

II

PSYCHIATRIC ASPECTS

A careful study of the psychic life reveals a marked difference between the personality structure or degree of integration of the average person who, after undergoing long or severe temptation, infrequently or rarely commits grave sin and the *consuetudinarian*. Among those who fall under the latter category we most frequently find individuals whose personalities are either neurotically or psychopathically involved. Personalities of both groups reveal an emotional immaturity, insecurity and instability along with a consequent disturbance over interpersonal relationships and social demands. A clinical study of these individuals uncovers a basic psychopathology and their inner experiences reveal one of the following mental states or dispositions or a combination of them: anxiety, frustration, and compulsion.

When we speak of *anxiety* we do not refer to that state of mental perturbation or emotional excitation which is commonly experienced when one is confronted with an entirely new situation, or before a public performance, or before setting out on a long trip. Such a state of expectancy may be regarded as quite normal and helpful in that it assists in the mobilization of one's efforts for the accomplishment of the task. Also, anxiety experienced by the ego as a signal of danger from some internal source must be regarded as normal since without it character formation would be impossible. In this paper we are concerned with a pathological disposition or state of mind in which anxiety is no longer a response to or a signal of a conscious internal danger, but a response to an unconscious threat or danger within the ego. Also we refer to that state of mind in which anxiety is a continuous effect released by poor psychological control.

Anxiety like fear is an uneasy, apprehensive, expectant state of mind accompanied by tension. The function of anxiety is the same as that of fear for both of them are a response to danger and serve as a preparation of the ego to meet up with an emergency. Though they are identical from the standpoint of subjective experience they differ according to the source of danger which initiates the response.

Fear is experienced in the presence of a real, external fearsome object or situation; anxiety is felt in the absence of such stimuli.

Anxiety, therefore, may be conceived as a signal of danger arising from some internal source. In anxiety the individual does not experience the object which is the cause of his anxiety. For this reason anxiety is said to be "internalized fear, a signal that an unconscious repressed tendency is ready to emerge into consciousness and threaten the ego's integrity." Anxiety which is associated with an unconscious conflict is commonly called unconscious anxiety, not because it is not consciously experienced but because of its origin. It is this type of anxiety which occupies our attention in psychopathology and which directly bears on the subject at hand.

Since anxiety is such an unpleasant, and at times, overwhelming experience one seeks to avoid it with the result that devices of the human mind which are called dynamisms and psychological defenses begin to operate.

Frustration refers to a state of mind which results from the denial of gratification. Such a condition or state of mind occurs when an impulse to act or the completion of an act is blocked or thwarted, preventing the satisfaction of attainment. The blocking or thwarting of an impulse may be external or internal in origin. The former is a denial of gratification by reality; the latter by forces in the unconscious or also in consciousness.

When an individual cannot *normally* handle his instinctual urges, he may summon all his energies for the satisfaction of his urges to the utter disregard of moral or social demands. Or the individual may regress to an earlier stage of development, in which case the frustrated instinctual energy (libido) may be withdrawn from external objects and take refuge in the imagination where it will stimulate new desires and reanimate the vestiges of earlier forgotten ones.

It is now held that a decreased capacity for withstanding external frustration is bound up proportionately with the strength of the fixations¹ in the process of development and an increased readiness

¹ Fixation refers to the quantity of psychic energy that remains attached to various components of the infantile period of development. The psychological manifestations of these organizations is due in part to the excessive amount of energy attaching to them. Such a stage or state implies an incomplete sublimation of the infantile manner of indulging pleasure.

to evade external responsibilities by a regression to those fixations. This may be regarded as an external denial of unfixed or free psychic energy.

Internal frustration is considered to be of greater importance because in this state are found such strong fixations that the unspecified or unassociated emotional or psychic energy cannot freely reach out for mature satisfactions. In such a state the individual is, as it were, impeded in deriving satisfaction from certain newly emerging and more mature desires by the opposing force of early more firmly rooted modes of satisfaction. The greater the amount of instinctual energy tied up through fixation the less free energy will remain to be directed toward the outer world. Also the attached (fixated) portion of energy exerts a constant attraction upon the portion which is moving on to a more mature level and thus handicaps its development.

The healthy person meets frustration either by checking or controlling his instinctual urges or passions, by directing his energies to a suitable legitimate substitutive satisfaction, *or* by directing his energies toward the achievement of the actual satisfactions he desires. *The normal person avoids frustration by means of sublimation while the strongly fixated person reacts to frustration by regression.*

Compulsion is a state of mind in which the individual feels an irresistible urge to perform an action. The word also denotes the action performed while in that state of mind. In such a state the individual feels compelled to say, do or think something which even at that very moment appears to him to be absurd, strange and even purposeless. These compulsions are commands from within and as morbid phenomena they are acts contrary to the conscious will of the subject at the time the act is performed.

