way that maintains harmony between the various aspects of the personality and the environment.

Evidently in this formulation, as opposed to that of Freud, there is a displacement of the pole of energy.

It is my own conception that the basic element in the anxiety crisis is the threat felt by the ego of a danger coming from all sides and from none. The danger emanates from the very core of the ego; it is intrinsic to it. If the danger materializes, the ego will disappear. Yet the disappearance of the ego is not really suffering; it is the disappearance of suffering. This special situation explains the rather enigmatic relations that exist between the fear of death in the anxiety crisis, and suicide; it explains also how suicide leading to death is tantamount to a liberation from anxiety—that is, from the very suffering that equates the specter of death with the experience of nothingness.

In other forms of crisis, the threat is felt not so much in terms of an existential annihilation of the ego as in those of a dissolution or dislocation. The unity of the ego is a function of its own activity; it is a fragile unity mounted on the numerous antinomies in the depths of the human being. An example of this is the ambivalence of great sectors of affective and instinctual life. The concept of ambivalence was introduced by Bleuler to interpret the psychopathology of schizophrenia; but mitigated ambivalence also exists as an ingredient of normal life. Because of this, human existence is based on the incongruous.

In normal life, ambivalence is covered up, except for fleeting glimpses during doubt or perplexity; but it does not for this cease to influence action. We find a parallel of this situation in the manifestations of the genes. Each allelomorphic pair contains a dominant gene and a recessive gene; but the recessive gene, though invisible on a primary plane, has lost neither its energy nor its action. The ambivalent instinct, perhaps camouflaged, appears in the most unexpected situations. The synthesizing activity of the ego achieves a state of equilibrium among the tendencies of the id which would produce chaos if released in natural form. When the ego is threatened with dissolution in the anxiety crisis, all the concealed forces emerge. The ego then fears its own hidden impulses, and fears most those that are the most dangerous in the given situation. It is for this reason that the ego is not only the source of anxiety, but at the same time its spectator.

In the anxiety crisis, the subject has the experience that everything can happen. Any possibility is conceivable. In normal life, the individual feels that he is capable of certain things; but these are determined by what the personal range is conceded to be on the basis of exterior and interior limitations. Exterior limitations originate in the compulsions exerted upon us by the physical forces of nature. Interior limitations are based on human values; they are the ones that give a person the consciousness that he is a person. Ethical values, the repression of instincts, and other factors are some of the links of this interior chain. Existence is not a project with indefinite possibilities, for even discounting physical impossibilities, there are those intrinsic to the peculiarities of being. By virtue of this limitation, the primary factitiousness of life is transposed to the plane of the future. In the anxiety crises, the fan of possibilities opens in an indefinite and terrible way: everything is possible when control of the ego is lost; anything can happen when the relation of confidence established between the ego and the world is destroyed. From this, phobias arise; because of this, anxiety is, in the words of Kierkegaard, "the reality of freedom as possibility anterior to possibility."

Aggression and Anxiety

In the crisis, a series of contrary impulses make their appearance. The instinct of aggression is the one that manifests itself in the most

violent form, even more so than the sexual. The crisis is made up of an ascending and descending movement of the play of possibilities. When it passes and the subject regains tranquillity, he thinks, "at bottom it was nothing." In this banal expression, Bollnow has sought to find the mainspring of existential philosophy; but this "nothing" after the anxiety crisis is by no means the nothing that lurks in its nucleus. It is the negation of the past danger, not the negation of the existential experience.

The dynamic interplay between the instincts that threaten and the ego that fears to succumb to this threat poses a problem of singular interest: the problem of the authenticity of the person. According to psychoanalysis, the authenticity of the person is centered in the instincts: these are the life force, they respond to pure dynamic principles, and are not deformed by reality or by the super-ego. But analysis of the anxiety attacks of patients shows us that the authenticity of the person is not a function of the pressure of instincts, but rather of the principle of the ego which gives these form and matrix. Because the phobic fears that people will take him for a homosexual, we should not conclude that we are dealing with a marked or a repressed homosexual; neither should we conclude that because a mother fears sharp, pointed objects, she necessarily wants to kill her son. We all bear within us the monster of our instincts; it is the *training and containment* of this monster, not its liberation, that makes for the personal being.

The reason Kierkegaard was frightened on looking in a mirror, after a conversation with his father about the generous bandit, was because he saw in his anxious face a possibility that he would succumb to his aggressive impulses. This is an experience frequent in anxious patients, apart from the fact that sometimes confronting oneself in a mirror is one way of asking oneself, "Who am I?"—that is to say, one way of penetrating into the core of the ego and of becoming anxious as a result.

What does clinical psychiatry tell us about the appearance of morbid anxiety? Lengthy and detailed observation of patients convinces me that many times so-called neurotic anxiety follows a *phasic* course. In the life of a single patient, we can find various phases of neurotic anxiety crystallized in distinct symptomatology. At one time he may have had an agoraphobic phase; then, years later, he has another phase, with symptoms of cardiac neuroses, or

mucous colitis, or vertigo. In some cases the symptomatology overlaps, and in the same phase we find a combination of anxious, phobic, and vegetative-visceral symptomatology.

Vital Depression and Vital Anxiety

The existence of these phases in the course of illness, and the detailed analysis of the symptomatologic structure of each of them, make me think that anxiety appearing in connection with a given event in the life of the patient may have an endogenous, rather than a psychogenic, origin. We can thus establish an analogy with cases of melancholia in which there is a reactive, consequently psychogenic, depression, and an endogenous depression. Integral to the endogenous depression is the fundamental symptom of sadness emanating from or related to the soma. This is the essence of the so-called vital depression: along with feelings engendered by an exterior situation there are feelings expressing the state of corporality itself, in so far as the human body is a living body (Scheler, Lersch, Jaspers, Schneider, and others). If vital depression exists, surely there can be no opposition to our admitting the existence of vital anxiety—that is to say, of an anxiety linked to the soma. The thesis is confirmed by psychopathological experience. We have only to consider the existence of anxiety melancholia.

Between anxiety linked to the vicissitudes of individual experience and purely endogenous anxiety, there are all possible gradations. The clinician gradually learns to distinguish between them, just as he does in the depressions. At times, the distinction is difficult, precisely because the patient finds it necessary, on many occasions, to relate his anxiety to some episode in his previous life. This necessity, like other incentives to rationalize anxiety, is a defense mechanism of the human mind. With these cases basically endogenous in character and presenting a phasic course, I have set up a clinical type that I call *anxious timopathy*.

The thesis of vital anxiety is conducive to an enriched interpretation of the anxiety crises, the basis of which, as I have said before, is the ego's experience of a threat to its unity. But why should the ego lose its cohesive force and its unity? Whence comes this weakness of the ego of which Alexander speaks? That there is a constitutional weakness of the ego is evident. "Every person has his own integrative capacity," says Alexander. But there are also circum-

stantial losses of the functional energy of the ego, and one of these is a decrease of vitality in a wide sense. Thus *anxiety is anchored in the purest of biological dynamisms*. We need not be surprised at this somatic anchorage if we consider for a moment that the human being is made up of soma and psyche.

Normal and Abnormal Anxiety

The vital plane belongs to the domain of the normal. Kurt Schneider makes a clear-cut distinction between reactive depression and vital depression, thus pointing up the hiatus between the psychotic form of depression and the oscillations of feeling occurring in normal and neurotic personalities. But vital feelings such as vital depression or vital anxiety also exist in normal persons. What happens is that they undergo a pathological increment.

Vital feelings, like humors or mood, are forms of being-in-the-world. They are the personal atmosphere in which the nucleus of the ego is enveloped. This atmosphere is superimposed on cenesthesia, the general sense of bodily existence, by way of which the ego achieves its vital contact with the world. The vital feelings, like mood, are in constant flux. Pathology begins when these states lose their fluency and become fixed in the form of accentuated vital depression or anxiety.

The theme of vital anxiety offers a wealth of perspectives advantageous to the interpretation of clinical phenomena. One of them is the relation of anxiety to nausea, vertigo, boredom, fatigue, and other symptoms. We encounter here a series of disturbances of vitality, analogous in structure. Their resemblance to certain well-known clinical pictures needs no emphasis.

Evaluation of Symptoms

Another point refers to the hierarchy of symptoms. As far as illness is concerned, a symptom has greater or lesser importance depending on its anxiety charge. For example, a patient who happens to be in a state of great vegetative lability shows a considerable tachycardia * with pulse rate up to 120 per minute, after an injection of insulin. He feels the tachycardia, it bothers him more or less, but does not actually preoccupy him. On other occasions, even

* Rapid heart beat.—EDITOR.

at another hour of the same day, he has a spontaneous attack of tachycardia less marked, perhaps, than that produced by insulin; but now the attack is accompanied by a sensation of anxiety, or malaise affecting his head, and he finds the disturbance strange and indefinable. These things he fears intensely.

The same thing happens with other symptoms. In some patients, extrasystoles * produce a sensation of extraordinary anxiety. In others, the spontaneous extrasystoles are hardly perceptible; in still others they are perceived like a catapult or a blow on the heart, yet do not elicit anxiety. Note that these patients are passing through an anxiety phase at the time, and are preoccupied by symptoms distinct from those that may really be present.

A very important problem has to do with the emergence of symptoms to consciousness, a situation that may occur, and usually does, during an acute anxiety attack. A patient who had slept little for a long time began taking tablets to make him sleep better. There followed an attack of anxiety, with suffocation, sweating, sensation of heat, and the whole vegetative *cortège*; he then *realized* he was sleepy and could not sleep. The insomnia was converted into the prevailing manifestation of his structure of anxiety, with its two factors, positive and negative; he was sleepy and he could not sleep. The anxiety aroused by sleep disturbed him so much that he had finally almost totally prevented it. He achieved some improvement with therapy, but then he had a new anxiety attack, with the typical sensation of fear of madness and fear of death. The attack made its appearance in the form of an attack of angina.

Anxiety manifests itself on both the psychic and the somatic levels. The vegetative and visceral symptoms accompanying it have the same value and the same significance as the mental experience of the patient. Together they present the same structure. In some cases I have found, through psychopathological analysis, that they possess a dual, antinomic structure identical with that of phobia. Hence the possibility of symptomatological reinforcement of somatic and psychological components. This reinforcement is effected sometimes in the different phases of the course of life of the patient, at other times during the same phase.

The final problem is the personal crystallization of anxiety. Anx-

* Premature contraction of auricle or ventricle of heart.—EDITOR.

xiety as life experience emanating from altered vitality is something vague and indefinite. Nevertheless, in each patient we see that the anxiety experience takes a distinctive form of biographical realization. Thus, some patients are agoraphobes or claustrophobes, others have attacks of precordial anxiety, others have anxiety on hearing a particular word. The attacks are released by a certain circumstance or theme. This presents a definite challenge when we undertake the analysis of a psychopathological situation. The first question we must ask ourselves is why some patients experience anxiety as fear of madness and others as fear of death. We are facing two primary modes of biological reaction associated with the primary reflexes known as "*Bewegungsturm*" (motor storm) and "*Totstellreflex*" (death posture reflex). All anxiety symptomatology can be typed on the basis of these two reaction patterns.

The Personal Equation

The most important problem, however, is not the type of reaction but the personal formula that the anxiety takes in each case.

It is easy to blame the problem on the constitution of the individual. There is no doubt that this has some influence; but historical circumstances in the personal life of the individual also exert an influence. Life is lived as a continuity, and the experience of anxiety is a special form of the threat of disruption of this continuity. In this perspective, existential analysis uncovers components essential for psychotherapeutic work.

Since anxiety is mounted on the ridge between the psychic and the somatic, the counterattack against it must be made from both fronts. It is an error to overlook or to deny that vital anxiety is accessible to psychotherapy; but it is also an error to disregard the somatic front for the therapeutic attack.



FROM THE TWO foregoing chapters the conclusion seems inescapable that unless and until man "becomes what he is" in a way hardly bethought by Pindar, Plotinus, or even Goethe—that is, makes the most of the fact that he is conceived in the image and likeness of his Creator—psychiatry will have its hands full. The present chapter carries our thinking into a new area—the area of moral and religious values vis-à-vis the purely automatic, unconscious functioning of the human ego by way of its psychological mechanisms. This is a logical development, for psychological thought cannot rest with analysis of the purely formal aspects of its field—mental operations. It must be preoccupied no less with other determinants in human existence, those borderline activities between the strictly natural and the strictly supernatural—between science and religion—and the relations between them. . . . Here the synthesis we envision takes on new dimensions, as will be seen in Dr. Zilboorg's analysis of the religious act par excellence—the reception of the sacrament of Holy Eucharist.



4. . . . Some Denials and Assertions of Religious Faith

DISCUSSING CERTAIN ASPECTS of spiritual direction, Thomas Merton in his *Ascent to Truth* cites St. Teresa of Avila and says:

It is interesting to see what she gives as an example of stupid direction. A married woman is attracted to a life of prayer. Her confessor, instead of telling her how to carry out her household duties in a spirit of prayer, tells her to drop her work and to pray when she ought to be doing the dishes. Her life of prayer at once becomes an obstacle to her happiness as a wife, and her marriage, at the same time, erects a barrier between herself and God.¹

The foregoing makes it obvious that the relation between pastoral psychology—or what is sometimes called today marriage counseling—and the so-called realities of life presented a real problem even in the middle of the sixteenth century. It still is a formidable problem. Of course things have changed somewhat in the last four hundred years, but mainly in so far as our superficial frame of reference is concerned. They have changed very little with regard to the formidable struggle between man's spiritual aspirations and his desire to free himself from these very aspirations and become the one and only master of the universe and his own fate. There seems to be a real psychological connection by contrast, between the scriptural deluge and our experiments with A and H bombs. The deluge was ordained from on high, and man submitted to this higher order; the H bomb is the creation of the scientific and technological man, and he is ready to destroy the world to assert his mastery over it. Noah was told how to save animal and human life so that they might flourish after the deluge. The creator of the A and H bomb, or rather its potential user, must visualize universal devastation, but he goes on "improving" the destructive power of the instrument of his alleged mastery over the natural world.

In other words, the fundamental contradiction between charity and animosity, between moral values and "purely" technological progress, between free obedience to the will of God and to reason, and constant aspiration to become Man-God despite reason, between religious faith and egocentric science, between principles and practical formalism—this struggle continues as fresh and as violent and as painful today as it was centuries ago.

Traditionally it is called the struggle between theology and science (or vice versa); it is called more often than not the struggle between religion and modern psychology. But it is really none of these things. In actuality it is the old struggle between man's respecting the will of God and man's seeking to abolish it in favor of the exclusive supremacy of a given scientific discovery.

It would be idle to try to review the course of the struggle between the two extremes of religious and scientific exclusiveness. Such reviews have been made before, and always with the same results: the fanatic, whether religious or scientific, remained a fanatic, eloquent or not, but always unconvinced by his opponent and always satisfied with his own arguments.

THE SANCTITY OF SCIENCE

It is one of the most unfortunate aspects of our human activity, this displacement of our own human egocentricity onto the finest expressions of the human spirit: faith, and the search for the knowledge of nature. Very few indeed are endowed with that humility which makes both their religious and their scientific aspirations but one flood of inspired efforts toward the achievement of detachment and serene contemplation of life. Very few indeed can speak the way George Sarton speaks, a man who has devoted his life to the study of the history of science.

Every scientist (as every artist or saint) [says Sarton] who is sufficiently absorbed in his task reaches sooner or later that stage of ecstasy (unfortunately impermanent), when the thought of self has vanished, and he can think of naught else but the work at hand, his own vision of beauty or truth, the ideal world which he is creating. In comparison with such heavenly ecstasy, all other rewards—such as money and honors—become strangely futile and incongruous. Looking at it from that point of view, science is the best school of objectivity and disinterestedness, and the devoted men working in

laboratories are very close indeed (though they hardly realize it themselves) to the monks and nuns mortifying their flesh in the cloisters. One can truly speak of the sanctity of science, as well as of its humanity, but it is better not to speak too much of it, for it is a subject far too confidential and too precious for expression. Also it is better not to encourage the constitution of a new class of hypocrites. If there be sanctity it will flourish best in secrecy; nobody should ever know of it, except perhaps much later.²

This admonition of Sartre's reflects a rare attitude. Here the quest for scientific knowledge, and the labor and ardor involved in this quest, seem to be blended into a search for unity with the totality of life, a search which in a singular manner brings about or springs from humility and dedication. This is a far cry from the self-serving egocentric and exclusivistic theologian who despises science, and from the exclusivistic, intellectualistic, egocentric scientist who has only contempt for theology and hopes to rule the world by means of a few spectacular gadgets. Sartre's words demonstrate better than any argument that science and theology (the science of the knowledge of God) have a great deal in common, and that neither has a right to seek exclusive dominion over man's knowledge, since fundamentally they are one and spring from one source and mystery.

It is not necessary here to labor this point any further. Suffice it to recall that even such methodical thinkers as David Hume, and from Hume to Whitehead many other philosophers, pointed out the *a priori* nature of the major scientific premises, and that science at its source is essentially *irrational*. This word is not mine. Whitehead himself uses it in agreement with the many philosophers who were occupied with the problem of scientific knowledge. He couples this term with the term "instincts," from which he sees stem both science and religion, each in its own way.

We may recall in this connection Jacques Maritain's view on the primary role of intuition in our approaches to God, and it will really not be difficult to see that the conflict between science and religion is not a true one but an artifice, a dangerous and cruel artifice to be sure, a sort of perennial artefact of human existence. The conflict is not between science and religion as it appears to be but between what man wants to do with science, and what he wants to do with religion. Make either of them purely utilitarian, power-seeking, an

instrument for man's self-assertion and actions only in his own behalf, and the conflict becomes not only inevitable but intolerant and intolerable—for the dedication, the sacrificial humility, the charity of either or both are set aside in favor of what is mistakenly called the self-expression of the individual.

THE ONENESS OF TRUTH

What I have said thus far is rather commonplace, even trite. Yet as one begins to contemplate the issues involved and the problems that arise from the interplay of science and religion, one is almost forced to reiterate the trite, self-evident assertion that science and religion are one, that true knowledge of man and God are one. Yet it is an almost staggering fact that man seems to be as afraid of this oneness as he yearns to achieve it, and therefore he becomes divisive within himself and with his fellow men. In this divisiveness, however, he struggles less within himself than he fights with his fellow men. This perennial combat, as we look at it through the quieting mist of centuries, may even sometimes appear amusing. An example, one of many which to a contemporary appear a bit entertaining rather than serious: Rambert de' Primadizzi of Bologna was a Dominican Father, a disciple of St. Thomas Aquinas (whom he knew personally); he was one of the first Thomists; he wrote the *Apologeticum veritatis contra corruptorium*. This word *corruptorium* was an obvious expression of contempt for the opposition raised against the philosophy of St. Thomas. One of the earliest representatives of this opposition was William de la Mare. This English Franciscan wrote a critique of St. Thomas and he gently called it *Correctorium*; but that which was for a gentle Franciscan a *correctorium* was for a passionate Dominican a *corruptorium*.

Apparently the struggle for the attainment of truth, as long as it is a human struggle, is bound to be accompanied by all the weaknesses that are of man. It is bound at times to acquire the aspect of a struggle for recognition of one's being the exclusive possessor of the truth, rather than be what it should ideally be, a common effort for the attainment of truth—for truth is always something that belongs to all as soon as it is attained by one. Thus we could pass centuries in review and always find a *correctorium* called a *corruptorium*, a St. Teresa of Avila discovering how stupid spiritual directors might guide a believer away from God through what appear to be

means of achieving communion with God. Such paradoxes are not only frequent but appear to be the rule in our ways of searching for the infinite and the laws of nature.

If I have cited an example or two of such paradoxes as I have found in the field of religious thought or activity, we must not assume that these paradoxes are confined only to religious thinking and struggling. What could be more paradoxical than the intellectual activity of a man like Fechner? His name is known to every physicist and psychologist. Fechner hoped to establish a psychology on an experimental, scientific, materialistic basis, and he remains known to us almost exclusively as such. So few ever think of Fechner as of a religious person who was preoccupied through the greater part of his adult and scientific life with problems of religion and religious knowledge.³

Paradoxical as it may seem, then, I am always drawn to the conclusion that the agelong conflict between science and religion is not based on anything inherent in science or in religion, but rather in the scientists and representatives of religion who claim exclusive knowledge of something of which they do not know much and are lost between the *correctorium* and *corruptorium*, so to speak. Yet despite, or perhaps because of, these lessons of history, which at times were tragic and had to be paid for with hundreds of thousands of human lives, the struggle between psychology or psychiatry, for instance, on the one hand, and religious faith on the other appears to have become in the course of the last few years both sharpened and more nonsensical at the same time.

An enormous literature has accumulated on the subject, a literature produced by psychiatrists as well as theologians. I have in mind the earnest literature on the subject and not the glib, presumptuous productions which demand a pan-religionist orientation or assume a pan-psychological attitude. Such intellectually "imperialistic" attitudes really lead nowhere. Numerous examples of such attitudes are always available. We all know the self-assertive assumption that religious faith is an infantile reaction, that totalitarianism is neurotic, etc. We may cite in this connection the very extreme example of Kenji Otsuki, editor of the *Tokyo Journal of Psychoanalysis*, who wrote some remarks under the title "Christianity and Communism as Brothers." Condemning both in the same breath, he finally concluded:

As for myself, however, I believe that the world peace may not be finally realized, till the Westerners will outgrow Christianity, and Easterners the Buddhism by means of psychoanalysis.⁴

Since psychoanalysis has influenced contemporary psychology and psychiatry to an enormous extent, it might not be at all unreasonable to conceive of a psychoanalytic imperialism that seems to claim omniscience and omnipotent sagacity. We know, of course, that Freud made no such claims. We also know that Freud put at the center of his psychological system the individual's capacity to love. Freud stressed love of one's neighbor more than mere hedonistic sexual love. Groping for a proper description of what he understood by love, he spoke of Plato and finally stated unequivocally that his conception of psychologically healthy love is close to St. Paul's conception of charity. Yet because of the constant veering between the *correctorium* and the *corruptorium* to which we seem to be addicted, Freud stands out in the minds of men as being only a pansexualist, only an atheist, just as Fechner stands out in our minds as only a physicist.

If we divest ourselves of this addiction to "onlyness," we might look upon present-day psychopathology with less anxiety and therefore, with eyes less jaundiced, might recognize with Allport that there are infantile atheists and mature believers, and that the quasi-philosophical and pseudo-theological excursions of psychoanalysts—from Freud to many of his disciples—are but artefacts on a solid body of empirical knowledge which cannot be neglected and which threatens religion as little as does the Copernican system. The fact that the discoverers of this solid body of empirical facts want to enter the field of theology and cut it up with the positivistic knives of psychophysical parallelism should in no way disturb the true student of human psychology. The fact that they rush into a field they do not know, with their banners of the *corruptorium* raised high, should not deter us from simple and dispassionate examination of what there is of scientific value in the given body of knowledge. An arrogant scientist may remain an arrogant person, but the science he represents is not his own property and it is never arrogant.

Considered from this point of view, the body of knowledge about the psychological nature of man which psychoanalysis has accumulated is valuable knowledge, but it has nothing to do with reli-

gious faith or atheism, nothing to do with problems of morality. For it is a body of knowledge which if true would correspond to and could be utilized by religious faith and moral teachings, and, if false, would be of no interest to anybody, would wither away gradually from the tree of knowledge and disappear. One must therefore consider it rather regrettable that various psychological schools, and particularly certain so-called schools of psychoanalysis, choose to assert that psychoanalysis *proves* or *disproves* the existence of God, or enables us to know God better. Nothing could be further from the truth. Such attempts as C. G. Jung makes to engage the interest and sympathy of religious people by his references to God are bound to confuse more than to enlighten. I say this not out of partisanship but rather as a result of such experiences as one goes through when reading Jung's own Terry Lectures (Yale University), or especially when studying Victor White, O.P., in his *God and the Unconscious*,⁵ to which Jung himself wrote a foreword.

Perhaps the simplest way of stating my misgivings on this point would be to recall the critique made by Augustin Léonard, O.P., a convinced Thomist and a man deeply and extensively versed in philosophy and contemporary psychology. When White seems to agree with Jung that the "suprarational" manifests itself to us through the "infrarational," and to hold that Jung's "undifferentiated libido" corresponds to Aquinas' *naturale desiderium*, Léonard observes that this way of thinking is rather obscure, and reminiscent of psychophysical associationism. More than that, with considerable spiritual and intellectual authority Père Léonard states, in a spirit of terse tolerance, that the Divine Quaternity postulated by Jung is a result of confused deductions, and that, consequently,

those who christen the psychology of Jung a *mystic psychology* are certainly not entirely wrong. In comparison, and because his method is more strict, Freud is less dangerous (from the religious point of view). That which Jung calls religion, that which he honestly believes to be religion, is not religion at all; *even from the empirical point of view*, it appears to be only a very incidental manifestation.⁶

It may be added here that since World War II there has grown up an enormous literature on religious psychology and on the relation between psychology and religion. The number of worthy and scholarly works on this general subject has reached by now several

hundred if not over a thousand, and a great number of these books are not written by theologians or philosophers but by scientific psychologists and psychiatrists. To do nothing but to enumerate these contributions would take many pages; to make even brief references to them would certainly take more than two hundred pages. Suffice it therefore to say that I know of no better review and synthesis of the problems involved in the relations between religion and psychology than the various articles of Père Léonard, who, besides reviewing the whole literature from William James and McDougall to Scheler and Jaspers and the more poignant existentialist literature bearing on the subject, has contributed a thoughtful and succinct analysis of what he has read without the slightest tendency to fall into dogmatism or formalism. Especially as regards Freudian psychoanalysis, to the writings of Léonard one should add the writings of Père Albert Plé, O.P., editor of *La Vie Spirituelle* and author of many searching studies, among them "Saint Thomas Aquinas and the Psychology of Freud," which may be read in English translation in *Dominican Studies*, Vol. V (1952).

The consensus of opinion of those to whom religion is not a neurosis to be cured, and psychology not a devilish concatenation to run away from, tends to the conclusion that while psychology can throw a great deal of *psychological* light on religious experiences, and religious faith may enrich one's psychological functioning, *psychology as a scientific discipline can shed no light whatsoever on the relations between man and God*. To put it again in the words of Léonard:

The religious act is an intentional act and is related to an object which is situated beyond the reach of our [practical] experience. Consequently, an empirical study of the relationship between man and God can never reach the second member of this relationship. What we are apt to observe is only the reaction of a person, without our knowing the nature of the Stimulus that originated this reaction.⁷

The above conclusion seems to be so simple, so true and so unassailable, yet the conflict between religion and psychology does seem to continue, and does seem to serve to obscure old issues and befog new ones. The question of why this should be so remains actually unanswered. Perhaps some day, someone sufficiently inspired

and dedicated will be able to enlighten us on the psychology of this conflict.

A MATTER OF METAPHYSICS

Some contemporary thinkers seem to sense the answer. They seem even to touch the root of the problem, but unfortunately the problem stands. Étienne Gilson is one of the few perspicacious thinkers who put his finger on the very basis of the issue when he said that scientists, when they begin their queries into the depths of their fields, seem to ask metaphysical questions and yet expect non-metaphysical answers to their questions. This is an attitude as untenable as it is revealing: untenable because whoever enters metaphysics should not object to metaphysical thinking in that field; revealing because the greatest majority of scientists sooner or later come to the borderline of that which is scientifically unknowable, and most of them refuse to acknowledge their position and begin to treat the unknowable either with a faith and devotion that transcends science, or with an intellectual contempt that rejects not only the ultimate solution but a solution to the very problem they themselves had posed or come upon.

In other words, there is more than a mere suspicion that the scientist who comes to ask metaphysical questions and turns away from metaphysical answers may be afraid of those answers, and that *his* science—i.e., his scientific exclusiveness—may be a real “defense neurosis.” Let me emphasize that while I am ready to stand by the above statement, I do not in any way wish to say that science is a “neurosis of mankind.” What I want to say is that even good and fruitful scientific work may at times be utilized by the scientist to avoid that anxiety which man must experience at his first contact with a spiritual value that lies and always will lie beyond his scientific knowledge.

Freud never understood this, of course; he saw in religion only a neurosis. Yet the truly religious know how to differentiate a religious attitude from that sensitive scrupulosity which is a neurosis. Because the scientific psychologist knows or may know a great deal about the psychology of spirituality, it does not mean that he necessarily knows anything about spirituality itself. Conversely, because the religious thinker may attain some really important psychological

truths, it does not mean that religion should reject psychiatry as unnecessary.

The religious man who wants to go a hundred miles away from his monastery to conduct a retreat must *go*; he must use a horse, a car, a train, or a plane. He would not attempt to get transported there merely by means of prayers and meditation. Science and technology require a solution in space and time. The spiritual director who tries to solve a scientific and technological question by means purely spiritual takes a position that is both untenable and revealing. It is untenable for obvious reasons; it is revealing because he who would deny *nature* and *science* in matters natural and practical is apparently afraid, anxious, lest a confession to the scientific achievements of man be a violation of his religious faith. In other words, his faith seems weaker than he thinks, because he insists on making it appear stronger than is necessary.

It is self-evident, then, that one can call religion a neurosis only with the same right and on the same basis as one could call science a neurosis: in doing so, one never goes beyond captious name-calling—whichever side one happens to be on. It is almost frightening to think that so long ago as the thirteenth century there were already men like St. Albert the Great who, even before his subject Thomas Aquinas, felt objections to the separation of nature (science) and religion—yet this was seven hundred years ago.

The conclusion imposes itself, despite the perseverance of prejudice to the contrary, that Nature and Supernature cannot be opposed to each other since they derive from one and the same source, and that scientists and theologians must share equally the *onus* for their separation.⁸

Just because they are inseparable partners, the scientist frequently touches on many issues that are purely moral, and he may not refuse, as Darwin tried to do, to solve moral issues on the basis of the teaching of morality and take refuge in some sort of utilitarian ethics which is both nonscientific and nonmoral. On the other hand, psychology and psychopathology have not yet been fully delineated as truly separate disciplines, and therefore both the experimental laboratory and speculative theology are apt to claim these branches as their own. Thus psychology, especially psychopathology, remains suspended between scientific empiricism and purely religious think-

ing. As a matter of fact, the delineation of psychopathology and of psychology as an independent branch of human knowledge became possible only less than three decades ago, when Freud introduced the concept of the psychic apparatus. This semi-empirical finding made it possible definitely to separate the concept of the psychic apparatus from the soul. It also made possible a host of psychological investigations which theretofore had been impossible either because the muscle-nerve preparations of the frog prohibited us from visualizing the psychic apparatus, or because traditional theological thinking would seem to refuse consideration of a psychic apparatus, since the latter was outside the tradition of faculty psychology or was imagined to contradict the very existence of the soul.

At any rate, we are at present only beginning to familiarize ourselves with the concept of the psychic apparatus, and to find that it stands in no way in contradiction to the theological conception of the soul. This explains why scientific psychologists can indulge in flights away from metaphysics into some sort of utilitarian psychology, and why certain theologians are yet able to speak profound scientific psychological truth in terms of moral theology. An excellent example of this latter can be found in an article by Thomas Gilby, O.P.:

. . . in the following pages will emerge the spectres of the godlike man, the purely spiritual man, and the perfect citizen man, to haunt us with what we can never be. When regrets turn to anxiety, there is illness; when they turn to humility, there is health.⁹

It would be really impossible to contest this statement. The strictest and "purest" psychologist would have to admit that the nonpsychological phraseology of the above statement expresses a scientifically sound psychological truth.

Such direct correspondence of theological with clinical psychological insight is, however, rare in the history of theology, and still rarer in the history of psychology. Why it should be so is not at all difficult to see. Theology has always considered itself as the discipline based on religious faith. Its postulates have always been recognized as postulates of faith. Psychology, on the other hand, for reasons too complex and too difficult to restate here, has always claimed a certain independence from faith. It had to become dehumanized

and mechanistic in order to assert its scientific freedom from that irrational element which is found, nevertheless, at the root of each science, and which such men as David Hume freely recognized.

RELIGION AND FREUD

Psychology, in order to become humanized again, seemed to be forced by the very nature of its subject matter into channels that were not purely empirical, purely utilitarian. Thus, even the perseverant atheist that Freud claimed to be had to introduce the concept of *Eros*, which he himself stated was not so much Plato's *Eros* as St. Paul's *Caritas*. More than that: in order to deepen this process of the humanization of the psychology of man, it became necessary for Freud to demonstrate the "naturalness" of religion—which he chose to call an illusion. To what extent it was an illusion or not, Freud really never demonstrated.

He never was able to demonstrate it satisfactorily, because the two fundamental problems that he had to resolve he never did resolve. First of all, as I have pointed out elsewhere,¹⁰ Freud never was free from a potent gravitation toward the very religious attitude he was at so much pains to deny *urbi et orbi*. He therefore chose the least characteristic and most fluid traits of religion—its ritual aspects—and by way of singular concordism chose to equate the established rituals of religion with the sclerosed repetitiousness of the "ritual" of the compulsion neurotic. He thought that he had thus disposed of religious *faith*, and particularly the Christian faith to which he gravitated so intensely and which he wished to deny just as intensely. All this was a part of Freud's unconscious conflicts, of which more evidence has come to light within the last few years and into which Freud seems to have had rather scant insight.

The second problem that Freud had to solve in this connection, but failed to solve, is that of the relation between reason and faith and fear of death. Faith meant to him the denial of reason and the establishment of the primacy of the irrational. In this respect, one may frankly consider Freud really ignorant despite his enormous erudition and cultural sagacity. This was Freud's blind spot, as it is the blind spot of many scientists: in conformity with the scientific tradition of his age, Freud equated faith with the rejection of reason. One wonders how surprised Freud would have been if he had learned of the place St. Thomas Aquinas assigns to reason, to intel-

ligence (Freud's *Logos*) in his theology. How much more surprised Freud would have been if he had learned that Thomas Aquinas was opposed to that knowledge of God which was based on authorities only, and if he had learned how much the deep mysticism and contemplative functioning of the mystics such as the Carmelites (according to one of the greatest of them, St. John of the Cross) had to be based on reason, intellect, and rational knowledge.

Thus Freud himself, and the great majority of his followers, fell into the error of what I would call mechanistic concordism, or psychomechanistic parallelism. That is to say: if two emotional or behavioral phenomena are found to be functionally similar as far as their psychological mechanisms are concerned, then those two phenomena are presumed to be psychologically identical. Religion thus became an illusion, the practice of a given religion a compulsion neurosis. Consequently one could assume, as Freud assumed rather tentatively and not without pessimism, and as the Japanese psychoanalyst assumed more boldly: Since neuroses must be cured, let us get together, mobilize our psychoanalytic skills, and cure the world of Christianity and Buddhism and be done with the matter.

While, as we can easily see, there lurks behind this type of thinking a megalomaniac sort of patriotism in favor of one's own scientific inventions, this attitude seems to have taken the religious thinkers unawares. Instead of discovering with comparative ease that the antireligious attitude of Freud was a purely personal problem of Freud himself, and that the very unconscious psychological mechanisms that he discovered, far from leading toward the denial of God, at times not only preserve the tenets of religious faith but confirm them in a very unique way—instead of grasping all this and subjecting it to proper scrutiny, many theologians and religious thinkers chose to *accept* and take on faith Freud's method of investigation, to *accept his conclusion* that religion is an illusion, if—, and then to reject the whole scientific wealth of psychoanalysis because it allegedly contradicts the principles of religious faith.

It seems very strange that the authority of this manner of thinking most frequently invoked is Freud himself. Now, if it is true that Freud's thinking was correct but his conclusions wrong, would it not be more scientific and logical and correct to say: We cannot disagree with the clinical experience of half a century of psychoanalytic workers and reject this total experience only to avoid being led

by Freud to his own conclusions in a field of which he knew very little, and which moreover seems to have been the very center of his inner conflicts, conflicts that remained active within him throughout his scientific lifetime and never were resolved—the field of religious faith.

There is a serious methodological and philosophical difficulty in all this. The difficulty does not stem from Freud; it is more or less traditional, and it could be traced to the seventeenth century, which misunderstood some aspects of the Renaissance and assumed that science, in order to be scientific, must divorce itself entirely from purely deductive thinking and reject any aspect of thought which might suggest attitudes based on deductions. "Pure" science thus established for itself an attitude of being on guard and jealously protecting itself against any suspicion of leaning toward anything that might be characterized as metaphysical.

We might in this respect recall with profit Whitehead's suggestion that the renaissance of sciences was not a revolt against religious attitudes, Catholic or Protestant, but against the extreme formalism and therefore unrealistic rationalism into which medieval thought had begun to degenerate. Whitehead reminds us that the advent of scientific self-assertion took place in the spirit of what was actually a religious faith, since science insisted *in advance*, accepted *in advance*, that there *is* order in nature, that there *are* immutable laws of nature, and that it is the job of science to uncover these laws and to learn all that is possible to learn about them.

The period of *pietas literata* of the sixteenth century and that of Christian humanism would seem to lend considerable support to Whitehead's suggestion. Furthermore, Whitehead made a poignant statement which is very telling when he said:

Induction presupposes METAPHYSICS. In other words, it rests upon an antecedent rationalism. You cannot have a rational justification for your appeal to history till your metaphysics has assured you that there *is* a history to appeal to; and likewise your conjectures as to the future presuppose some basis of knowledge that there *is* a future already subjected to some determinations. The difficulty is to make sense of either of these ideas. But unless you have done so, you make nonsense of induction.¹¹

The obvious is at hand: the extreme emphasis on science and the scientific method, particularly in matters of human psychology,

“makes nonsense of induction” and thus leads one’s own creative thinking astray. It is on the basis of the above that I have been led to the conviction that the major error committed by psychoanalysis is that it took too literally the correspondence of certain psychological (unconscious) mechanisms in apparently dissimilar psychological states (religious ritual and compulsion neurosis, for instance). Thus it overlooked some of the essential *psychologically* distinguishing features of the phenomena which many psychoanalysts, following Freud literally, chose to equate; they thus made nonsense out of their own valid and correct preliminary inductions. The field of social, and particularly religious, psychology offers innumerable examples of this error. Some of these examples I have tentatively cited at various times; ¹² I shall here limit myself to presenting one that I consider most significant and the most damaging so far as the method of what we might call psychomechanistic parallelism is concerned.

THE LOVE-HATE AMBIVALENCE

The extraordinary insight Freud had into the unconscious workings of the psychic apparatus made it possible for him to gain a psychological understanding of those pathological reactions (and some normal ones) which characterize the ebb and flow of the affective states commonly (albeit not entirely correctly) called manic-depressive reactions. Freud’s studies of primitive attitudes toward the totem and various taboos,¹³ and his studies of depressions¹⁴ as well as of some aspects of mass psychology,¹⁵ offer us an unusual insight into what has become commonly known as the psycho-dynamics of depressive states. According to Freud and Abraham, these states develop on the following psychological substratum: the object (father or mother or any other person standing in emotional proximity to the given individual) is both loved and hated. The love part of this particular state of ambivalence may remain unconscious, or may become conscious directly; the hatred part, however, remains repressed and comes to the surface mostly indirectly. The actual presence of the person toward whom the individual is ambivalent is not required for the individual in question to show the consequences, particularly the pathological consequences, of the ambivalence.

What happens is this: the object is unconsciously *incorporated* by the individual in question and there, inside this individual, the object is loved and hated with utmost intensity. The outward ex-

pression of the love and hatred of this *incorporated* person proceeds in a singular manner: the individual with the incorporated object within himself does not perceive the object as an object, but as something that is himself. Thus the imaginary individual in question loves the incorporated object as himself, and hates this object as himself. The clinical result of this psychological complexity is inordinate self-love, which is recognized as one of the most flagrant manifestations of narcissism; and the self-hatred expresses itself in self-reproaches and self-accusations that do not appear realistic at all and more often than not represent a reproach, once made or deserved in actual life, by the object which became incorporated and is now treated as the person (the patient) himself—as his own ego, which has been altered by this incorporation.

Should the unconscious hatred go to the point of the patient's unconsciously wishing to kill the incorporated object, the patient may try to kill himself. In other words, the unconscious psychological mechanism of *incorporation* produces the result of unconscious identification with the object; killing oneself then appears to be not so much the result of one's own rational sense of unworthiness and self-depreciation as the result of the intense unconscious desire, which becomes an irrational need, to kill that object which was incorporated and with which the patient has identified himself (unconsciously). Suicide under these circumstances is only formally suicide; psychologically speaking, it is murder.

Since Stekel pointed out the equation "Suicide is murder," and since Freud and psychoanalysis in general accepted this point of view, it is assumed that the concept is one that was born out of psychoanalysis. This is not true, of course. Only the psychological mechanisms of this singular equation were discovered by psychoanalysis; the Judeo-Christian tradition of morality has always considered suicide a sin because it considered it an act of murder, and the term "suicide" itself is hardly one hundred and fifty years old. It was called "self-homicide," or "*homicide de soi-même*," till the end of the eighteenth, and even into the nineteenth century. Esquirol still used this term in his writings on the problems of depression and of suicide.¹⁶

It will have been noted that the essential prerequisite of depressive and eventually suicidal trends is the severe ambivalence (unconscious) toward the incorporated object. Only the binom *love and*

hatred would lead toward the act of *unconscious* incorporation. Let us make a note of this aspect of the problem for further reference and turn for a moment to another question.

We seem to accept the psychological act of incorporation without much elucidation. The legitimate question arises: By what means, by which psychological route, *how* is this process of incorporation carried out? It is not a voluntary, single, rational act—of this we are sure. In other words, it is not a result of conscious imitation of a given object; it is not a result of voluntarily subjecting one's self to the process of pathological transformation of one's own ego into a loved and hated incorporated object which in turn becomes totally absorbed into one's own ego. Then how *does* this identification through incorporation take place?

A very illuminating although still partial answer to this question was given by Freud and by Abraham. Since the whole process is unconscious, the mechanism or the act of incorporation is also unconscious. Freud pointed out the anthropological roots of this incorporation in the prohibition to eat the totem animal of a given person during the life of the person (father), and the totemistic feast and the mourning for the dead person Freud viewed as illustrative of the process of the mechanism of incorporation. In other words, the mechanism is that of the unconscious fantasy of eating, of swallowing the object. Freud demonstrated the pathological and more or less normal working of this mechanism in depressions and in mourning for the dead. Depression does appear to be a pathological form of mourning. At any rate Abraham, a little earlier than Freud, discovered the same mechanism of incorporation through the fantasy of swallowing in depressions. In the patients' dreams, free associations, general clinical demeanor, in the trends of their psychoses, ample evidence was found as to how universal the fantasy (and therefore the mechanism) of oral incorporation is; as a matter of fact, it would seem that this mechanism is *the* psychological means that permits us to attain our unconscious identifications.

Let us go a step further and say this: the unconscious fantasy of swallowing the object is a reflection of the universal human way of becoming something one wishes (consciously or unconsciously) to become; it is a form of our human way of doing things (consciously or unconsciously); it is our constitutional, *natural* manner of identifying ourselves with other people and things, in part or in whole. It

is as natural for us to do this as it is for us to grasp objects with our hands and walk on our feet. The great mystery of how one and the same psychological mechanism may produce such an enormous variety of normal and pathological results is yet to be solved; this mystery, I think, will never be solved unless and until scientific, clinical psychodynamics occupies itself with the problems of value and of will.

I say "occupies itself" in a definite, positive sense; I have in mind not the method of parallelism or concordism, which is bound to be a sterile method, but the method of trying to find a true synthesis between moral and religious *values* and the functioning of the human ego in its purely automatic, unconscious responses within the psychic apparatus by way of what have become known as psychological mechanisms. In other words, both metaphysics and moral theology must be considered, in addition to what we already know from clinical psychoanalysis, in order to produce a proper synthesis. Even now, in the absence of such a synthesis, a great deal can be learned by way of dispassionate study of the so-called psychological mechanisms that happen to be utilized in a given religious act. We must never forget, however, that the most objective, dispassionate studies may involve an admixture of bias, or prejudice, or affective reaction of some kind which is so marked by the tolerance and objectivity of the student that a great part, and frequently an essential part, of that which he is studying is totally overlooked.

Thus the psychologist studying a given religious act may remain objective throughout the study but, unless he also knows whether he is affected by his own religious or antireligious attitude, a whole host of phenomena within the purview of his study may escape him and his conclusions be vitiated. What I have in mind is not *discounting* one's religious bias, but *taking into account* one's religious bias. Without such taking into account, the psychological study we wish to envisage will fail of its goal, and, what is worse, its conclusions will represent a distorted picture of the truth.

RELIGION AND MAGIC

This is exactly what has happened with many psychoanalytic attempts to understand certain aspects of religious practices. It is not difficult to relegate religious practices and rituals, all in one heap, to

the field of magic and superstition. Once a psychological mechanism is found to be operative in magic thinking, and a similar and even identical mechanism is found to be operative in a religious act of devotion, it is easy without further ado to equate magic and the religious act—if we agree to the unspoken postulate that the psychological mechanism is *the* determining factor in the nature of a given phenomenon. Well, the neuro-muscular mechanism of picking up a fork and a pen is the same, but eating is not writing. This is not a caricature of the purely mechanistic view; rather, I believe it is a good snapshot. Not all the details are in focus, not all the shadings are well shown, but it is a faithful snapshot.

We can now call attention to the many religious workers, some of whom have been referred to above, who in the course of the past two decades or so have devoted a great deal of time to study of the religious life in the light of modern psychopathology. It is from such studies that we may learn the true art of synthesis between religion and scientific psychology. With some of them¹⁷ I have had the privilege of discussing in some detail the problems touched upon in these pages, and in particular the illustrative example that follows.

From the formalistic psychoanalytic point of view, the Sacrament of the Eucharist could be studied with regard to the psychological mechanisms involved. What would one then find in the sacramental act of communion? First, the fact that it is a sacrament could be looked upon as a manifestation of the “magic” aspects of the ritual—the magic elements being a survival of the primitive belief in magic. (It must be borne in mind that as a practicing psychoanalyst I am fully aware of the simplification to which I resort here. I simplify the argument actually for the sake of brevity and succinctness, and not for the purpose of shading down any of the valid arguments that psychoanalysis has to offer.)

Let us now go a step further. There is magic, one could say, in the act of receiving the sacrament. What is happening in this act, it could be argued, is the usual natural recourse to oral incorporation of the symbolic body of Christ, with the resultant momentary and magic identification with Christ himself. In other words, it could be further argued, the ritual of communion intuitively utilizes the primitive and nonrational mechanism or mode of identification with Christ, and the communicant can thus proceed to live out his ambivalence toward Christ as does any person who identifies himself

with an object by way of oral incorporation. It is, one might hear people say further, at once a totemistic feast and an act of identification with the Crucified Son of God.

As a matter of fact, there would be little which a believer would be able to take exception to, in principle, in this tentative and condensed formulation that I have heard from many earnest students and practitioners of psychoanalysis. Yet even a cursory study of the religious act under consideration sheds a totally different light on the situation. The act of communion is not an unconscious act, but conscious and intentional, a self-conscious and voluntary procedure in which the act of identification with the Lord is in no way automatic, or dependent on the mechanism of incorporation alone; this latter, it seems, is but a culmination of a series of psychological steps that are far from being related to magic or to purely formalistic adherence to a magic ritual.

For the communicant may not go to the communion rail unless he is in the state of grace. What does this mean from the point of view of the major mechanisms as postulated by psychoanalysis? It means that the communicant may not receive the Eucharist (to identify himself with the Lord) unless he has cleansed himself of the burden of sin. This he must do by searching his own conscience, by confronting himself with the magnitude of his own transgressions, and by making an act of contrition; then and only then is the Sacrament of Penance considered valid, and then and only then is the penitent vouchsafed absolution. It is from this moment on that he can with a clear conscience kneel before the priest and receive the sacrament. (I deliberately leave aside any consideration of the supernatural and theological aspects of the problem; it is better to remain here on purely psychological grounds and see where our inquiry will lead us.)

THE PSYCHOLOGY OF THE SACRAMENTS

Let us note that from the psychological, and particularly from the psychoanalytic, point of view it is rather remarkable that on the road from the beginning of the act of penance to the act of communion there is a steady, albeit intuitive, insistence that the sense of guilt be got rid of before, and not after, the act of incorporation. Furthermore, the self-reproaches and self-accusations are directed

consciously against one's own self, and are accompanied by the full awareness that whatever sin one feels guilty of is a sin against God. In other words, it is a frank admission that one is aware of the source of the commandments imposed upon one's conscience, i.e., God the Father. It is not merely a sense of guilt, nurtured and whipped-up as it were by a cruel superego, which as such remains almost totally unconscious and beyond the control of reason and will.

The psychological result of the Sacrament of Penance is then the elimination of one's ambivalence, the reduction or sufficient attenuation of the sense of guilt which was due to sins of which one had taken cognizance, and the establishment of a sense of humble unworthiness on the part of the communicant which then permits him to perform the sacramental act of identification with the Lord. Thus the sacramental act, oral incorporation though it be, is not an unconscious performance by one's own ego in the service of the superego, but an incorporation vouchsafed by God the Father through the authorized priest.

All this may appear self-evident to the initiated, and trite and perhaps a little irritating to the traditionally agnostic or atheistic psychoanalyst. It must, however, be stated in order to emphasize the depth of the religious intuition, the depth of the psychological understanding which religious faith offers as it leads one from sin through penance and communion to an identification with Christ the Redeemer.

From the point of view of psychoanalytic psychology, there is no doubt that the Sacrament of the Eucharist, this culminating act of the Christian believer in his devotion and submission to the will of God, has been carefully prepared by means of a series of psychological steps which seem to eliminate entirely the usual psychological consequences of oral incorporation: namely, a manic state or a state of depression. Humility and simple serenity in which one would be hard put to find a trace of exaltation or depression are almost self-evident in the postcommunion state. As one considers the postcommunion prayers, one is impressed by their simple psychology of gratitude and awareness of one's sense of duty and striving for service. The well-known postcommunion prayer of St. Thomas Aquinas is most revealing in this respect.

There is therefore no need to quarrel with Freud, who did not

wish to believe in God. There seems to be sufficient evidence, in what he himself has offered us, to the effect that his own religious feelings were intense enough to produce within him a serious counter-force that drove his faith into the underground of his unconscious. As I have pointed out elsewhere,¹⁸ Easter Sunday and Rome had a particular fascination for Freud; among his earliest memories are those of being carried to Mass "into all the five churches" of his native town by his devout Moravian nurse. And later on, in his *Psychopathology of Everyday Life*, he offered us an excellent example of how he had repressed everything that had to do with his consciousness of God. Thus he reports how he remembers relating to a fellow train passenger his profound impression of the frescoes in the Duomo of Orvieto. To his amazement, Freud was unable to tell at that moment either the subject matter of the frescoes or the name of the artist. By way of a series of free associations, he finally recalled the name of the master painter, Signorelli. By way of careful self-analysis, he concluded that he had repressed the name because of its first half, *Signor*, to which he arrived via a number of associations, one of them being the German word *Herr*.

It was a remarkable piece of self-analysis on the part of Freud. Yet what appears not less remarkable is that that piece of psychoanalysis done in 1898, almost thirty years before he wrote the *Future of an Illusion*, lacked the recognition of what now appears to be so obvious: ¹⁹ *Signor* is the Italian equivalent of *Lord* in Church language, as is the German word *Herr*. Freud saw mainly the formal connections in his associations; he failed to see some of the deeper content of the repressed. It is, for instance, of particular interest to observe that the subject matter of Signorelli's frescoes in the Orvieto Duomo is *The Last Judgment*.

In this bit of self-analysis Freud does reveal in his association the Turks' (Islamic) idea of death and sexuality, but it is the Turk and not the Jew that he permitted to enter into his consciousness. Why it was that Freud, despite his astonishing candor with regard to himself and his revealing self-analysis, why he nevertheless struggled so hard to avoid recognizing his own religious trends, may never become known. Freud wrote an article on denial;²⁰ one may find there a clue for a possible answer. In any case, the fact of this intense unconscious struggle against the idea of God does not seem

to impair in any way the positive aspects of Freud's psychological discoveries; these were made despite his conscious antireligious attitude, or perhaps because of his unconscious, intense, positive religious leanings.

NOTES

1. Thomas Merton, *The Ascent to Truth* (New York, 1951), p. 80.
2. "Science and Morality," in *Moral Principles of Action*, ed. Ruth Nanda Anshen (New York, 1952), p. 451.
3. Gustav Theodor Fechner (1801-87), *Religion of a Scientist*, trans. Walter Lourie (New York, 1946).
4. Vol. XII, No. 3 (March, 1954).
5. London, 1952.
6. "Incertitudes et perspectives en psychologie religieuse," Supplément 25, *La Vie Spirituelle* (May 15, 1953), pp. 220-21.
7. Augustin Léonard, *op. cit.*, p. 215.
8. See Charles E. Raven, *Science and Religion* (Cambridge, 1953).
9. "The Origins of Guilt," *Proceedings of the International Conference on Medical Psychotherapy*, Vol. III, *Proceedings of the International Congress on Mental Health*, London, 1948 (London-New York, 1948), p. 13.
10. "L'Amour et Dieu chez Freud," Supplément 24, *La Vie Spirituelle*, (February 15, 1953).
11. Alfred North Whitehead, "Science and the Modern World," *An Anthology* (New York, 1952), chap. 3: "The Century of a Genius," pp. 402-3.
12. Gregory Zilboorg, *Mind, Medicine, and Man* (New York, 1943). See particularly chap. 9: "Psyche, Soul, and Religion."
13. *Totem and Taboo* (1912-13).
14. "Mourning and Melancholia" (1917), *Collected Papers*, IV.
15. *Group Psychology and the Analysis of the Ego* (1921).
16. Jean Étienne Dominique Esquirol, *Des Maladies mentales* (2 vols.; Bruxelles, 1838). See chap. "Du Suicide."
17. Bruno Jesus Marie, O.C.D., editor of *Études Carmélitaines*, and Albert Plé, O.P., editor of *La Vie Spirituelle*.
18. Gregory Zilboorg, "L'Amour et Dieu chez Freud." See also Suzanne Cassirer Bernfeld, "Freud and Archeology," *American Imago*, VIII, 2.
19. I.e., since the publication of his correspondence with Dr. Fliess and the appearance of Ernest Jones' first volume of Freud's biography. See Ernest Jones, *The Life and Work of Sigmund Freud* (Vol. I; New York, 1953); and *The Origins of Psycho-Analysis, Letters to Wilhelm Fliess, Drafts and Notes, 1887-1902*, trans. Eric Mosbacher and James Strachey (New York, 1954).
20. "Negation" (1925).



SO IT APPEARS *that man is more than an organism, a reasoning animal, or a member of political society. He is also and essentially homo religiosus, even when he refuses to recognize or understand the fact, or admit it to himself. And Dr. Zilboorg has mapped out some badly needed precisions between the conscious religious act and the unconscious religious reaction, between spiritual values and psychological mechanisms. In effect, Dr. Stern applies these precisions to the phenomenon of clinical transference, pointing out among other things the temptation on the part of certain religiously-inclined patients (and indeed certain religiously-committed therapists) to use spiritual problems "as intellectual defenses to camouflage other difficulties that are of the natural order." It is up to the psychiatrist in this circumstance to avoid the twin pitfalls of "angelism" or "supernaturalism" on one hand, and "psychologism" or spiritual debunking on the other. His is rather a mission, as Dr. Allers also suggests, of preparing the way, straightening the paths, to the end of healing.*



KARL STERN, M.D.

5. Some Spiritual Aspects of Psychotherapy

THE MOST INTERESTING MECHANISM in all psychotherapy is the mechanism of transference. Although first recognized and studied by psychoanalysts, it enters into every form of psychotherapy, and when properly understood it is the decisive tool of treatment.

It is widely known, even among people who have no contact with this type of therapy, that during psychoanalysis and similar forms of treatment the emotional relation between physician and patient is not entirely neutral. Strong bonds of affection are established; the patient may for some time be dependent on the physician; and there may be stormy periods of "falling in love" or of hostility. The idea that these strong feelings should be part of the rules of the game, as it were, and part of the technique, seems to be upsetting from the point of view of Christian morality. As a matter of fact, one does not even have to be a Christian to be distressed by it: the idea that love is being made part of a technique is instinctively unpleasant to anyone still influenced by the humanist tradition.

There is a sane reason for that instinctive reaction. We all know that love and hate, confidence and mistrust, closely involve the uniqueness of the individual human person; where they enter, the mystery of creativeness enters. The antithesis of love and hate reaches into areas where psychology does not reach. The idea that these emotions should be subject to "laws" and should be manipulated and channeled within a definite methodological setting is an idea that goes deeply against our Christian consciousness. Man is materialized freedom, and the Christian idea of the person is associated with the infinite and the undetermined. To reject certain types of psychotherapy for these reasons, however, is completely to misunderstand the nature of transference and its role in the therapeutic situation.

UNFINISHED BUSINESS

What is transference? Quite early in the development of psychoanalysis Freud made the observation that a patient's attitude toward the physician was anything but bland. It was tinged with a strong emotional coloring. Seemingly irrational waves of affection and of hostility welled up in the patient. We use the term "irrational" because these emotions were not explained by the nature of the objective situation. Although by no means intentionally induced, they occurred with surprising frequency. Their origin was soon discovered. The patient unconsciously endowed the physician with qualities derived from another figure, most frequently a figure prominent in the early drama of the family: the father, the mother, a brother or a sister. Early loves and hatreds exert an incredibly strong influence on the relationships of later life, and what actually happens in the physician's office is a carry-over (this is the literal meaning of the word "transference") of an unfinished business.

Such a carry-over is by no means confined to the psychoanalytic situation. It enters into all our emotional relations, and particularly into those that are disturbed. The man who has the bad luck always to work under bosses who are "down on" him; the office girl who has a compulsive need to please everybody in the organization and cannot take criticism; the woman who, in a series of marriages, has the uncanny knack of choosing a cruel husband every time—they can all be shown to be *playing a scene over*. The rehearsing was done long ago, without make-up. The man who runs into one unbearable boss after another chooses those bosses with the sureness of a sleepwalker, or else endows them with qualities they do not have, for perhaps they are not quite so unbearable in reality. At any rate, the neurotic patient "carries over" from past experience. The "nest figure," in this case the father, has to be revisited.

The therapist himself is not exempt from that law of the "carry-over," and his own attitude toward a patient is anything but emotionally colorless. He must be aware of the fact that the patient may arouse his sympathy or antagonism, indignation or affection or anxiety. This mechanism is called countertransference. It plays a great role in all psychiatric work and extends far beyond the physician's office. Internes, nurses, and social workers are often far from neutral and objective in their attitudes toward neurotic patients, although

they are not necessarily conscious of this. Their attitudes toward patients may range all the way from favoritism to rejection. It is extremely important for such workers to be aware of these currents within themselves and, so far as possible, to know their origin.

For example, it happens only too frequently that a feeling of antagonism develops toward a patient who fails to make any progress. This can be seen in the case of physicians, nurses, and social workers in social agencies who seem at times to harbor an unconscious resistance to working with elderly people. The contact with dependent, indigent old people "gets them down." It is much easier to work with children, for there is something naturally lovable about them. One feels that the work is "worth while" and that "a lot can be done," for they are pliable and their whole life lies before them. With elderly people, on the contrary, one often encounters irreversible situations and rigidly fixed personalities. Moreover, in old people one unconsciously meets one's own parents, and this hardly produces an attitude of objective detachment. In addition, one's own insecurity about old age is easily stirred up. It is no wonder, then, that those who do a lot of work with seemingly hopeless cases may become anxious and impatient. Far from encountering true charity (which is rare), the elderly person may be treated in an atmosphere of pity and anxiety, or even of repressed hostility. In other cases, a therapist may be unconsciously hostile toward those neurotic patients who have conflicts similar to his own.

It is important to be aware of these negative currents in the therapist—the so-called "negative countertransference." In such situations the inner resources of the physician, nurse, or social worker are severely tested. It would go far beyond the scope of this essay to describe these mechanisms in detail, but it should be noted that all this has tremendous implications from the point of view of moral philosophy.

HIDDEN HEALING

In addition to discovering the mechanisms of transference and countertransference in the therapeutic situation, Freud also learned the important fact that a neurotic conflict cannot be resolved unless the patient's "unfinished business" is finished. Basically there are only a few mechanisms that go wrong in the relations between hu-

man beings. Someone may have an undue craving for affection and be unable to stand hostility; the whole human race must love him. Or someone may have an undue craving for power; everyone and everything around him must be under control. In either case anxiety is unavoidable because the "ideal" condition cannot possibly be attained. And these patterns of life are so deeply rooted that they cannot be changed by explanation or persuasion or argument. They have become, as it were, part of the flesh.

Now if the patient's attitude toward the physician is strongly emotional, there is hidden in this a healing principle. The transference—the mechanism by which the patient distorts the human figures of reality until they resemble early infantile images—can be interpreted. This is a very gradual, tedious process requiring infinite patience. Moreover, in the therapeutic situation the patient can be exposed again and again to small doses of frustration of the sort that is intolerable to him in life. For example, if his need for affection is insatiable, he may have to be exposed to benevolent neutrality. The process is comparable to that of immunizing a person against a toxin or a virus. When the patient is repeatedly given a very small dose of something which he "cannot take," he gradually learns to take the real thing.

It is obvious that there are tremendous possibilities here from the point of view of a Christian personalism. Other disciplines in the field of psychology, such as behaviorism, for example, possess an inherent *dehumanizing* principle; but here, in the psychotherapeutic setting, we are dealing with the human encounter par excellence. This is a distinctly non-Cartesian psychology. Here wisdom counts more than science, intuition more than dissection. It is precisely because of this human element that psychoanalysis and all forms of psychoanalytically oriented psychotherapy offer limitless vistas—toward good and toward evil. Here is an extraordinary challenge to the Christian conscience.

REPAIRMAN OR REDEEMER?

Psychoanalysis is banned by the Communists and is regarded with suspicion by Christians—and for two exactly opposite reasons. If we look at man, as the Soviet psychiatrists do, primarily as a neurophysiological specimen, there is no danger that love or freedom

will ever come into play. A machine cannot be guilty. Nor can it love. Whether man is conceived of as a set of nerve cells, or society as a combination of many interacting nerve cells, does not make much difference. The main thing is that in such a world we need no Redeemer. What we need, at best, is a repairman. Now psychoanalysis not only contradicts this view of the world, but is in danger of going to the opposite extreme. The curtain goes up on a human drama all right, on the eternal story of guilt and redemption, of anxiety and peace. The trouble is, we are made to believe that this is the whole show: as though the mystery of salvation could be *replaced* by something of the natural order. In other words, Marxists reject psychoanalysis because of all the psychological schools it is the one that cannot be reconciled with the idea of the human automaton or the ant-hill society. Christians suspect it because it may try to create a substitute for things that are of the order of grace.

Hence, the Christian psychiatrist who rejects the Freudian excursions into philosophy but remains convinced of the scientific validity of psychoanalytic observations finds himself in an extremely interesting situation. Nothing could illustrate this better than the problems arising in connection with the phenomenon of transference. The situation in the physician's office is never simply an encounter of the patient's infantile self with a parental image. Two entire human beings interpenetrate, and, in so far as moral and spiritual values form part of the personality, they come into play. This is true of the "orthodox" psychoanalytic situation as well as of other forms of psychotherapy in which physician and patient meet face to face at less frequent intervals.

THE MORAL ISSUE AND THE CHRISTIAN THERAPIST

Some people think that a Christian cannot do proper psychotherapeutic work because he is bound to moralize. Of course, this is not true: all good therapy is carried out in an atmosphere free of moral judgment. It is important, however, to distinguish between two kinds of non-condemnation. On the one hand, a great many people approach psychiatric problems on the basis of scientific positivism, a view of the world which can admit no absolutes. For them, moral values cannot possibly be anchored in a transcendental order, for the very simple reason that there is no transcendental order.

They see moral values as inextricably interwoven with sociological, biological, and psychological data, which themselves are forever changing. If there exists only a natural plane, moral values cannot transcend the natural plane; they cannot possibly be *intrinsically* significant. One "pattern of behavior" (let us say, marital fidelity) cannot *per se* be better than another (let us say, adultery). Virtues are at best *pragmatically* significant—that is, they have their importance for the smooth running of society. Obviously, in such a world no one could condemn another, even if he wanted to. It would not make sense.

The Christian physician is equally unable to condemn his patient, but for an utterly different reason. For him there exists a hierarchy of moral values which is absolute and transcends everything that is of the natural order. At the very top of this hierarchy is the virtue of charity. During the eighteenth century there lived a priest whose saintliness was so famous that his "cause" came up for canonization in Rome. This priest had once been a chaplain to prisoners, and one of these prisoners was a particularly unrepentant criminal. He not only refused the sacraments to the very end but responded to all approaches with insults and blasphemy. The priest tried to persuade him even on the way to the gallows, and when the criminal was already on the scaffold and about to be executed, the priest made a last attempt and asked him for just one simple word of contrition, but to no avail. The criminal cursed and blasphemed once more, whereupon the priest turned to the crowd of spectators and said, "This must be a remarkable moment for all of you—because it is perhaps the only time in your life that you will see a man of whom you can be certain that he will go to hell." On the basis of this remark, the priest was not canonized, and no story could give a better illustration of the Christian teaching on charity.

Now, the more one comes to understand psychoanalysis, the more one feels that its links with the behavioristic and mechanistic concept of the psyche, and indeed with the whole nineteenth-century world of determinism, are artificial. The few remarks of Freud's which conform to the determinist mood of his time appear paradoxical and incongruous; they are part of the historical backdrop. Actually, psychoanalysis has opened up dark, unfathomed, and uncharted depths of the personality, depths that are shrouded in mystery. It is the same mystery that enfolds the relationship between

the heart of a sinner and the heart of Christ. There the deterministic formula is hopelessly inadequate. This point is perhaps even better illustrated by another story. Many commentators have tried to explain what Dostoevsky meant in the famous passage in which the old monk Sosima bows deeply before the wild and dissipated Dimitri Karamazov. Some think that this sudden, unexpected, highly dramatic gesture indicates that Sosima, like a prophet, foresees all the suffering Dimitri will have to undergo. Others offer a different explanation. The gesture, they feel, indicates that those among us who are rebellious, destructive, and filled with dark passions, are, in a mysterious way, close to the heart of Christ. At any rate, it is obvious that the non-moralizing attitude of the Christian therapist creates a psychological atmosphere that is dynamically quite different from the non-moralizing attitude of an unbelieving therapist.

The marvelous success that people like Don Bosco or Don Ori- one or Father Flanagan have had with seemingly hopeless cases of antisocial behavior was not achieved by moralizing. Preaching as such will not make up for an ego-deficiency. People who come to us with a history of sexual promiscuity or vicious destructiveness have often grown up in an environment that provided an adequate amount of moral education on the verbal level, but something went wrong on the infraverbal level of love and identification. It is precisely here that psychoanalysis, when properly understood, offers an extraordinary amount of *supplément d'âme* for the solution of general problems of education.

In the actual therapeutic situation the patient will often tell the most hair-raising and bizarre stories of immoral behavior, and it soon becomes obvious that he would *like* to be condemned. He wants to get a "rise" out of the therapist; he expects something like a verbal punishment, or he wants to repeat a scene of rejection. The more this wish is frustrated, the greater are the chances of a healthy transference. At the same time, a peculiar problem of countertransference arises. As long as the therapist harbors somewhere deep down in himself the attitude of "Thank God that you have not made me like one of these"—even a trace of it, and not at all verbally expressed—the technique does not work. This may seem strange, but it is true. In our experience it is often the most antisocial person (among juvenile delinquents, for example) who has the most subtle awareness of such attitudes and the most subtle ways of testing the

therapist. Thus it is clear that in such a context the blank wall or sounding board provided by the therapist has quite a different meaning from the blank wall of scientific neutrality. (We shall leave open the question whether a blank wall of scientific neutrality exists in practical reality.)

ANGELISM VS. PSYCHOLOGISM

The situation becomes even more interesting when we encounter patients with *religious* problems in the strict sense, as distinct from moral problems. This occurs more frequently perhaps in the practice of a physician whose religious faith is known, for many patients will choose or reject a particular therapist because of his philosophy. Thus it not infrequently occurs that a patient will state his clinical problem and then add: "Incidentally, there is also a spiritual angle to all this . . ." or ". . . another reason why I came to see you—I am all mixed up about religion," and so on.

Now, whenever we encounter the spiritual element within the context of a neurosis, we must beware of two possible pitfalls. On the one hand, we may fall into the error of *psychologism*.^{*} Thus if a Pascal or a Kierkegaard or a St. Augustine were to consult a dyed-in-the-wool Freudian analyst, all of his tortures, his anxieties, his dark nights might gradually be removed. In achieving this, however, the hypothetical therapist—we are assuming him to be a person for whom the supernatural does not exist—would reduce all of his patient's anxiety to the level of purely psychological mechanics. All of the patient's searching and restlessness would be understood entirely on the natural plane, and reduced to infantile ambivalence or a fixation on the mother or guilt toward the father or some other basic psychological issue. The anxiety would be completely dissolved, even down to that precious residuum of creativeness.

Christian therapists, on the other hand, must beware of precisely the opposite fallacy. When a patient comes to us with what he calls spiritual problems, we may be tempted to treat these problems as though the carnal substrate did not exist, as though therapy were something like a battle of disembodied spirits. This fallacy is related to what Maritain has called "angelism." This seems to be the failing

^{*} This term is borrowed from the philosopher Husserl, although he gives it a much wider meaning, which is not directly relevant to our discussion here.

of some adherents of the Jungian school but it is by no means confined to them. In fact, the patient who brings spiritual difficulties to a Christian therapist (just because the therapist is a Christian) is frequently using these "problems" as intellectual defenses to camouflage other difficulties that are of the natural order. A few examples will illustrate the problems confronting the therapist in his relations with the patient and the need to steer carefully between the two opposite dangers of "psychologism" and "angelism."

A woman of thirty comes for help because of a general feeling of worthlessness, guilt, and depression, and a failure to relate to people. She has been married for two years to a writer, a man one year older than she. She has discovered that she is unable to love him, although he is "so good, much too good for me." She says her relationship with him is too sisterly; she misses a strength and intelligence that would entirely dominate her, "a man whom I can look up to." She relates several premarital experiences with men considerably older than she—the age difference was usually about twenty years. The great experience of her life was a friendship with a professional officer of fifty-two, at a time when she herself was about twenty-seven. The patient's own father was a high-ranking military man who was killed during World War II. The mother died in a mental hospital when the patient was ten years old. There is a younger brother who has just finished medical school. Right at the beginning of the first interview the patient remarked, "One of the reasons why I came to see you is that I am also all mixed up about religion. I had a Catholic upbringing but then I went through Marxism, then through the existentialist fad—and now I don't believe anything any more. Oh, it's all so hopeless!"

During the second visit she related the following dream: "I was going through the streets of a little town. It ended at some sort of a stage. There were many people in peasants' costumes. I did not want to go on right to the stage, so I took a different way, through a swamp-like meadow. There was a path consisting of boards laid on top of the swampy ground. This path again ended at the stage. On it was a priest. He talked to me. I did not want to listen. . . ." With reference to that last phase of the dream she said, "The priest makes me think of you. I am sure that the religious problem is the center of all my difficulties, but I try to avoid it." We shall go into only that last point here, without attempting to touch on all the other implications

of this case or of this dream. The fact that she ended up at the place she had been trying to avoid, and the fact that she did not want to listen to the priest (physician), demonstrate her two-sided attitude. The tendency to want a thing and at the same time to want equally strongly to run away from it is called ambivalence. It plays an important role in the psychology of neuroses. This is a conflict which the patient must "live through," as it were, in the therapeutic situation.

DODGING THE ISSUE

Sub specie aeternitatis, the patient is, of course, right in saying that the religious problem is the center of all her difficulties. This may be said of everyone. Nevertheless, similar experiences show that at this stage of the therapeutic relationship she may go into the religious issue only in order to avoid another that is more painful and more deeply buried. She must be confronted with the underlying personal conflict for which her religious difficulties serve as a smoke screen. It may sound as though we were ourselves succumbing to the fallacy of psychologism here and debunking spiritual values, but this is not the case. It would be quite easy for the physician to talk to the patient about theology, but first she must be painfully disentangled from the chains that fetter her. The clinical experiences indicate that this patient would not benefit from "talking religion" with her therapist. Indeed, it is highly likely that she would side-track the whole proceedings. Her wish to reach a solution of her religious conflicts might well serve as an emergency exit, a way to dodge the real issue. In that case the therapeutic situation would lose its vitality; physician and patient would gradually be marooned on a traffic island of intellectual discourse. The fact is that the solution of a religious conflict involves the entire personality. The image of faith cannot be pieced together like a Chinese puzzle. "For he that loveth not his brother, whom he seeth, how can he love God, whom he seeth not?" (I John 4:20). The neurotic patient is no exception to this law.

In another case a young man of twenty-two, a junior worker in a governmental research department, is treated for a general sense of restlessness and tension, and for a spastic tic of the eyelid. He comes from a Jewish family in which he is the oldest of three chil-

dren, the two younger ones being girls. The most noteworthy features of his case are the following: His father is a somewhat compulsive person with an embittered, pessimistic outlook, a follower of a certain health fad and reader of magazines on "health through diet," and so on. The mother plays a domineering, masculine role in the boy's phantasy and apparently also in reality. The father accused the mother on several occasions of having extramarital affairs with younger men, and from what the patient was able to ascertain, this may even have been true. This patient's relation with his father has been disturbed as long as he can remember. The father was always too much occupied with his studies of health and diet to devote himself to his son in any way. The boy never identified himself with the father in any wholesome way; he only felt overpowered by the mother. The mother was a threatening image in all his phantasies.

There were many phantasies and dreams indicating that the (Jewish) patient experienced a conflict over the physician's (Catholic) faith. Soon it became apparent that for the patient the physician's Catholicism was the same thing as his father's philosophy of health, that is, an oddity, something "crazy," which made the physician inaccessible to him. Religious and overtly sexual images occurred in a strange juxtaposition, as in the following dream: "I am with you. You examine me with your stethoscope. You press on my eye to make me dream. I do have a dream but I forget it after. Then I am nude in your office. A woman and a man and children come into your office, and I hide naked in a cupboard full of clothes. You put your hat and coat on. I'm put off . . . You ask me whether I knew about Eve and Mary. I said I understood who they were. You don't seem to believe me. It looked as though you did not understand what was happening . . ."

Here, too, it would lead too far away from our present subject to go into all the ramifications of this dream, and we will comment only on the part about Eve and Mary. About Eve the patient merely stated that his mother's name was Eve. About Mary he said, "This makes me think of you—I mean the Catholic Church and all that." This dream came only a few sessions after he had for the first time spoken about his mother's possible extramarital affairs. Now it is practically impossible that he had ever heard of the meaning of "Eve and Mary" in the language of Christian philosophy. It hap-

pened that his mother's name was Eve, but his further elaboration of the two figures can best be summarized by the archaic images of the woman temptress and death-giver on the one hand and the protecting *Urmutter* on the other.

This case is quoted as an example of a patient who is faced with a formidable problem that he must "work through" on the plane of his individual experience—the plane on which every child meets his mother, the plane of concrete reality. And this is the plane on which the encounter with the physician must take place if the therapy is to be true therapy, a healing process. Of course, the fact that the patient's tragic rift corresponds to an eternal and universal dichotomy is no coincidence. Jung's well-known work, quite early in the history of psychoanalysis, showed us how deeply such images are rooted in the mind of man.

From the point of view of an Augustinian-Platonist philosophy, such archetypes as those of Eve and Mary belong to a set of what one might call ontological truths about the nature of man. In other words, they extend beyond the realm of psychological observation. Clinical experience shows, however, that such a patient must meet the *dramatis personae* of his conflict head-on, in the immediate concrete experience in which the mother is associated with Eve and the physician with Mary. Unless he is led back time and time again to encounter the meaning of these figures "in the flesh," in the history of his own life, he cannot be helped. If one approached the "Eve and Mary" of his dream with a religious interpretation one would achieve, at best, a new intellectual experience. And this would be true for the vast majority, if not all patients. Of course, the ways of grace are not bound by rules. One thing, however, is certain: grace is not a matter of newly acquired intellectual insight. If it is to take root, the soil must be plowed. In the case of our patient, this means that he must wrestle with the persons of his neurosis, with those whom Eve and Mary represent in the individual and unique drama of his life. Only then will the antithesis of Eve and Mary have a meaning for him which goes beyond mere book knowledge.

The last case to which we will refer is that of a prominent research worker in biochemistry who comes to see a psychoanalyst because of the difficulties he encounters in his personal relationships at work. He finds that he cannot get along with superiors, and since he has run into "difficult bosses" in various situations during his life,

he feels that the difficulty must lie at least partly within himself. Also, he finds himself in a state of religious search, though this comes up as a side issue, and for this problem alone he would not have come to see the physician. The patient is a man of thirty years, married, with one child.

The pertinent facts of his history are the following: He was the youngest in a family of four children. The oldest child died early; there remain an older sister and brother, both married, and the patient himself. The parental situation was peculiar in that in addition to the father and mother there was another equally important adult in the household, Uncle George, the mother's brother. Uncle George was a professional officer and, according to the patient's description, played an authoritative, dominating role in the household. For the children, he believed in athletics and discipline. The patient hated him. The father was described as a sweet personality and, in contrast to Uncle George, meek and retiring. He died when the patient was twelve years of age. The father was deeply religious; the mother, a conventional churchgoer; and Uncle George did not seem to believe much of anything and confined himself to such functions as weddings and funerals.

A great deal of this patient's material, both his talk and his dream imagery, had a religious coloring, yet it was clear that non-religious matters were involved. Thus, on one occasion he dreamed that he went to receive Holy Communion from a certain Dean H., and that what he was actually given was a half-rolled cigaret, which he couldn't swallow, wine, and a soda cracker. Some of his associations for this dream were as follows:

—*Dean H.*: "When I set out on my religious search I went to see Dean H. about it, but nothing came of it. He promised to give me literature on the subject and to have regular sessions with me but he seemed to forget all about it and the thing was never carried through." Then he remembered that a similar situation had occurred in his relationship with the therapist. He had originally seen the therapist for a few chats, and after the problem troubling him at that time had been resolved, the therapist had suggested that the interviews be terminated. As it turned out, the patient had experienced this as rejection.

—*The half-rolled cigaret.*: "As you know, I roll my own cigarets. Incidentally, Uncle George was the only one in the family who

smoked. He smoked heavily. My father did not smoke at all." He then spoke of the Dean (in the dream) as someone who gave him not bread but something which no one can swallow. Unintentionally, he used almost the same words as those in the Gospel about the inconceivable idea of a father who would give his son a stone instead of bread. Then he returned to the subject of Uncle George.

—*Wine*: The wine (actually unfermented grape juice) was associated with his mother and also with subjects and feelings he had discussed on previous occasions. Thus he had once remarked on the different "feeling" he experienced in the atmosphere of the denominational hospital where the therapist had his office, as compared with the big municipal hospital in the same city. The municipal hospital seemed to him to have "an atmosphere of streamlined science, progress, and coldness," while the denominational hospital was "old-fashioned but warmer and more human." This was at a particular time when he obviously felt an attraction to the therapist. It also occurred to him that the municipal hospital with all its connotations represented "Mother," while the other hospital represented "Father."

—*Soda crackers*: "My father, who suffered from an ulcer, always ate soda crackers." With this he associated an insipid, Caspar Milquetoast feeling.

This case is an excellent illustration of our point. All his life the patient was involved in deep conflicts of identification, that process of profound, intimate imitation which is so important in the development of a child's personality. No child sits down and plans intentionally to imitate the persons around him. Nor does he intentionally and consciously resolve *not* to follow their examples. The process is much more intimate, much more biological. We grownups say, "I cannot take him," or, "I love you so much I could eat you up." The child really does incorporate the objects of his love in, one might say, a "carnal" way. The intake is as primal as that of food. He "gobbles people up" and assimilates them or else he is unable to "stomach them." In either case the process of identification or rejection is not a purely mental phenomenon. Thus, it is no coincidence that the patient's dream deals with the objects of his identification in images of "oral incorporation." Nor is it accidental that all this is inextricably interlaced with the phenomenon of transference—that is, the emotional relationship with the physician. This

is the reason why "talking religion" is not enough, why it may even be a mechanism of defense against painful but healthy insights.

Some people might say that the *choice of symbols* in such a case is purely haphazard, as though the unconscious selected blindly from a cupboard of costumes those that serve to disguise material having a primary, archaic meaning in the drama of the patient's life. Or, the choice of religious symbols may also be influenced by the mechanism of transference, in this case by the relation existing in the patient's mind between the Catholic therapist and the religious father. In addition to all this, however, there is something else. There are movements in the interior of the person which do not depend on accidental constellations. There, the spiritual element is no longer a haphazard masquerade of psychological mechanisms. The patient is a young man seriously in search of truth. This is something genuine. Even in the light of a purely mechanistic psychoanalytic interpretation, this is part of his ego resources—that is, of his creativeness, his innate intellectual, artistic, spiritual powers. Actually, when we try to define what we mean by "ego resources," we approach the world of values—in other words, we leave the realm of psychology behind and enter the realm of ontology.

From the point of view of therapy, the twofold problem is clear. If the patient actually succeeded in "talking religion"—that is, if he maneuvered the therapist into some sort of theological controversy, the healing process not only would not be helped but might actually be thwarted. In fact, the patient is unable to solve his religious difficulties as long as he is in a position to use them intellectually as a means of defense. On the other hand, if the analyst succeeded in *reducing* the religious content to primary psychological substrata, he would deprive the patient of his most precious gift. He would then really be in the position of the hypothetical therapist who "explains away" Pascal's or St. Augustine's anxiety on the basis of psychological mechanisms—a grotesque counterfeit of healing. The therapist must find his way between two pitfalls: on the one hand the fallacy of "angelism," on the other the fallacy of debunking spiritual values.

Thus, present-day psychotherapy is confronted with an eternal dilemma that is at the same time an eternal blessing. It is something Christians have been apt to forget during the last few centuries—the fact that we human beings are incarnated spirits. The greater

our respect for things of the spirit, the deeper is our true respect for things of the flesh. The true principle of healing lies somewhere beyond the person of the therapist. As in the case of bodily illnesses, what the physician is able to do at best is to assist the *vis medicatrix Dei*.

• PART II •

Essays toward Interpenetration



MAN SHARES *being with the stones, life with the plants, sensing with the animals, and reason with the angels. Thus spoke an ancient statesman, St. Gregory the Great. Man straddles two worlds—the realm of pure vitality which is his earthly milieu, and the realm of the supernatural for which he is destined; and both worlds are attractive to him. These two polarities, from which man's psychic ambivalence—in as much as it concerns the psychiatrist—may be envisaged, has been variously discussed in the first section of this book.*

Modern psychology has indeed evolved a highly detailed picture of certain aspects of man, but there are other sources of data, other perspectives, other ways of portraying man. Christian theology, for example, with its basis in Scripture, Tradition, and reason, has preserved and developed its own picture of man, while anthropology writes man's autobiography out of the symbols he uses and the things he makes. They are all good reproductions, but they are still partial, incomplete, like the separations used in color printing. This is unfortunate, for man is a whole—albeit a complex whole, made even more complex when confused by these partial pictures of himself. Peace for modern man will come only when he has ordered these several phases of himself into one whole—when the color separations register perfectly. But it is not a series of compromises we are after in this synthesis: the original vigor of each discipline must be kept intact. Theology, anthropology, and psychology should not neutralize, they should interpenetrate each other. In Part II we want to indicate some approaches to this interpenetration.

So, in the first essay, Dr. Smith sets down the foundation upon which a science of the nature of man—the philosophic anthropology so essential to both moral and psychological sciences—may be erected. After testing by the impartial yardstick of scientific method the validity of several concurrent psychological theories, Dr. Smith proposes the Aristotelian science of the soul, as transformed and perfected by St. Thomas Aquinas, as the most tenable basis for an organic, humanistic study of man; and gives proof dialectically that not only can theology integrate psychiatric science by uniting speculative and practical knowledge, but also that psychiatric

science can enrich theology with its experiential analogues. That is interpenetration.

But for some of us, unused to the Scholastic modality of thought, or so immersed in practical, clinical applications that we have forgotten the joys of intellection, this chapter may be rough going. It is, however, well worth the effort, for, once it is mastered, the Aristotelian-Thomistic method, with its almost infinite virtualities and possibilities, opens many doors onto new horizons of thought and action.



VINCENT EDWARD SMITH, Ph.D.

6. . . . The Study of Man: *An Essay in Reconstruction*

I. WANTED: A SCIENTIFIC METHOD

ALMOST EVERY SCIENCE to emerge in the modern period has tended at times to claim more territory than it could rule. Such an imperialism on the part of this or that discipline or method is not unusual in the career of human thought, but reality has always exacted a penalty for coercing it into ready-made rules.

The Pythagorean school typifies the human dream of reducing the complex welter of experience to a simple formula—but when the incommensurable was found, the Pythagoreans' dream was shattered; and indeed, according to a well-known story, they put to death the informer who revealed to the Athenians that the incommensurable exists. Plato and, to a much greater degree, Aristotle had too much respect for the dark and plural world of matter to be ensnared by the fallacy of simplification, and the great medieval masters from Augustine to Aquinas were even humbler in their claims for human knowledge. If no other motives inspired them, their optimism concerning the resources of native reason would have been tempered by a faith in what the eye has not seen nor ear heard.

But by the time of Descartes, through a chain of history too long to be coiled together here, reason was boasting once more its old Pythagorean overconfidence, and the scientific method sallied forth to factor the world into the simple categories of mathematics. Like their Pythagorean analogue, however, the modern sciences have been haunted by the incommensurables.

By the eighteenth century, for instance, Newtonian physics was so firmly rooted as an ultimate system that Kant evolved a whole philosophy to account for its necessities. To quote the old saying, the future of physics looked like a simple affair of carrying out Newton to finer decimal points. But then there erupted the crises that issued into quantum and relativity mechanics and into the re-

fusal ever to embrace another physical system as a final report on matter.¹ With its theory of indivisible atoms, chemistry went through a similar glow of youthful optimism only to learn that atoms are after all not indivisible and not ultimate. Through Darwinism, biology was enriched with its own unifying theory as a science of life not only in its structure but even in its origin and destiny; yet today Darwin lies dated and dead; and although still dominated by evolutionism in some one of its forms, biology must confront such antievolutionary paradoxes as Weismann's theory² and the second law of thermodynamics.³

From Scientism to Skepticism

Sociology and psychology, as approaches to man, have never quite caught the glory train of the natural sciences, and the sanguine hopes of pioneers like Comte and Spencer and Fechner and Freud have been under continual challenge. More perhaps than any of the other modern sciences, sociology and psychology are still groping for a subject that permits a distinctive scientific investigation. If physics goes wrong about the atoms or the stars or the forces on a projectile, the dead matter involved will not talk back to protest the mistake, and generations must sometimes elapse before the error is corrected. But, fortunately, sociology and psychology in their studies of man cannot err with such impunity, and in the subjects that each of these sciences claims for its original approach, there is a large fraction that intrinsically resists the quantitative and experimental techniques of the natural sciences. Though concerned with man, psychology and sociology have often left him out of the pictures developed in their darkrooms.

Were it not for the extravagant claims made in behalf of the several sciences by overzealous sponsors, the rise and fall of the various modern theories concerning nature and man could have been set down as so many landmarks in the progress of human knowledge. But by a concourse of circumstance, modern man has come to trust the scientific method as the only test of truth and hence to overestimate its yield. Where science alone is accepted, the exchange of one over-all theory for a new one can assume the proportions of a revolution in thought; and with no settled truth from outside science to set reason within a perspective of certitude, the collapse, one by one, of various modern theories has induced a skepticism concerning all knowledge and all truth.

Is it possible to reach a viewpoint that can yield certain knowledge about man and his world and make sense out of the modern scientific approach, which, purely on its own ground, has lost faith in itself? Is each generation of men condemned to a trial-and-error struggle toward truth in a Darwinian wilderness with the constant fear that its hold on its quarry may be completely broken by the next generation of science? Or is there a position that can share even in a meager way the permanence of the nature of man himself, apart from all the projects his arts devise to achieve a more detailed and distinct penetration of what or who he is?

Such a position (if it can be discovered and defended) must first of all *furnish knowledge that is certain* and to that extent immune from the vagaries of modern theory. Apart from the intrinsic value of such knowledge, it is only in terms of certitude that this position can hope for respect among the other approaches to man. Moreover, this position must *provide a positive impetus to that spirit of research and investigation* which makes for the constant accretion of human knowledge; and, while able to explain the obscure and tentative character of scientific progress, it must be aggressive to assimilate all the solid extensions of truth that reason can achieve. Besides its own intrinsic rights as certain knowledge and its extrinsic function as a frame of reference for the special sciences, the position here being outlined must have a third commendation: *it must be positively open to theology*, the supremely unifying science. In theology alone, human knowledge, essentially plural in the natural order, is unified, in a kind of Christian counterpart of Pythagorean hopes, through one subject and one science.

II. ARISTOTLE'S THEORY OF THE SCIENCES

The position here in question was sketched by Aristotle and given Christian shape and shade by St. Thomas Aquinas. In the great crucial questions that must be faced and solved before the mind commits itself to specialized techniques and theories so characteristic of modern research, it is not an anachronism to propose Aristotle as an aid. If it is natural for the mind to move from what is well known to what is lesser known and from what is easy to what is more difficult,⁴ then in both a temporal and a logical sequence the analysis of general experience at its own level should precede

investigations by specialized techniques like experiment and measurement. Experiment is related to experience as art to nature; and in the natural, pre-experimental terrain, the crossroads from which all the diverging avenues of knowledge take their direction, Aristotle scored a permanent success.

Because knowledge arising from common experience is the prerequisite for all other science that the mind acquires, either by way of generalizing into metaphysics or by way of specializing into the particular sciences, pre-experimental truth cannot be dismissed on principle, short of calling all knowledge into question. But neither can the common experience of men be validated by a credulous and uncritical acceptance. It must be analyzed and investigated; there must be comparisons and contrasts; the reports of other investigators must be checked to see if they are merely naïve guesswork on the one hand or specialized and unnatural analyses on the other. It is in this natural approach to nature that Aristotle, in his letter as well as his spirit, can help us toward the rediscovery of man which will bring to focus all the various psychologies of recent origin.

Studying Nature Naturally

In the rhetorical climate of late medieval and early modern times, the opinion was spread that the philosophy of nature in Aristotle was drawn from such highly specialized notions as the geocentric theory and the mechanics of falling bodies. The greater knowledge of Aristotle's texts in the last century and in our own should have dispelled this illusion. Not a single one of the pre-experimental and premetrical questions in the *Physics* depends for its solution on the so-called empiriological system of Aristotle. The techniques for examining this pre-experimental world investigated in the *Physics* have not been improved by modern specializations and refinements, and hence to *study nature naturally* is still to use Aristotle's methods and, if his reasoning is right, to reach his conclusions. These methods show human reason working by careful analysis at a pre-experimental level and by premetrical techniques.

Every student of nature, whether an Aristotle or an Einstein, must first form a critical natural outlook upon nature in the light of which new questions can be asked and in the shadows of which the arts of specialization can spread out with a common and integrating focus. The difference between an Aristotle and an Einstein on this

point is that, in order to move in a consecutive and critical way from the world of common experience to the specialized theories of experiment and measurement, Aristotle pauses long and laboriously to analyze nature at that pre-experimental and premetrical level which conditions all other knowledge. An Einstein, on the other hand, leaps across the common experienced world to technical constructs like those in the Michelson-Morley experiment or Riemannian geometry, and when he returns with his specialized theories to interpret the common world, he ends by dismissing it.⁵ The choice between these two directions is not an arbitrary one. The human mind works from *general and vague and confused knowledge* toward the *special and precise and distinct*. Aristotle took the natural route from the general to the special, and in his view, where there is a conflict between the general and the special, it is the specialized knowledge that must be, if not denied, at least taken with reservations. For general common knowledge is a precondition for the special, as nature for art.

How Aristotle Reasoned

The authority of Aristotle is only as strong as his reasoning. Yet there may be a slight prejudice in his favor from the sheer weight of the centuries. Examined by many of the greatest minds that ever lived, Aristotle's *Physics* survived for two thousand years; and even today he remains a permanent part of our intellectual culture, which he did so much to form. If the theme of this essay is taken from Aristotle, the reasoning must nevertheless be checked against his own texts and those of his commentators. For space will permit only the minimum explanation of his psychology, with no attention to proof in the strict sense. *To explore general experience is to use no other tools but his.*

Yet Aristotle the philosopher cannot be understood without Aristotle the logician. He placed logic first in the order of learning, and, as Aquinas so forcefully shows, he applied it implicitly and explicitly through the full amplitude of his works. Unfortunately, throughout the modern period, Aristotle's logic has been little studied except for what is contained in the *Prior Analytics*, and even today the logic usually taught to undergraduates in the name of Aristotle is so-called formal logic. The *Posterior Analytics*, with its theory of demonstration and definition, is a work seldom read and less fre-

quently taught, and St. Thomas' commentary on this classic remains untranslated and closed to all but the diminishingly few students who can handle philosophy in Latin.

Demonstration and First Principles

Yet the *Posterior Analytics* remains an important guidebook across the steep mountains of human knowledge, and if it is strict in its requirements for science, this is only because science in the strict sense is a rare human achievement. In Aristotle's view, science in the most proper sense results from demonstration, and demonstration requires first principles as ultimate premises of proof.⁶ In any science of course there are a number of demonstrations, one depending on another in a certain order; but every science involves a first demonstration from the first principles peculiar to that science. Otherwise, there is no footing of certitude on which the science in question can be reared.

Because of the rationalism inherited from Descartes, the term *first principle* has usually been reserved for such primary truths as the principle of identity or of contradiction which are presupposed to all thought and are critically examined in metaphysics. Much of what passes for Aristotelianism or Thomism today is still afflicted with the Wolffian division of speculative philosophy into general metaphysics or ontology and special metaphysics such as cosmology, psychology, and theodicy. If philosophy is only one science, it can claim only one set of first principles.

But this is not philosophy according to Aristotle nor according to St. Thomas. For them, every science has its own first principles incapable of being demonstrated within that science because every demonstration within that science must presuppose them, and since metaphysics comes last in the order of learning according to St. Thomas,⁷ it can hardly reveal to the sciences their own first principles like matter and form in the philosophy of nature, the unit in arithmetic, the point and the line in geometry. Such first principles have in common that they are not derived from anything prior within the order under study, they are not reducible to each other, and everything in the given order flows from them.⁸ A first principle is then a beginning, a source, a matrix. Without principles that are first and certain within the scope of its work, no science knows where it is starting, and hence it cannot generate certain conclu-

sions. Indemonstrable, such principles can be achieved only by induction.

Consider the science of arithmetic and, within arithmetic, the simple equation, $2 + 1 = 3$. How can this truth be checked in order to assure its certain character? For an Aristotelian, $2 + 1$ makes three unities. But how big is unity? The answer is that "1" or unity is a principle in arithmetic and cannot be analyzed further by the science using it, although later it is evaluated by metaphysics. The unit is therefore a principle in arithmetic, underived from anything prior within that science while everything in the science is derived from it. Without an understanding of the unit, nothing in arithmetic can ever be certain.

A similar but by no means identical hierarchy threads through every science since each has its own set of first principles that make it scientific, and since no demonstrations can occur within the science unless these principles are presupposed. Thus, geometry can give no proofs without using the point and the line, but the point and the line cannot be examined in geometry itself. Matter and form are among the first principles in the philosophy of nature, but neither can be demonstrated in this science. Far from the Wolffian scheme, every science has its own first principles, and there are as many distinct sciences as there are distinct sets of first principles.

According to St. Thomas, logic and mathematics precede the philosophy of nature in the order of learning,⁹ the first providing the tools for scientific inquiry and the second showing science in action within a field that requires scanty experience and can hence be cultivated by the young. Knowing through logic what a science is and how it is acquired, and having enjoyed through mathematics the practice of science in its most perfect form, the Aristotelian student is confronted by the philosophy of nature, the science of mobile being.

Aristotle's Plan of Action

The first objective of this science is to disengage the principles to make physical demonstration. And after a dialectical investigation in Book Two of the *Physics*, Aristotle reaches a definition of nature and the four causes, form, matter, agent, and end. These causes are the middle terms in the syllogisms of the student of nature, and they are achieved not metaphysically but by a careful inductive

analysis of the mobile world. Working at a general or common level through the whole of the *Physics*, Aristotle later proceeds to define motion and to discuss the way in which it involves infinity; he then moves on to consider place and time, which are as measures with respect to the moving world; he divides motion into its various kinds and takes up the problem of the *continuum* in nature; finally, there is a proof for the universal agent of the mobile world, the Prime Mover.

Tapering from the general considerations of the *Physics* to a study of the various kinds of motion, the Aristotelian scientist next takes up local motion as in *On the Heavens*, and then qualitative change as in *On Generation and Corruption*.¹⁰ In contrast to the *Physics*, these later tracts involve a specialized knowledge, most of it corrected by subsequent research. Specialization here is only as permanent as the techniques that achieve it, and it changes when they change. But the general analysis of nature, prior in time and in logic to special knowledge, is as abiding as the reason of man that develops it.

Specialization can truly be achieved in the study of nature, but the price of it may be the surrender of certitude, as shown by the universal procession of scientific theories especially in the modern era. Moreover, the specialized treatises like *On the Heavens* and *On Generation and Corruption* together with their modern counterparts do not represent sciences distinct from the content of the *Physics*. For these special branches do not contain first principles of their own which are certain and ultimate, and they cannot form original sciences. The special and tentative studies of nature belong to the same science as the general and certain conclusions of the *Physics*; they belong there by reduction as the imperfect parts of a habit relate to the perfect. It is not method that divides sciences from one another but subject matter, each with its distinctive apparatus of principles. Method can determine the degree of certitude within a science but not the original character of the science itself. *It is subject matter that determines method,¹¹ not vice versa.*

No First Principles—No Science

If this is true, then modern studies like physics or chemistry would not form original sciences but special branches within a single physical discipline that begins at a general level and moves, by

way of concretion, toward the particular. Moreover, modern sciences are acknowledging on their own that they lack certitude and principle and that no theory can ever, like Newton's, be taken as final. Without first principles, there can simply be no science in Aristotle's sense.

Now it may be objected that to estimate modern investigations by the rigid yardstick of Aristotle's logic is rather reactionary and that by common consent physics and chemistry deserve to be called sciences even more than Aristotle's *Physics*, if indeed the latter can claim to be truly scientific. In handling such an objection, it should be conceded that words are mere conventions and that there is certainly no violation of logic in calling modern studies like physics and chemistry by the name of sciences. What is important is that science in the modern sense is devoid of first principles and fails of certitude; science, in Aristotle's sense, can attain first principles and claim certainty in its conclusions.

Called by any name, there is a general study of nature which reaches first principles and makes genuine demonstrations; there is another specialized area of study, by whatever name it is called, which fails to make true demonstrations or, if it does, cannot reduce its proofs to the first principles that check the certitude of the conclusions. If Aristotle is right, the science of nature, obedient to the native tendency of the human mind, begins with what is vague and general and then proceeds to apply the general principles to particular and special kinds of mobile being in which the more universal is concretized. Should this proposition be accepted, then a door may be opening to bring together the general physics of the ancient world with the special physics of our own day.

III. DIVERGENT APPROACHES TO MAN

The famous work, *On the Soul*, does not form a distinct science because it contains no distinct principles. Aristotle's psychology is a branch of his physics, making a specific application of physical principles like matter and form, and having no original first principles of its own. Actually, the subject of Aristotle's inquiry into the living world cannot be called psychology in the etymological sense of the word; in a special branch of his natural science, Aristotle was interested in a special kind of mobile being, the animate world. In

such a study, the first but by no means the only consideration is the soul, for a reason explained below; after a treatment of the soul and its parts, the Aristotelian proceeds to study various divisions of life in such treatises as *On the Senses*, *On the Parts of Animals*, *On the Generation of Animals*, *On the History of Animals*, *On Plants*.¹² These are the ancient counterparts of what today is termed scientific psychology and biology.

Now, this outline of Aristotle's method of studying the living world raises another question. If his treatises on life form a division of physical knowledge because the living is a special type of the mobile, how can psychology in any form achieve certainty, given the generally inverse ratio between strictly scientific knowledge and specialization? The answer to this question depends on the method of psychology and in particular on the reason for beginning with a consideration of the soul itself.

Soul—The Life Principle

In the pregnant words of St. Thomas, the philosopher of the living world begins by considering the soul as in a certain kind of abstraction (*quasi in quadam abstractione*).¹³ But why is the soul the first problem for psychology, and what is this peculiar method for grasping it?

Concerning the first question, it is only by beginning with the problem of the soul that the science of the living achieves a distinctive place in human knowledge. The soul is the characteristic that living things have in common, and just as it is proper to work from the more common to the less, from what is vague to what is distinct, so the study of life must begin with the soul defined in the general manner as a life principle. Without special principles, there are no special branches of science, and without first principles, there is no science at all. For students who follow his order of learning and have hence considered general physical principles beforehand, Aristotle can presuppose matter and form, which his study of the soul has only to make more concrete and particular. Loyal to his logic, Aristotle's initial treatment of the soul is a general one; he does not furnish at first a definition peculiar to the human soul; his initial formulations apply to all living things. *They make psychology to be psychological*. But the reasons a study of living things must first approach the soul itself are tightly enmeshed in another question, the

method of knowing the soul by the introspective awareness of it in ourselves (*quasi in quadam abstractione*).

Introspection vs. Observation

As elsewhere, Aristotle pays special attention, in his study of the living, to the order imposed by the subject matter from principle to the farthest possible conclusions, for in any science the greatest mistakes are likely to be made at the beginning in analyzing the subject, in disengaging principles, and in selecting methods. One of the achievements of St. Thomas in his commentaries on the works of Aristotle is to etch out their logical structure often left implicit in the original. Yet in holding that the study of living things must begin its scientific structure with the problem of the soul known by introspective evidence as in a certain kind of abstraction, St. Thomas would seem to be leaving behind the sound Aristotelian principle that the human mind works from the universal toward the individual. Is not the soul of the introspecting individual an individual of some sort?

Nevertheless, if the initial method of knowing the soul in any way departs from the principle that *the direction of science is from the general to the particular*, it is only to obey a prior principle that *the mind works from what is well known or easy to what is less known and hard*. And surely, even though its essence will always remain more or less obscure to us, the best knowledge of the existence of a life principle is achieved by *the awareness of our own conscious acts*, like thought, sensation, pain, locomotion. That is the reason for our certitude regarding the soul,¹⁴ despite its status as a special subject known by a special method. The human mind does not begin its scientific work with pure thinking; it thinks indeed about things, and, in so doing, it is made conscious of itself. Thereafter, it can turn upon this act of thought and analyze it. On the other hand, the awareness of self is not the product of summing up empirical data as though a knowledge that there is a life principle in us could be achieved by way of synthesizing the data of observational or so-called objective psychology. What is usually called the philosophy of nature, in its general contours as in the *Physics* or in the study of the soul which has a distinctive method, must always precede the modern disciplines in the order of learning. Life and its principle, the soul, can never be known by adding up non-life,

any more than could an infinite number of corpses ever equal a living human being.

Like all methods, introspection has been abused, and there are those who would abolish it because of the extremes to which it has at times been pushed; it is as though money should be done away with simply because it has been so often abused. Introspection, carefully controlled, is and remains the only method for approaching what is psychic, and on principle at least it yields more certitude than any observational or objective analysis that goes on in psychology without it. Once again it should be emphasized that the initial datum in the study of life is not the essence or nature of any specific kind of soul, such as the spiritual soul in man, but *the existence of a soul as a life principle* known as in a certain kind of abstraction.

Life Must Be Lived to Be Known

Although his works have received scant attention in a climate of mechanism, Kurt Goldstein¹⁵ has forcefully argued that it is impossible to learn anything about man as man by following the usual biology textbooks from their studies of the amoeba to their analysis of the primate. Such an approach to life, when taken by itself, presupposes that man is simply a more complex form of simpler living substances and indeed, because the observational or objective method is alone applied, of nonliving physical realities. According to Goldstein, man is known as a living conscious reality not last in the study of life but first. He has an inner experience of living, thinking, sensing, desiring, feeling pleasure and pain, moving himself from one place to another, and he knows other things by analogy to his own psychic states.

Consider a dog that has been struck by a car. In the movements of the animal there is nothing that presents itself as pain to the objective observer. There are various facial and bodily contortions that the eye can see; groaning sounds the ear can hear. But nowhere does pain appear as a sense datum. To an observer the same data might be produced equally as well by a mechanism, just as a clothes model may give the impression of a man. The purely objective observer is somewhat like the blind man who knows all the mathematics of spectroscopy but nothing whatsoever about color as such—or like the person to whom watermelon has merely been de-

scribed. He will never know what watermelon tastes like until he tastes it.

So it is also with the approach to the life principle or soul; all the descriptions in terms of what life is not can never convey the idea of what life is. *It has to be lived to be known*, and the study of life must begin with the experience of living, with the soul *quasi in quadam abstractione*.

To return to the example of the injured dog, man understands that there is pain in the animal from his own self-experience of what pain is.¹⁶ He sees the animal making gestures and sounds similar to those of himself in a similar situation, and he concludes that the animal is feeling pain. Hence, far from using the lower animals to achieve a frame of reference for understanding life, man uses his own self-experience as a springboard to understand the lower animals and even the plants. That is why the soul, known in a certain kind of abstraction (*quasi in quadam abstractione*), and not in reference to animal or plant life, is the first datum in the study of life. If there is no principle in a discipline, there is, of course, no science or certitude. But there is such a distinctive principle in the study of life. It is called the soul. The first conclusion of psychology says no more than that.

Consider a slightly more complicated case. In what John Wild has aptly termed the "white rat" theory of man, behaviorists have long been concerned to study the reactions of lower animals when placed in a puzzling situation like a maze and they then transfer their conclusions to the human level to explain human learning and even human life. After the rat has initially worked its way out of the maze by a trial and error process, its reflexes are supposed to be somewhat conditioned by the experience so that the second time the animal is in a similar situation, the problem becomes easier to solve. As the experiment is repeated with the same specimen, the rat is able to work its way out of the maze with no hesitation, and its reflexes are said to be adequately conditioned to perform the task.

But nowhere in the picture does soul or life or organism become apparent. From the standpoint of a purely "objective" method, the behavior of rats in mazes yields knowledge of only physical phenomena; by itself such a method is silent about the nature of life and even the character of learning. What life is and what learning is can

be known only by introspective analysis, which always enters in an unconscious and implicit way even in the selection of data for the "white rat" experiments and in the interpretation of results.

Only by introspection can the principle of life be apprehended, and only by the light of this experience can other vital phenomena like the meanderings of the white rat be suitably interpreted. That is why philosophy, with its peculiar kind of knowledge, comes not at the end of the sciences by way of synthesizing their data, but at their very beginnings by way of furnishing the light to make the results of special methods meaningful and distinctive within the fields of their peculiar subjects.

Competing Psychologies: Behaviorism

In the days of Watson and Thorndike, behaviorism was admittedly *atomistic*. Its aim was to reduce life, and man in particular, to a mechanical network of tiny reflex arcs in which a given stimulus, by suitable conditioning of the nerves, provokes an automatic response. This highly gratuitous theory has been undergoing an eclipse in favor of a slightly different approach to psychology called "molar" behaviorism. According to this theory, the older behaviorism turns psychology into a branch of neurology; committed to imitate atomic physics, it should have waited for the physical sciences to complete their atomization of matter before applying the laws of the particles to psychological subject matter. Because it was a particle system for explaining man, the old behaviorism is called "molecular." The "molar" behaviorists, on the other hand, tend to emphasize the organism as a whole. This is especially striking in the so-called purposive behaviorism of Tolman, who holds that "behavior-acts,' though no doubt in complete one-to-one correspondence with the underlying molecular facts of physics and physiology, have as 'molar' wholes, certain emergent properties of their own."¹⁷ Though correlated with physiological activity, observed behavior, according to the molar theory, can be described in the mass without analysis of the biological machinery inside the organism under study. Tolman qualifies his behaviorism as "purposive" because it is concerned with organisms seeking goals, performing tasks, approaching or flying from objects in their environments; but the psychologist, according to Tolman, is uniquely concerned with the de-

scription of an organism's activity in such goal-situations. If molar activity is analyzed into its principles, Tolman finds no reason for admitting a soul.

It, no doubt, is strictly and completely dependent upon an underlying manifold of physics and chemistry, but initially and as a matter of first identification, behavior as behavior reeks of purpose and cognition.¹⁸

Hull subscribes to a similar, though not identical, theory. In his view (which he italicizes), "*the alternatives of microscopic versus macroscopic, and molecular versus molar, are relative rather than absolute.*"¹⁹ For him the difference between the molecular and the molar theories of man in psychology is like the difference between quantum and classical mechanics in physics. He looks ahead to the day when behavior studies can be systematized and synthesized ultimately in terms of mathematical logic. "From the point of view of biological evolution," according to Hull, "organisms are more or less successfully self-maintaining mechanisms."²⁰ Both Tolman and Hull appear to be still committed to Fechner's ambition to construct a psychophysics.

Behaviorism, in molecular or molar form, can hardly be more successful as a theory of psychology than a purely "objective" observer can understand the pain of a living dog or than a person can know the taste of watermelon without tasting it. In comparative scores, our own certitude of life is far more convincing and clear than the obscure theories of the living world projected from purely observational data. At first sight, it may look as though the molar theory of behavior escapes the usual incommensurables of mechanism by its attention to the organism as a whole. But the molar theory is still a *mechanical* one, differing from the molecular view as Galileo or Newton differ from Einstein and Planck. In either molar or molecular form, behaviorism is after mathematical laws that predict vital activity. From the beginning, it disregards what is original about life; it can get no more than mathematical answers to its questions—when it gets them at all—because these are the only kind of questions that are allowed to be asked. Behaviorism is not a science, in its present form, even imperfectly because it dis-

regards the life principle, and where there is no principle, there is no science.

Freudianism

A second competitor to the view expressed in this paper is the theory of psychoanalysis which may be illustrated by Freud. Crucial in any analytical approach, whether it be the earlier theories of Freud and his erstwhile disciples or the later and somewhat cultural theories, is the so-called unconscious. In the Freudian view, the unconscious is the ultimate matrix of all conscious life:

Each single process belongs in the first place to the unconscious psychical system; from this system it can under certain conditions proceed further into the conscious system.²¹

If there is anything in Freud corresponding to Aristotle's initial definition of the soul, it is the theory of the unconscious, and it is a theory in the sense of being tentative or hypothetical, according to Freud's own concession:

we may challenge anyone in the world to give a more correctly scientific explanation . . . , and will then gladly withdraw our inference that unconscious mental processes exist.²²

But the analytical philosophy of Freud is too much committed to materialism to recognize a truly psychological approach to living things. Both in its certitude and in its vital character, the approach of Aristotle to the study of life and man far surpasses in its scientific value the obscure and dubious entity Freud takes as a point of departure for psychology. The unconscious, if it exists at all, is shared by sentient things with plants and even minerals, and it cannot, therefore, serve as a principle for that special kind of physical knowledge which is a study of life.

Gestaltism

Gestalt psychology is a form of reaction to the atomistic and analytical approaches of behaviorism and Freudianism. As developed in the hands of Kohler and Koffka, who brought it into prominence in this country, Gestalt psychology emphasizes the organization of psychic phenomena into wholes that cannot be explained by atomistic parts. On the contrary, the gestaltists propose a field theory in which, by the interplay of foreground and background in,

say, perceptual experiences, the mind tends toward a good organization or good Gestalt.

But like many a reaction in the history of thought, Gestalt psychology goes to extremes. In the first place, according to gestaltists, organization is not peculiar to sentient things but is found in all reality, living and lifeless.²³ For that reason, it can be argued that the Gestalt approach in psychology fails to define the peculiar subject matter of the study of life and to disengage the principles that enable a science to be evolved. In the second place, there is, in Kohler's words, "the principle of isomorphism, i.e., the thesis that our experiences and the process which underlies these experiences have the same structure."²⁴ Such a view would tend, if fully thought out, to identify psychology with physiology on the one hand or to set up the old spectre of psychophysical parallelism on the other. Neither option can lay hold upon the life principle. Finally, in a laudable attempt to counteract the exaggerated pluralism of its adversaries, Gestalt theory nevertheless goes to the opposite extreme of making organization so ineffable that the distinctions necessary in the construction of science cannot be drawn.

The foregoing criticisms of behaviorism, Freudianism, and gestaltism no doubt appear unduly abrasive, especially in view of the brevity in outlining principal tenets in each theory. The only conclusion intended by such criticisms is that the psychologies proposed in the twentieth century are not truly scientific and certain, and that they do not begin with what both reason and experience acclaim to be their peculiar subject matter, with its own peculiar method for being investigated. Actually, *all three systems mentioned have great positive value*, which a reconstruction of psychology must emphasize and incorporate. As they stand amid their peculiar philosophical preconceptions, however, they are not adequate either to grapple with the real nature of life and of man or to be scientific and safe in their logical articulation. And that has been our concern in this section—the test for a truly scientific psychology to establish its scientific character on the one hand and its truly psychological subject matter on the other.

Aristotle's Solution

Aristotle suggests a solution for both these problems. By establishing the principles of psychology within the grand contours of

the philosophy of nature, Aristotle put the study of the living world in communion with a well-established discipline, and, by approaching the existence of the soul as the first problem in his study of life, Aristotle assures that *psychology will remain psychological*. Finally, for present purposes, through the character of his first principles, *matter and form*, and their peculiar realization in living things, Aristotle embraced a healthy dualism that permits a plural approach to nature and to man within the unifying amplitude of a single physical science.

IV. CONVERGENT PSYCHOLOGIES

No one can read the opening sections of the second book *On the Soul*—and especially St. Thomas on the pertinent texts—without being struck by the presuppositions made from both logic and the general philosophy of nature. In the order of discovery, the mind first apprehends the soul as a life principle. In a temporal order, this is the first definition of the soul.²⁵ But such a principle is “the primary act of a physical body potentially alive . . .”²⁶ Therefore, the soul is “the primary act of a physical body potentially alive.”²⁷ This conclusion of a syllogism is Aristotle’s second and more famous definition of the soul. It is a definition in terms of *form and matter*, both of which have been previously met in the philosophy of nature and both of which are realized in a special way in living things.

In order to suggest the fertility of Aristotle’s second definition in pointing toward an integration of his own study of the soul with the studies of modern scholars, it will be useful to examine at least in a general way the two principal parts of his formulation, matter and form, which are hardly understood in our intellectual climate. Where these two principles have not been oversimplified by well-meaning advocates or battered by age and use, they have often been caricatured by their adversaries.

The Meaning of Form

First of all, in reference to the act or form mentioned in the definition, it should be pointed out that form today usually means shape or figure, but, as Aristotle conceived it, form is almost the exact opposite of such immobile mathematical entities. Aristotelian

form is *dynamic*. It is a principle of mobile being and, in the case of living things, a *principle of life*.

Aristotle has left us with a striking example of what he meant by form. "For if the eye were an animal," he wrote, "sight would be its soul."²⁸ Form, in other words, is like sight or—let us add, hearing—not like the eye or the ear, which are in the order of proximate subjects. It is not easy to multiply such examples because, even though we know forms to exist in both the living and nonliving worlds, their natures, as St. Thomas says, are not evident to us, and our vocabulary lacks appropriate words to express them. In the case of iron, for instance, there is a matter or subject, and something resembling sight (in the order of dynamic and functional principle) is its form. The chemist or physicist, dissecting the iron, does not grasp its form any more than the anatomy of the eye can, by itself alone, reveal what sight is, what it is to see. A dog or a cat, in a similar way, has a matter or a subject, but the form again is the actuation of that matter to behave according to the peculiar manner of the animals in question. Finally, the soul of man, as the form of a body, is related to the body as sight is related to the eye.

The Soul As the Form of Life

Shifting the stage momentarily to the metaphysical area in order to capture the spirit of the full philosophy of living things, one may well recall at this juncture the Thomistic principle, "In living things, the act of living is the act of being (*Vivere viventibus est esse*)."²⁹ Life is abstract in its signification; the act of living is concrete. In what is alive, to live is to be, and vice versa, and as long as a living thing endures, living and existing are not only inseparable: they cannot even be distinguished.

If there is any analogy for understanding the act of existing, it is in the field of activity, like sensing, thinking, moving. If there is any similarity between language and things—and such a comparison is much more dangerous than the first—the act of existing or of living can be expressed only by a verb. Unlike what is represented by a noun, to live or to be is not a thing analyzable perhaps into parts and even capable of being measured. To live is to be dynamic; and the act of living is a dynamic act. It is caused in the matter by the form. Form is like sight; matter is like the eye; to be is like

seeing. The soul of man, as the form of the body, is related to the body as sight is related to the eye; the form makes the body to live.

In Behaviorism, Freudianism, Gestaltism

If the matter-form approach to the living world and especially to man is accepted, it is obvious at once that the soul will always escape the techniques of empiriological psychology. Like sight itself, the soul can be known only by self-experience (*quasi in quadam abstractione*). Merely examining an eye does not disclose that it is for seeing, nor can it ever reveal the nature of sight. Sight can be known only by the awareness of one's own act of seeing. So it is with the soul. There is nothing in the mere observation of behavior which informs us that a soul is present in the animal under experiment, be it a white rat or a man, nothing to tell us what the nature of the soul is, what it is to be puzzled by a problem or elated over an achievement. These are incommensurables for behaviorism.

Freudianism fares little better. Where all human action is explained by material drives originating in the unconscious, sight might just as well be considered as the exhaust from a machine. There is nothing in Freudian psychoanalysis which, when taken alone, can account for sight as something *sui generis*, unexplainable as a complex of lower forms of energy or as an evolutionary derivate from the unconscious. However it is conditioned by other factors, sight can be known not by sheer psychoanalysis but in the experience of seeing. So it is with the soul as a form.

Gestalt psychology would appear to reinstate form, but its so-called configurations are so organized that form in the Aristotelian sense loses its originality. The figure-ground relation in Gestalt psychology is something relative; it has little relevance to genuine dualism like that between sight and the eye, form and matter, soul and body. Gestaltists study patterns but not forms in their dynamic Aristotelian sense.

The Meaning of Matter

The second key notion in Aristotle's classic definition of the soul is that of a *physical body potentially alive*. As in the case of form, the aim here will be to explain Aristotle's meaning rather than to embark upon the long process of justifying his position. Toward such an aim, it should be noted first that Aristotle did not name

prime matter in his definition but a physical and hence organized body that is capable of life. For matter, in the substantial order, is truly incomplete and hence unable to exist without form; yet there is a medium between the matter and form of a living substance which may be designated here as a complex of matter's dispositions.³⁰

Such dispositions prepare matter for form because the matter is to receive *this* form rather than *that*. Between matter in the state of pure potency and matter informed by a human soul, there are countless intermediary dispositions. Each kind of form requires its own distinctive matter, properly organized and disposed, and hence there are as many different types of matter in our universe as types of things.³¹ St. Thomas even goes so far as to argue that "the ultimate matter, which is truly proportioned to the form, and the form itself are the same."³²

It is the progressive dispositions of matter to form that account for the tight union of the composite and enable human science to complete its knowledge of form by a study of matter. The entities that people the Aristotelian cosmos, living and lifeless, are far from the simple union of pure prime matter and pure substantial form. Such an account of life so oversimplifies its subject that it can rightly be charged with being naïve and having little appeal or value to empiriological investigation. Such an oversimplified explanation is not that of Aristotle or St. Thomas Aquinas.

The soul then is the *first act of the matter organized or disposed to receive it*. Matter so disposed is in a state of proximate potency to the soul.

Two Priorities

Yet this view, apart from being merely explained here without proof, would seem to have serious difficulties, and chief among them is the apparent temporal priority of the body over the soul in the order or sequence of generation. Yet there are two sorts of priority that should be distinguished here. One is temporal like the stages of local motion occurring one after another in time, and this priority does not apply in the generation of life. The human body, for instance, is not a human body until informed by a human soul. On the other hand, there is a priority which is not of *time* but of *nature*. A cause, for instance, is never truly a cause unless it is actually pro-

ducing an effect; and an effect is only an effect when being produced by a cause. Yet there is a natural hierarchy here. There is a natural precedence or priority of cause over effect, even though there is no time lag between the two. And this is the kind of priority that matter, organized for a living form, enjoys over the soul.

Preparing Matter for Form

Aristotle rejected the obscure and hypothetical approach of evolutionism³³ and preferred to begin his study of living things, no less than his study of general physical nature, with an analysis of what is moving here and now and with the method of present human experience. Living things reveal that, in a hierarchy of nature though not of time, they own a twofold level, one of potency or matter in its various stages of organization up to the last disposition for the form; and the other the act or form itself. Like the eye in the case of sight, all the organs and their parts are in the order of material causality, and all such parts, as organs or tissues in organs, are related to the whole by way of more or less proximate or remote preparations for form. Such parts are not purely potential and they may even be psychically conditioned, as in the case of the senses with respect to the intellect. But they are in the order of *material* rather than *formal* causality, since the composite, one of its nature, can own only one substantial form. It would be interesting to raise the question about the succession of forms in the human embryo, but that is another problem that would sidetrack the main purpose of this essay. It will be necessary here only to repeat the principle that matter may be disposed for form without requiring that such a disposed matter have a temporal priority and an independent existence apart from the form.

If all of this is true, then the problem of understanding life and man is at once more complex than many recent Aristotelians have claimed and much simpler than the more recent psychologies, like behaviorism or Freudianism, have reported. Though the anatomy of the eye and even its physiology can never disclose the secret of sight, yet once sight is known through self-experience the material analysis of the eye can reveal much about sight through a knowledge of the material preparations that point to the form. A philosopher who supplements his general knowledge of sight with details about the structure and physiology of the eye will have a much

better knowledge of sight than a colleague who is ignorant of such material detail. And by the same token, a biologist or psychologist who knows something about sight, *quasi in quadam abstractione*, will, by virtue of this knowledge, learn more about the eye in its anatomy and physiology. Like everything studied in the philosophy of nature, the living and human worlds are explained by Aristotelianism through the four causes, and to the extent that the grasp of any of these four causes is missing or incomplete, our knowledge of what is living suffers in a corresponding way.

Experience Implements Knowledge of Form

Now it is obvious that although Aristotle's definition of the soul is rather respectable in its reference to form, its relation to matter is vague and general and quite incomplete. Moreover, since the philosophy of nature does not proceed by way of deduction, it is impossible for human science in the physical order to move from a general knowledge of form to an immediate inference concerning the matter. Matter and form, as general principles of nature, do not enable us to predict physical entities like horses and lettuce and helium and subatomic particles. Such realities must be found by experience, but once they are found, matter and form will provide the point of departure for explaining them.

In a similar way, knowledge of the form of any material entity does not permit deduction or prediction of the corresponding matter; this must be found by experience either in its general forms or in its special and artificial character as in deliberate experiment. Thus, if you are explaining the matter of the human form to beginners in the study of man, you simply have to point to the head and the hands and the feet. No knowledge of the human form alone can conclude, without corresponding experiences, to the deduction of the precise organization and structure of the material cause of man. Once such knowledge of matter is reached through experience, the general knowledge of man's form can be greatly enriched because the body is proportioned to the soul.³⁴ Consider how much can be known about reason from a study of the hands.

Dialectics: Logic of Discovery

If the matter of physical things cannot be derived by deduction from their form, it can be discovered only through experience.

When direct experience is exhausted, then a method must be devised to encourage and organize the quest for a fact that may be hidden from our direct contact or may be too complex for common experience to marshall. Such a fact-finding method, the so-called logic of discovery which takes its rise from a construct or theory, is called *dialectics*.³⁵ It is a logic appropriate for searching out the function and structure of things in the dimly lit caverns of the material cause, and it corresponds quite accurately to the logic of modern science which Aristotle both knew and used in principle though not with modern emphasis and success. Facts so discovered will always wear the color of the theory that points to them; they will always be weighed down by the logical construct that dug them out; but, as well established and tested and repeated under varying conditions, such data will always be in oblique and indirect communion with the ontological world. The material cause, as such, is opaque to us, and it can be known only in an indirect and secondary way.

General vs. Specialized Knowledge

Our knowledge of matter presents us with an incommensurable. But in Aristotle's theory a principle can be found to explain such incommensuration and so, in a fundamental sense, the incommensurable is transcended. Knowledge of form can never give the empiriological investigator a letter of introduction to material fact, but when such material causality is unearthed, form will shed light upon it. In general, there will be no proportion at once apparent between the empiriological report on material structure and function and the philosophical analysis of form; and so, in addition to its failure to lead to fact, the philosophical framework of form will usually resist any one-to-one correspondence with the scientific portrait of the material cause. To the extent that empiriological results are not heavily tinted by the dialectical theory that discovered them, there will be a correspondence or proportion between the empiriological account of matter and the philosopher's notion of form. At the same time, however, precisely because of the construct coloring the fact, the correspondence or proportion will fall away. In other words, to the degree that modern specialized investigations reach the ontological world, their results will fit the philosopher's general knowledge; and to the degree that such results have a purely logical

superstructure, they will be incommensurable with the full view of form.

Empiriological results that are contrary to a proper philosophical conclusion cannot, in principle, overthrow such a conclusion, but should themselves be interpreted with the reservations required by their own dialectical character. Finally, because of the highly constructed nature of empiriological knowledge, it will always remain more or less incommensurable to the unconstructed world of reality itself, and that is why in every field of empiriological investigation there will always be a plurality of competing theories, each claiming an insight that another cannot grasp, each following out one shadow of the real because none of them can see the source. All such incommensurables are the birthmarks of man's own imperfect knowledge. Whatever he knows with Cartesian clarity and distinctness is likely to be either wrong or unimportant.

Now all of this reasoning if correct takes a dim view of human reason, but it opens up an indefinite pathway of progress in the empiriological knowledges and invests such knowledges with the dignity of aiding in our grasp of forms. As was indicated above, recent psychologies, in themselves and as they now stand, enjoy neither a scientific status nor a properly living subject of investigation. But put within a context where their reports on matter in its dispositions to form contribute to a knowledge of form itself, they can share in their own ways both a scientific and a truly psychological character.

Behaviorism's Contribution to Knowledge of Form

In purely "objective" or observational psychology, a reflex is regarded as a purely mechanical phenomenon like the flow of electric current through a network of switches and wires. Taken out of its formal context, a reflex does appear somewhat mechanical, and it is so well established that it is used in the clinic, as in the case of the knee jerk or the Babinski phenomenon, to aid the diagnosis of disease. In the dualism of the Aristotelian tradition, however, reflexes are not mechanical but a material counterpart of an activity that can be understood only in psychological terms. Of course this psychic factor cannot be observed; it is related to the physical, observable events as sight is related to the eye. But if the union of matter and form is as intimate as an Aristotle would argue, then

all of our psychic activities will have physical counterparts, quantified and in some way measurable. *Matter with its dispositions for form in the ontological order can be an echo of the form in our ways of knowing things.*

The same concessions with the same reserve clause can be made to molar behaviorism. Adjustment to our environment which has for its formal source the intellect and the will has material correlates of one kind or another which admit of measurement; and maladjustment can show up through similar material signs. In disease, temperatures are often abnormal and will usually provide so-called somatic medicine with important symptoms for diagnosis. But the quantitative register of temperature is not temperature itself and above all it is not health or disease, which are in the order of form. Such measurements as that of temperature, pulse, and even reflexes cannot argue that man is only quantity. In the real world, such phenomena as body temperature or heart beat or reflex actions are the material proportions toward a certain form that is not itself observable, and, in our way of knowing, such proportions are the supplementary material signs of the form itself.

Without a prior knowledge of form—at least in some vague and sketchy way—reflexes, like temperature, are meaningless, and measurements like those of behaviorism are utterly blind, mysterious, and unscientific. Within a context of form, measurement takes on meaning and value. Paraphrasing Henry James, measurement is like zero in a number; its importance or value is determined by that to which it is united. Kohler has well put it:

Measuring, which is tremendously fruitful as a refined continuation of previous qualitative observation, can easily become a dead routine without such preparation. Today we can no longer doubt that thousands of quantitative psychophysical experiments were made almost in vain. No one knew precisely what he was measuring. . . . It seems that in Fechner's day psychology became a science not as a result of his psychophysics, but merely on this occasion, and in spite of the premature quantitative program.³⁶

Psychoanalysis and Knowledge of Form

As it came from Freud, psychoanalysis holds to the reality of an unconscious determining matrix of human actions—a matrix that is both inherited through the evolutionary process and enlarged by

contact with the environment of one's own personal history. Taken as a whole, Freudian psychoanalysis is untenable; its program, like that of the psychologies mentioned by Kohler, is "premature." But with the moderation imposed by a matter-form analysis based upon general experience, *Freudianism has much to contribute to an understanding of man and to the curing of his maladjustments.*

The matter of man, it was observed, is not purely potential matter but matter *organized* or disposed. By a priority of nature with respect to the soul, matter in man has certain dispositions or, in the wide sense of the word, habits, which vary from one individual to the next within the species. Precisely as material, this whole world of material causality is closed to conscious inspection; it is truly an unconscious world. Yet it exercises a causality upon the whole man just as surely as matter is a factor in all human activity. As material, such an unconscious world is open to conditioning through the course of evolution and through the laws of heredity.

It is this unconscious world, in the order of material causality in man, that psychoanalysis, in part at least, can confront. It is not the whole man, and without a prior examination of form, attention to the unconscious is "premature." But it is man in part, and though form is the ultimate determinant of operations, the dispositions of matter exert a *virtual* or an *habitual* influence on the activities of man, the whole; and matter is the root of differentiating men from one another not only in place and time but in their inner inclinations. Such material organization psychoanalysis can partially probe.

The Demimonde of Habit

The problem of habit bears re-study to link up the experiential analysis of Aristotle and Aquinas with the empirical findings of modern psychology. Dispositions of matter are habits in a wide but still meaningful sense of the original term (*habitus, habitudo*); in the stricter sense, habits are acquired qualities in the intellectual or voluntary powers according as they are disposed well or ill toward their objects and the subject that bears them. This sort of habit is acquired in a conscious way; but its structure and content are closed to the full view of consciousness. What is habitual is midway between potency and act. A geometer, at a picnic, does not think in actual geometrical terms, and in such moments, he is not actually exercising his mathematical abilities. But neither is he in a state of

pure potency to be a geometer. He is in a status midway between act and potency regarding geometry, and he is said to have *habitual* geometrical knowledge. In a similar way, there are habits of the will, good as in the case of virtue or bad as in the case of vice. Such habits, while not being exercised, exert a *virtual* influence over conscious life. Unconscious in themselves, they are nonetheless more than purely potential, and as disposed quasi-material factors, they affect the action of their possessor in all his conscious life. This is especially true of the moral order, but it is true also in matters of knowledge.

Hence, by a study of habits, in their wide or more proper sense, psychoanalysis is an effective technique for partially completing man's knowledge of himself, and in so far as it explores the material in a context of form, it can contribute knowledge of the soul itself. The habitual or virtual world cannot be directly viewed short of distorting the kind of causality it exerts on conscious life; it can be made conscious only by signs or symbols. But without this symbolic knowledge, man's knowledge of the unconscious world would be engulfed in darkness.

In its stress on organization, gestaltism seems to emphasize the fact of an organized or disposed matter on the part of both subject and object of an activity like perception, but in refusing to start with the problem of the soul, *it fails to see matter in its full context*. Form is necessary as the ultimate whole-making factor in the scattered and disorganized reality that is matter itself.

By Way of Summary

The study of life according to Aristotle is *a special branch of physical or natural science* which begins with a general study of the mobile world based on common experience and then, with special methods required by the subject matter at hand, moves to a study of special kinds of the mobile. One of these kinds is the living world, and though beginning with a study of the soul—the common, distinguishing feature of what is alive—the aim of what is usually called Aristotelian psychology may be technically designated as *animate mobile being*. Unlike modern psychologies, which can claim no certain first principles, the Aristotelian approach to nature is *scientific* and *certain*. There are first principles in the general natural science, as in the *Physics*, and there are principles in special subjects like the living world where the general causality studied in

the *Physics* is concretized and particularized. According to an Aristotelian, the only way in which psychology can be both scientific and truly psychological is to begin with a definition of the soul. Unlike other special methods, the technique of approaching the soul, *quasi in quadam abstractione*, yields certitude because of the intimate character of the soul itself to the knowing subject. But the definition of the soul is initially only vague and general and has to be completed by a study of the material dispositions that reveal knowledge of the soul in preparing for it.

Here is where the psychologies in the modern period have much to contribute. Matter can never be known by way of deduction from form; its dispositions have to be discovered by general experience or special experience, like experiment. Theories or constructs are required to carry out this work of discovery and to organize it in a methodical way. To the extent that such constructed knowledge comes tangent with the real world, there will be a correspondence between the well-established findings of psychology and the general notion of the soul; but to the degree that constructed knowledge is laden with logical devices, this correspondence will be unobserved. Such knowledge must be taken with the reservations imposed by its dialectical character; but without it, man's knowledge of material causality would never reach even a twilight stage between darkness and light. Behaviorism, Freudianism, and gestaltism, while not scientific in themselves, can supplement the philosopher's knowledge of material causality; and in the light of the form they thus illuminate, well-established psychological theories can share in the dignity and security of philosophy itself.

Material causality in the order of man's structure should not be regarded as purely physical or corporeal in the usual meaning of these words. Below the intellectual form giving unity to man, there is a hierarchy of components; and all of them, even if psychically disposed as in the case of the senses, are present by way of material cause. The senses are not purely chemical, and yet sensation is related to intellection by way of matter to form. Only on such terms can the unity of human action be explained.

Psychology vs. Biology

Among the so-called life-sciences, psychology and biology differ only in a relative way. Psychology concerns proximate dispositions of the material to the formal, and biology explores dispositions more

remote. In the light of what has been said, it is apparent why biology should encounter medicine and why psychology, in a special way, should come upon ethical territory. For the material or potential is always open to change. A pure spirit, like an angel, does not change and has no history in which to do so. The reason for change and the progressive maturation of man (even in the moral order) is matter. Now when somatic medicine aims to restore the form of health in a patient, there is no imposition of pattern as in a work of mechanical art; the doctor works rather on the dispositions of the matter to organize them for the emergence of proper form. In a similar way, the psychiatrist can attempt to achieve a fit proportion between the potencies of the patient and the acts he is challenged to perform, if there is to be that *adjustment between the potency and the acts* which we call mental health. Such work will nearly always involve *goodness* and *ethics*. The somatic physician is concerned largely and in most cases with man in the physical order of *biological* well-being and survival; in grappling with the more proximate dispositions of material in a human form or act, psychiatry almost invariably encounters the dimension of *properly human* survival and well-being—namely, the moral or spiritual order.

Psychology and Ethics

As in all divisions, certain large distinctions can be made here, but there are always the borderland cases where distinctions are blurred. A division can be made between psychology as a speculative or liberal science and ethics as practical knowledge. To know what man *is* belongs to what we usually term psychology; to know what he *should do* belongs to ethics. Psychology can define the soul and discover what its activities are; but ethics is concerned with whether these activities are right or wrong. In the practical case, however, it is always difficult and even impossible to disengage in detail the respective psychological and ethical dimensions. For *man is a unit*. To study him, he must be analyzed into parts; but to think of his parts in isolation will falsify man and lead to the incommensurables in our struggle to know his genuine nature. It is not the eye that sees but man who sees with his eye. He is not matter and not form, but a *whole* with matter and form as his principles. Psychology or ethics alone cannot sound his depths: he is a single being

with psychological and ethical dimensions. Hence, the attempt to divide the concern with man into disciplines like philosophy and science, psychology and biology, psychiatry and medicine, psychology and ethics, is to make distinctions that are sharp at a general level but blurred in approaching the concrete. It is not that general knowledge is false. Indeed, it is the only kind of certain knowledge that we can get in the human scientific enterprise. But generality should never be mistaken as a synonym for the real.

V. TOWARD AN INTEGRAL VIEW OF MAN

The reconstruction of the study of man involves a bifocal view of his nature, as a soul united with a properly organized or disposed matter. The most integral view of man, however, comes not through natural reason alone but through theology.

Now theology has for its subject God and all other things in their relation to God; and the order of theology, whether in the penny catechism or the *Summa Theologiae*, is to begin with a study of God and work downward from the spiritual to the material world according to the order in which things were created and then back again to God in the light of the Redemption. Thus, when St. Thomas, in his *Summa*, comes to write of man, his theological order has already covered the study of God, of creation, of the angels, and of the work of the six days, and, unlike Aristotle in philosophy who wrote first *On the Soul*, St. Thomas, the theologian, can immediately write *On Man*. "Having treated of the spiritual and of the corporeal creature," he says,³⁷ "we can now proceed to treat of man, who is composed of a spiritual and of a corporeal substance." As a theologian, St. Thomas is equipped by way of foreknowledge with a penetration of the spiritual world which can be achieved only in an *a posteriori* manner by a philosopher. He can thus proceed in his first question about man to ask not whether he has a soul but what the nature of the soul is. In the philosophical order, the ambition is to know animate mobile being, but, for a reason already explained, the first problem is the study of the soul. In the theological order, the soul is the principal subject of consideration. "Now the theologian," according to St. Thomas, "considers the nature of man in relation to the soul, but not in relation to the body, except in so far as the body has a relation to the soul."³⁸

Theology Integrates Science

For all these reasons regarding the subject and order of theology, it is possible for Christian man to gain a much more realistic and historical account of himself than philosophy can provide. In the first place, the theologian can give a supraphilosophical account of the union of soul and body, since both belong to God and are thus related to one principle. The knowledge of the angels which theology provides enables man to see himself more richly and fully in the world of being, where he lives on a horizon between the spiritual and the material and is by nature open to influence from either. By contrast with the philosophical order, where the speculative and practical form two distinct categories of science, theology unites into a single science both speculative and practical knowledge. This is another integrating effect of theology. Through theology also, history, which in the natural order is a stream of contingency, is seen in the light of principle and assumes a scientific character. Here, too, theology provides the possibilities to organize and unify man's knowledge of himself, which, by natural reason, he could never enjoy.

While more aware than philosophy of the heights of human nature, theology is also aware of its depths. It is aware of the wound suffered in the Fall, the loss by the soul of some of its dominion over lower actions and hence the additional weight of material causality in affecting human thought and will. The darkening of the intellect has added incommensurables to our knowledge and cost us much of our lordship over the rest of creation. The weakening of the fallen will has opened man to the dark influences of the unconscious. *Theology can give a reason for much that psychology finds by way of fact.*

While reason under its own devices works from the material level to gain an insight into the formal, theology works from the formal level to gain a knowledge of the material. For theology, man is first a creature in the image and likeness of God before he is a fellow with the physical universe. By comparison with the philosopher's account of man, theology gives us a greater knowledge of human dignity and purpose and a greater awareness of the value of each individual person. For psychiatry, theology supplies the kind of knowledge which can motivate man. It yields a superior explanation

of the meaning of pain and sacrifice and responsibility. It refuses the account of man as a disembodied spirit on the one hand or a highly complicated animal on the other; and hence it provides a pattern for integration and adjustment.

Science Enriches Theology

But while theology affords the broad outlines for man's portrait of himself, the theologian requires assistance from other sciences. Strictly speaking, theology has no need of ancillary instruments including philosophy itself, but the *theologian* has such a need because of the weakness of human reason. When other knowledges contribute to the work of the theologian and when their data are seen in its light, lower sciences actually become theological. Hence, seen first in the context of the soul, knowledge of material causality in man can enrich the achievements of theologians themselves and thus acquire a value that no natural discipline can claim. For instance, the whole of spiritual life is conceived on the analogy of biological life. There is birth (baptism), sickness (venial sin), and death (mortal sin). In such a light, the more we know about biology, the more insights become possible into the nature of spiritual life. The cell theory, for instance, can enrich our knowledge of the Mystical Body of Christ. Behaviorism can assist in the work of educating men, from babyhood until death, toward the Beatific Vision which is the end of all education. Freudian psychoanalysis can help in the problem of penetrating more fully into the weakness of wounded nature. These are only samples of how other knowledges can contribute to theology. *The more the theologian can command other fields of investigation, especially the studies of man, the deeper and richer will be his own vision as a theologian.*

Blueprint for a Synthesis

Scientific investigations usually go through a period of fact finding before theoretical conclusions can be drawn to organize the knowledge into a logical framework. Today, after a century of empirical studies concerning man, there is need to reconstruct experimental findings in the light of well-established philosophical achievements in order to obtain that integral view of human nature which is firm and certain but ever open and encouraging to new discoveries. Aristotle did not have by any means the final account of man,

even in the natural order, but it would be difficult to find a better first answer than his definition of the soul as a life principle, the first act of a physical body potentially alive. The spirit of Aristotle, logician and philosopher, provides the vast blueprint for the integration of philosophy with psychology, of psychologies with each other, of all scientific achievement with common knowledge, and, in the method of Aquinas, of all of reason's progress with theology. Only such an open and nonexclusive view, despite the immensity of the task it imposes, can show any promise for the rediscovery of human nature in the reconstruction of the science of man.

NOTES

1. For a recent statement of this view, see L. Price, *Dialogues of Alfred North Whitehead* (Boston, 1954), p. 7.
2. A summary of Weismann's views appears in P. Fothergill, *Historical Aspects of Evolution* (New York, 1953), pp. 152-60.
3. An important book on the paradoxes of evolution, hardly ever mentioned in this country, is A. Lalande, *Les Illusions évolutionnistes* (Paris, 1931).
4. St. Thomas Aquinas, *Commentary on Aristotle's Physics*, I, 1.
5. See A. Einstein, *The World As I See It* (New York, 1950), pp. 33, 35.
6. *Posterior Analytics*, I, chap. 2.
7. *Commentary on Aristotle's Ethics*, VI, 7; *Book of Causes*, I.
8. *Commentary on Aristotle's Physics*, I, 9.
9. See above, note 7.
10. *Commentary on Aristotle's Physics*, I, 1.
11. See St. Albert the Great, *On the Predicables*, I, 1, 1.
12. *Commentary on Aristotle's Physics*, I, 1.
13. *Commentary on the Sense and the Sensate*, I.
14. This problem has been treated with unusual clarity by C. De Koninck, "Introduction à l'étude de l'âme," *Laval Théologique et Philosophique*, III (1947), 11 ff.
15. K. Goldstein, *The Organism* (New York, 1938).
16. Pain is a form, in accordance with the analogy below. See below, pp. 162 ff.
17. E. Tolman, *Purposive Behavior in Animals and Men* (New York, 1949), p. 7.
18. *Ibid.*, p. 12.
19. C. Hull, *Principles of Behavior* (New York, 1943), p. 21.
20. *Ibid.*, p. 384.

21. S. Freud, *A General Introduction to Psychoanalysis* (New York, 1920), p. 260.
22. *Ibid.*, p. 245.
23. K. Koffka, *Principles of Gestalt Psychology* (New York, 1935), p. 684; W. Kohler, *Gestalt Psychology* (New York, 1947), p. 132.
24. W. Kohler, *op. cit.*, p. 344.
25. Aristotle, *On the Soul*, II, 2.
26. *Ibid.*, chap. 1.
27. For the interrelation of these two definitions, see I. Thomas' "Introduction," *Aristotle's De Anima in the Version of William of Moerbeke and the Commentary of St. Thomas Aquinas*, trans. K. Foster and S. Humphries (New Haven, 1951), pp. 24-31.
28. *On the Soul*, II, 1.
29. St. Thomas, *On Truth*, IV, 8; *Summa contra Gentiles*, I, 98.
30. St. Thomas' views on this point have been well summarized by John of St. Thomas, *Cursus Philosophicus Thomisticus, II. Philosophia Naturalis*, III P, q. 1, a. 7 (ed. Reiser).
31. *Commentary on Aristotle's Metaphysics*, VIII, 2; *On Truth*, I, 5, reply to the fifteenth objection.
32. *Commentary on the Metaphysics*, VIII, 4.
33. *On the Parts of Animals*, I, 1.
34. On the fittingness of the human body for the human soul, see St. Thomas Aquinas, *Summa theologiae*, I, 91, 3.
35. *Commentary on Aristotle's Metaphysics*, IV, 4.
36. *Op. cit.*, p. 34.
37. *Summa theol.*, I, 75, prologue.
38. *Ibid.*



IN THE PRECEDING ARTICLE *the author has mined the wisdom of Graeco-Christian metaphysics for the certitudes basic to any systematic study of the nature of man. But there is another rich source of human data which must be utilized in any valid science of man: his symbols. The activity of symbol-making is specifically and exclusively human; it is also the seed of all civilization. For civilization, which results only from the co-operative effort of all men, is contingent upon communication, and communication is contingent upon the use of symbols, for only by means of symbols can men understand one another. Thus Dorothy Donnelly contemplates the symbolizing function of man, and, drawing not upon metaphysics but upon the documents of anthropology, the tribal arts and classic lore, arrives at a basic formulation of the original and sustained dignity, intellectuality, and humanity of man.*



DOROTHY DONNELLY, M.A.

7. . . . Man and His Symbols

MAN AND THE WORLD

MAN is the only animal who asks questions, and he begins to ask them almost as soon as he can talk. His questions display a boundless curiosity and suggest a relationship to the world different from that of any other creature: that is, although man is in the world, he is not altogether of it, since, if he were, he could not stand apart as interrogator and critic. Whatever inhuman curiosity there is seems to be bound up with matters of practical and immediate expediency. Animals are in a too close and workable rapport with their environment to need to query it; a fish does not ask how he came to be in the water or worry that he may presently be in the fire; he successfully accomplishes his life cycle without the possibility of question or answer. A man, however, has a real need to ponder his place in and his relations to a universe in which he feels himself a stranger as well as a familiar.

To man's scrutiny the universe presents itself in a double aspect, somewhat in the manner of one of those optical illusions in which the eye sees in turn the dark or the light figuration as the predominant one. The two-faced universe appears alternately as mask and as mirror, as hiding or revealing itself, as scrutable or inscrutable; and this rich, baffling, double presentation is a provocative aspect of the individual's experience. As he examines the world around him he finds that it is the great means of revealing him to himself, that the more aware he is of all outside himself, so much the more aware he is of himself; and that the more knowledge he has of things not himself, the more he realizes the rich depths and unsuspected potentialities of his personality. One question leads him on to others, and his attempts at answering take him far afield; but however much he discovers, however much he brings into the clear light and expresses in precise and definite terms, every question answered brings other questions in its train, constantly revealing additional and inexhaustible areas of the unknown.

Thus it seems that man will never be satisfied; he will continue to explore and to find, to accept and to reject, and one of the most fruitful results of this experience will be the realization that the creature, as well as the Creator, is for the human mind an inexhaustible subject. As Pascal said in his *Pensées*, God is a hidden God, and "His image, man, cannot be other than mysterious."

That this sense of mystery was very strong in primitive man is abundantly clear from the evidence of his own words and symbols; for him mystery was at the heart of things, of people, of the whole world. (The modern spirit, on the other hand, the exclusively scientific spirit, is opposed to mystery and aims at its elimination from all domains of life.) A sense of mystery breeds a sense of reverence, and the attitude of respect which it engenders in regard to all being disposes the mind to receive and recognize valuable insights. Thus the primitive has, on the whole, a strong awareness of something lost from life; this apprehension issues from the intuition of his own nature as well as from traces of an immemorial and fragmentary tradition. "For nature is such," says Pascal, "that it everywhere indicates a God lost, both in man and out of man."

No man ever finds his present existence completely satisfying, yet almost everyone has at times a sense of life as a potential paradise. Many myths explain life's present lack as a fall from an original perfection; they project a past golden age of beginnings which is not datable and is not in anyone's experience. Though the modern mind scoffs at such a concept, it looks for a certain future perfection which will be the result of human progress. For the primitive the golden age is in the past, for the modern it is in the future. They are in agreement on this, however; it is not in the present, and no man knows it.

Yet it is this very concept of perfection, the feeling of and need for it, which all men seem to have, that is significant and provides a key to the nature of man and to his history. Why men should feel that things ought to be perfect, when so far as their experience goes things never are, why the individual feels that he is, or ought to be, beautiful, is a deep question. To answer it one needs to know his nature, his origin, and his destiny. Since no man can tell us this from personal experience, we have to discover it from other sources, from supernatural revelation, and through natural reason and other less

easily classifiable regions of the human mind such as the obscure realms of imagination and intuition.

This appreciation of the perfect by and through the imperfect, points to a sense of the lost paradise which appears in myths in so many variations from the grotesque to the beautiful. Whether or not men were once better and wiser, there is the fragmentary but sufficient evidence of their works that *an appreciation of the good, the true, and the beautiful is in man as far back as we can find any sign of him*. He and his works are, of course, inseparable, and his works speak clearly for him.

MAN AND HIS FATHER

A person is lost when he cannot find his way—that is, when he does not know where he is in relation to where he should be. The knowledge of where he comes from establishes a man in his center of gravity and gives him a sense of security. That is why everyone seeks to know his origin. And since in the primal social unit of the home the father is the center of authority and security, one's origin is expressed in terms of one's father. Only by knowing my father can I know my nature. Only in knowing my beginning can I know my end.

The Christian has the assurance of the Scriptures that God created man in His own image and likeness. He knows that he comes from the eternal mind of God. He knows that this Father who created him also provided for him, showering him with wonderful gifts of grace and nature, including the supreme natural gift of consciousness conscious of itself. It is this mirror of consciousness which makes freedom possible for him and which puts upon him the responsibility of maintaining a right relationship between him and his Creator, between finite being and infinite Being. The Christian also knows that the first man failed to maintain the proper relationship, and that as a result his nature was severely wounded and he was only restored as son and heir by One who was both brother and God to him, the only One who could mend, by His two natures, and His will and love, the breach between the divine Father and the human son. In reassuring words He, Christ, restated the relationship between man and God: "When you pray," He said, "say Father."

When supernatural revelation is rejected, the mind seeks for a "natural" beginning of this very fallible yet remarkable animal, looking backward to past time to find traces and clues of man's emergence. In his study of totemism Freud advances a theory about the primal father which is of special interest because of its picture of the father-son relationship involved in the play of dark, divided passions. The father is the tyrant in a primal horde (a hypothetical horde, for, as Freud states, "This primal state of society has nowhere been observed" ¹) in which both father and sons seem to be animated by lust, envy, covetousness, hatred, and greed. If this is an early stage of man's development he would seem to be evil in his original nature. The original father-son relationship would be based on selfishness and the will to power, upon which murder and continual strife follow with implacable logic.

Long before these anthropological conjectures, the Greeks had patterned this dark side of human nature in their myths. Uranus, the first father, foreseeing the future attempt of his sons to destroy him, immediately chained them in Tartarus, but in spite of his precautions he was eventually dethroned by his son, Cronus. Cronus, in turn, swallowed his children at birth to prevent his own downfall, but again, by a ruse, his son Zeus was spared, and eventually obtained for himself the dominion of the world.

As the Christian goes back to the Scriptures for his authority about the Father-God, Freud goes for his to anthropology and the classics. The venerable authority of the classics provides the exemplar of his famous complex centered in the Oedipus triangle of tensions in a passionate, elemental, father-mother-son relationship. In the Greek tragedy there are found many of the same violent passions that were attributed to the primal horde—lust for power, strife, hatred, jealousy—but here they are modified by certain intellectual qualities such as pride, a concept of law, and the love of country, home, and family, and these give to the human group a great dignity and nobility. There are poignant insights in that tragic father-son relationship which show forth the need of every man to know his origin. "Whose son are you?" Teiresias, the seer, asks Oedipus, and this is the question he must answer in order to know his fate and what he must do. It is every man's question.

It is quite understandable that Freud should go to the classics for images of wisdom, for there is the power of the greatest poetry in

Greek tragedy. This inspired art is full of profound insights into the human situation, and it expresses through language elemental and universal states of mind. Jocasta, the mother of Oedipus, perhaps inspired Freud with her words to her son, "Fear? What has a man to do with fear? Nor need this mother-marrying frighten you; many a man has dreamt as much."²

Freud, to whom the classics meant so much, seems to have been influenced by them even in his anthropological outline of the primal horde, wherein one recognizes fragments and echoes of the Oedipus constellation. Though the father-son relationship in the horde is expressed in coarse, brute concepts, there are elements in this passionate struggle of a similar tragedy with perhaps somewhat similar effects. And not only do the primal horde and the Oedipus situation appear to have common elements, but both in turn have overtones of the Scriptural account of the first man and his break with his Father, echoing in many details the fall of man from paradise and his consequent suffering.

Oedipus, in killing his father, killed his king. He thus renounced his father (the spirit) and wedded his mother (the world), over whom he obtained dominion. The dark results of this drama, as of the Biblical one, are the inevitable effects of guilt, exile, fear, and all kinds of despoilment, stated in such lines as these: "Yesterday my morning of light, now my night of endless darkness!" or "Thus two have sinned; and on two heads, not one—on man and wife—falls mingled punishment. Their old long happiness of former times was happiness earned with justice; but today calamity, death, ruin, tears, and shame, all ills that there are names for—all are here."³ These are but two of many striking passages that attain their full implication when seen by the light of Christian interpretation.

There is no intention here to present as fact Freud's hypothesis of the animal-like horde as the primal social condition of man, but only, by it, to throw into relief a certain core of detail which bears suggestive likenesses to the motif of the Genesis account of the first man, his fall, and the subsequent changed results of the human state. That such a fantastic notion as that of an original, wild, social horde can yield items of detail even faintly suggestive of the facts of the Christian account gives brilliant evidence of the universality—that is, the everywhere-ness and in-everythingness—of truth, and how difficult it is to resist the appeal of the true tone in things.

The true tone, in this case, is, not the image itself of the horde, nor the conclusions drawn from it, but the realization of the immense importance of the father-son relationship which is so fundamental that in whatever context it is discerned it throws some light on the human situation. Thus, though the concepts of father and son in relation, and of the dark, psychic effects of guilt, punishment, and fear as manifested in totemic practices, are, in the distorted version that Freud presents, but dim, coarse, and inept images, nevertheless they bear, in the manner of grotesque shadows, some resemblance to the forms of truth.

MAN THE MYTHMAKER

There is a light that shines on the meaning of things, and it occurs in poetry and in the other arts as well as in the common language and common vision of every day. It is the light shed by the symbol, an element so basic in the expression of his thought and emotions that it has been suggested that man be called, not an *animal rationale*, but an *animal symbolicum*.⁴

The play of light and darkness is everywhere in human experience. The world and its details, our thoughts, our friends, seem to be now in darkness, now in light, now masked, now mirrored; and man, the question-asker and the symbol-maker, is always seeking to penetrate the darkness and to see the truth of things by an ever surer light. His speech is full of symbols, of which such terms as darkness, light, mask, and mirror are examples. It is a law of his nature that he wishes to know as much as possible, and the way of the symbol is one of the ways of knowledge. Moreover, it is to most men a more appealing way than the colder one of abstractions because it is more complete and touches at once many sides of his personality. The symbol not only conveys information but does so, in greatly varying degrees, with wit, beauty, and a stimulating compactness.

A symbol is briefly defined as "something used or regarded as standing for or representing something else." The only likely reason for using "something" to represent something else is that the substitution conveys added understanding of a thing or idea. Thus a language symbol, a metaphor, may express a situation and its emotional corona in a few words, and the wit and brevity of its term cast a sudden little flare of light which throws the meaning into pleasing

relief so that it may be apprehended immediately, spontaneously, roundly. In a Paiute song, for example, in which the poet means that he is "beset by unhappy events," he merely says,

Truly buzzards
Around my sky are circling.⁵

The picture is complete. Such a poem illustrates what a Papago Indian meant when he said, "The song is so short because we know so much."⁶

Man's basic urge to know, and to explain the world and himself, resulted early in the myth, which has a close kinship with poetry and is rich in figurative language. The myth, found everywhere, is a product of the imagination and is stated in words. With his characteristic reverence for things, the primitive held words in high regard. "The word, indeed, is power," writes Margot Astrov. "It is life, substance, reality. The word lived before earth, sun, or moon came into existence. Whenever the Indian ponders over the mystery of origin, he shows a tendency to ascribe to the word a creative power all its own. The word is conceived of as an independent entity, superior even to the gods."⁷ Men search the horizons of their minds and memories to tell of the beginning of things—and what do they find? They find, although they do not understand, what St. John found when he wrote: "In the beginning was the Word."

The introductory lines of a number of creation myths are striking in their imaginative evocations. The Zuni, for example, begin theirs as follows:

Before the beginning of the new-making, Awonawilona solely had being. There was nothing else whatsoever throughout the great spaces of the ages save everywhere black darkness in it, and everywhere void desolation. In the beginning of the new-made, Awonawilona conceived within himself and thought outward in space, whereby mists of increase, steams potent of growth, were evolved and uplifted.

There follow the "brightening of the spaces with light," and the appearance of the "world-holding sea."⁸ The myth of a California tribe, the Luiseño, begins as follows:

In the beginning all was empty space. Kévisk-a-tak-vish was the only being. This period was called *Om-ai-ya-mai*, signifying emptiness,

nobody there. Then came the time called *Ha-ruh-rug*, upheaval, things coming into shape.

After this "working in darkness" comes "a gray glimmering," and then "the dimness of twilight."⁹ A Mexican myth says:

A phantasm, nothing else existed in the beginning; the Father touched an illusion, he grasped something mysterious. Nothing existed. Through the agency of a dream our Father pondered long and thought deeply.¹⁰

And the beautiful myth of creation from the *Popol Vuh* of the Mayans says:

This is the account of how all was in suspense, all calm, in silence; all motionless, still, and the expanse of the sky was empty. There was nothing brought together, nothing which could make a noise, nor anything which might move, or tremble, or could make noise in the sky. There was nothing standing; only the calm water, the placid sea, alone and tranquil. Nothing existed. There was only immobility and silence in the darkness, in the night. Only the Creator. The Forefathers were in the water surrounded with light. Then came the word.¹¹

These examples serve to show not only the impressive similarity of many creation myths, and the solemnity and dignity of conception and expression peculiar to this subject, but also the power of imaginative language and the mastery of word and symbol which primitive peoples possess. These mythical chronicles manage to express through the medium of the word the recognition of the symbolic nature of all things, and an awareness of their knowability as well as their unknowability. They show an apprehension of the masked and the mirrored aspects of life and things.

Turning away from the primitive and myth to a passage in Virgil's *Aeneid*, we find another and different, a self-conscious and classic example of the charged and suggestive power of words, of special interest here because the symbolic images open up relevant areas of imaginative experience. Freud perhaps received from them some insights that may have directed him in his conclusions concerning dreams and the unconscious. There is the famed symbol of the golden bough that Aeneas had to have in order to go safely into the underworld. It is a figure of the light that is needed to penetrate

and overcome darkness, of the perception necessary to interpretation; it stands for beauty and form as opposed to, and powerful over, the dark, the negative, and the disintegrated. With it in his possession Aeneas is able to enter the "deep, deep cave," "protected by the dark lake and the forest gloom." This region, Avernus or "the Birdless Place," suggests the dark and unknown areas of the personality, the places of fear and dread. Here Aeneas asks, "O mute wide leagues of Nightland!—Grant me to tell what I have heard! With your [i.e. the gods] assent, may I reveal what lies deep in the gloom of the Underworld!" This is a fine image of the problem of the physician's interpretation and communication of the content of the unconscious. At the entrance to the dark kingdom is a huge tree in whose branches "Roost the unsolid Dreams" and from there Aeneas moves on into "this joyless, sunless abode, these vague, mixed regions."¹²

MAN AND MAGIC

Early man wished not only to know the surrounding universe but to control it in order to satisfy his needs and quell his fears. However faulty he may be as to facts, the primitive is not illogical in his attempts at control. He knows intuitively that the chaotic and the formless are not subject to control, that there can be control only where order and coherence exist. He does possess an elementary system of order, and his method of control is consistent with the principles of that system which has been termed animism.

Basically, animism is the belief that all natural objects possess a soul. There is something in everything which is the cause of its being what it is. It is the power of the thing. It may be benign or malevolent, but in either case it is seen as subject to control, whether by appeasement with offerings or by the domination of a superior power. It is the supernatural power possessed by men and objects in varying degree which must be controlled—and by someone who has it in himself in very high degree.

A specialist was necessary for this immensely important control upon which the welfare of the whole community depended. One of the first such specialists was the rainmaker, selected out of the group because of some extraordinary signs of a concentration of power. Rainmaker, magician, medicineman, shaman—these are all delegates of control who act for the communal welfare.

Outstanding in the technique of control are the fetish, the mask, and the formula. The fetish is an object, natural or artificial, in which there is a very high concentration of power. It may be a statue, a stone, or a bundle of magical objects; the fetish bundle is a kind of trap that attempts to cage divinity, and therefore it is regarded and handled with reverence and awe, and is the central object of many ceremonies. The mask itself, considered as the abode of the deity, is often a fetish, and it is one of the most interesting and revealing creations made by men to bring about control through magic. The mask is the countenance of the deity, and "the fetish dancer who wears it is supposed by its aid and his skill to evoke the presence of the spirit-deity it represents." "The mask represents in a way the countenance of wisdom; in the case of a 'devil' mask, inverted or diabolical wisdom." The carver of West African masks "simplifies or abstracts them to express the spiritual world of belief mirrored in the natural world."¹³ Among the Iroquois Indians the preliminary carving of the masks "is done on living trees because the Indians wish the masks to be alive also."¹⁴

The mask hides the natural appearance and reveals the inner power or spirit. In this sense it is a kind of sculptured metaphor. In some masks a piece of looking glass, as having peculiar magical significance, is inserted. A "horse-antelope" mask of the Gold Coast has looking glass eyes that give it a wild, flashing appearance. "Looking glass," says Leon Underwood, "had a great attraction for the fetish artist, with its ghostlike property of mirroring images and projecting bundles of the sun's rays." He describes a mask in which a piece of looking glass was attached in such a way that any person coming close enough to the fetish mask might see his own face "reflected in the mask of his protective deity." Also, with the movement of the magician wearing it, "Shafts of dancing sunlight were scattered among the initiates."¹⁵ In this case the supernatural power appears as benevolent and reassuring.

The third design for control is the formula, a variation from the others and one that satisfies further psychological exigencies. The formula, often very brief, like a medical prescription, consists of words arranged in an unvaried pattern necessary to its efficacy. Whether they are written or spoken they form a design that is set like a seal upon space. When the formula is combined with ritual the intricacy of the design is increased and the effect intensified.

The result intended through the formula is considered to be assured by the precision and invariability of these mobile, transient designs; the very neatness and order impart an impression of the security and finality of a mathematical control.

Formula and ritual, which seem to be universal, and which reach a high complexity among the Mayans and Aztecs, exhibit some of their most elaborate expressions among the ancient Egyptians and are recorded in the *Book of the Dead*. The chief purposes of these texts are to give the dead person the power to have and to enjoy life everlasting, to give him all that he requires in the next world, to procure for him the power of going where he pleases, to preserve the mummy intact, and like considerations.

The Egyptian believed that every word spoken under certain circumstances must be followed by some effect, good or bad; a prayer uttered by a properly qualified person in the proper place, and in the proper manner, must necessarily be answered favourably.

The Egyptian notion of the efficacy of words had its origin in the belief that the world and everything in it "came into being immediately after Thoth had interpreted in words the will of the deity."¹⁶

An example from the *Chapters of Coming Forth by Day* will show the type of formula and rubric. The vignette of "The Chapter of Not Letting the Heart of a Man Be Driven Away from Him in the Underworld" shows the dead man "with hands raised in adoration, standing before a beetle placed on a pedestal." Kheper, the beetle, is the type of the self-begotten god, the creator of the gods and of heaven and earth and all that therein is, and the symbol of the resurrection. The text consists of certain invocations to obtain the full possession of everlasting life for the dead person, the mediator repeatedly addressing the heart, which is considered to be the seat of life and the source of good and evil thoughts, and is absolutely necessary for complete life in the new world.

My heart, my mother [he prays], my heart, my mother. My heart of my existence upon earth. May naught stand up to oppose me in judgment; may no evil be wrought against me in the presence of the gods; let me not die.

The rubric specifies that this formal plea shall be recited over a basalt scarab which shall be set in a gold setting, and it shall be placed

inside the heart of the man and there shall be recited as a magical charm the words: "My heart, my mother; my heart, my mother! My heart of transformations."¹⁷ The symbol of basalt for the heart denotes in itself the integrity and imperishability of the personality.

Word and symbol are everywhere conceived as powerful forces in the technique of magic, and, under innumerable guises and variations, are utilized by man in his attempt to control environment.

MAN AND ART

Underlying every activity of early man, as we are able to judge from the fragmentary but sufficient evidence of objects, myths, poems, and ceremonials, is the typically human urge toward form. It is the impulse to set the seal of order upon the chaos of an uninterpreted world. It is always in the direction of affirmation, and attests not only to the desirability of life but also to the need of formal expression of attitudes and feelings. It proceeds from the impulse to create—which is the impulse to be like God.

Concomitant with the impulse to create forms is the desire to endow them with beauty, which is included in the perfection of a thing. Whenever man attempts to exercise control over his environment, whether it be through words or the dance or stone or paint, he invests with beauty the forms and symbols he creates; or perhaps it would be more correct to say that he thinks them, sees them, imagines them, and expresses them in beauty that he feels to be an inherent property in the nature of whatever it is he is trying to make. It is in the realm of art that the soul and the senses seem to be in the happiest collaboration.

The prehistoric flint arrowhead, a useful and common instrument, made in the ages usually considered to be dominated by physical strength and violence, is very often a beautiful object with a fragile, leaflike appearance. The entire surface may be finely chipped so that it is covered with a design of ripples, and the fluted edge executed not only with precision but so as to achieve an effect of elegance. It is easy to see that primitive man needed an arrowhead for his hunting, but one is led to ponder a little the fact that he took such time and care to make it a thing of beauty.

The root of this urge seems to be in something very deep, perhaps in the basic and personal capacity for freedom, and in the de-

sire to exercise freedom in the making of something that is beyond the demands of necessity. Necessity, in this case, demands a sharp and accurately weighted object, but it does not require a beautiful object. Yet we find that knives, palettes, spoons, bowls, and canoes, as well as arrowheads, are fashioned not only functionally, but with something added which while not absolutely essential, contributes incomparably to the delight of existence. The incising on a finely shaped knife blade, the smoothed and engraved slate of a palette, the lively figure forming a spoon handle, the elaborate scrollwork on the prow of a Polynesian canoe, the touch of red ochre on a clay ceremonial statue—all these proceed from something in the nature of man and offer vital clues to the understanding of him. Without these touches of radiance something would be lacking in men's works; they would be like faces without smiles or fruits without color. They testify to the human response to the grace and the éclat of life.

Men express their attitudes and reveal their capacities through things that they make. A made thing is a human document just as a dream is, and it asks for a sensitive interpretation. In well-made works there is the mark of a vital freedom and of a love and respect for things. It is not only the modern and more self-conscious artist who puts himself on his canvas. Every true artist does this. The very earliest sculpture and painting show the thing filtered through the artist's mind and bright with the imaginative effects of his emotions and responses. The little prehistoric sculpture known as the Venus of Willendorf, for example, is a very revealing object. One is able to say much more of it than that it is a fertility symbol. Not only is it possible to separate such physical characters as the steatopygous conformation, or such cultural traits as the coiffure and the bangles on the arm which an anthropologist would probably mention, but also to distinguish some of the more profound and universal human qualities. One can see in it clear traces of human love, the love of woman, and the love of rendering a loved object which is characteristic of art. There is evidence in it of a certain sensitive tenderness and of femininity; sculpturally, too, it is satisfying, a nicely shaped, weighted, and proportioned mass.

The head of a young ibex in one of the Magdalenian caves,¹⁸ a sculpture in high relief on limestone, is a thing of great charm, and it is difficult to say whether one learns from it more of the ibex or of

the artist. As to the young animal, there are the sprouting horns, the candor of the large, surprised eye, the upturned angle of the droll mouth, an expression all eagerness and interest. There is no question but that human appreciation is written over this presentation; it is full of humor, gracefulness, pertness, and freshness. What is shown is not only the ibex, but the ibex enjoyed, and a whole, affirmative attitude toward life is indicated.

MAN—SEX AND MIND

In his study of mores, William Sumner names food and sex as the first two of the basic interests of primitive man.¹⁹ (One need only leaf through any smart magazine of today to conclude that this is also true of modern man.) If so, one might reasonably expect to find in his art, which will reveal his basic interests, a preponderance of phallic symbols. This is not, however, borne out by the evidence.

Perhaps the oldest known piece of sculpture, dated approximately 30,000 B.C., is the ivory head of a woman. Whatever its purpose, whether for magical, religious, or profane use, the serious expression, the downturned eyes, the dignity and accented intellectual and spiritual qualities shine through the material and the shape, even in a photograph, and come through to the imagination. The expression and the tilt of the head remind one of the Abydos king, that early Egyptian ivory carving which is of such singular beauty.

Sex, obviously, is of basic importance. God created His animals male and female, in the fundamental polarity of sex, and the first direction He gave to them was to increase and multiply. On the other hand, the fact that He made Eve as a companion for Adam shows a far deeper original intention for them than the exclusively animal functions of feeding and breeding; it indicates a provision for equality, likeness, freedom, and joy in all the ranges of their life together.

Sex is basic, but, for human beings, not primal, either in time or in order of importance; the initial direction, which indicates the accent of importance, is intellectual. Before Eve existed, Adam, in an activity that was altogether of the mind, "named" the animals. The term "mind" includes not only the intellect, but the will and the power to love.

The works of primitive men reflect the original order in spite of the universality of fertility rites and the tremendous importance at-

tached to them. Naturally they were important, since they were considered essential to the continuance of life. Yet the objects which were made by these primitives, and which we have before our eyes as evidence, reflect an intuitive knowledge that the power of control in all human areas was an inner one, a "mind" one. This may explain the greater interest in representations of the head than in phallic symbols.

From the gigantic stone Easter Island heads, to the powerful African masks and Benin bronze heads, the curious Aztec crystal skulls, the ancestor heads in Oceania, the "strange, long-necked human heads of alabaster, found in one of the older strata"²⁰ in an excavation in Syria, terra-cotta heads from Ife, and innumerable others, an impression is formed of the respect for and cognizance of the head as the controlling center of man, and the eye as a supreme agent.

One can deduce from many examples the attitude regarding the importance of the head. At Ife "dozens of beautiful terra-cotta heads were kept in a shrine outside the town,"²¹ and certain other bronze ones were removed on festival days from the palace and carried to the shrines, where they received due veneration as objects having special spirit-power. Certain Oceanian ancestor heads are built up on the skull of the dead person because the "skull is regarded as the abode of the still-existent vital power of the ancestor."²² The wooden prow-ornaments of Solomon Island canoes are often shaped as human heads, and the inlaid eyes of mother-of-pearl are no doubt intended to see for and to guide the boat.

In most ceremonies to control the rain or increase fertility it is the head that plays the dominant role. Mana exists in the mask that the priest-magician wears, and the inner eye of power, the mask's and the magician's, looks through the external one, and dominates it. The mask, according to Abbé Breuil, has power in itself and assures magical force to its possessor.²³ The head, like the fruit on the branch, is a concentration of strength; as in a sun its dense center is the source of the shining. The symbol of the head, as the mask indicates, is the source of differentiation and of personality; in it originate governing power, perception, knowledge, vision, speech, hearing, imagination, sense of beauty, the forces of reason, intention, spirit, will, and emotions. In comparison the phallic symbol is inadequate and minor.

MAN AND PERSONALITY

Time and existence begin for each man at the tremendous moment of his birth, when he is thrust, a unique being, into the midst of a mysterious world with which sooner or later he must come to terms. It is to all appearances the same world, yet different for every man because every man is different from every other one. According to his given capacity and the energy of his will, each man sees, knows, and loves the world, but never quite as another knows it.

A man's second birth, his entry into adulthood, occurs when sufficient experience of life, gathered through the senses and co-ordinated by the mind, enables him to utilize his inner resources in such a way that he begins to dominate his environment in and through steadily enriching and fruitful activities. The more aware and awake the person is, the more he seeks his own personally proper direction. In order to do this, and to discover his own center of gravity, he must in some measure know and understand himself. In the course of his investigation he is almost certain to ask himself where he came from, what he is, and where he is going; the answers are to some extent made known to him by what he wants. It is right then that the catechism should start out by asking, "Who made you?" and "Why?" Unfortunately, however, because of the cut-and-dried answers, the small experience of the young catechumen, and the utter lack of emotional content or personal tone in the answers as stated, the tremendous implications are not searched out or understood. They provide, nevertheless, basic material to begin on and to build upon.

In his searching of himself, in his contacts with people and things, a man learns and deepens. Experiences of fear and of love emerge, tensions form, reactions set in, desires and frustrations occur, rebellions and affirmations come into existence and struggle in him for dominance. And through all this he is constantly but dimly aware of a never achieved but always possible state of perfection in which all contradictions will be resolved and all storm and stress removed. Though Freud finds the presence of the sense of guilt the most important problem in the evolution of culture, it seems to me no more profound or strange than the quite as prevalent concept of perfection which persists in the midst of universal and personal calamity, uncertain life, and certain death.

A man's effort to find himself, to establish himself in order amid the general confusion, is not always successful. Those who get lost in the midst of the "dark wood" need help. In primitive societies there was the medicine man, to whom everyone looked with confidence to drive away devils and control all the forces of fear. On the momentous occasion of initiation it was he who led the boys, by way of traditional ceremonies, past the dangers that threatened them and brought them safely to a second birth and into the full life of adulthood in their society. And in all other crises in the dynamics of group life he was there to mediate with the supernatural for their welfare. Their confidence in him was complete.

There are today as dark and deep confusions as ever existed among primitive peoples; there are as many fears, and many more tensions, and the confidence in a mediator has dwindled. All men suffer from this state of things. To be a Christian is no guarantee of freedom from anxieties and neuroses. The life of grace certainly does not free one from suffering, nor does it eliminate all traces of the Fall: there is still the darkness of the understanding, the weakness of the will, and the inclination to evil. Moreover, each individual has to cope with the strengths and weaknesses of his own physical, psychological, and spiritual make-up, and with the continual press of his own complex of circumstances as well as with the impact of the make-up and complexes of other people with whom he becomes involved. It is when he is unable to cope with his problems that he, too, needs a mediator, a physician capable of restoring order in his disturbed house.

Obviously anyone who attempts to point out the way to others must know it himself. And he must have a wise understanding of man, his shallows and his depths, his strengths and his weaknesses. But how is man, "the unknown," to be known? His works and his acts will reveal him, as Christ pointed out when He said, "By their fruits you shall know them." The best way to know man, any man, is to observe what he makes, for what he freely makes or does, shows what he is and what he loves. It is not when he tries to explain himself that he best reveals himself, but when he tries to express himself.

The dream is one means that the unconscious uses to express itself. What the deeper levels of the conscious mind have expressed through the ages is to be found in the content of men's works.

To discover what man's works say of him one has only to look at the remnants still existing of all that from time immemorial he has done. They express an unbroken line of affirmation, autonomy, and vitality, and they show forth the desire of beauty, perfection, freedom, hope, and love. When a man makes, or does, he brings into existence something that is stamped with his seal. When he makes a myth its substance takes shape from his various desires and efforts—to know, to understand, to adore, to penetrate mysteries, to discover, to break out of a confining shell into greater fullness and greater light. His ceremonials, rituals, dances, whether for making rain, for increasing fertility, for subduing devils, for celebrating the great occasions of birth and death, or out of sheer joy and exuberance, are always formed on and show a delight in order and design; and no matter how fantastic or grotesque they may be, one can discern within them the germ of the will to life. Even the elaborate codes of taboos restrict action in one direction only to permit greater freedom in others; whether wise or not they are oriented toward well-being. If law and ceremonial become at times too complex and over-organized and systematized, that is, alas, the inevitable tendency of almost all human efforts at control.

When a man makes a clay pot, and then, out of the free choice of his will to beauty, draws a design on it and enlivens it with a bit of color, it is a momentous experience; it is a declaration and a testament of what he is, or would be. That the result is not always successful "art" is relatively unimportant. What is significant is the evidence of what sort of thing it is that attracts the human mind. In regarding the red design on the clay or the contours of the little statue of a woman, we realize with something of a thrill that they express a feeling for life which we recognize as common human experience. They are symbolic figurations that proceed from the human imagination and they provide a language that other imaginations can understand and interpret. Art is not esoteric and isolate; the whole community is involved in its use and enjoyment. The artist, as a specialist like the rainmaker and the king, is the delegate of the people.

We respond to symbols. We are struck, for example, by a Bushman painting of an ostrich hunt. Our response is not exclusively an aesthetic one: it is in part an emotional sympathy with the élan, the verve, the appreciations, the affirmations, discernible in the work

and recognized by us. We respond to the creative forces which are back of the image and which we have known in our own experience. We feel the impact of things as symbols of the inner forces that project them. Our own responses prove the timelessness of men's desires and emotions.

The evidence of *things* is always more powerful and direct than that of theories; moreover, men find in the works of one another the corroborations of their own surmises about themselves and the world and their common destiny. Nothing, it would seem, speaks so clearly, strongly, and directly of the existence, power, and love of God, and of the tremendous freedom, integrity, and inviolability of the human personality, as the works of man and the forms brought into existence by his free will.

Art, the result of a creative act, may indicate a competition with the Father, more subtle but just as fateful as the conspiracy of the horde to murder Him. It may, on the other hand, represent a search for Him and a path by which to find Him, for art is pre-eminently a way of knowledge and a way of love. When man makes things, seriously, he manifests himself at one of his highest levels and shows what he aimed at and was attracted by rather than the routine activities of his days. In the past as in the present, the procuring of food and the demands and pleasures of sex occupied much of his time. Quantitatively they were predominant in his life, but qualitatively they were not of first importance. It is his enduring works that mirror the outlines of his deepest desires and expectations, his potentialities as well as his capabilities.

A man shows himself most completely human when he acts in freedom. It is therefore of the utmost importance to understand the nature of freedom in order to help someone whose freedom is impaired. It is necessary to see that true human freedom is not the power to follow every fleeting whim and transient emotion, that it is not simply to do exactly as one pleases; that it is, rather, the power to choose, and to labor, when necessary, to maintain that choice, as a man labors when in order to reach a certain place he is forced to walk against the wind. *Any attempt at healing mental illness which does not take into consideration the patient's deepest human capacities, including that of suffering, is inadequate.*

It is in the mirror of his words and forms that early man reveals himself to our analysis. The air of freedom in them and the signs of

beauty state that they are the works of love. His making, therefore, reveals at the center of his activity the need to love both the immediate, relative object (his "neighbor") and an absolute object that is the center and pole of his being (God). (The commandment to love is a *commandment* only because it deals with an ineradicable need of our nature.) Without the Absolute Object, relative objects of love are lacking in meaning, and so we see that the Father is at the heart of the human search because He is absolutely necessary to the equilibrium of our own incomplete nature. Without Him everything is rootless and adrift.

The truth that man is in all ages, early and middle and late, essentially the same, in his weaknesses and strengths, in his hopes, desires, and powers, in his failures and successes, that he is always, in the very center of himself, whole and free, is signed in and shines through his works. The "incontrovertible voices" of his symbols state it.

NOTES

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16. *Book of the Dead*, trans. E. A. Wallis Budge (London, 1898), cxlvii, cxlviii.
17. *Ibid.*, pp. 77-78.
18. H. Breuil, *Four Hundred Centuries of Cave Art*, trans. Mary E. Boyle (Paris, 1952), p. 336.

19. William Graham Sumner, *Folkways* (Boston, 1906), p. 18.
20. Adam, *op. cit.*, p. 137.
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THUS TO OUR DEFINITION of man we can now add one more term—that of man the symbol-maker. But Mrs. Donnelly's material also demonstrates another important fact (adverted to in other connections throughout the book) about man—that he has fallen from a pristine greatness. Whether as a result of that original fall from grace, or simply as flowing from his human nature, man is bound to die of something, and his death-process is bound to be more or less unpleasant. How can this inevitable be reconciled with the medical preoccupation of obliterating disease and prolonging life?—and this reconciliation is crucial to a Christian concept of medicine. Is there a *via media* between the “intellectual sloth” or even superstition of those misinformed Christians who suspect all curative measures of traversing the will of God (not to mention the quasi-masochists who love suffering for its own sake), and those hopeful hedonists who would isolate the diseased from the body politic, and dream of the day medicine—particularly psychiatry—shall have wiped out disease altogether? This is a theological question and (pace Dr. Zilboorg) it deserves a theological answer. Disease, the proper study of medicine, must be studied as well from a non-medical, indeed nonpsychological, standpoint, for, as an alteration of man's essential being, it is but rarely so circumscribed that it does not alter that man's total world and that of the whole human economy as well. . . . In quest of sources for an answer, Dr. Láin Entralgo, writing not now as a psychiatrist but as a historian of medicine, searches Christian and pagan scriptures, the classics of antiquity, the writings of patristic and medieval scholars, and the liturgy of the Church, and fashions from his texts a groundplan for a theology of disease which provides ample room for the providential role of medicine in fulfilling and perfecting the created universe.



8. . . . An Approach to a Theology of Illness

THIS CHAPTER is entitled an "approach" for two important reasons: the background of its author and the present position of theological thought on this matter. Since the author is an historian of medicine and not a theologian, his thoughts upon theological problems, even those of illness, should best be considered an "approach." Moreover, the theologians themselves have not yet treated of the theme of illness with sufficient clarity and precision. Theological works as recent and as close to individual problems as *Théologie des réalités terrestres* by Gustav Thils and *Sens chrétien de l'homme* by Jean Mouroux, S.J., either do not treat of or consider but briefly the great fact of human illness. It could be said that, in regard to the nature and significance of illness in man's existence and in the order of creation, theology itself has not yet advanced beyond that word "approach," which necessarily qualifies the title of this chapter.

Three main questions will confront anyone who aspires to formulate a theology of illness. The first concerns the state of sickness itself: From the point of view of a Christian theologian, in what does illness consist? The second refers to the origin of illness, so far as it constitutes a generically human affliction: What can Christian theology tell us about man's natural predisposition to illness? The third concerns the treatment of the sick man and the question: Is there a theology of medical assistance?

I. THE NATURE OF HUMAN ILLNESS

Whatever the theologian can and must say about illness will depend first and foremost on what is said about it in the New Testament. Let us see first whether these writings contain a germinal doctrine of human illness and then we shall attempt to state in an orderly fashion whatever theological principles we may find.

There are many references to illness and medicine in the New Testament, but in order to have a precise understanding of these frequent allusions to illness we must distinguish between two manners of speaking. One is metaphorical, wherein Christ is presented as the true way for man to attain "health." The other is direct and it consists in a description of the effective and personal reaction of Christ and His Apostles to various types of actual sickness.

No sooner had Christ started His public life than the Pharisees were scandalized at His frequent association with publicans and sinners. He answered them by saying: "It is not the healthy who need a physician, but they who are sick."¹ Christ here presents Himself as a physician and in a metaphorical or analogical sense He speaks of sin as a sickness of the soul. This explains the frequency with which the early Christian writers, such as Ignatius of Antioch, Tertullian, Cyprian of Carthage, Clement of Alexandria and Origen, use the phrase, "Christ, our physician." This fact led to three notable consequences: the argument between the Christian apologists and the ~~non-Christian writers as to whether it was Christ or Asclepiades who~~

born blind?" Jesus answered: "Neither has this man sinned, nor his parents, but the works of God were to be made manifest in him."² In accordance with the popular opinion of the Jews, the disciples had ascribed the physical affliction to some sin of the sufferer or his parents. The ancient interpretation of human disease persisted in Israel: it was a consequence of sin, a physical affliction that could even be transmitted by heredity. This is what makes Christ's answer so surprising. As W. von Siebenthal has remarked, the words of Jesus are an answer to two questions: the cause of the illness and its significance; in other words, the efficient cause and the final cause of illness. As to the efficient cause, the answer of Jesus is decidedly negative: the physical affliction to which the disciples referred is not the result of sin. As to the final cause, Jesus says that the purpose of this affliction is that the works of God may be made manifest in the sick man. Consequently, the man can be sick without having sinned.

The same teaching is found in Christ's words to Lazarus' sisters when they came to tell Him of their brother's illness: "This sickness is not unto death, but for the glory of God, that through it the Son of God may be glorified."³ The most conservative conclusion we can reach is that for Jesus, human illness is not necessarily a consequence of sin.

Did Christ ever say that in some instances physical ailments may be due to the personal sins of the sick man? Certain authors, such as W. von Siebenthal and H. Greeve, believe that this occurred at least in the case of the paralytic cured at Capharnaum. The incident is recorded in Matthew, Mark and Luke.⁴ The following words are from Luke:

And seeing his faith, He said, "Man, thy sins are forgiven thee." And the Scribes and Pharisees began to argue, saying, "Who is this man who speaks blasphemies? Who can forgive sins, but God only?" But Jesus, knowing their thoughts, answered and said to them, "Why are you arguing in your hearts? Which is easier to say, 'Thy sins are forgiven thee,' or to say, 'Arise and walk'? But that you may know that the Son of Man has power on earth to forgive sins"—he said to the paralytic—"I say to thee, arise, take up thy pallet and go to thy house." And immediately he arose before them, took up what he had been lying on, and went away to his house, glorifying God.

Now, does this text prove that in reality and in the mind of Jesus there was a causal relation between the sin and illness? Not at all.

The paralytic is not cured by the simple forgiveness of his sins; there is a *second and new* miraculous intervention on Jesus' part. Had the sins of the paralytic been the cause of his affliction, the miraculous absolution from sin would have been followed immediately by his cure. Moreover, the cure would not have been miraculous, but a simple verification of the principle, *sublata causa, tollitur effectus* (If the cause is removed, the effect is destroyed). It did not happen that way. Christ found it necessary to perform a second miracle to cure the paralytic.

Nor does the case of the man cured at the pool of Bethsaida prove anything further. Jesus cures the man without previous forgiveness of his sins and then He says: "Sin no more, lest something worse befall thee."⁵ Was Christ teaching here that there is a causal relation between sin and illness? It does not seem so.

The Judaeo-Hellenic Attitude

To grasp fully the historical significance of Christ's words to the man born blind it is necessary to recall the Judaic attitude toward illness. This attitude was a mixture of two distinct elements: the extreme naturalism of the Greeks and the extreme individualism of the Hebrews. The Hellenic mentality, accustomed to search in the physical order for the first cause of all actual movement, tended to regard any moral disorder as a consequence of a physical one. Consequently, sin (*hamártèma*) would be the result of a lack of harmony (*dyskrasia*) in the combinations of humors. A century and a half after Christ, Galen wrote three significant treatises that expressed the physiological teachings commonly believed by the Greeks: *Quod animi mores corporis temperamenta sequantur* (which purposed to show how the habits of the soul were dependent primarily on the *crasis* or humoral constitution of the body); *De priorum animi cuiusdam affectum dignotione et curatione* (on the diagnosis and treatment of various emotions such as anger and fear); and *De cuiuslibet animi peccatorum dignotione et medela* (on the knowledge and cure of sins [*hamartémata*]). Undoubtedly the Greeks considered a sinner to be above all a sick man and for that reason morality pertained to the sphere of the physician.

Diametrically opposed to this Hellenic naturalism was Hebrew personalism, which saw the sick man as a sinner. Physical illness was the consequence of sin, a corporal punishment for the transgression

of the moral law. As a result, its diagnosis and treatment would be primarily the concern of the priest. The Jew saw the physical reality of man from the viewpoint of his moral responsibilities; whereas the Greek tried to understand the moral responsibility of human actions solely from a consideration of the physiology of the man who executed those deeds. The whole of Assyrio-Babylonian medicine was based on that same Judaic belief, and the words of Eliphaz,⁶ as well as the question asked Jesus by His disciples regarding the man born blind, are founded on this belief.

Against this background, Christ's attitude toward human illness appears even more extraordinary. His words manifest a clear discernment of the difference between sin and sickness. True, both are disorders in human life, but they are not to be confused. The possibility of their analogical or metaphorical relation does not exclude their radical and qualitative distinction.

The First Christians

Although a Christian must remain faithful to the anthropological principles implicit in the New Testament, his classification of disease is open to the free discussion of doctors. This is verified by the vicissitudes of medicine in the Apostolic and Patristic ages. There was no lack of physicians among the early Christians. Several of them became martyrs for their faith (for instance, Alexander the Phrygian and Zenobius). Another, Theodotus of Laodicea, became a bishop, and Eusebius of Caesarea describes him as "eminent in curing the human body and without equal in curing souls, in his love for his neighbor, in nobility of spirit and in compassion for others."⁷

What did those first Christian physicians think of human illness? None of them has left his ideas on the classification of disease in writing, but we do have sufficient evidence to know that Greek pathology was quickly and widely accepted, although cautions were numerous against the excesses of its naturalism. Eusebius of Caesarea relates that in the year 200 a group of Christians in Rome cultivated Aristotelian philosophy, Euclid's geometry, and natural science. He adds: "Galen was venerated by some of them."⁸ This veneration reached such lengths that several Christians were excommunicated. The Bishop of the Roman community would not have been ignorant of the fact that Galen, *De usu partium* (XI, 14), de-

nied the omnipotence of God, thus opposing the common belief of Christians. It is also evident, however, that both Origen and Gregory of Nyssa accepted Galenism and Greek medical theories.

With the first Christians, as with the Greeks, illness was considered a more or less lasting "preternatural disposition" of human nature, a *diáthesis pará phýsin*. The anti-Hellenic attitude of men such as Tatian and Tertullian was sterile and uncommon. Yet, we should not be led by this to think that the early Christian physicians and thinkers understood either the healthy or the sick human body in the same way that Galen did. A long series of therapeutic practices, to which I shall refer later—for instance, the treatment of incurable diseases, the charitable care of the sick, the Christian version of Greek philanthropy, *philanthrōpía*, the use of speech as a medium of comfort, and the sacramental anointing—testify that the Christian concept of illness was radically different from the Hellenic notion, although Greek medicine was widely accepted among the early followers of Christ. But, before proceeding to a systematic analysis of the doctrinal foundations and theological principles of the Christian concept of illness, it would be well to discuss briefly the origin and treatment of illness.

BIBLIOGRAPHICAL NOTE

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II. THE ORIGIN AND MEANING OF ILLNESS

Reflection on the origin of illness raises two theological questions. The first concerns illness as a peril and vicissitude of human nature in general. The second concerns the pathological condition

itself as an individual, concrete affliction. Let us examine these two questions separately.

Every man finds himself constantly prone to become sick. Every man, at one age of his life or another, suffers some kind of illness. Although experience proves the truth of these two propositions, many serious anthropological questions arise from them. Has this general human disposition to illness always existed? If not, when and how did it appear in the human race? What can Christian theology tell us regarding this point?

Theological treatises answer these questions by explaining the effects of original sin on human nature—that is, when theologians speak of the extent of the *vulneratio in naturalibus*, or the wounding of human nature, to which Venerable Bede alludes in his traditional phrase. According to the common teaching, the state of original justice, which was Adam's before he sinned, was endowed with a series of supernatural and preternatural gifts in virtue of which, besides other more purely spiritual goods, he enjoyed immortality, knowledge, and complete immunity to illness and suffering. It is also certain, the theologians tell us, that human nature as such, or what they call "pure nature," could suffer pain and illness. In other words, even if man had ever existed in a state of pure nature (which never seems to have happened, because the state of pure nature is nothing more than an ideal construction in the mind of the theologian), it is certain that man would have been afflicted by sickness even as other living beings are.

Before the Fall

From the time of his creation to his first sin, Adam lived in the state of original justice and was on that account exempt from both corporal and spiritual suffering.⁹ St. Thomas was asked once if the body of the first man would suffer injury upon collision with a hard object, and he answered that in the state of original innocence the body was preserved from harm, both because of the rational foresight consequent upon Adam's knowledge and because of a special disposition of divine providence which spared our first father from being confronted with unexpected situations.¹⁰ St. Augustine has left us an imaginary poetic vision of the first man's bodily and spiritual happiness before original sin.¹¹ In another text St. Thomas asserts as traditional Catholic teaching that Adam could not suffer any harm

to his soul or his body (*neque quantum ad animam, neque quantum ad corpus*).¹² Scheeben, Tanquerey, Janssens, and many others nearer our own time hold the same thing to be true. For example, A. Michel writes in connection with a theological study of the state of original justice:

Thanks to his knowledge, by which Adam was able to know whatever was harmful, useful or necessary to him in the temporal as well as in the spiritual order; by which he could make full use of his knowledge without interference from his lower appetites; thanks to his immortality, which excluded every internal or external source of corruption; and thanks also to the special providence that went with the state of innocence, our first parents were able to avoid all sorrows, illness and spiritual and corporal trials.

Our first parents lost their state of original justice after committing the first sin, which also resulted in the loss of all gifts and a wounding in their nature, the *vulneratio in naturalibus* of which St. Bede spoke. It is also a dogma of faith (since the Council of Trent) and a constant doctrine of Catholic theology (at least since the time of St. Anselm and St. Thomas) that the wounds of original sin did not involve an essential corruption of the constitutive principles of human nature. This dogma is opposed to the anthropological pessimism of Luther, Calvin, Baius, and Jansen. Original sin despoiled Adam of the supernatural and preternatural gifts inherent to the state of original justice and, when original justice was lost, human nature, as St. Thomas says, "was left to itself."¹³ Therefore, rather than an essential corruption, the wound of fallen nature consists in a disorder consequent upon the loss of the supernatural and preternatural gifts that Adam had possessed before sinning. Domingo de Soto, Suarez, Bellarmine, Goudin, and Billuart later completed St. Thomas' teaching on this matter. Soto's happy illustration, later repeated by Bellarmine, aptly expresses the common teaching of post-Tridentine theologians. He compares the difference between the hypothetical pure nature of man and fallen nature after original sin with the difference between the nakedness of man who has always been naked and the nakedness of man whose clothes have been taken from him.

After the Fall

Our present task is to enumerate the wounds of fallen human nature as they are manifested in our concrete human existence.

According to St. Thomas and traditional Catholic teaching, four wounds have afflicted the soul and they correspond to the four cardinal virtues: ignorance, a wounding of reason and prudence; malice, a wounding of the will and justice; weakness, a wounding of the irascible appetite and fortitude; and concupiscence, a wounding of the concupiscible appetite and temperance.¹⁴

To these wounds must be added those that affect the body—that is, death and all consequent bodily defects.¹⁵ It is curious that in the cited passage St. Thomas does not expressly mention illness among the bodily effects of original sin; he speaks of death and “other bodily defects.” But he is more explicit in his *Summa contra Gentiles*, where he states that both organic and psychic illnesses may be considered from a purely philosophical point of view as probable indications of original sin.¹⁶ St. Bonaventure says that the corporal effects of our first parents’ sin were “a multiplicity of defects, labor, sickness, and sorrow.”¹⁷ This opinion has been held by Christian thinkers since the time of Theophilus of Antioch (*Ad Autolyicum* II, 25), St. Methodius of Lympus (*Aglaophon* I, 25, 26), St. Athanasius (*De Incarn. Verbi*, 3–4), St. Gregory of Nyssa (*De beat.*, or. III; *Or. Catech.*, V), St. John Chrysostom (*Ad pop. Ant.*, hom. XI, 2; *In Gen.*, hom. XVI, 1–5), and St. Anselm (*De concep. virg.*, II). The same opinion was held by Domingo de Soto after the Council of Trent (*De nat. et gratia* I, 13; *In Rom.* V, 153; *In IV Sent.*, 6, 1, 2) and in our own time by Scheeben, Janssens, Tanquerey, and Gaudel. Gaudel writes:

Although it is necessary to attribute to the first sin such common miseries as befall mankind in every age—death, illnesses, moral weaknesses, physical weaknesses, and the disorders of passions—it is also necessary to take into account personal sins and the vices common to families and races which have accumulated and been aggravated for generations.

From what has been said, we may conclude that according to Christian theology human illness, which did not exist in the state of original justice because of the divine preternatural gifts, appeared on the earth as a consequence of original sin. Death, sickness, and pain were the result of the loss of the original integrity of the body. If Adam and Eve had not violated the divine law, their descendants would have grown and prospered exempt from the present slavery to pain and illness of body and soul.

Is it possible, within the strictest Christian orthodoxy, to think differently of the origin of sickness and of its relation to human nature? I believe that it is. J. B. Kors has very aptly written:

Apart from the dogmatic element, St. Thomas was especially concerned with reducing to a minimum the distance between the condition of man in the state of pure nature and primitive grace and that of his present state. In both conditions he treats of the same subject, whose nature and faculties are well defined throughout the vicissitudes of the various states by the anthropological science that it was given St. Thomas to acquire. Therefore, the changes and vicissitudes should not exceed in their amplitude that which is strictly required by the revealed facts.

I believe these words express very well the history of true Christian thought concerning original sin. Therefore, they may be applied not only to St. Thomas' intellectual work but to all theology.

Idealism and Realism Compared

The undertaking to which Kors alludes, reducing to a minimum, within the limitations of dogma, the distance between Adam's state before and after original sin, requires a twofold operation. On the one hand, it is necessary to "disidealize" the concept of Adam's existence before original sin; on the other hand, it is necessary to avoid any exaggeration of the effects of original sin on human nature. The Greek and Oriental Fathers, imbued too much, perhaps, with a Platonic mentality, tended to an excessive idealization of the state of original justice. For example, St. Gregory of Nyssa taught that, while Adam lived in this state, he was sustained by the tree of life and had no need of other food; he could conceive his offspring in an angelic manner and without sexual union; he enjoyed an almost absolute impassivity. St. John Chrysostom speaks of Adam before his sin as "a golden statue, just out of the foundry and shining with full splendor."¹⁸

But Adam was not a Platonic idea; he was a man of flesh and bone. St. Thomas, less idealistic than the Alexandrine, Cappadocian, and Antiochian Fathers, felt obligated to prove that the first man always had need of nourishment and of consequent physiological activities. According to St. Thomas, it is not reasonable to think otherwise.¹⁹ St. Thomas also taught that man's generation in the state of

innocence would have been by coition;²⁰ that all men would not have been alike in the state of innocence but some stronger and more beautiful than others;²¹ and that children would have been born, as they are now, without perfect use of their limbs.²² Recent theologians (Paquier and Gaudel) make similar distinctions about the intelligence and knowledge that Adam possessed. They hold that he could have been the "head of humanity" and have lived in the state of original justice with the faculties and spiritual dispositions of Neanderthal man. A sinless humanity would not have been exempt from history and progress, although its history and progress would have been very different from that experienced by the fallen nature of man.

Side by side with this "disidealization" of Adam's existence before sin, the theological concept of fallen nature has become progressively less pessimistic—without, however, reaching Pelagian optimism. This can be proved by comparing the thought of St. Augustine with that of St. Anselm and the latter with that of St. Thomas and then observing how Thomistic doctrine was further developed after the Council of Trent by Domingo de Soto, Suarez, and Bellarmine. St. Thomas had affirmed that man's fallen nature did not differ essentially from "pure nature"; it was a nature "left to itself," not corrupted, but deprived of the supernatural and preternatural gifts it had possessed before sin. The *bonum naturae*, the constitutive principles of human nature, and the properties that flow from them, did not suffer any change because of original sin.²³ Only the "natural inclination to virtue" was decreased. Later, Domingo de Soto wrote:

It is incomprehensible that because of the single act of Adam's first sin human nature should be permanently lessened to such an extent that it is more weak and infirm than it would have been in the state of pure nature.²⁴

Suarez and Bellarmine take this thought still further. They say that original sin did not change human nature either intrinsically or extrinsically (except that supernatural aids were now lost); and, although that nature was wounded because of the first sin, the wound must be understood "historically" and not "philosophically." In other words, *original sin has in no way altered man's natural powers but it has affected whatever man has accomplished with those pow-*

ers. Consequently, *original sin has not changed the nature of those who have made history, but the type of history they have made.*

Disease and Human Nature

If all this be true, is it possible to understand the origin of illness and its relation to human nature in a new way? My opinion is in the affirmative and it can be explained by five successive points. First, although theological tradition considers illness as a consequence of original sin, this is not an article of faith. Neither St. Paul's writings nor the canons of the Councils that have defined the essence and effects of original sin speak expressly of illness (Milevitanum II, Arausicanum II, Trent). What is an article of faith is that Adam, because of his sin, deteriorated in body and soul (*secundum corpus et animam in deterius commutatus*), that because of his sin he lost immortality, and that together with the sin he transmitted to the human race death and the afflictions of the body.²⁵ Now, after the teaching of Domingo de Soto, Suarez, and Bellarmine it does not seem unlawful to suppose that the deterioration of body and soul consisted solely in mortality, ignorance, malice, weakness in the irascible appetite, and concupiscence.

Secondly, according to a universally accepted opinion, there is a constant transition between the state of health and the state of illness. Galen spoke of states in which the body was neither well nor sick but rather "neutral." Modern pathologists say that the difference between the state of illness and health is not qualitative but quantitative. Neither the subjective feeling of the patient nor the objective observation of the physician allow one to speak of a break or *hiatus* between the healthy body and the sick body.

Thirdly, man's immortality in the state of original justice would not consist in a living, unending continuance of his body on the surface of this planet. If Adam had not sinned, the moment would have come when his body would have passed without death or corruption from the state of integral nature (*status naturae integrae*) to the state of glorified nature (*status naturae gloriosae*). Keeping in mind the fact that for fallen man there is no such thing as death purely from senescence without the influence of external determining factors (such as infections, toxic conditions, and traumas), it does not seem unreasonable or unlawful to think that an illness could have been the instrumental cause for the transition from inte-

gral nature to the state of glorified nature. If Adam's food could contain superfluities and residue, could it not also contain harmful matter? Did the possibility of Christ's sinless human nature prevent His glorious resurrection? Neither must we forget that, according to St. Thomas, the first man's immortality was not *ex parte materiae*, as is the angels', nor *ex parte formae*, as is that of glorified bodies, but *ex parte causae efficientis*, because of a gratuitous and supernatural power given by God to the soul. Soto has remarked that for fallen human nature illness is "the beginning of death."²⁶ For man in the state of original justice illness could also have been the occasion for the transition of human nature to its state of definite glory.

Suffering in the First Man

Fourthly, although illness is essentially an affliction in human existence, it is possible to conceive an economy of pain proper to the state of original justice. Commenting on St. Thomas' question as to whether the first man was capable of suffering (*passibilis*) in his state of innocence, Janssens observes:

If by passion (*passio*) we understand a bodily change coming from within, as in certain illnesses, or from without, as in traumatic lesions, whose effect is to cause the decomposition that leads to death, then this must be excluded from our first parents in the same measure as death itself.²⁷

He then asserts that any passibility or change experienced by Adam and Eve in their relation with the external world could not have been a cause of detriment or hardship

because pain was inflicted on them as a punishment for sin: sharp pain when Eve was punished with the pains of childbirth and tedious pain when Adam was condemned to earn his bread by the sweat of his brow.

It is possible to think that the affliction that we call pain was neither distressing nor painful in the state of original justice. In other words, in the state of innocence pain was never felt as penal or as anguish but was only an occasion of merit and further spiritual perfection. Possessing an indefectible, sufficient, and efficacious knowledge of his final end and of the true meaning of all the vicissitudes

of life, man in the state of original justice could wholly ignore anguish, despair, and doubt. Painful afflictions would then be no obstacle to the relative happiness that Adam and Eve enjoyed on earth before their sin. If pain is scarcely an obstacle, even in the case of fallen nature, when the soul of the sufferer has reached a high degree of perfection, much less would it be an impediment to the happiness of those who were so keenly aware of their orientation to the supernatural end of human existence. This would also hold true of the affliction and pain caused by illness.

Fifthly, in view of the foregoing, it seems reasonable and permissible to say that illness, so far as it is a quality inherent in every form of organic life (vegetable, animal, or human), has existed on our planet as long as living beings have existed. Likewise, human illness has existed, at least as a proximate possibility, since the time man was created. In my opinion, St. Paul's famous text concerning creation's "slavery to corruption"²⁸ does not exclude this manner of understanding the origin of illness.

Whether this doctrine, humbly proposed by a historian of medicine to the judgment of theologians, is accepted or not, there is no doubt that, since Adam's fall, illness has become not only a cause of pain and affliction but also an occasion of personal sin. Thus, anger, hatred, lies, despair and other violations of the divine law are often the sad consequence of illness. It is hardly necessary to say that the wounding of nature, which is a consequence of original sin, is not and cannot be alien to such an improper manner of enduring sickness.

Sickness as Punishment

Let us now consider a case of concrete and individual illness: a patient suffering from pneumonia, cerebral tumor, schizophrenia, or obsessive neurosis. What can theology tell us about the origin of these diseases? We have already discussed the problem of their possible relation to original sin in the preceding paragraphs. Let us see now, from both a theological and medical point of view, whether there exists any genetic connection between illness and actual sin. Can man's illness be the effect of his personal sins?

In the preceding pages we have spoken of the general attitude of the ancient Jews on this point. But they were not the only ones who attributed illness to personal sin. Such a belief permeates many

different forms of humanity's primitive thinking. Not even Christianity and the progress of scientific thought have been able to eradicate this idea completely. The belief that a certain illness was a special punishment for some great sin or for a sinful life was very common in the ancient Christian world and in Europe during the Middle Ages. We have only to recall what interpretations were given to the *illness of Arrio* and later, when "modern" history had commenced, to the appearance of syphilis in Europe.

Luther attributed illness to the devil. He wrote: "No illness can come from God, who is good and always does good, but from the devil, who is the cause of all misfortunes." Paracelsus believed that a whole group of diseases were caused by the *flagellum* or divine punishment. Three centuries later, during the period of Romanticism, a large number of German physicians (including Ringseis, Heinroth, Windischmann, Leupoldt, and Döllinger) asserted that there was an essential relation between sickness and sin. The same opinion has been held, from their respective points of view, by Leo Tolstoy, Mary Baker Eddy, and all who believe in *Christian Science*. Mahatma Gandhi wrote: "The man whose spirit lives on the good path does not become sick." To this long list of opinions may be added those of other contemporary German anthroposophists as R. Steiner, O. J. Hartmann, and H. Frührauf. Later we shall consider the thesis of a biographical connection between illness and certain crises in a person's life, which is held by nearly all the pioneers in psychosomatic medicine.

What must the Christian theologian say when confronted with this oft-repeated opinion that sickness is a punishment for personal sin over and above original sin? For the moment we may answer very simply, merely repeating Our Lord's words concerning the man born blind: "Neither has this man sinned, nor his parents, but the works of God were to be made manifest in him." Faithful to this profound and clear teaching, Christian theology has distinguished in the most rigorous manner between illness and sin. Sin is essentially a purely spiritual act. This does not mean that bodily activity does not play a part in the commission of a sin; quite the contrary, the essential psychophysical constitution of the human being demands that in all his actions (even the most spiritual, such as an unexpressed thought or an inner desire) the body must participate in some way. But psychophysical movements are not sinful unless they

transgress God's law and are the result of a man's free and deliberate will.

Thus, the same corporal action, whether it be the formation of a word or the accomplishment of a sexual act, may or may not be sinful depending on the occasion and the intention of the one who executes it. That is why theologians say that, although sin destroys the supernatural relation between man and God and diminishes his inclination to virtue, it leaves his constitutive principles and the faculties of his soul intact so far as they are specified by their proper objects. Only in regard to the disorder that an evil act implies can one say that sin corrupts the good of nature; and St. Thomas further states that this should be understood in the order of formal causality, as one would speak of whiteness whitening a wall.²⁹ Indicative of Catholic theology's constant attitude is the delicate caution with which Cajetan interprets the use of the word *essentialiter* (essentially), when commenting on a passage from St. Thomas on the effects of sin.³⁰ Considered in itself and in principle, sin is not the cause of sickness. One need only think of the many sinners who are extremely healthy, of the many virtuous who suffer illnesses and of the many children who are sick before having ever committed a moral offense. St. Gregory of Nyssa said of lepers that, despite the bodily deformities caused by that disease, the image of God shines in the sick man.³¹

The "Mystery of Suffering"

What is the cause of an individual and actual illness if it is not sin? Theology gives the physician complete freedom so far as the immediate origin of an illness is concerned. God has deigned to delegate to men's free discussion such questions as to what leukemia or diabetes might be, and what immediately causes them. But can our minds be fully satisfied with the things that medical science is telling us about sickness? Constantly faced by the reality of illness and its seemingly incomprehensible and haphazard distribution among men, how can we help but wonder about the cause? Why do men become sick? Why the tremendous anthropological fact of illness?

Although illness is not an evil in itself (for a sick man can live in the state of grace and turn his suffering to merit), it does not on that account cease to be an affliction for fallen human nature. Ill-

ness is always distressing, even in the case of a certain neurosis when the patient takes refuge in it. It is possible, I believe, to speak of the mystery of suffering (*mysterium doloris*) just as St. Paul spoke of the mystery of evil (*mysterium iniquitatis*).³² In the final analysis, the reason why men must suffer illness and pain during their earthly sojourn is an impenetrable mystery. Divine Providence may permit illnesses and man fights them or seeks to avoid them to the best of his ability. But when man fails to conquer an illness, as is very often the case, he can have recourse to one of two opposite attitudes: he may rebel against the order of the universe which makes him suffer, or he may resign himself to what is beyond his ability to change.³³ But whether rebellious or resigned, the sick man manifests that illness and pain have their ultimate reason for existence in a profound *mysterium doloris*, a mystery in whose depths the providence of God, Creator, and Redeemer, moves in an inscrutable manner.

Is it possible to plunge into this *mysterium doloris*, as to that which pertains to illness? This has been done by both the physician and theologian, each within his particular domain. The physician is concerned with the immediate and proximate causes of illness. His knowledge of it is always incomplete, but he is always receptive to further empirical and rational investigation and to progress. The theologian's mind, however, considers the order of the first cause of all reality (and, unfortunately, illness and suffering are only too real) and first takes account of what God has chosen to reveal about His mysterious providence. The doctor tries to discover, within his field, the meaning of the illness in the course of the patient's existence; the theologian tries to discover the meaning of pain within the soteriological economy of creation.

The biographical significance of certain neuroses was discovered by psychoanalytical investigation (Freud, Adler, and Jung). Encouraged by these results, other psychoanalysts (Groddeck, Ferenczi, Deutsch) and later, the two main groups of psychosomatic medicine—the German group, made up of von Weizsäcker and his school, and the American group, composed of Flanders Dunbar, Alexander, Menninger, Wolff, Grinker, and others—have carried these investigations into the field of organic illness. Many of these illnesses do reveal biographical significance and do coincide with critical situations in the patient's personal life, resulting in part from an active unconscious elaboration which presents a symptomatic

form susceptible of interpretation in the light of depth psychology. If one considers how often psychological analysis discovers feelings of guilt in the most diverse neuroses and in the crisis of personal existence, it is not difficult to see that medical investigation has brought forth again the problem of the relation between human illness and sin. In the case of illness, the *mysterium doloris* is determined in part by the manner in which man makes, bears, or faces his personal destiny. It is not possible to deny the truth and suggestibility of many of the results of psychosomatic pathology, but neither should one ignore the fact that, despite all the attempts at psychological comprehension, at the depths of even those illnesses that are most transparent to the psychologist, there is always something opaque and incomprehensible. It is that something that encloses the illness within the *mysterium doloris*.

Theologians are wont to describe two kinds of human suffering: penal suffering and medicinal suffering. Penal suffering, which causes sensible pain, is always the result of either original or personal sin. But not all suffering is a punishment. An example of this is found in Job's afflictions and the supreme example is the suffering of the Mother of Our Lord. Such sufferings were not punishments, but occasions for merit.³⁴ In that same way we can understand the Christian significance of many sufferings; they are not punishment for previous sin but medicinal afflictions or trials to which man as a wayfarer is subjected. But why is one man made to suffer the trial of illness and another not? Why does this trial come at one time rather than another? Undoubtedly, its medicinal character does not exclude illness from the realm of the *mysterium doloris*. Neither the doctor's experience nor the theologian's reflections can wholly penetrate the fathomless mystery of human suffering.

The clear and essential distinction between illness and sin does not exclude a certain mutual relationship, not only because the same person may suffer an illness and also commit sin, but because both these things are, in their own ways, disorders of human existence. This relationship may be analogical and genetic. For instance, it is analogical when penance for sin is described in the language and norms that are proper to medical treatment (*Didascalia Apostolorum*, Cyprian of Carthage, Gregory of Nyssa); when Christ is considered as a physician, and in the custom of comparing the soul in sin with a sick body. St. Thomas is noteworthy in comparing the

permanent disorder that Adam's sin brought into man's life and the disordered condition that illness causes in the healthy body.³⁵

We are more interested for the present in the genetic relation, both in the sense of sin as a cause of illness and in the sense of illness as a cause or a proximate occasion of sin. We already know that actual sin cannot of itself be the cause of illness. St. Thomas says that actual sin, *ex parte culpa*, deprives the soul of grace, which is given to man that he may direct well the acts of his soul but not to restrain his corporal defects in the way that original justice restrained them. But by reason of the psychophysical action by which the sinful act is committed (*ex parte substantiae actus*) certain sins can bring about painful afflictions, as occurs in the case of those who become ill and die because they eat too much.³⁶ Fr. Beckermann has said discerningly that the harmful effect of a sinful action on the body's health may come about slowly and gradually, so that certain sinful habits can pathologically modify the phenotypical constitution of him who contracts the habit, and, as a consequence, may change the normality of his somatic reactions. There is still another more subtle possibility. Sin, understood in the broad sense as a transgression of the moral law that every man subjectively accepts and recognizes, always brings with it a sense of guilt, which is its inexorable obligation of atonement. Now it is not infrequent that this state of the mind expresses itself by changing in a symbolic or elusive way the function of some organ (neurosis) or damaging permanently the least resistant parts of an organ (illnesses "through wear"). *We owe to psychoanalytical and psychosomatic investigation this secret causal relation between sin and illness.*

The liturgy of the Mass contains many Collects and Secret prayers appealing for "health of mind and body"; and in the beautiful prayer, *O spem miram*, which the sons of Saint Dominic pray daily, there is a petition that "Christ may help our sick souls." Obviously, the sense of these words is moral and not psychopathological, but it is not rare that a "sick soul" in the moral sense becomes one in the medical sense. This seems to be the start of many neurotic disturbances both of a purely psychic order and in the order of organic symptomatology. Later we shall consider the relation between tranquillity of soul and physical health.

Finally, cannot illness become a proximate occasion or cause of

sin? Are there not sick people whose illness fills them with despair or moves them to spite, envy, and lying? Also, are there not certain illnesses which, without destroying responsibility, incline the patient to evil? Theologians mention dispositions among the internal causes of sin, and St. Thomas describes certain morbid dispositions of somatic origin which make evil appear attractive as "a certain sickly disposition of the body."³⁷ Although these dispositions do not wholly impede the free exercise of the will, they do make one or another sinful object especially attractive. A study of so-called psychopathic personalities offers many examples of these morbid dispositions to sin. Let us recall, on the other hand, the pathological condition that English psychiatrists formerly described as moral insanity.

BIBLIOGRAPHICAL NOTE

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III. THE TREATMENT OF ILLNESS

The Christian deontology of medical practice must necessarily rest on a theology of the care of the sick, and this is nothing other than the practical, operative aspect of a theological doctrine of illness and the sick man. Moral theology is simply the theory of man, says Josef Pieper, commenting upon St. Thomas; then, faced by the excessive pragmatism that often confronts the moralists and deontologists, he repeats a thought of Meister Eckhart's: "People ought not consider so much what they should *do*; they ought to meditate on what they should *be*." In accordance with these principles, I shall divide this section into two parts. In the first part, I shall describe briefly the principal conclusions to which a theological concept of illness will lead; in the second part, I shall try to delineate the basis of a theology of medical care.

Illness, considered in itself, is an alteration of the psychophysical process of life; considered in its relation to man's last end, it is a trial and, therefore, a call to bear witness both for the one who suffers and for the one who contemplates it.

The essential distinction we have so often mentioned between illness and sin, which must be the first principle of Christian medical anthropology, leaves to men's free discussion the problem of what illness is so far as it is an alteration of the psychophysical process of life. Throughout history, Christian pathologists have been able to be Galenists or methodologists, humoralists or solidists, Paracelsists or iatromechanists, believers in the anatomoclinical mentality, or followers of the physiopathological concept of illness. But within their particular scientific view of illness they have never forgotten to be faithful to the anthropological principles implicit in the New Testament and especially to the belief in the ultimate and radical transphysical, spiritual condition of the human individual.

Christ not only forbids killing but also forbids anger against one's neighbor and one's soul; not only does He forbid adultery but also the desire of another man's wife within the depths of one's heart.⁸⁸ Created in God's image and likeness, man possesses a metaphysically extramundane element in the depth of his being; and from this spiritual and free core of his being spring his psychological intimacy, moral responsibility, and religious life. This metaphysical

intimacy or depth is what constitutes man a person besides being a nature.

All this indicates that when Christian theologians use such terms as *physis* or *natura* and *physikós* or *naturalis* in regard to man's reality, they mean a great deal more than when the terms are used by those who believe that all of man and everything in man is "nature," as did the ancient Greeks and as do the followers of modern anthropological naturalism. It suffices to recall, as an example, the theological distinction between the *debitum naturae* and the *debitum personae*.

Let us consider now the case of illness. As we have already said, it is a disturbance of the psychophysical process of life; but it is a disturbance that is "suffered," a *pathos*. Who suffers it? Since the time of Galen, doctors have said that the different functions of the organism immediately suffer it. Ultimately and radically—although Galen's thoughts did not come so far—it is suffered by that center of the human person which is his own individual reality or ego and of which, in the manner of St. Augustine, St. Thomas wrote the profound and luminous words: *Anima mea non est ego*, "My soul is not I."³⁹ For the Christian theologian the sick man is above all a man who can say truthfully: "I suffer my illness." In other words, within the sick man there is something that is not sick, that "something" which permits and obliges him to suffer his sickness and to say that the sickness is "his." To use the words of St. Paul's anthropology, we can say that the flesh (*sarx*) and the soul (*psykhe*) of a man become sick but not his spirit (*pneuma*). Strictly speaking, it is the spirit or *pneuma* that enables the sick man to be a sufferer or the subject of a *pathos*. Only in that way can illness be a trial or a call to bear witness.

Mental illnesses are no exception to this doctrine. An idiot or a schizophrenic keeps his suffering "self," that self which St. Thomas says is not the soul, even though the disturbance of the psychophysical mechanisms of thought, emotions, self-expression, and conduct pathologically alter the life of that ego. In the measure that such patients preserve their liberty—and this happens more frequently than is realized—their illness is a trial and an occasion for either merit or sin. *A mental illness, no matter how serious and profound, never takes from the patient his status as a man, and therein lies the basis of Christian psychiatric help.*

Sickness as Trial and Vocation

But for the Christian, illness is not merely a psychophysical state; contemplated in the light of man's last end, it is also a trial, principally for the one who suffers, but also for those who surround and assist him.

Numerous anthropological and theological reasons verify the fact that human illness has the character of a trial. It is an affliction suffered or undergone by a spiritual ego belonging to a man *in via*. For that man there is reserved an ultramundane ultimate end of salvation or condemnation, dependent on the way he has fashioned and accepted his earthly existence. Moreover, in every illness except voluntary self-injury, there is something fortuitous, dangerous, ominous, due to the inscrutable distribution of the *mysterium doloris* by divine providence. Understood in this way, illness tests the sufferer in his fidelity to his status as a Christian and in pain's bitter language demands an internal and external conduct that will bear testimony to his faith. That is why illness is always a call to bear witness. And, if we take the word "martyr" in its etymological sense of witness, *every illness is an option to martyrdom offered to the Christian*. "Blessed is the man who endures temptation; for when he has been tried, he will receive the crown of life which God has promised to those who love him."⁴⁰

We already know that the trial of illness can lead to one of two ends: rebellion or resignation. Of course, the latter does not exclude an appeal to medication or to the surgeon's knife. Resignation, however, is not entirely Christian unless it is accompanied by that act which best defines Christian possession of the world and of life: oblation—and in this case an oblation of inevitable pain. St. Paul's exquisite words to the Colossians express this will to find a meaning to one's sufferings: "I rejoice now in the sufferings I bear for your sake; and what is lacking of the sufferings of Christ I fill up in my flesh for His body, which is the Church." Thus, suffering is mysteriously ordained to the economy of individual salvation and the good of the Mystical Body. The sick man can accomplish with his afflicted body what St. Paul asked of the Christians at Rome: "I exhort you therefore, brethren, by the mercy of God, to present your bodies as a sacrifice, living, holy, pleasing to God: your spiritual service."⁴¹ It was in this manner that the Christians of the early centuries un-

derstood and accepted illness. "Just men accept illness as an athletic test and expect great crowns by reason of their patience," wrote St. Basil to Amphilochius.⁴²

This requires that the sick man accept and make his own all that is inevitable in his illness. Only that which is possessed can be offered, whether the object possessed be pleasant or painful. The Christian possesses that he may offer. Cardinal Suhard spoke of this very clearly when he said:

Positivist mysticism wishes *to possess the world without offering it*; Jansenistic severity wishes to condemn humanism and the temporal order as a sin, and it would be happy to *offer without possessing* in the Mass. The Catholic must answer this with Christian realism; his motto must be *to possess that he may offer*.

Hence, together with such things as health, friendship, and material goods that give pleasure to the soul, the harsh reality of bearing an illness can be possessed and offered by the man who suffers.

If illness is a trial and a vocation for the patient, it is also one for those who surround him. Père Mouroux has written:

There is a magnificent meaning to the existence of suffering, both for the sufferer and for the one who sees the sufferer. For the latter, it is a call to redemptive charity, that charity which is the imitation of Christ and by which one Christian may save another by saving himself.

The conduct of the Samaritan of the parable is a vivid manifestation of the correct answer to the call of suffering. It is the only one that can be called Christian.

In the Samaritan's answer we can find two principal elements: disposability and charitable love. Together with Gabriel Marcel, I designate as "disposability" that spiritual habit which keeps us aware of our neighbor's concrete existence and ready to give our active and personal attention to all that is peculiar to that existence itself. This is the Christian version of Heidegger's *Fürsorge*. The "disposable" man sees his neighbor as a real person and a potential member of the Mystical Body of Christ—His Church. This was the Samaritan's attitude when he heard the lamentations of the wounded man; he had a "disposable" soul, and that is why he was able to respond so easily to the anguished voice that called him.

The disposability of the human spirit reaches its fullness in charitable love. There is no redundancy in this expression, "charitable love," because man's love is not always charitable. Many authors, especially Scheler, Nygren, Zubiri, and D'Arcy, have spoken of the radical difference and even opposition between Hellenic love (*Eros*) and Christian love (*Agape*). *Eros* was a love of desire and aspiration, a sudden burst toward the greatest perfection. On the other hand, charitable love or *Agape* is the liberal giving of the one who loves, an effusion of the plenitude of being—a plenitude that manifests to human existence the life of God, the plenitude of plenitudes—toward the one who is in need. Christ said: "This is My commandment, that you love one another as I have loved you"⁴³—that is, with a love that is above all a love of effusion, a charitable love. When he answered the call of the wounded man, the Samaritan's disposability became a genuine and active charity.

The Care of the Sick

We have seen illness successively as a psychophysical process, an affliction of the personal self, and as a trial and vocation. Let us now see what helping the sick should mean to the Christian.

The commandment to give charitable assistance to the sick appears more than once in the writings of the New Testament. When the day of the Last Judgment comes, we know that the just will ask the Son of Man: "When did we see thee sick, or in prison, and come to thee?" And answering, the King will say to them: "Amen, I say to you, as long as you did it for one of these, the least of my brethren, you did it for me."⁴⁴ St. Paul wrote to the Thessalonians: "Comfort the fainthearted, support the weak."⁴⁵ Let us see how this clear and definite command has been obeyed by the Church and by the Christian world.

The Christian understanding of care of the sick—a care that proceeds from charitable love—has manifested itself in six different functions, five of which are strictly medical and one sacramental. First, the adoption of such therapeutic techniques as will most efficaciously and certainly bring about the cure of the patient. Contrary to the deformed concept of reality that some writers have propagated, *the Christian wants health, not sickness*. St. Paul taught: "For no one ever hated his own flesh; on the contrary, he nourishes and

cherishes it, as Christ does the Church.”⁴⁶ The Church has always been faithful to this doctrine, and in her liturgy she asks health for the sick. A prayer in the Mass *Pro infirmis* says:

Almighty, everlasting God, the eternal salvation of those who believe; hear us on behalf of Thy servants who are sick, for whom we humbly crave the help of Thy mercy, that, being restored to health, they may render thanks to Thee in Thy Church.

The words that accompany the rite of Extreme Unction are even more expressive.

The whole history of medicine confirms the disposition of Christians to fight illness. Origen, in the course of his controversy with Celsus, wrote: “The only one who is competent in medicine is the one who has studied all the different schools and then adhered to the best among them.”⁴⁷ This is why it is easy to understand that the early Christian doctors and even some Fathers of the Church (e.g., St. Gregory of Nyssa) immediately accepted Galenism. Although it is true that some, like Tatian the Syrian and Tertullian, thought that the use of medication was wrong and that health should be restored through prayer and exorcism, this was never the general belief of the Christian world. In fact, such errors were resolutely opposed. The course of Western medicine, from Byzantium to the monasteries of the late Middle Ages, demonstrates this quite conclusively.

Secondly, the care of those incurably or hopelessly ill. The Hippocratic work, *De arte*, ordered doctors “to abstain from treating such patients as were already dominated by their disease since in such cases the doctor’s art could not help at all.” Origen, in the third century of our era, could still say, undoubtedly basing his remarks on his experience as a citizen of Alexandria, that there were sick people “so corrupted and twisted by their illnesses that a learned doctor might have scruples in treating them.”⁴⁸ The doctor who had been formed in the physiology of Hippocrates and Galen and who believed in the Hellenic concept of nature, man, illness, and art, thought it his duty to deny treatment to those who seemed incurably ill. Those today who see the human individual as merely a fragment of nature proceed the same way. The conduct of Christian doctors has always been very different, not merely because the limits of the art are uncertain or because they have never ceased to

trust in the possibility of divine intervention, whether ordinary or extraordinary, but because of our obligation to love our needy and suffering neighbor with an active charitable love even if his illness seems to have taken him to the border of death.

Philanthropy Spiritualized

Thirdly, the spiritualization of philanthropy. The word *philanthrōpía* was very dear to Greek antiquity.⁴⁹ However, this love for man was based on the Hellenic concept of friendship (*philia*) and the human being. Consequently, the oft-repeated medical aphorism of the Hippocratic *Praecepta*: "Where there is love for man there is love for art," is radically insufficient from a Christian viewpoint. *Philotekhnía* or the love of art thus falls within the scope of *philanthrōpía* and, therefore, within the limited Greek concept of love. The pagan doctor could go no further than that.

St. Basil seemed to be conscious of this strict limitation when he wrote to his physician, Eustachius, saying: "Science is ambidextrous with you and you exceed the terms of *philanthrōpía*, not only giving bodies the benefit of your art but also helping to cure their souls."⁵⁰ Origen's writings are no less eloquent on the subject of Christian *philanthrōpía*, even when he is not referring directly to medical help.⁵¹

The Christianization of Hellenic philanthropy consisted mainly in the use of the word and in the practice of a religious verbal psychotherapy which was both therapeutic and consoling. Clement of Alexandria wrote: "Just as a gentle medication fortifies souls and prepares the sick for the knowledge of truth, so the cure of the passions is brought about by the *Lógos* through exhortations."⁵² Clement is not speaking of physical illnesses here, but the passions to which he refers are nevertheless disordered psychosomatic movements. The words of the healer effected spiritual conversion and psychophysical harmony at the same time. One cannot help seeing in this fragment of the Alexandrine writer the Christian version of Plato's well-known phrase about the soothing and healing effect of beautiful discourse.⁵³

Other texts of Clement of Alexandria are even more eloquent. In one he says: "According to Democritus, medicine heals the illnesses of the body but wisdom, the *Lógos* of the Father, Creator of man, takes care of each creature and heals his body and his soul."

Further on he adds:

“Let us call the *Lógos* a ‘savior’ because he has invented all the spiritual medicines that are needed for the well-being and salvation of men; he conserves the health, discovers the ills, designates the causes of the sicknesses, amputates the roots of the unreasonable appetites, prescribes the diet and orders the saving antidotes for the patient.”⁵⁴

The use of verbal psychotherapy, then, is due to Plato and Christianity. The deliberate use of the word to spiritualize the ancient *philanthrōpía*, thus widening its limits to the divine horizon of human existence, is exclusively Christian.

Fourthly, disinterested treatment. Any doctor who sees his art merely as a lucrative profession must necessarily consider the social position of the patients he takes care of. The disinterestedness of the physician is prescribed in various parts of the *Corpus Hippocraticum*, in *De victu*, and in *De praeceptis*. It does not appear, however, that the Hellenic Aesculapians were very faithful to this command. The words of Cremillus in Aristophanes’ *Pluto* are significant. Lamenting the fact that he can find no physician to treat his blindness, he says: “Where there is no reward there is no art.” Compare these words with the following fragment from Origen: “Plato and the other Greek wise men, with their beautiful discourses, are like physicians who only take care of the higher classes and despise the common man; while the disciples of Jesus take care that the masses of the people receive healthy nourishment.”⁵⁵ It was Christian charity that started disinterested medical treatment in the West and it is still Christian charity that upholds it in the midst of the insatiable appetite for gain that dominates the present world.

Fifthly, the inauguration of regular medical assistance. In St. Polycarp’s letter to the Philippians he tells the presbyters of each community that they “should bring back those who have gone astray, take care of the sick, and not abandon widows, orphans and poor people.” The same advice can be found in the slightly older *Apología* of St. Justin and in the *Apologético* of Tertullian. The deacons and the widows, who later became deaconesses, attended to the nursing and social work of the primitive Christian communities. Tertullian speaks of a pagan who commented on this: “See how they love one another.”⁵⁶

The establishment of hospitals came about through this type of

charitable activity. The first one, which was a veritable city, was founded by St. Basil of Caesarea in the year 370. St. Gregory of Nyssa tells us: "There, illness was borne patiently, afflictions were considered blessings, and compassion was manifested for another's suffering."⁵⁷ Thus, the Christian doctor added charity to his art, and the patient was trained to make an oblation of his inevitable pain. Medicine, which had been merely medical art (*téchne iatriké*), *ars medica* to the Greek, became for the Christian, if I am permitted the expression, a charitable art (*téchne agapetiké*).

The Sacrament of the Sick

Sixthly, Christ left a double legacy to sick humanity: a commandment and a sacrament. Having discussed the various activities by which the commandment of charity is fulfilled, let us now examine from a medical and theological point of view the Christian sacrament of sickness, Extreme Unction.

Apart from the faint insinuation found in the Gospel according to St. Mark,⁵⁸ the first explicit testimony of the sacrament of Extreme Unction is found in St. James' Epistle. The text is well worth repeating here:

Is any one among you sick? Let him bring in the presbyters of the Church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick man, and the Lord will raise him up, and if he be in sins, they shall be forgiven him. Confess, therefore, your sins to one another, and pray for one another, that you may be saved. For the unceasing prayer of a just man is of great avail.⁵⁹

Several expressions in this passage are of great importance to the Christian doctor and to the theologian of illness. The rite is described very clearly: the presbyters are to pray over the sick man and anoint him in the name of the Lord. Their prayer is to be the "prayer of faith." Some Catholic and Protestant interpreters have thought that the Apostle was speaking about the body only. Others, and among them Von Sohden, think that he was speaking only of spiritual health. Actually, the word used in the Epistle includes both, although it seems to refer more directly to the good of the soul. Extreme Unction "confers grace, remits sins and alleviates the sick," says the Council of Trent. The term *kámnonta* indicates that St. James was speaking of those who are seriously ill. "The Lord will raise him up." The Vulgate says *et alleviabit eum Dominus*:

“The Lord will lighten him”—that is, will make his trial less burdensome. C. Ruch has remarked that the Latin verb *alleviabit* does not translate the meaning of the Greek verb *egerei* accurately, since it signifies “to raise” or “put him on his feet,” which in the minds of the Epistle’s first readers must have connoted the idea of a cure and of glorious resurrection. “Pray for one another, that you may be saved.” There is no doubt that the Apostle is here speaking of a return to health or physical cure. The verb *iathete* does not permit any other interpretation.

Various and conflicting criticisms have been directed against the doctrine of Extreme Unction. Some, including Von Sohden, think that the primitive rite was directed only to the spiritual health of the sick man and was administered only to the dying. A detailed analysis of St. James’ text completely undermines that theory. Others have thought that there was no spiritual element in the intention of the first Christians when they anointed the sick but that it was done solely for the purpose of obtaining the sick man’s return to health if God so willed. Luther, Calvin, and, more recently, Puller held to this opinion. Puller erroneously affirms that only since the ninth century have sick people been anointed for the remission of their sins and the reception of sanctifying grace. Calvin and Bengel placed Extreme Unction among the charisms or gifts of healing of which St. Paul speaks⁶⁰ and which were given for a time to the primitive Church and were later abolished when the faith of Christians weakened. More mundane are the theories of Wette, who considered Extreme Unction a mere utilization of the medicinal qualities of oil, and Hollman and Windisch, who considered it a Christian version of certain pagan and magical ceremonies.

Equally untenable are the involved conjectures of those who have tried to find the beginnings of the Christian rite of anointing in the exorcisms and unctions of ancient religions. Anrich recalls the ritual anointing of the throats of those who wept over the death of Osiris; Reinach holds for the possibility of a historical connection between the Extreme Unction of the early Christians and the Iranian ceremonies of preparation for death (according to the *Avesta*, the priest made the dying man recite a confession of repentance and then poured the *haoma* in his mouth and ears); Renan compares Extreme Unction to the various anointings of the Gnostics: the “ineffable cream” of the Naasenians, the “white cream” of the Ophites,

and the pouring of balm in the *redemptio mortuorum* of the Valentinians. All this is too contrived to be worth refuting.

Effects of the Sacrament

According to Catholic theology, Extreme Unction perfects and completes the Christian's likeness to Christ, which is initiated by Baptism and strengthened by Confirmation. Schmaus has said: "If, as St. Augustine believes, the Christian is *alter Christus*, then the sick man who has received Extreme Unction may be compared to Christ crucified and risen in the glory of the Father." This sublime supernatural operation helps the Christian bear with fortitude the crisis of the last agony, which is the apex of the trial of illness.

According to Scripture, Tradition, and dogma, in addition to the spiritual effects of Extreme Unction and the incidental remission of sin,⁶¹ there are other effects that pertain to the physical health of the anointed. *Alleviare infirmos* are the words of the Tridentine Canon, and the minister of the sacrament prays thus while he administers it:

Our Redeemer, by the grace of Thy Holy Spirit, heal his wounds, forgive him his sins, expel all pain from body and soul, give him back his interior and exterior health so that restored by Thy mercy he may return to his habitual tasks.

The medicinal element is even more marked in the wordings of certain old ritual formulas. The following prayer is taken from the *Liber ordinum* of the Mozarabic rite, which, according to Dom Ferotin, may have been used by the Christians of Visigothic Spain:

Jesus, Our Savior and Lord, who art true medicine and health and through whom are all true health and medicines. Thou, who didst teach us through the words of Thy apostle to anoint the sick with oil, look favorably on this Thy servant from the admirable heights of heaven, so that he whom sickness is bearing to his end and death may be restored by the medication of Thy grace. Extinguish in him, O Lord, the heat of the appetites and fevers, and diminish the sting and the wastes of the vices. Dissolve the torments of illness and desire. Temper the tumors and swelling of pride. Cleanse the rot of the ulcers of vanity, pacify his inner organs and heart. Take notice of what is healthy in the thoughts and in the marrow. Erase the scars of the conscience and of wounds. Do not deny Thy assistance in physical danger. Remove the old and strong passions. Put his body in order

and the works of his flesh and blood. Grant him the pardon of his sins. May Thy mercy guard him without fail so that with Thy help, his health may never lead him astray nor his illness lead him to perdition. And may this present anointing with oil lead to the end of his present illness and the remission of all his sins.

Does this mean that the sacrament of Extreme Unction necessarily produces, *ex opere operato*, the physical recovery of the sick man who receives it? The Church has never claimed so. The health which the sick man is given by the priest's prayer and the holy oil is, according to Schmaus, "neither the health of the body nor the health of the soul, but the health of the whole man destined to find its perfection in God." The sacrament gives to the one who is anointed that which here and now is conducive to his salvation. For some, this will mean a return to life after the crisis of illness; for others, it will mean the assimilation to Christ in the last stage of life. In any case, the good to which St. James primarily refers, if one reads his short text carefully, is "the advent of the Lord, the possession of the Kingdom, the grace of a death accepted with patience and with hope" (C. Ruch).

Theologians usually state that the physical relief of the anointed person is not universal nor a direct result of Extreme Unction. It does not always occur and, when it does, it does not proceed immediately from the action of the sacrament on the body, as medicine would do. St. Thomas and St. Bonaventure say that Extreme Unction cures the body if this is best for the soul.⁶² St. Thomas adds that, even in this case, it can happen only if there is no impediment on the part of him who is anointed. In other words, when the illness is not so grave that it would require a miracle to heal it. It is well to remember that the medicinal effect of Extreme Unction is in no way miraculous. If a medicinal effect is produced, it is always dependent upon the spiritual benefit. St. Bonaventure writes: "It is not to be marveled at that the tranquillity, vigor, and happiness of the soul contribute to the benefit of the body."⁶³ Because of the spiritual gladness that the grace of Extreme Unction gives to the soul, the action of medicines and the struggles of nature are helped and increased. But it would be a distortion of the doctrine and of the evidence to claim an infallible and miraculous power for the sacramental anointing (L. Godefroy).

Sin does not produce illness *ex parte culpa* nor does sanctifying

grace alone determine the cure of physical illnesses. This is true. Since, however, "the numbness, sadness and anxiety that sin is apt to leave behind it"⁶⁴ cannot but affect the health of the body, especially when the body is in a serious condition, so, in an opposite manner, serenity, order, and a pure happiness caused by sanctifying grace will also have their effect. The tranquillity of soul that belongs to the man in the state of grace helps in the preservation of health and is favorable to a certain degree to the healing qualities of medical treatment. The profound truth of the *gratia naturam perficit* does not remain in abeyance when the *natura* has submitted to a cure of cortisone or digitalis.

BIBLIOGRAPHICAL NOTE

The quotation from J. Pieper is found in his *Ueber das christliche Menschenbild* (München, 1952). The chapter then refers to Cardinal Suhard's work *Le prêtre dans la cité* (Paris, 1949), and J. Mouroux, S.J., *Sens chrétien de l'homme* (Paris, 1950), and Gabriel Marcel's theological works: *Être et avoir*, *Homo Viator*, *Le mystère de l'être*, which are now available in English translation. The Christian conception of love has been studied by Max Scheler in *El resentimiento y la moral*; and, in a stricter sense by A. Nygren in *Eros und Agape* (Gütersloh, 1930), *Agape and Eros* (London and Philadelphia, 1953); by X. Zubiri in *Naturaleza, Historia, Dios* (Madrid, 1944) and by M. C. D'Arcy, S.J., in *The Mind and Heart of Love* (London, 1945). The development of the Christian's social attitude toward illness will be found in my book *Introducción histórica al estudio de la Patología psicósomática*. Also the article by C. Ruch and L. Godefroy, "Extreme Onction," in *Dictionnaire de Théologie Catholique*, and M. Schmaus' *Katholische Dogmatik* have been used in reference to the medical aspect of Extreme Unction.

IV. CONCLUSION

Since the time of Nietzsche, one frequently hears and reads that man is a "sick animal." This description is not entirely new. St. Augustine had written: "To be born here and in a mortal body is to begin to be sick."⁶⁵ In a wide, metaphorical sense illness seems to be an uncertain, displeasing, and menacing restriction in the existence of fallen humanity. Did not the Master of the Sentences speak of the *languor naturae lapsae*? Let us, however, come to Nietzsche's description and to the anthropology of Ludwig Klages, which is

based directly on it and which holds the spirit to be the adversary of the soul. Is man really a sick animal? Can a Christian accept such a pessimistic view of human nature?

If man had committed original sin in a state of pure nature, Nietzsche's statement might be acceptable. But since that sin was committed by man in the state of original justice, the statement, even in a metaphorical sense, is not admissible. Man is not a "sick animal," but rather a "despoiled and wounded superman" (to use the terminology of Nietzsche), for whom a glorious existence is still possible, though only possible.⁶⁶ The uncertain condition of terrestrial life makes it possible for the Christian to find several meanings for illness when he faces it, not as a metaphorical term, but as a real and concrete affliction.

To the Romantic mentality, illness was a distinction or a regression. Novalis used to say: "Illnesses distinguish the human being. . . . Man was born to suffer. . . . When man is most helpless he is most sensitive to morality and religion. . . . We still know very little about the art of utilizing our illnesses." On the other hand, Georg Kieser and Richard Hoffman believed that all ailments were a form of regression of human nature in its biological evolution toward the supreme forms of being. Kieser even defined illness as a "selfishness of nature."

It is worth examining these two theses in the light of the Christian concept of man. In the Christian sense, illness bestows distinction when, as a spiritual trial, it is borne victoriously by the sufferer; when the inevitable pain it brings makes his own being more transparent and places him more firmly and directly on the straight path to his final end; and when, as I have said before, the suffering is offered to God in a Christian way. Unamuno has written: "Whoever has not suffered, either a little or a great deal, has no consciousness of himself." That thesis is not actually true, taken in an absolute sense, but one must realize that nothing awakens man's awareness of himself as much as pain—that violent impact of our concrete existence against its own limitations.

Illness can also degrade, although not in a biological sense, if the sick man makes it an occasion of selfishness and egotism; if the fact of suffering an illness closes and blinds his life to the higher forms of spiritual life; or, finally, if the suffering organ becomes something that absorbs rather than something that is borne. Are

there not patients who are absorbed in their lungs or their liver, men who seem to know only of the existence of the organ which is ailing? Goethe once said that reason sometimes helps man to be more beastly than any beast: *Nur tierescher als jedes Tier zu sein*. The same thing can be said of illness.

But illness is not something desirable to Christians even as a well-borne trial, because it is not the only road to spiritual perfection. *The Christian wants the health of his body and of his soul, a full and integral health both in his organism and in his spirit*. There is nothing more profoundly Christian than a phrase of St. Irenaeus about man's body. When our souls truly believe in Christ's promises and possess His grace, the great Bishop of Lyons says, "our bodies are not corruptible bodies because they possess the hope of resurrection." The seeds of a theology of our sick reality, the closest and most human of earthly realities, lie in these words, because the health of the body during its earthly transit is like a faint sketch, passing and natural, of the incorruptibility, definite and supernatural, to which our spiritualized flesh secretly and continuously aspires.

NOTES

1. Matt. 9:12; Mark 2:17; Luke 5:31.
2. John 9:13.
3. John 9:4.
4. Matt. 9:16; Mark 2:12; Luke 5:17-26.
5. John 5:14.
6. Job 22.
7. *Hist. eccles.* VII, 32, 23.
8. *Ibid.*, V, 1, 49 ss.
9. All theologians, after St. Thomas, hold this to be true, as opposed to the theory of an initial creation in the state of pure nature and with a later addition of the preternatural and supernatural gifts.
10. *Summa theologiae*, I, 97, 2.
11. *De civitate Dei* XIV, 26.
12. *De malo*, I, 4.
13. *Summa theol.*, I-II, 85, 5 ad 1.
14. *Ibid.*, I-II, 85, 3.

15. *Ibid.*, I-II, 85, 5.
16. *Summa contra Gentiles*, IV, 52.
17. *Breviloquium*, III, 5, 2.
18. *Ad pop. Ant.*, hom. XI, 2.
19. *Summa theol.*, I, 97, 3.
20. *Ibid.*, I, 98, 2.
21. *Ibid.*, I, 96, 3.
22. *Ibid.*, I, 99, 1.
23. *Ibid.*, I-II, 85, 2.
24. *In Rom.* V, 154, 2.
25. Council of Trent, sess. I, 1, 2.
26. *De nat. et gratia*, I, 13.
27. *Summa theol.*, I, 97, 2.
28. Rom. 8:19-22.
29. *Summa theol.*, I-II, 85, 1.
30. *Ibid.*, I-II, 85, 4.
31. *De paup. am.*, hom. 2.
32. II Thess. 7.
33. My intention is to write about the theology of illness, not its psychology. A psychological study would compel me to go into this dilemma a great deal more fully.
34. Medicinal punishment for sin must not be confused with medicinal sufferings. The former, as St. Thomas proves, is truly punishment. See *Summa theol.*, I-II, 87, 7.
35. *Summa theol.* I-II, 82, 1-2.
36. *Ibid.*, I-II, 85, 5.
37. *Ibid.*, I-II, 78, 3.
38. Matt. 5:21-28.
39. *Comm. in I Cor.* XV, 2.
40. James 1:12.
41. Rom. 12:1.
42. *Epist.* 235, 7.
43. John 15:12.
44. Matt. 25:39-40.
45. I Thess. 5:14.
46. Eph. 5:29.
47. *Contra Celsum* III, 13.
48. *Ibid.*, III, 25.
49. See the article by Heinemann in Pauly-Wissowa, *Realencyklopädie*.
50. *Epist.* 189, 1.
51. *Contra Celsum* II, 38; IV, 15.
52. *Paedag.* I, 1; I, 3.
53. *Charm.* 164d-165d.
54. *Paedag.* I, 2, 6; I, 12, 100.
55. *Contra Celsum* VII, 60.
56. *Apolog.* 39.
57. *In laudem Basilii* 43.
58. Mark 6:12.
59. James 5:14-16.
60. I Cor. 12:9, 28.

61. Since the time of St. Thomas and St. Bonaventure, theologians have discussed the extent of remission of sins through Extreme Unction.

62. *In IV Sententiam.*

63. *Ibid.*, XXIII, 1, 1.

64. St. Robert Bellarmine, *De extrema unctione*, VIII.

65. *En. in Ps. CII*, 6.

66. In calling Adam before sin a "superman" (*sit venia verbo*), I use Nietzsche's word, but not in the same sense that he used it.



“THE CHRISTIAN wants the health of his body and of his soul. . . .” That is one of the memorable conclusions of Dr. Lain Entralgo’s article. And the Christian wants health because he knows that grace builds upon and perfects nature: a healthy spiritual life within a healthy emotional and physical life. Not that we are for that reason entitled to merge the theological and medical viewpoints or replace one by the other. If it is one of the great errors of materialistic psychiatry to maintain that the role of the priest can be taken over by the psychiatrist, it is just as dangerous to assume that the role of psychiatrist can be taken over by the priest (as was pointed out in the Foreword). Remedies for physical and psychophysical disease are found by medicine, and the application of these remedies is entrusted to the physician. When man’s responsible conduct leads him to sin, or when, apart from sin, man aspires to spiritual conversion and growth in holiness, the indicated spiritual remedies—sacramental healing, spiritual guidance—are dispensed by the priesthood. Man, however, errs not only intentionally and voluntarily; he may also be misled, twisted, strangled in his spiritual life by complex determinants clearly symptomatic of psychophysical disorder. Thus there is an intermediate region—a kind of no-man’s-land whose inhabitants are “half-alive, half-frustrated” (in the words of Victor White, O.P.)—where the office of physician and of priest must meet and even overlap. This is the territory surveyed in the following essay.



9. . . . Psychology and Spiritual Direction

ALTHOUGH he is principally dedicated to the contemplation of divine, revealed truth, the theologian is never contemptuous of the faltering efforts of human reason. He pays close attention to the work of science in his constant effort to build up a body of factual data and of solidly based conclusions which will serve as a valuable, although not indispensable, source of documentation for sacred doctrine. Through study of the various documents of faith and the systematic organization of interpretations designed to make their meaning more explicit, the theologian in seeking to grasp revealed truth unhesitatingly utilizes the full resources of logical and philosophical thought as well as any reliable data supplied by the various historical disciplines.

His approach remains much the same when he undertakes to guide the individual conscience as to the ways and means by which man can reach his ultimate end, and as to the whole dynamics of our spiritual life. Fully aware of the fact that *gratia perficit naturam*, the theologian is eager to draw upon the biological, psychological, and social sciences for whatever information is available about the subjective and circumstantial factors that influence the course of free human activity, and about the processes that govern the acquisition and functioning of the natural virtues.

The restatement of these basic assumptions is particularly relevant since it provides an opportunity to dispel an unfortunate misunderstanding that too often creeps into the contemporary literature on this subject. Among those who seek recognition for a so-called *psychological morality*, it has become a commonplace to say that while moralists deal with a concept of human nature which is abstract and idealized to the point of neglecting the contingencies and subjective variations of moral conduct, scientists concentrate

on the concrete evolution of the living man in his actual struggle to realize his almost evanescent aspirations.

Is Theology Impractical?

I am afraid the theologian will be surprised, to say the least, by the accusation that he deals with human nature exclusively in terms of an abstract mental construct. Has he not always insisted that in the evaluation of any human act consideration must be given to its specific content and circumstances, to its multiple and often conflicting motivations, to the interference of sensuality with rational deliberation, to the distortions of prudent judgment which result from an erring conscience, to the persistent pressures of long-established habits, etc., etc.?

Even more startling is the statement that moral theology presents an idealized and rather unrealistic picture of human nature. To the contrary, theology has always reminded us of the terrible wounds resulting from original sin, of the unstable harmony governing relations between the sensual and rational parts of our personality and, therefore, of the necessity for a constant, painful struggle to acquire and preserve the moral virtues and a relentless purifying of hidden motivations, for the healing intervention of divine grace, and the purifying or sustaining action of the sacraments.

It is clear that the moralist is concerned with human conduct

Until very recently, needless to say, he could rely on practically no other source of information. The empirical sciences were still in their infancy and were not in a position to provide him with any scientifically reliable method for undertaking a comprehensive and dynamic interpretation of human conduct on a moral level or on any other. However insecure he too often felt in offering guidance to an intelligent, mature, and normal penitent or even to a well-advanced contemplative soul, this was as nothing compared to the acute uncertainty and embarrassment he experienced in dealing with the obsessive or depressed scrupulous, the pathological criminal, or the pre-literate primitive. Actually, the theologian can rely on little more than trial and error methods when he undertakes to apply the various criteria of moral responsibility to a disturbed, distorted, or magical and superstitious conscience. He is painfully aware of this difficulty when he is confronted with individual behavior still fettered by "the infantile, nonrealistic fog of a malfunctioning psychic apparatus," and is expected to suggest the essential steps necessary to bring that behavior into line with the unusually high standards of Christian morality, and gradually to submit it to the delicate and complex regulation of reason and virtue.

The Need for Integration

Certainly, we are all aware of the tremendous impact that recent discoveries in the fields of dynamic psychiatry, social psychology, and cultural anthropology may have for a more comprehensive study as well as a more effective direction of moral conduct. This material, however, cannot be incorporated into the field of moral theology in its coarse, original form. A broader and far more differentiated phenomenology than the one now furnishing the basis for our applied knowledge will have to be developed, in the light of which these data will have to be refined and given a significance extending far beyond their present implications. Thereafter, an energetic creative effort will be required on our part, not to revise the whole magnificent synthesis that expresses the unique wealth of our Christian ethical knowledge, as some seem to suggest, but rather to extend its application to the solving of deep-rooted tensions of human conscience and the helping of innumerable souls necessarily neglected in the past.

Careful study has revealed that the very same basic psycho-

logical mechanisms are involved in the mental operations underlying the most extremely diverse behavior patterns, whether that behavior is rational or irrational, normal or abnormal. Although its source and content are different, the anxiety of the saint confronted with the most crucial conflicts of his life mobilizes the same psychic forces as the anxiety of the average man or of the neurotic overwhelmed by much more trivial situations. On a higher level of psychological integration, let us remember with Aquinas that even the infused virtues, although of supernatural character, function *modo humano*.

It is evident, then, that the more detailed and precise knowledge of these mechanisms which is now at our disposal can be expected to contribute a great deal to a more adequate understanding of moral conduct, as of human conduct in general. Moreover, further research indicates that one reason for the appearance of more or less differentiated patterns of behavior lies in the fact that the interplay of these basic mechanisms is governed by a variety of functional constellations deriving from temperament, personal history, early fixations, and reactions to external and internal conflicts. It is clear that in trying to anticipate the assets that will favor, or the handicaps that will hinder, moral development in any particular case, familiarity with these specific constellations is of paramount importance.

Of course, it is far too soon to try to bring these and other empirical data together with ethical knowledge in a fully integrated synthesis. At this stage, such an achievement is not even to be dreamed of. Nevertheless, after years of intensive work in this almost unexplored field of research, the writer would like to try to make a few points which may help to prepare for, and stimulate, further investigations.

THE OVERDETERMINATION OF HUMAN BEHAVIOR

The theologian has always been aware of the fact that most human actions result from the complicated interplay of an unexpectedly large number of motives. As a theorist, he has explicitly recognized this fact, while insisting on the basic connection that underlies the extreme diversity of moral virtues, and gives to their functioning the unity characteristic of a spiritual organism. A single

moral act may be the result of a free determination based on the simultaneous appeals of various ends. Hence, it may be regarded as the product of a whole constellation of virtues, and their dynamic interplay is apt to present varying patterns from time to time and within different individuals.

In exercising the art of spiritual direction, the theologian knows that he is confronted with just such an intricate complexity, often almost impossible to unravel. Even for the most generous soul, a thorough purification of intention is usually attainable only after years of experienced guidance leading to deep insights into a confused concatenation of motives, from which the most infantile, egoistic, or sensual will have to be eliminated or replaced by others more mature, disinterested, and spiritual. Even here no serious progress can be made until, with the help of divine grace, strong resistences are broken down and certain unconscious barriers are overcome.

Interpreting Human Conduct

The functional and dynamic interpretation of moral conduct which we so badly need when we assume responsibility for guiding others in their pursuit of spiritual perfection is still based on little more than purely empirical observation. This, of course, explains why we so often feel baffled by the difficulties encountered even in guiding souls characterized by the relative integration that ordinarily follows the reinforcement of Christian charity, and by a striving for the basic unity that is achieved by submitting sensuality to reason and reason to God. As one might expect, the situation is much worse when we try to deal with the confusing disorganization resulting from sinful habits, or with the conflictual disharmony produced by neurotic trends, or, occasionally, with both. Sinners and neurotics also turn to us for help and enlightenment in their spiritual and psychological misery. It is here that psychology may be enlisted and asked to supply us with effective principles of interpretation which will eventually lead to a systematic understanding of the most deep-seated problems we meet at the various level of moral development.

But let us immediately define the limits of this intervention by psychology into a field entirely foreign to its usual sphere of investigation. First, we must recall that moral achievements, as well as

scientific and artistic achievements, result from the dynamic orientation inherent in the human mind, and fertilized by virtuous, scientific, and artistic habits. Thus no amount of psychological insight will ever *explain* why a man lets himself be fascinated by goodness, truth, and beauty, and effectively contributes to their enhancement. The human mind is the fertile soil in which such spiritual life can germinate and develop according to laws of its own, which must be interpreted in the light of its specific nature and dynamism.

Secondly, however, it is just as necessary to remember that psychology also has a vital contribution to make here, and one that is too often neglected. Just as no vegetable life can take root in a soil that is not properly cleared, fertilized, and cultivated, so no moral life can really thrive in a mind overwhelmed by anxiety, impoverished by regression, or choked by the weeds of wild instincts. Thus in his work of disentangling the complexities of an ill-integrated mind, the psychologist is undoubtedly accomplishing an essential task. On the other hand, just as the gardener who cultivates the soil must rely on biology for an understanding of even the simplest phenomena of life, the psychologist must look to moral science for the correct solution of inner moral crises and the adequate explanation of moral motivations and choices.

Since it developed in complete isolation from, and frequently in opposition to, moral science, psychology has too often been satisfied with its own interpretation of moral behavior, reducing moral problems, as it were, to the restricted frames of reference set up for its own mechanistic analysis. If such an instrument is not to remain almost exclusively in the hands of those who, through ignorance or naturalistic conviction, are tempted to undermine morality in the heart of the weak, it is high time that the moral theologian reassume his full responsibility toward the most distressed souls and be prepared to meet them in their distress with appropriate means for understanding and help. If we neglect to develop the knowledge and skill to relieve them of the basic mistrust, the depressive anxiety, or the obsessive guilt that keeps them away from the confessional and curtails their supernatural life, they will be only too inclined to believe the charge that religion is the main source of their unhappiness and psychic disequilibrium.

Now, according to the psychological principle of overdetermination, behavior can be interpreted on various levels of the individual's

experience, and the various interpretations can all be correct. Since this principle is of primary importance for an adequate and useful interpretation of moral conduct, it is necessary to clarify its implications not only as it applies at the level of rational, autonomous decisions but also at the level where it interferes with them. Thus, we must strive to understand the malfunctioning of a moral judgment hampered by early fixations as well as the motivation of moral deviations which, in spite of sincere strivings, cannot be straightened out. In estimating the strength of the various motivational factors, one cannot simply evaluate the separate specific goals but must employ the multidimensional approach suggested by contemporary psychology.

Getting at the Problem

The first step, of course, will be a clear-cut, dynamic interpretation of the behavior that appears more or less incomprehensible or confusing. When the obvious rational justification for this behavior appears inadequate, one must investigate the intervention of latent irrational forces. Actions or the mode of their performance may be characterized by a slight or marked lack of proportion, rationality, mastery, and realism, thus presenting peculiarities which, in spite of every conscious effort to suppress them, do remain incompatible with the highest norms of morality. In this connection it should be pointed out that when a drive is repressed—that is, when instead of being diverted to some acceptable aim or intrinsically altered by deliberate rational means, the drive is simply inhibited and rendered unconscious—it does not disappear. It simply becomes imperceptible to the most experienced spiritual director and—to complicate the situation almost desperately—even “unthinkable” to the person in whose unconscious it now dwells and whose phantasies, attitudes, and behavior it may continue to permeate.

When a person begins to extricate himself from this appalling motivational web, the next step consists in a careful evaluation of the structural factors that characterize and regulate the psychic apparatus of the specific individual. Thus, an appraisal must be made of the relative strength of instinctual drives. On the whole, they may appear to have been well oriented from the start and to assert themselves vigorously in the form of virtuous initiatives

sustained by creative and original moral efforts. On the other hand, perhaps they interweave the individual's phantasy life with anxiety-laden imagery and constantly threaten to break out into forbidden action.

Similarly, detailed consideration must be given to the two early established automatic control systems, which are destined to become instruments of reason and conscience—the so-called ego and superego. Let us remember here that without the sort of mature and well-differentiated psychological equipment that is capable of adequate perception and testing of reality, correct estimation of past events and precise anticipation of future possibilities, elaborate experience and logical reasoning, true sensitivity to guilt and effective inhibiting powers, it is impossible for the virtue of prudence to play its dynamic integrating role in normal moral development.

At first glance, the two approaches just described may seem sufficient to provide a comprehensive understanding of personality difficulties. In reality, however, although they may allow us to penetrate quite deeply, experience has shown that in most cases we are still left with a residue of unexplained behavioral factors or peculiarities. There are usually two sources of these deviations. As they are totally extraneous to our common-sense, oversimplified interpretations of human conduct, they are too easily overlooked.

Accretions from the Past

Whether we are examining our own actions or those of others, we are inclined to seek their justification exclusively in terms of present reasons and motives. We tend to forget too easily that the various phases of our individual history have left behind them layers of emotionally vested interests. Even if these interests have long been outgrown, they may either remain active as intrinsically modified and well-integrated components of more mature and sophisticated motivations, or be reactivated in more or less their primitive form and continue to exercise their influence independently of the ego-synthesis. In the latter case, these forces have become so estranged from the actual ego-synthesis that they can be accepted only on the basis of extensive rationalization; and, as Aristotle observed, these in turn will contaminate our prudent reasoning.

For all of us, it is clear that the accumulated energy of past and frequently repeated ego-syntonic motivations—that is, motivations that have been assimilated into the ego-synthesis and have finally crystallized in the form of virtuous or vicious habits—may continue to influence our free decisions unconsciously by strengthening or weakening our will power. It is often very hard, however, to understand how an ego-asyntonic impulse—that is, an impulse which may or may not be successfully rationalized but is not actually incorporated in the ego-synthesis, and remains primitive and isolated—may also affect the exercise of free will, even in the most virtuous man, to the point of *occasionally* preventing it or at least of depriving it of its integral rational character.

Finally, one must be aware of another naïve inclination that is also dangerously misleading in our interpretation of human conduct. It consists in providing a seemingly objective explanation for actions which, unconsciously, are mainly intended to solve a personal, intrapsychic conflict and to gratify subjective needs resulting from it. In recent years, pioneer research has shed abundant light on the disturbed economy of a moral life that is generally or partially centered on an unsolved inner conflict. The unsuspected distortions have been carefully traced and exposed while the disappointing inconsistencies or compulsive rigidity that result have been given a long-awaited explanation.

From the moralist's viewpoint, however, there is another consequence of this painful inner tension which is just as important, although it is rarely given careful consideration. I refer to the dreadful effect of such a prolonged concentration of energy on the neutralization of an inner conflict, even though on an apparently quite satisfactory moral level. One is immediately struck by the disheartening observation that during this period an almost complete arrest of moral development is the rule. Contrary to the widespread belief that growth is stimulated by inner conflicts, there is ample empirical evidence for asserting that even when such conflicts are finally outgrown, a persisting infantilism remains. On strictly natural ground, it is to be expected that progress toward spiritual maturity will be considerably delayed if not irretrievably impaired.

Sketchy as it is, this brief discussion of the complexity of the motivations determining human conduct may serve to pave the way

for further theological reflection and research. At this point, however, we shall turn to another and equally important problem, which also arises from clinical observation.

MORALITY AND PERSONALITY DEVELOPMENT

As is generally recognized, personality development is mainly characterized by a steady improvement in the use of the two specific functions deriving from man's spiritual nature—that is, reason and will. Through the acquisition of rational habits, man becomes more and more capable of logical functioning on both theoretical and practical levels. Thus, rationality increasingly pervades his thought as well as his external behavior. In the same way, through the acquisition of virtuous habits man becomes more and more capable of autonomous choice and of self-determination in his daily activities. Thus, he becomes increasingly proficient in the exercise of freedom. In terms of morality, of course, this clearly implies a progressive awareness of personal responsibility and a growing willingness to assume it in full. For moral theology, the importance of this inner transformation is such that any clarification of the psychological processes involved—whether it is merely phenomenological or attempts to be explanatory in the strict sense—will certainly be welcome.

Playing Safe

According to data supplied by systematic clinical observation, the crucial difficulty in achieving a proficient exercise of freedom results from the often overwhelming anxiety provoked by the unfamiliar risks involved. However rebellious he may feel toward the various expectations more or less rigidly imposed on him by his environment, the individual who is just stepping over the threshold of moral life very soon realizes that he is frightfully unprepared to enjoy the autonomy he has secretly been coveting. Abandoning a safe conformity to ready-made moral judgments and taking the initiative and full responsibility for one's own spiritual destiny often appear, then, as equivalent to facing complete indeterminacy, and all the insecurity that it inevitably involves. As St. Thomas would put it, between the mere execution of requested virtuous acts and the virtuous execution of those same acts there is the tremendous

distance that separates psychological passivity from the exercise of freedom.

In addition to the intrinsic difficulties that too readily monopolize our attention, the leading of a life of freedom—that is, a genuinely virtuous and moral life—necessarily implies the initial risk of making one's own decisions and of accepting full responsibility for them and their possible consequences. It is no wonder that an individual entering a life of freedom conceived in this way should feel the hesitation, indecision, and anxiety of a traveler arriving in a pathless country where he will have only his own judgment to rely upon in orienting himself, finding the right direction, and surmounting the numerous obstacles along the way. Let us recall, then, that it is only through acquisition of the basic virtue of prudence, which makes us expert at taking the risks of freedom, that we can overcome this paralyzing anxiety and can resist the temptation to fall back upon careless passivity.

Since he is mainly concerned with teaching the elaborate refinements of a rational and discriminating use of freedom, the theologian cannot but be vitally interested in knowing that clinical findings have finally revealed why and how man is constantly attempting to escape from freedom and from the spiritual demands inherent in its spontaneous exercise. No problem arises so long as man's freedom expresses itself through the passive flow of natural inclinations. The trouble begins when the pursuit of such inclinations, involving the courageous attainment of various specifically human goods, encounters inner or outer obstacles that cannot be overcome without a full mobilization of aggressiveness. (The term is to be identified with daring and forceful initiative rather than with hostility, as it too often is nowadays.)

Aggression and Prudence

As Aristotle already saw, the purposeful and orderly handling of aggressiveness, which means not merely the deliberate acceptance of a reasonable inclination but its well-measured reinforcement and controlled expression, necessarily requires a firm basis of rationality. It cannot enter into play without the relative capacity for reality testing, self-mastery, and deliberate choice which are involved in an adequate exercise of prudence at any given phase of personality development. Indeed, when these capacities remain in-

adequate, aggressiveness must be inhibited and anxiety immediately appears. This is not surprising, for when the way to a normal and virtuous fulfillment of natural inclinations is blocked, we fall prey to vicious abuse, or neurotic compromise, or irresponsible, compulsive acting-out. In other words, clinical evidence tends to show that without an adequate capacity for aggressiveness, man is almost compelled to renounce his unique privilege of freedom—that is, to renounce the privilege of leading a really creative moral life, filled with original virtuous achievements and spiritual merits.

After such a psychological analysis, one cannot help being amazed at the depth of insight which led the Christian tradition to insist on the necessity of basing the virtuous life on strenuous efforts of asceticism, conceived as a positive exercise in the overcoming of ever greater difficulties. It is only when vigorous aggressiveness, which later on may find its mature expression in the virtues of magnanimity and fortitude, has reached its full strength, that man feels secure enough to accept all the risks and responsibilities of complete freedom and to enjoy the spontaneous, effortless, and pleasurable accomplishments of a genuinely virtuous life.

THE VICISSITUDES OF MORAL CONSCIENCE

Thus far we have been attempting to describe two psychological issues that empirical science has shown to be basic for a full understanding of the organization, growth, and mishaps of moral life. First, it is evident that if we want to secure the dominance of rational motivations in the regulation of human conduct, we must take into account the complexities of the inevitable overdetermination of that conduct. Second, we have tried to make it clear that if the full exercise of freedom and the correlative readiness to assume moral responsibility are to be achieved, an essential first step must be the overcoming of the infantile passivity resulting from a too rigid superego formation and from the inhibiting anxiety inherent in the original frightening indeterminacy of the human will. We shall now devote our attention to the more specific psychological issues encountered in a careful analysis of the normal functioning of moral conscience.

Our first concern here is with the major conflict with which the human conscience is confronted as soon as it begins to assert itself,

and the adequate practical solution of which is an indispensable condition for the attainment of full moral maturity. The following is an attempt to describe in its simplest terms this dramatic conflict, which is so significant for the long-term development of individual morality.

Everyone is well aware of the fact that during the whole period of childhood when one's conduct is necessarily or at least usually supervised by others, some definitely narcissistic criteria are utilized for the discrimination of good and evil. Indeed, when he tries to evaluate his own behavior, the child must rely solely or mainly on the fact that it brings him either reward or punishment, praise or blame, love or rejection. It is no wonder, then, that "good" becomes intimately associated with satisfaction, appreciation, and/or affection, and "bad" with deprivation, humiliation, and/or hostility. In this early phase of development, no other educational procedure is available, and this one is highly commendable provided that the educators use sound discrimination in qualifying various kinds of behavior as good or evil.

The Battle of the Sanctions

The overstressing of such a procedure, however, may result in a very serious handicap, the indefinite prolonging of an infantile, interested, and narcissistic morality rather than the development of an adult, disinterested, objective morality. Actually, the age of reason is reached when the child conceives of goodness as an absolute motive of action, quite apart from all its inherent possibilities for self-gratification, and when he becomes capable of identifying it with God as the supreme goal of his whole life's moral strivings. Unfortunately, there is still a long way to go before he becomes sufficiently detached from himself to disregard the *bonum delectabile* or the *bonum utile* for the sake of the *bonum honestum* in his daily decisions, and before he adopts the latter as the decisive criterion in determining and evaluating his actions.

As can readily be foreseen, some day or other a most disturbing clash is bound to occur between the two criteria of good and evil. An action that appears imperative from the rational standpoint may provoke a reverse attack of depressive guilt on the part of the more primitive standard, or vice versa. Thus, as St. John of the Cross has already observed with amazing shrewdness, it is a common occur-

rence for the progressing soul, which has heroically renounced all egotistic human gratifications for the sake of adhering more closely to the unique, absolute Good, to fall temporarily into the troughs of "melancholy." While all the requirements of a highly spiritual vocation are courageously fulfilled in accordance with the demands of an inspired rational conscience, a still unconsciously operating super-ego, failing to discover any good in a conduct averted from all rewarding gratifications and frowned upon by the wise of this world, may launch the overwhelming pangs of neurotic guilt and precipitate the individual into depression. Tracing back to this conflict the source of so many apparently unexplainable spiritual failures certainly represents a valuable contribution to the art of spiritual direction, and it may clear the way for a fresh and more effective attack by the theologian on the innumerable problems connected with the functioning of human conscience.

Careful examination of this fundamental issue leads us to the discovery of another unexpected threat to the normal growth of moral conscience as it struggles, still rather unskillfully, to impose necessary restrictions on instinctual demands. Since time immemorial the experienced theologian has observed that unbalanced ascetic practices soon degenerate into feelings of sadness and despondency, and he has voiced repeated warnings as to the hazardous hedonistic greediness that may result and may break down a nascent spiritual equilibrium.

Introversion and Regression

For his own part, the clinician could not be satisfied with these merely empirical observations, which, although of practical value, failed to supply a satisfactory interpretation of the psychological processes involved and definite criteria for precise and really discerning spiritual guidance. A thorough comparative study revealed that the sequence of events remained the same even in the most varied circumstances. Thus, an excessively frustrated child could be expected to burst into a temper tantrum after a few moments of sulking. An adolescent, sunk into stuporous inertia after attempting a complete repudiation of his feared instinctual impulses, would soon drop his die-hard ascetic attitude to give free rein to his exacerbated greediness. An adult who was consciously or unconsciously inhibiting an unacceptable impulse could hardly resist the urge, after an

interval of boring or saddening tension, to offer it an outlet through the unrestrained gratification of a substitute impulse, or through some distorted neurotic compromise.

A careful analysis of such conflict situations has led to the highly significant discovery of two basic psychological mechanisms that come into play, in addition to all the others that constitute any particular neurotic syndrome. First, the mechanism of introversion could be identified. Thus, it became apparent that the withdrawal of emotional energy from a discarded external object usually resulted in a proportionate increase of narcissistic energy—that is to say, a reinforcement of egoistic drives that had perhaps long been inactive. Second, there was the mechanism of regression, which explained so much and which served as a basis for all further interpretations in so-called depth psychology. Thus, it was gradually perceived that the emotional energy that could no longer be invested in outside objects and was accumulating within the self, tended to discharge itself along more primitive channels and, for that purpose, to revive neutralized infantile complexes. Moreover, a sufficiently precise knowledge of an individual's character structure permitted one to predict with reasonable certainty the paths this regression would follow, if it did take place. It became quite obvious that unless ways and means could be found to prevent, neutralize, or compensate for the disintegrating effect of these mechanisms, any psychological equilibrium that was achieved would be most precarious and threatened with eventual breakdown.

Raising, as it does, the whole problem of the proper handling of inhibited instinctual impulses, this exceptionally important psychological discovery is bound to have tremendous implications for moral theology. Let us state immediately that no one nowadays considers sublimation a satisfactory answer to this re-emerging problem, which has not as yet been dealt with successfully by scientific investigation on a concrete, practical level, and which remains a scientific mystery. It is generally recognized that sublimation implies nothing more than the orientation of instinctual drives in directions favoring their expression in accord with socially accepted norms, but without any intrinsic modification. Aside from the fact that the substitute object renders it permissible, the resulting behavior remains just as primitive, rigid, and automatic as any other mechanism-regulated behavior, and it is easily subject to regression when-

ever the external situation becomes less rewarding or involves unexpected pressure.

The Role of Reason

Surely, it is a commonplace in contemporary psychological literature that the purpose of educational counselling as well as of therapy is to render instinct-ridden behavior more and more rational. To my knowledge, however, no one has satisfactorily explained as yet by what psychological processes such a transformation can be accomplished. Here, though, we must acknowledge our debt to moral theology for providing us with a solid basis for developing further working hypotheses and with some definite criteria for evaluating our tentative insights into the dynamics of such complicated moral behavior. Undoubtedly, the theory of *instrumental causality* must be considered as the cornerstone of our diversified empirical approach to the comprehensive study of virtuous conduct—that is, of the dynamic and deeply transforming integration of the whole sensual apparatus within the global unfolding of rational processes.

Moreover, when we undertake to test the validity of our hypothetical interpretations, we shall certainly bear in mind the two methods by which, according to St. Thomas, reason exercises its ascendancy over sensuality. As the theologian knows only too well, the first method, by which sensuality submits to reason under duress, is extremely imperfect and ordinarily gives rise to tension and unhappiness. On the other hand, the second situation, in which the influence exerted by reason becomes a quality inherent in sensuality itself and permeates all its manifestations, is an adequate one and, indeed, is the only one to deserve the name of virtue, since it allows our instinctual drives an easy, pleasurable, and well-regulated outlet. From this starting point, it is to be hoped that empirical research can move forward with ample possibilities for opening more new horizons to theological reflection, and for enriching the art of spiritual guidance with more diversified and far-reaching techniques, for the greatest benefit of Christian souls.

It is obviously almost impossible to summarize within a few pages all the major contact points between psychology and moral theology. The attempt here has been simply to raise questions and to suggest lines of investigation which are worthy of consideration by both theologian and psychologist. Perhaps one final comment is

in order. These days one hears the most disparaging comments about the decline of modern moral theology, which is frequently attacked for its juridical bias and casuistical approach. It is interesting to note that psychology has been subject to the very same sort of attack. Many distrust its propensity for standardized statistical procedures and its growing preoccupation with individual differences. To those who are fully aware of the amazing complexity of human conduct, this parallel evolution of two disciplines which are strenuously endeavoring to grasp it in all its most significant dimensions will certainly be no surprise. It simply reveals once more that our knowledge of man is still fragmentary, and that only the joint efforts of closely related disciplines, representing widely diversified methodological approaches, can justify our hope for the attainment of a synthesis that will be satisfying to our minds and illuminating for our actions.

Note: This chapter is based upon a paper read at the ninth annual convention of The Catholic Theological Society of America, held in Montreal, Canada, June 29, 1954.—EDITOR.



IT SHOULD BE poignantly clear from the preceding article how essential it is for the director of souls to have some knowledge and experience of psychiatry in addition to his grounding in classic psychology and moral theology if he is to be fully equipped to determine the freedom of an act (such freedom making the act human and therefore moral); and, if the act placed is not free, to know why it is not. He needs the help of psychiatry to understand the multifarious unconscious determinants and motivations of his penitents; the parallels between the virtues and pre-ethical emotional habits; the components of anxiety, scruples, and other compulsions. It is only with such equipment that the director of souls can co-operate with the psychiatrist in behalf of the penitent who manifests neurotic or psychotic symptoms, or the recovered patient whose treatment has liberated his formerly shackled spiritual ideals via that recurring psychiatric phenomenon called metanoia (conversion). . . . But this co-operation is a two-way proposition, and the psychiatrist is not absolved of the responsibility of informing himself reciprocally on the principles of ascetical and mystical theology; for, as Dr. Zilboorg observes (p. 106), “. . . psychology as a scientific discipline can shed no light whatsoever on the relations between man and God.” If, e.g., that sometimes fine line between the “night of the senses” and schizophrenia is imperceptible to him, he might find himself in the appalling position of destroying a saint in the making. This final chapter, a lucid and logical distillation of traditional Christian teaching on the interior life, or man’s fundamental dynamism toward God, is presented primarily with this need in mind. The wise psychiatrist can hope to cure the mind, but he knows that man’s soul is in the hands of God.



10. . . . Sanctity and Neurosis

DUE TO THE VAST AMOUNT of clinical data made available by the rapid progress of psychiatry, an understandable confusion has arisen in the minds of both psychiatrists and theologians regarding certain unusual phenomena in the lives of the saints. Many psychiatrists have felt compelled by the evidence at hand to declare that many of the saints suffered to a greater or less degree from some mental derangement, and they have cited such persons as St. Paul, St. Teresa of Avila, St. Catherine of Siena, or St. Thérèse of Lisieux to substantiate their claim. Certain theologians, on the other hand, in the hope of defending the sanctity of the persons concerned, have maintained that true sanctity is perfectly compatible with mental illness.

Admittedly, it is extremely difficult for either theologians or psychiatrists to distinguish between true mystical phenomena, diabolic possession, or a pathological condition. Faced with the facts of a given case, the theologian will frequently apply his pre-established theological principles to the case at hand and, after investigating the origin and effects of the phenomena, attempt to conclude whether the subject is a true mystic. Although a theory is necessary for reaching any satisfactory conclusion, the weak point in the method of the theologian or spiritual director lies in the fact that all too frequently he is not sufficiently conversant with the various types and manifestations of pathological states. As a result he may tend to ignore the possibility of mental disorder as the immediate cause of such phenomena.

The psychiatrist, on the other hand, in a determined effort to be as objective and scientific as possible, is often unwilling to prejudice his conclusions by any preconceived theory, especially if that theory rests on principles that belong to the domain of the supernatural. He is generally interested in the facts of the phenomena themselves and the discovery of the immediate contributing causes in the psychosomatic structure. As a result he may too easily prescind from remote causes, the existence of the supernatural and diabolical, and

the ultimate effects of pathological conditions on the personality as a whole. If he is unable to distinguish between the true mystic, the diabolically possessed, and the mentally ill, it may be because he ignores or denies the existence of anything but a pathological condition.

When it is a question of the phenomena of Christian sanctity the theologian and the psychiatrist should complement one another in their research and their conclusions. The fact is that too often they are completely oblivious of each other or even inimical to each other. And if the psychiatrist is sometimes accused of distorting the picture of the mental patient by seeing him only as abnormal, the theologian has also sometimes erred by being loath to accept the proved findings of psychiatry which could add much light to the doctrine on Christian asceticism. It is our intent to discuss the Christian vocation to sanctity and then the question of pathological states in view of that vocation.

I. CHRISTIAN SANCTITY

Christian sanctity and Christian perfection are convertible expressions. Therefore, in order to understand what is meant by sanctity, it is necessary to have a precise notion of what perfection is. All will admit that a thing is perfect when it lacks nothing that is due to it. In an absolute sense, only God is perfect; all other beings enjoy a participated and relative perfection. Most things in this universe, and even the universe as a whole, strike us as being perfectible—that is, capable of greater perfection.

Aristotle's definition of perfection was further clarified by St. Thomas Aquinas when he stated that a thing may be perfect in a threefold manner: in its being, in its operation or function, and in the attainment of its end or purpose.¹ Thus, the infant has a certain perfection as to its being or nature, but it does not yet enjoy the perfection of function; the adult may be perfect in being and function, but is not yet perfect in the attainment of the end for which he was made—perfect happiness.

The fact that a man is not yet perfect in any given order and that he recognizes this lack of perfection gives rise to a natural desire or yearning for that perfection which is attainable but is not yet possessed. This need or yearning has been termed an appetite, and

in its simplest expression it is nothing more than a desire for further perfection. Based as it is upon some kind of need, the expression and realization of the appetite for further perfection will be regulated by the basic law of teleology or finality, which is movement toward an end or goal. Thus we have the generic definition of an appetite as the inclination of a being to that end or goal which is proportionate and fitting.

The fact of man's constant striving for greater perfection is all too obvious to demand lengthy proof or demonstration. For the Christian, however, who accepts the revealed doctrine of man's creation and his vocation to an eternal life of beatific happiness with his Creator, the striving for perfection is of paramount importance. Seen in the light of the tremendous truths of Revelation, this striving is not a mere struggle for survival, not a mechanical fulfillment of the law of progress and evolution, not even a struggle for a purely natural self-development and perfection; it is a mystical evolution toward a perfection that is truly divine. But these truths are visible only to him who sees with the eye of faith; the myopic vision of the unbeliever does not reach to the eternal hills.

Bearing in mind man's innate desire for greater perfection, recognizing also man's utter dependence on the Creator for his very being as well as for his continued existence, and noting the indefinite capacity of man's intellect for knowledge and the insatiable thirst of his will for love, it follows that man has a natural desire to see God.² (Herein also is implied the natural need for religion.) But man's need for God can be satisfied in a manner that far exceeds his most extravagant hopes, for God Himself has revealed to man that his eternal destiny is to see God face to face. And since the end is that which specifies any movement, we can see why it necessarily follows that there is no true perfection of man except Christian perfection, the perfection taught by Christ and sought after by His faithful followers.

In order to understand what constitutes the sanctity and perfection of the Christian in this life, it is necessary to know what is the essence of man's perfection in the life to come. We must insist at the outset that God as the object of the beatific vision in Heaven is not the God of the philosophers, nor even the God of the theologians, if by theologian we mean one who studies God in a purely speculative manner. The God of the beatific vision is the triune God, the

trinity of Persons in the one divine nature, known and loved most intimately by an ineffable union with the soul of the blessed.

Both the Church and her "Universal Doctor," St. Thomas Aquinas, tell us that the souls of the blessed see the divine essence by an intuitive vision. So Pope Benedict XII states in his *Benedictus Deus*:

The souls of the just see the divine essence by an intuitive, face-to-face vision, with no creature as a medium of vision, but with the divine essence immediately manifesting itself to them, clearly and openly.

But if the divine essence is itself the intelligible species of the intellect of the blessed, the intellect needs something over and above its natural powers to make it capable of receiving this species. For that reason, theologians posit the need of the light of glory (*lumen gloriae*), and the Council of Vienna supports this teaching and condemns the opposite opinion. It is a divinely infused quality that perfects and elevates the intellect so that this faculty can withstand and enjoy the beatific vision in all its splendor.

Elements of Perfection

The perfection of the blessed in Heaven, therefore, involves three distinct elements: sanctifying grace, the virtue of charity, and the light of glory. What, then, are the elements of Christian perfection here on earth? It is evident that the soul of the Christian on earth cannot possess the light of glory, for to see God one must die. But the same thing cannot be said of the other two elements of perfection: grace and charity. Indeed, the Christian is called perfect and holy precisely in the measure that he possesses sanctifying grace and charity, which is the love of God. And whereas in glory there is the clear and unobstructed vision of the divine essence, here on earth the soul must rest content with the dim and partial vision of faith and the certain confidence of hope. Therefore, the most intimate union possible between God and the soul here on earth is the union effected through sanctifying grace and charity.

But these two supernatural elements of Christian perfection have different roles to play. Sanctifying grace is to the supernatural life what the rational soul is to human life—that is, it is the very principle of life. Like the rational soul, it does not operate immediately, but it gives a certain perfection in being. As such, it bestows on the

Christian that substantial perfection or perfection-in-being of which we spoke above. Again, as the rational soul is the source of the various faculties and powers of the human composite, so sanctifying grace is the source from which flow all of man's supernatural powers—the theological virtues, the infused moral virtues, and the gifts of the Holy Ghost. But the moral virtues are concerned only with the means to our ultimate end and the theological virtues of faith and hope are only temporary faculties which man needs here on earth but are not elements of his perfection in Heaven. Consequently, charity alone remains as the dynamic principle of Christian perfection, and this is the perfection in operation or function to which we have already referred.

We have said that sanctifying grace is the principle or soul of man's supernatural life; it is the seed of glory.³ Whence, the normal and habitual state of the Christian soul should be the state of grace. How else can the Christian grow in supernatural perfection? Without grace, a man is supernaturally dead, and the dead do not grow; they corrupt.⁴ The grace infused into the soul of the infant newly baptized is subject to increase, and this is effected through the worthy reception of the various sacraments and the performance of meritorious works.

But increase denotes activity, and we have already seen that the dynamic element in Christian perfection is charity. Everything else in Christian sanctity receives its value from charity, either as a disposition leading to a greater love of God or as an effect of that love. Consequently, it is not what we do that makes us holy, but the love with which we do it. In a word, sanctity consists in the love of God, and perfection consists in loving God with all one's heart and strength and being.

We may summarize our observations on Christian sanctity in the following statements. Sanctifying grace constitutes the substantial perfection of the Christian life and is given in varying degrees by God, according to His good pleasure, but is capable of increase through the reception of the sacraments and the performance of meritorious works. Charity is the very essence of sanctity and perfection, and charity itself is increased with each increase of sanctifying grace. The measure of a man's sanctity and perfection at any given time will be the degree of his love of God, and since love is capable of indefinite increase, charity has no terminus, but a man

can grow in the love of God as long as he lives. Nevertheless, a man is truly perfect and a saint when he loves God with all the capacity of the charity he possesses.

The Ascetical Struggle

From the nature of things, there should be no conflict between nature and grace, between the natural and the supernatural orders. For grace, as St. Thomas reminds us repeatedly, does not destroy nature; it perfects nature. Hence, the natural desire for perfect happiness and the vision of God, the elevation of man to the supernatural order through the infusion of sanctifying grace, and man's very nature as a body-soul composite—none of these things of themselves connotes a conflict or struggle. Nor would there ever have been a conflict if the designs of divine providence had been carried out. If, therefore, there is a conflict, it was not meant to be so from the beginning, but it is the result of a deviation from the designs of God.

Yet conflict and struggle do exist. Job tells us that man's life on earth is a constant warfare, and this same theme is repeated in the writings of St. Paul. The warfare is manifested in almost every phase of man's individual and social life: he faces a struggle every time he makes a choice or decision, every time he is faced with a temptation, every time he experiences a physical, psychic, or spiritual need, and every time he encounters difficulties that spring from heredity, environment, or training.

Yet the particular manifestations of man's struggle are rooted in a more profoundly theological source. If the desire for perfection is based on a recognized need, then the existence of struggle and conflict in the life of man is based on his realization of his own weakness and insufficiency in fulfilling that need. Man is not sufficient unto himself. Even when he is raised to the supernatural level through the infusion of grace, his struggle continues. Whence arises the conflict in which man is pitted against the world and is called upon to do battle even in the narrow confines of his own being?

An historical event, recorded by Scripture, marks the first appearance of the ascetical struggle that has been the lot of every man, save Christ. The parents of the human race came from the hands of God as body-soul composites possessing the faculties of intellect and free will as well as the lower powers of cognition and appetite. Elevated to the supernatural state at the very moment of their crea-

tion, they were endowed with sanctifying grace, all the infused supernatural virtues, and the gifts of the Holy Ghost. In addition, and as a special sign of God's predilection, they were granted immunity from error in the intellect, perfect control in the will, complete subjugation of the passions, and freedom from sickness and death.

The Fall of Man

In spite of all their gifts of nature and of grace, our first parents were unfaithful to their calling, and in their disobedience they committed a sin that would stain and wound themselves and all their children through all the ages. It was their personal sin but it was also a sin of human nature. In righteous indignation, God deprived them of their grace and virtues and of all the special privileges He had accorded them. If before the original sin man could have attained his full perfection and eternal happiness with joyful facility, now he shall journey back to his heavenly home along the winding, tortuous road of mortification and exhausting endeavor. The children of Adam come into the world wounded and weakened, yet still called by a merciful God to salvation and sanctity. Here is the theological root of the ascetical struggle: we are called to a lofty vocation that we of ourselves can never hope to realize.⁵

Yet, we must beware of blaming every defect and weakness on original sin. As St. Thomas reminds us:

It may happen that some of the powers of the soul are stronger in one man than in another, because of the different bodily temperaments. Consequently, if one man is more prone than another to acts of concupiscence, it is not due to original sin, because the bond of original justice is broken equally in all . . . but it is due to the various dispositions in the powers of the soul.⁶

These pre-moral dispositions to vice (or to virtue), which are due largely to individual temperaments, are further intensified by the personal sins of the individual, with the result that the Christian is burdened with the pre-moral inclinations to evil that flow from his temperament, the personal sins he has committed, and the weakness of nature that is the effect of original sin.

In spite of all this, it is necessary to insist upon the dignity of man. It would be an error to suppose that we glorify God by belittling His gifts to us. It is true, we have nothing that we have not re-

ceived, but that should not prompt us to deny the value and efficacy of those gifts. The weakened state in which man finds himself does not connote an essential corruption or the impossibility of attaining eminent sanctity. But it does imply the necessity of the ascetical struggle.⁷

Here again it should be evident that for those who do not accept divine revelation, but look upon man from a purely materialistic point of view, there can be no satisfactory explanation of the ascetical struggle. Either man is meant by his very nature and destiny always to be engaged in conflict (and this is the road to despair) or the conflict itself is but a means to a higher and fuller perfection that will unite man with his God.⁸ Nor can we accept the opinion of Kretschmer, who states that ascetics are those who derive pleasure, not from the satisfaction of their appetites and urges, but from behavior that is directly contrary to those urges—that is, from a perversion of their natural instincts. Kretschmer could never have written those words had he accepted the doctrine on man's creation and fall from grace and the effects of original sin. We cannot insist too strongly that Christian asceticism is not a killing or a perversion, but a means to spiritual growth and self-perfection.⁹

Growth in Virtue

It is not sufficient, however, that the Christian deny himself, control his lower appetites, and practice mortifications of various kinds. Pure negation is not the way to life, but to death. Life is a positive, a dynamic reality, whether it be natural life or the life of the spirit. Consequently, the mortification and self-abnegation of the Christian are directed to the purification of the soul from all uncleanness and the emptying of self of self-love. For there is no room for the love of God in a soul that is filled with love of self. But this purification is nothing more than a necessary disposition to another type of activity that is much higher and much more worthy of man—the cultivation of the virtues. And this is the second aspect of the ascetical life: the positive aspect of growth in virtue, which should accompany the negative aspect of mortification; else the Christian life is reduced to a repulsive puritanism.

We must beware, however, of a purely mechanistic view of the formation and cultivation of virtue. It is not enough merely to cultivate the opposite habit when one discovers himself to be afflicted

with some vice. That is the way we train animals, but animals are incapable of possessing virtue. The virtues of the Christian, be they acquired or infused, necessarily imply proper motivation and control by reason. Therefore, the cultivation of virtue demands much more than the mere habituation to a certain mode of action. Here again we see the importance of emphasizing the fact that the perfection of a Christian is measured by the degree in which charity governs and imperates his actions.

It would likewise be an error to mistake psychic inhibitions or pre-moral inclinations for true virtue. In an excellent article on the testing of candidates for the priesthood and the religious life, William C. Bier, S.J., makes some observations that are very pertinent to this point:

Suppose a spiritual director, on inquiring why a girl wants to consecrate her virginity to God, were to discover that it is because she finds things of the flesh repugnant. . . . I can conceive of a director telling such a young girl to thank God that she feels that way, because she is thus freed from many temptations against chastity. . . . It is true, of course, that such a person would have little or no difficulty with the material observance of chastity, but absence of sin or conflict is not a proof of virtue. In such a case the brake applied to prevent sin is not the regulating influence of reason, which would be the basis for virtue, but is an inhibition of the psychic order. . . . The repugnance felt toward sex expression is . . . due to some psychological twist or other. . . . Once the psychological brake is removed, the person may, for want of virtue, be defenseless against a passion whose existence she never suspected.¹⁰

Like mortification, the virtues are means to an end and not an end in themselves. Even the theological virtues are but means to sanctity, although the perfect exercise of one's degree of charity constitutes his sanctity. Nevertheless, the Christian striving for holiness will exert himself energetically to increase the virtues, whether it be a question of the infused virtues or the moral virtues. This increase, however, is effected in different ways for the two types of virtue. In a sense, we do not directly and immediately cause an increase in the infused supernatural virtues that we possess; rather, they are increased together with grace, and this latter increase, in turn, is effected through the worthy reception of the sacraments and the performance of meritorious works. The acquired virtues, on the other

hand, are strengthened by the repetition of the acts of those virtues under the proper motivation and control of reason.

Some theologians may be prone to underestimate the importance of the acquired virtues in the Christian life, so preoccupied are they with the divine and supernatural element in the supernatural infused virtues. This is a distortion of the doctrine on the spiritual life. However great be the degree of a soul's grace and infused virtues at any given time, those great gifts may remain static and sterile if the individual does not cultivate the acquired virtues to such a degree that he can utilize the supernatural powers at his disposal. For grace works through nature, and the lack of the acquired virtues is one of the great obstacles to the full living of the Christian life. The acquired virtues should reach such a level of perfection that they blend harmoniously with the infused virtues and thereby ensure the Christian of greater facility in supernatural operation and proximately dispose him for the habitual workings of the gifts of the Holy Ghost in his soul.

The Importance of Self-knowledge

All the spiritual writers are unanimous in demanding self-knowledge as a necessary prerequisite for the cultivation of virtue. True self-knowledge will tell us what we are, not in the eyes of either our friends or our enemies, but in the sight of God. Like a mirror held before the face, it will reveal to us our pre-moral dispositions to good and evil, our actual vices and virtues, and, above all, our predominant fault. To the Christian intensely desirous of striving for perfection, this last feature—the predominant fault—will stand out in bold relief against his obligation to love God with all his heart and to be perfect as his heavenly Father is perfect.

In a certain sense all men share in the same predominant fault, for St. Thomas as well as numerous Fathers of the Church teach that the root of every sin is self-love.¹¹ Just as the love of God is the root of all true Christian virtue, so inordinate love of self is the root of every vice. But love of self may manifest itself in various ways and for that reason theologians speak of the capital sins—those tendencies or dispositions to sin that are found in each human being. Actually, the capital sins may be considered as a further explication of the four wounds of original sin, but, as they are found in this or that person, the individual temperament and psychological differences

will come into play to make one or another of the capital sins predominate dispositions to evil. And as this tendency is carried to realization by repeated acts, numerous other vices spring forth like branches from the trunk of a tree. But the root of the tree, through which all nourishment is supplied to the trunk and the branches, is always self-love.¹²

In view of such a dismal picture of himself as the Christian sees in the mirror of self-knowledge, he is further impelled to strike at the root of his personal evil. He sees all too clearly, for example, how his vainglory has given birth to disobedience, hypocrisy, contention, and stubbornness, or how blindness of spirit, selfishness, hardness of heart, and distaste for prayer have sprung from lust. But he also sees, to his consolation and encouragement, that there are definite inclinations to virtue within himself and even, perhaps, some virtues that are already rather well formed. If he is a soft and mild person, he will see in his very temperament a natural predisposition to meekness and patience; if he is naturally affectionate and affable, he will recognize the tendency toward love of neighbor and the social virtues.

But it is not merely a question of recognizing one's inherent weaknesses or talents on the basis of individual temperament; there is also the question of rejecting and undoing the acquired vices. No man is born a sinner and no man is born a saint; he must work to become either. By a deliberate and controlled performance of repeated acts under the proper Christian motives, the faithful Christian undoes, little by little, all the harm that he has wrought in himself by previous malicious actions. In accordance with the particular duties of his state in life, he gradually weaves a tapestry of the pattern of virtues by which he as an individual soul is called upon to glorify God.

Thus, the predominant virtues in the missionary will not be the same as those of the contemplative nun or those of the Christian husband and father. Where one will display intense fortitude and apostolic zeal, another will be marked by great patience and a spirit of penance, and another, by prudence and fidelity. Nevertheless, each will bear the characteristics of the four cardinal virtues: the firmness of fortitude, the rectitude of justice, the moderation of temperance, and the rationality of prudence.¹³

Here again the importance of the virtue of charity is evident, for,

granted that the Christian does not in a short time acquire the perfection of the natural virtues, charity can race ahead of the moral virtues to enjoy an intimate union with God in the embrace of love. And if the Christian is sufficiently abandoned to the will of God and perfectly disposed to obey the divine decree in all things, then where the virtues are weak and not yet fully developed, the corresponding gifts of the Holy Ghost can work through the human instrument in much the same way as the vibration of the strings by the harpist brings forth sweet melodies. The gifts of the Holy Ghost, infused into the soul together with grace and the supernatural virtues, are habits that render the soul docile to the movements and inspirations of God, and it is the love of God that serves as the necessary disposition for the functioning of these gifts. Yet, it is not the soul that works primarily, but God who works in the soul.

Even in the struggling Christian the gifts of the Holy Ghost may work when the soul is properly disposed to suffer God's motion. Hence, if predispositions to evil be strong or if virtue be yet weak, complete abandonment to the will of God will enable God Himself to effect in the soul what the soul itself was unable to accomplish. This brings to mind the terse but meaningful statement of St. Augustine: "Love God and do what you will." It also substantiates the warning of St. Thérèse of Lisieux to her novices—that they should never attempt to blame their moral imperfections on their temperament. Most of all, it is an application of Christ's words to St. Paul: "My grace is sufficient for thee."

Phenomena of the Mystical State

When the Christian soul has reached the point when it can truly say that it loves God with its entire capacity for love, the functioning of the gifts of the Holy Ghost becomes normal and habitual. At times, to be sure, the soul will perform functions through the use of the virtues and under the control of reason enlightened by faith, but whenever reason falters or the virtues prove insufficient, the soul will be illuminated by the Holy Ghost or moved unerringly by one of His gifts. When this state has been reached, the soul is said to be in the mystical way.

The spiritual life is by its essence a life of growth and development and evolution; as a consequence, there are various grades or degrees through which the soul usually passes in its journey from

conversion to sanctity. Theologians have divided these stages into three: the purgative or beginner's stage, the illuminative or proficient stage, and the unitive or perfect stage. Within this general framework there are other subdivisions and aspects of spiritual growth: active and passive purgation, the dark night of the senses and of the spirit, the grades of prayer, and so forth. The grades of prayer, for example, begin with vocal prayer and proceed through meditation, affective prayer, the prayer of simplicity, the prayer of recollection, the prayer of quiet, and prayer of union, to the mystical espousal and transforming union.

The divisions of the spiritual life are not watertight compartments, and it is not to be understood that the soul remains fixed in one or another phase without making use of the activities of a lower phase. Consequently, a soul may fluctuate between the ascetical and mystical phases until it is habitually and definitively in the mystical state. The mystical state, when it is the normal and habitual life of the soul, is characterized by passivity rather than activity of the virtues, by an apostolic fervor that proceeds from the fullness of contemplation, and by an awareness of the indwelling of the three divine Persons in the soul.

It is possible to study the spiritual life from an objective and doctrinal point of view; it can also be studied as it is lived and manifested in the lives of individual Christian souls. When considered from the second viewpoint, it is of paramount importance to remember that no one way or method is the only way to the mystical state and sanctity. A soul does not necessarily pass through all of the steps leading to sanctity; God breathes where He will, and He may take the soul in His arms and place it at a very lofty stage early in its spiritual life. The saints themselves manifest a marvelous variety and sometimes they seem to oppose each other in teaching the way to holiness. The reason for this apparent contradiction is that the saints remain individual persons and are characterized by all the differential qualities that distinguish one person from another. With the reception of grace and the growth of grace to plenitude, the saints were not de-personalized, they were not annihilated as individuals; rather, grace perfected and divinized the human individual. Grace perfects not only nature, but the individual person with all his differentiating qualities. For that reason, it is an error and a mistake to strive to imitate the saints in all that they did; the way to sanctity is

a very personal thing. Likewise, it is inaccurate to maintain that each saint, in writing of his or her spiritual life, intends to teach the only way to sanctity. The saints describe their own journey to holiness, and that way may or may not be the way for others to follow.

Before listing the phenomena that sometimes accompany the mystical state, we must insist that mystical phenomena are not of themselves indicative of sanctity. No saint was ever canonized by the Church because of the stigmata or any other phenomenon. Of much greater importance is the life of heroic virtue. Therefore, a person may be a true saint and yet manifest no extraordinary mystical phenomena. Conversely, a person may show many signs of extraordinary phenomena and not be a saint, but a fraud, a pathological case, or possessed by the devil.

In reading the works of the mystics we find certain phenomena that generally, but not infallibly, accompany the various grades of prayer. Thus, the prayer of recollection is frequently accompanied by a delightful admiration and joy; at other times there is a spiritual silence wherein the soul enjoys a sweet response. In the prayer of quiet the joy of the soul is sometimes so intense that it swoons with love. This joy may take two forms, one predominantly sensible and one predominantly spiritual. Sometimes the soul is so overcome with gladness that it performs the foolish acts of happiness which are ridiculous in the eyes of the world. In the prayer of union there are transports of love, ecstatic faintings, and raptures. The soul is taken out of the body, so to speak, leaving the body as if dead, cold, and immovable. Then follow the flights of the spirit which lead to mystical death and transformation. Ecstasy comes on slowly and can be resisted; rapture comes suddenly and is sometimes so violent that the body is disjoined or actually rises from the earth in levitation. The use of the senses is not always lost in rapture or flights of the spirit, although this is generally the case with ecstasy. Then the soul is aware of divine touches that further purify the soul; they are like wounds or darts of fire. At times these wounds are carried to the body itself and appear as the stigmata.

Ultimately the soul is prepared by God to enter the mystical espousal, which usually takes place during a flight of the spirit. Now the soul is aware of the presence of the Trinity. The espousal is definitely ratified by the mystical marriage or transforming union; at

this point all ecstasies and raptures cease. The soul is constantly recollected in the three divine Persons dwelling within it.

In addition to the above phenomena, many of which are rather common in the lives of the mystics, there are others that are truly extraordinary and very similar to the gratuitous graces (*gratiae gratis datae*). In no sense are they infallibly associated with sanctity or the mystical state. The following are some of the extraordinary phenomena that have more frequently appeared in the lives of the saints: the stigmata, levitation, tokens of espousal (exchange of hearts or reception of a spiritual ring), luminous phenomena (such as aureoles and rays of light issuing from parts of the body), bilocation (the apparent presence of the saint in two localities at the same time), bodily elongation, visions, locutions, intense body heat, living without food, insensibility to fire, sense transference, and incorruption of the body after death.¹⁴

Some of the phenomena listed have been manifested by holy men of the East and others have been witnessed in patients who were definitely pathological. Others of the phenomena mentioned are above the powers of nature and for that reason could never be effected by a human agent or a natural cause; therefore, they must be either from God or from the devil. If they are caused by God, then they must be for a holy motive, perhaps for the purification of the individual or the edification of the faithful; if they are caused by a diabolical power, the motive could never be a holy one.

True and False Mysticism

At this point it becomes even more evident that each case must be studied in itself. The facts of the phenomena give no clue to their origin, and for that reason, no general guide or norm can be deduced from the facts themselves. And since certain of the extraordinary mystical phenomena have also been evidenced in the lives of frauds or evil persons, the fact that a phenomenon surpasses the powers of nature is no indication that the manifestation is caused by a supernatural power. Some modern investigators are too prone to ignore the existence of the supernatural and the preternatural, just as some of the faithful are too eager to attribute all unusual phenomena to God. The history of mysticism is dotted with cases of fraud and diabolical possession.

The stigmata has been produced by mental suggestion, levitation has been witnessed in spiritualistic séances, as well as have bodily elongation and insensibility to fire. The existence of such phenomena is undeniable; the interpretation of the facts is another matter. Therefore we repeat that no theologian and no psychiatrist is justified in making a universal judgment on *a priori* principles to the effect that such phenomena are automatic proofs of sanctity or are entirely the result of mental derangement.

The true mystic is always conscious of his interior state, at least as regards essentials. He is also for the most part in control of the situation, for even when he is passive under the operation of the gifts of the Holy Ghost he exercises sufficient control to make his acts free and meritorious. His endeavor in the ascetical phase of his life is to subjugate the lower man and his passions to the rule of reason enlightened by faith and impelled by the love of God. He strives in all things to love God and to live that love. The crises or temptations that arise, he faces as realities; even the devil is to him a terrible reality. Sealed with the grace of confirmation, he is a militant and he sallies forth to battle with all the spiritual weapons with which God has strengthened him. He does not flinch; he does not rationalize; he does not disguise reality. Neither does he place the blame of his weakness and temptation on his environment, his heredity, or his temperament. He represses his evil inclinations; never his conscience. He rejects sin and evil; never his duties as a Christian. If in the end he is detached from self and loses contact with consciousness of self, it is because he has found himself again in the abyss of God's love and lives now, not he, but God lives in him.

But are not the saints and mystics abnormal in regard to religion? Do they not have an obsession in regard to God? Not at all. The person who is a religious fanatic or abnormally scrupulous by that very fact gives evidence of a lack of balance and a misunderstanding of religion and sanctity. He is in truth misusing the means to true holiness and sanctity. Whether the object of this pathological condition is God Himself, the rites of religion, mortification, chastity, martyrdom, solitude, or prayer, such a person has selected a part or segment of the whole pattern and has exaggerated it to the point of distortion. But religion and sanctity and Christian perfection presuppose the integral and balanced personality. In this sense, sanctity and sanity are correlative terms.

II. MENTAL DISORDERS

If we are to discuss sanctity and neurosis, we should, to be consistent, give some consideration to the neuroses at this time, always keeping in mind the fact that we are discussing them from the standpoint of a theologian rather than an expert in psychiatry.

The average man presents himself before the psychiatrist under one of three aspects: as normal, as neurotic, or as psychotic—or one of the shades thereof. Under this threefold division can be grouped most of the possible mental states of an individual, ranging from sanity to mental illness and allowing for the twilight zones between the three categories.¹⁵ Neurosis represents a deviation from normal mental life which is short of mental disease; it is primarily a disorder in the affective life rather than the intellectual. Psychosis, on the other hand, signifies greater submersion of the ego and is recognized as a more serious mental derangement.

If we use the term mental illness in its widest sense, then any deviation from a normal and controlled life may be classed as mental sickness. In that case, every single person may be said to be mentally sick at some time or other, because in the life span of the human being there are frequent occasions when the individual fails to cope with reality and succumbs before some conflict. Therefore, we restrict our use of the term to designate a chronic or habitual deviation from normality and sanity. This condition usually manifests itself in the inability of the individual to adjust himself to reality and his environment, with the result that he lives in a state of conflict, tension, and anxiety.

Genesis of Mental Illness

Apart from moral and theological implications, neurosis and psychosis are basically types of sickness and should be recognized as such. They are not beyond either prevention or cure. Certain predisposing factors are said to be extremely significant: heredity, morphology, temperament, social environment, education, occupation or profession, age, acquired habits, and, above all, emotional distress.¹⁶ Under these circumstances few people can escape the predisposition to one or another mental disorder, but the theologian believes the test lies in how well they orientate these inclinations to

safe goals through the cultivation of the moral virtues. Above all, it is common knowledge that we can never underestimate the role of emotions and feeling in the origin and development of mental disorders.

The immediate causes of mental illness may be organic, toxic, or functional, speaking in the broad sense. Organic disorders arise from an injury, deficiency, or disease of the brain structure. In most cases if severe deficit exists there can be no complete cure and there is no sure remedy. The brain does not repair itself as do other parts of the body; most lesions are considered permanent if they are inoperable. As a result, the patient who suffers from organic mental disorder is generally powerless in the face of his affliction.

A toxic mental disorder is caused by some poisonous element that has affected the brain, whether the poison is generated within the body itself or absorbed from outside (as in the excessive use of alcohol or drugs). A sufficient amount of toxin can permanently injure the brain, with the result that the patient's illness becomes an organic mental disorder. Such is the tragic end of some alcoholics and drug addicts.

A functional disorder signifies that the individual, for one reason or another, is unable to perform certain operations in the accepted and normal manner. In some mental disorders of the functional type it will be observed that the patient is so inactive as to appear in a trance; in other disorders the patient will be overactive to the point of frenzy and delirium. Neurotics generally, and even some psychotics, retain a good deal of control and consciousness in certain areas and functions, for they are often only partially incapacitated. Here again, however, the experienced psychiatrist will look especially to the affective and feeling elements in the life of the individual for both diagnosis and prognosis.

What is the psychological explanation of the sick mind? How is it that a perfectly sane man may gradually begin to manifest aberrations and disorders that are not only unexpected but are apparently unexplainable? Several reasons are given, and at the risk of oversimplification—and again from a layman's point of view—we may say that the man is in a state of tension or conflict as a result of some crisis caused by internal or external factors. In such a situation a man can do one of several things: he can face the crisis and solve the conflict or he can search for a way to avoid or reject the crisis

without incurring the obligation of finding a solution to the problem. Thus, as in the question of a temptation to sin, a man may solve the conflict by succumbing to the temptation, by rejecting it and continuing his search for holiness, or he may try to ignore the temptation without making a moral decision one way or the other.

The temperament of the individual, his emotional power, and all the elements that enter into the formation of his character—all these factors will condition him to react in one way or another in the face of his crisis. A man who has lived a regular and somewhat uneventful life may fail completely in a new and unexpected situation. One who has schooled himself in self-denial and virtue should ordinarily have the strength and control to withstand great conflicts and fearful struggles. He who by profession or avocation lives dangerously and is constantly meeting new and demanding experiences is not so likely to become distraught and terrified in an emergency as are those who live a quiet and orderly life. One who has been carefully protected from the realities of life and the alluring pleasures of the world might under some circumstances become the most degenerate of men.

Facing the Conflict

Whatever the condition of the individual and his habitual manner of life, if he is faced with a conflict that he cannot resolve he will be strongly tempted to resort to some type of mental camouflage. Speaking from a religious viewpoint, for example, if the conflict is between an evil that is desired and a conscience that forbids, the individual may attempt to rationalize the situation. In an effort to quiet his moral judgment, he will seek reasons to justify his choice of evil. If, on the other hand, it is a question of facing an unpleasant situation or duty, he may effectively—at least for a time—ignore the situation; this failing, he may assume some sickness or infirmity that would make it impossible to fulfill his obligations. In both cases there has been a choice of self and self-interest; in other words, we have here a concrete manifestation of self-love as the root of sin (at least a material sin).

Escape from unpleasant situations or from the solution of conflicts may be effected in many different ways, and psychiatrists tell us that external manifestations give a clue to the ruse that is being employed. One technique is that of regression, which is a reversion

to the child's attempts at self-defense—weeping, kicking inanimate objects, slamming doors, screaming, and the like. The child does not have sufficient defense against the obstacles and conflicts in his life and, hence, these are perfectly normal weapons of self-defense; in adults, the same techniques are defects. Another mechanism is that of projection: placing the blame on environment or other persons in order to avoid guilt or punishment.

A third method of escape is identification, wherein the patient borrows strength from his environment by imitating the example of others or even going so far as to project himself into others by assuming their qualities. When rightly used, this technique is an aid to social life and affability, and in children it is one of the greatest aids to education and character formation. If used to excess, however, it undermines independence and individuality and leads to delusion. Another technique is that of segregation, which is an attempt to block out of consciousness certain portions of one's environment, whether it be those things that are objectively evil or those that the individual deems harmful or distasteful to himself. For those who seek a still more rapid and more effective escape, alcohol and drugs speed the process. There are other psychological techniques for handling conflicts but these will suffice for the present.

All of us make use of the above techniques to a greater or less extent, and within the range of reasonable control they may be considered perfectly normal and praiseworthy. But when their use becomes excessive or without reasonable foundation, we can suspect moral culpability or mental illness.

With all of this we do not wish to imply that the use of one or another of the escape techniques is always deliberate or even that the conflict or crisis itself is a fully conscious one. It may be that at some time in the distant past the individual suffered an emotional experience of overwhelming intensity. Now, long after the event is itself forgotten, the emotional overtones are still buried deeply within him. The mentally sick person may not know the reason he acts as he does here and now; what he does realize is that he is experiencing a violent emotional reaction or intense feeling that sometimes seems to impel him to perform certain actions or to resort to certain escape techniques. He is not called upon to say whether he is trying to escape from the emotional state itself or whether he is seeking to withdraw from external reality; whether he is trying to

escape from himself or from his environment. It is the function of the psychiatrist to bring to light the original counterpart of this intense emotional reaction. These few and incomplete observations will have to suffice here, for the clinical aspects of the problem are discussed in other chapters.

III. MENTAL HEALTH AND SANCTITY

In drawing together the strands of our exposition in order to deduce definite conclusions concerning the compatibility or incompatibility of sanctity with mental disorders, we shall bear in mind that sometimes the psychological and supernatural elements blend together in a most confusing manner. We cannot deny that so far as external manifestations are concerned, certain phenomena could definitely be classed as pathological; yet the theologian asserts that the patient is not on that account to be judged mentally ill, for identical phenomena may at times proceed from a supernatural or even a diabolical cause. By the same token, we must reject the opinion of those who maintain that every visionary or stigmatic is by that very fact abnormal. As a matter of fact, the *ordinary* mystical phenomena are perfectly normal within the orbit of grace and the supernatural. In such cases the phenomena themselves are only materially pathological at most.¹⁷

The first step in the solution of the problem is to attempt to discover the remote origin of the various phenomena. We have already mentioned that the extraordinary manifestations may be traced to one of three causes: to God, to a pathological condition, or to a diabolical power. God is perfectly at liberty to grant extraordinary phenomena to whomever He wishes, and whether He grants them as a means of purification or as a cross or for the edification of others, they do not usually appear in the Christian until he has advanced rather far in the spiritual life, generally when the soul has entered or is on the threshold of the lower mystical ways. The devil also, with God's permission, can work strange phenomena in individuals, both as an attack on those who are striving for sanctity and as a manifestation of his power over those who are confirmed in malice and sin.

When, however, the extraordinary or abnormal phenomena are the result of a pathological condition, they may be caused by a mal-

functioning or a disorder in the physiological structure (as in neurological, glandular, or cerebral afflictions), or by a purely mental disorder (as happens when the intellect or will is not perfected by its respective virtues).¹⁸ The immediate disposing cause or stimulus that makes the abnormality come to the surface is usually a crisis or conflict of some kind. The resulting emotional state leads to a tension or an anxiety that overwhelms the patient to a greater or less extent.

We know that no man is tempted beyond his strength, for with God's grace every man can surmount the moral obstacles and solve the crises in his life. The fact that here and now a man has failed to conquer or has not even been willing to fight is proof of a weakness in one or another virtue, the lack of an integrated personality, or an inordinate love of self to the detriment of his love of God. Such a person could in no sense be considered a saint or a perfect Christian, for this presupposes a life lived under the control of reason enlightened by faith or, in the mystical state, a life lived normally under the influence of the gifts of the Holy Ghost. And since the knowledge and freedom of neurotics is not totally impaired, we must not be too quick to excuse them from all moral culpability or to condone their lack of control through virtue. Even if the timidity and fear of the anxiety neurosis or the inconstancy and instability of the obsessive-compulsive are here and now beyond the control of the patient, we must yet look back to the original crisis or conflict that brought on these pathological states. We may find there the answer to the question of whether the lack of fortitude or temperance may not have been culpable.

But what if the phenomena are such that they give no clue to their origin? What if they could just as readily be attributed to God, the devil, or mental illness? Can any light be thrown on the question by a consideration of the facts of the phenomena under observation? Is it not possible that a genuine saint or mystic could suffer from a mental illness caused by a physiological disorder, a toxic poison, or a brain lesion?

To answer these questions it is necessary to consider the immediate causes of mental illness already mentioned: organic lesions, toxic condition, or functional disorders due to pathology of some physiological element or to an abnormality in the psychic order itself. It is likewise necessary to bear in mind that mental derange-

ment is a true sickness and that the whole man is sick. At first glance it would seem that if mental disorder is a true sickness, then a saint or mystic could suffer a neurosis just as readily as he could suffer any other sickness. In that case, the Christian could become a saint in spite of, or even through, his mental illness.

Let us first consider the organic lesion. We have said that a person who suffers an injury to the brain is helpless in the face of his affliction and that no restoration is possible. Such a person cannot utilize the functions controlled by the particular section of the brain that is injured, and, so intimate is the relationship between the soul and the body, even the spiritual faculties may be impeded. If this be so, the patient can never hope to possess an integrated personality, for his life can never be lived under the perfect control of reason. But if the lesion affects only the use of one or another of the external senses, such as sight or speech, or one of the motor functions, then there is no mental illness and no incompatibility with sanctity and the mystical state.

Consequently, if an organic lesion causes the patient to be sick in his mind, if he cannot face reality and his environment, if his moral judgment is affected, then he will lack that perfection which is the foundation for sanctity. This is not to say that his condition will be imputed to him by way of guilt; indeed, such a person may reach Heaven and will then be a saint among the blessed, but he cannot attain the full perfection of the Christian life as long as his mental disorder remains. Nevertheless, he may be capable of acquiring a high degree of perfection in one or another virtue and he may cultivate an intense love of God; he may even accept his affliction as a cross.

The person who suffers mental illness as a result of a toxic condition is in quite another position. If he has been the cause of his own sickness, for example, through alcoholism or drug addiction, he is not inculpable. If the toxic condition has not reached the point of permanent injury to the brain, it is not beyond cure, and the individual may yet reform and become a saint. He is, however, incapable of sanctity so long as he continues to contribute to his toxic condition. If, on the other hand, the alcoholic or drug addict has caused permanent injury to the brain, then he is in the same position *vis-à-vis* sanctity as are those who suffer from organic lesions.

And what of those whose mental illness is the result of a physio-

logical disorder or an aberration in the intellect or will? As long as the functional disorder persists (whether it be from one or the other of these causes), the individual is incapable of complete self-control by reason and will not face the demands of his environment as is expected of a good and virtuous man. If the life of the virtues leads to perfect balance and holiness, then a functional disorder is an indication that one or more of the virtues are lacking (almost always prudence is included among them) or at least are very imperfect. Such subterfuges as rationalizing, regression, identification, projection, and segregation indicate that the individual is immature and in a sense is under the control of some power other than his reason. But the immature man cannot be a saint because the immature man is not a perfect man. We shall remember, however, not to brand as mental deviations those slight eccentricities or failures that are to be expected even in the domain of the sane and normal. For it may happen that in seeking to escape some temptation or overcome some obstacle the sane and virtuous man falls momentarily into a maladjustment, though he quickly recovers himself.

One Sanctity for All

Sanctity, therefore, and the mystical state can in no way be caused by mental illness, nor do strictly pathological phenomena proceed from the mystical state. Phenomena proceeding from a pathological state must themselves be pathological; phenomena proceeding from the true mystic or saint must be either the action of the virtues or the workings of God through the gifts of the Holy Ghost or the gratuitous graces (*gratiae gratis datae*). If we are not distinguishing between sanctity and moral perfection, it is because no distinction is called for. Even if a man loves God with all his strength and is perfectly abandoned to God's will, and nevertheless does not yet possess the virtues perfectly, we maintain that he is not a saint until this does happen. Until that time, the gifts of the Holy Ghost will normally supply for his defects of virtue.

All persons, both normal and abnormal, have the same obligations in view of sanctity, for there are not two sanctities, but only one. And since the spirit is inseparable from our psychic structure and grace works through the individual nature, sanctity requires a spirit free from sin, inordinate self-love, and excessive attachment to created things. Therefore, sanctity requires a certain integrity in the

psychic order. This does not mean that neurotics cannot have utmost confidence in God and an intense love of God, but they still lack that integrity which is required for sanctity.

But what is to be done if the phenomena under consideration give no indication of their origin and from all appearance could just as easily be attributed to the mystical state, diabolical possession, or mental derangement? Then the safest criterion is to study the effects of the phenomena in the patient himself. Though outwardly the phenomena may appear identical, inwardly they are distinct. In ecstasy, for example, the body remains cold, inert, and as if dead. If the ecstasy is pathological, the patient is in a deep lethargy, with no recollection of what took place. In supernatural ecstasy, the individual is filled with light and never forgets what he has experienced. Natural ecstasy depresses; divine ecstasy fills the soul with joy and peace.

The convulsive movements that accompany certain pathological states expose the patient to injury; they are disordered and indecorous and the patient exhibits bizarre reactions. On the other hand, in the mystic there is a growth in the understanding of divine things; greater love of God and neighbor; rather than a killing, there is a healing and a vivification; the personality becomes integrated according to the higher supernatural norm of the gifts of the Holy Ghost; the lower powers are subdued and placed under the control of reason enlightened by faith; there is calm and peace. The trances that ensue can be broken only by the command of the lawful superior or when duty calls, and the ecstasies cannot be produced at will.

How, then, do we explain the fact that in the lives of many of the saints there seem to be indications of mental disorders, at least in the early stages of their spiritual advance to holiness? We should bear in mind that the saints were not saints from birth and that, as they advanced in holiness and began to receive special favors from God, their minds and bodies were too weak to withstand the brilliance of God's illumination or the force of their love. As a result, certain phenomena occurred which seem to be pathological, whereas the truth of the matter is that the human body can react to stimuli in only a set number of ways and that it is not the reaction itself that proves sanctity or abnormality but the cause of the reaction.

If we ask whether truly pathological states may have preceded

the mystical state or sanctity of an individual, the answer is *Yes*. But we hasten to add that the cure of the pathological condition is a necessary prerequisite to true sanctity and the mystical state. If we further ask whether truly pathological phenomena may be concomitant with the mystical state and sanctity, the answer is *No*, unless we are willing to classify any deviation from "normality" as pathological and ignore God's working in the soul of the saint. Finally, if we ask whether truly pathological phenomena may be consequent to the mystical state and sanctity, the answer is again in the negative, for sanctity implies by very definition perfect integrity of the personality. Nevertheless, even a mystic could fall from that state and become a pathological case, for until death any man may become a reprobate.

In conclusion, the true mystic is conscious of God present within the soul and is as much as possible unconscious of self and devoid of self-love. The mentally sick person is excessively conscious of self (the neurotic individual is characterized by extreme self-interest), and more or less unconscious of God and the environment. Finally, if it is true that uncontrolled emotional life is the key to most of the mental illnesses among men, it is even more true that the secret of sanctity is the complete and total abandonment of self to God through love.

NOTES

1. See *Summa theologiae*, I, 3.

2. This same need and desire for God is also the basis of natural religion. See Dom Aelred Graham, O.S.B., *The Love of God* (New York, 1940), p. 45.

3. The theologian distinguishes various types of grace: *gratiae gratis datae*, the gratuitous graces or charisms that are given to the soul for the utility or edification of others (gift of tongues, visions, prophecy, etc.); *gratia sanctificans* or sanctifying grace, which is a permanent quality infused in the soul to justify man and constitute his substantial perfection; and *gratia actualis* or actual grace, which is a passing movement or inspiration by which God disposes a soul to do or receive something in view of salvation or sanctity.

4. Theologians point out the following effects of sanctifying grace: it justifies man, it gives him a share in the life of God, it makes him an adopted son of God, it elevates him to the supernatural order, it is the radical cause of the indwelling of the Trinity, it is the pledge of eternal life, and it is the source of all merit.

5. As R. Garrigou-Lagrange, O.P., points out: "Undoubtedly baptism

cleanses us from original sin by applying Christ's merits to us, by giving us sanctifying grace and the infused virtues. Thus, by the virtue of faith our reason is supernaturally enlightened, and by the virtues of hope and charity our will is turned to God. We also received the infused virtues which rectify the sensible appetites. However, there remains in the baptized who continue in the state of grace an original weakness, wounds in the process of healing, which sometimes cause us to suffer, and which are left to us, says St. Thomas, as an occasion for struggle and merit." (*The Three Ages of the Interior Life* [St. Louis, 1948], I, 289.)

6. See *Summa theol.*, I-II, 82, 4, ad 1.

7. For many German philosophers struggle is the theme of man's existence; for Bovet the instinct for struggle is expressed mainly in the two basic needs of man: nutrition and reproduction; for Spranger it is the exteriorization of the desire to surpass and be esteemed; for Mendousse the basis of struggle is the contradictory tendencies found in the individual; for others it is merely man's bellicose instincts and irascible appetites.

8. Thus Victor García Hoz: "The war . . . between the flesh and the spirit, freely chosen and desired and consciously directed by reason, is not found in those who do not seek perfection. The reason for this is that one of the factors in striving for perfection is our voluntary efforts to destroy in ourselves the tendencies to evil. . . . But the fact that this ascetical struggle does not exist in a man does not exclude, either logically or really, the existence of other struggles which are to be found in men who are not spiritual. For the lower powers, since they seek a multiplicity of sensible objects, are often opposed to each other. . . . On the other hand, the carnal man is not always able to achieve his desires, sometimes because the goods he seeks are beyond his capacity or because others dispute for their possession. . . . Sometimes a man may endure a kind of ascetical struggle without any supernatural goal in mind at all, but this is only an apparent ascetical struggle." (*Pedagogía de la lucha ascética* [Madrid, Consejo Superior de Investigaciones Científicas], p. 47.)

9. See J. Lindworsky, S.J., *The Psychology of Asceticism* (Baltimore, 1936), pp. 2 ff.

10. See *Review for Religious*, November, 1953.

11. See *Summa theol.*, I-II, 77, 4.

12. St. Thomas makes it clear that the capital sins do not refer primarily to dispositions or tendencies in the human person, for such dispositions are infinite in number, but they refer formally to the basic goods which strongly move the appetites of man: excellence, honor, and praise move a man to vainglory; food and drink incline a man to gluttony; venereal pleasure inclines a man to lust; riches draw a man to covetousness; difficulty in attaining good leads to sloth; sadness at another's excellence arouses envy; and the desire for vengeance is conducive to anger. See *Summa theol.*, I-II, 84, 4.

13. For a more detailed treatment of the psychology of the moral virtues, we refer the reader to any of the following works: *Summa theol.*, I-II and II-II, *passim*; R. Garrigou-Lagrange, O.P., *The Three Ages of the Interior Life*, I, 275 ff.; A. Tanquerey, S.S., *The Spiritual Life* (Westminster, 1930), pp. 362 ff.

14. The reader will find a wealth of information on the mystical state and its accompanying phenomena, in J. G. Arintero, O.P., *The Mystical Evolution* (St. Louis, 1949-51), II, and A. Poulain, S.J., *The Graces of the Interior Life* (London, 1950).

15. Diseases of the nervous system are not necessarily accompanied by psychic disorders, and in many instances the sorrow, dejection, or anxiety of the patient might be the result of neurological pathology rather than a neurotic condition. Some have attempted to classify as *psychoneuroses* those in-between states ranging from neuroses to psychoses, but this distinction has fallen generally out of favor.

16. In *Direction spirituelle et psychologie*, in the series *Études Carmélitaines* (Paris, 1951), Dr. Jean Lhermitte points out that the majority of religious who are neurotic manifest predominantly affective deviations. Many of them have posited for themselves an ideal of perfection that is too lofty; hence the resulting tension.

17. We mean by this that in certain persons predisposed to hysteria, scrupulosity, or some other pathology, their reaction to grace and religion may indeed have all the appearances of truly pathological phenomena. So also, the similarity between diabolical and pathological phenomena gives no basis for identifying them. The *Roman Ritual* gives explicit directions to the exorcist for distinguishing the mentally ill from the diabolically possessed (p. 326).

18. We are not concerned here with the mentally deficient who never had the use of reason and liberty, the demented who are no longer in possession of those functions, or those who for any reason are incapable of attaining psychological maturity. None of these is capable of the exercise of perfect virtue.

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