The term compulsion, therefore, does not apply to acts performed when the individual is not conscious or aware, such as occur in epileptic states or in hysterical amnesias (fugues). Nor does it refer to those morbid acts performed by the individual with his approval and encouragement. Compulsions are usually the result of obsessions so that they may be said to be obsessions in act.

Compulsions vary greatly in content and may be divided into

two types. The person may be obsessed by ideas that are pointless, ridiculous or such as to be repugnant to his conscious moral standards and aesthetic sense. Such an individual may have phantasies of killing a beloved person, of shouting out obscene and blasphemous words, of fetishistic practices, bestiality, incestuous relationships, etc. Or, there may be a performance of absurd acts which reveal a moral or social significance. These strange performances reveal a note of penance, atonement or punishment or they may serve as restrictions, precautions and prohibitions. Frequently one sees the one type give way to the other and back again.

The conflicts underlying the habitual performance of sinful acts are unconscious and of a sexual or aggressive nature; they relate to either the concupiscible or irascible appetites. These conflicts are varied and involve such problems as fears, hostility, hatred, rejection, severe doubt, despair and self-destruction.

The acts themselves, therefore, take on a varied significance and in their compulsive clinical manifestations may be expressed as compulsive kleptomania, polygamy, nymphomania, masturbation, etc. These problems are too numerous to treat separately so we shall use the most common of these problems, compulsive masturbation as exemplificative of all the types.

In its excessive form masturbation takes on the form of a compulsive neurotic habit. When it is found in this form it serves the purpose of allaying *anxiety* which may stem from a variety of causes. A neglected or rejected child, who has already (previously) learned to solve his fears of insecurity by indulging earlier infantile pleasures, will resort to masturbation as a more satisfactory relief or consolation. This form of self-indulgence is not readily or easily sanctioned by a parent. When this further rejection is added to the already existing rejection the child's need for masturbation is increased in order to relieve his fears. As a result the child stubbornly continues to indulge himself.

There can be no doubt that compulsive states are of an extremely 'painful' nature. In some cases the compelling nature of the impulse becomes quite intolerable. It is not hard to establish that the pain though related to a positive impulse is mainly due to the tension of unconscious *frustration*.

Compulsive masturbation as well as impulsive behavior in general may be utilized to combat internal tensions of any sort. They appear, then, as inappropriate means of mastering excessive excitement. We see masturbation in this instance as a protection against stimuli from within. In this case sexuality loses its specific function and becomes a non-specific protection against stimuli. It is for this reason that so-called hypersexuality may be considered to be an attempt to discharge genitally any sort of tension that is not genital. These compulsions, inappropriate as they are, are attempts to find an outlet for infantile tensions, the meaning of which the ego is unaware. This form of masturbation is unsatisfying and those given to it complain that it is unpleasant, stupid, irritating, meaningless. Sometimes these practices are accompanied by such strict rituals that all possibility of enjoyment is eliminated.

Compulsive masturbation may be analyzed like any other compulsion and each case reveals a specific meaning. The causes of the tension provoking the act are varied and numerous, but they are never direct genital impulses. Sadistic impulses are of considerable importance in these cases.

Compulsive acts of masturbation, normal sexual acts, promiscuity and even perversions are often associated with obsessive fears, such as an unconscious fear of castration or genital mutilation. As a consequence a persistent performance of these acts is resorted to as a reassurance of genital intactness. Such fears frequently result from a direct threat of injury on the part of parents and others when they see the small child engaged in the practice of masturbation. They may also result from a traumatic sexual experience with another person, child or adult.

These acts may also signify self-directed hostile impulses aimed as self-destructiveness. In this case the recurring masturbation signifies a protracted suicide. In very severe and advanced forms of compulsion neurosis, patients attempt to masturbate away all tensions produced by the neurosis. Such patients will not infrequently even masturbate while at the climax of plaguing doubt and indecision as an expedient to dispel the doubt.

A young compulsive patient of mine while speaking of his torturing experience of doubt and indecision because of scruples

—at a time when he felt compelled to go to confession three or four times a day—said, “if I masturbated I no longer had any doubt for then I knew that I had good reason to feel guilty.”

Hypersexuality, therefore, is a symptom and not a specific clinical entity and for this reason, in the individual case, it is impossible to prescribe specific therapeutic aids or to indicate the prognosis. The apparent vigorous sexuality of these individuals is misleading despite the number of successive acts they can perform. Unlike the normal person the neurotic is incapable of satisfying sexual desire; he attempts to compensate this incapacity by persistently repeated sexual acts.

From the above observations it seems clear that in many, if not in all persons given to habitual sinful acts, there is a serious emotional factor which is worthy of exploration. We have seen that unconscious motivation underlies the serious conflicts which evoke frustration and intolerable anxiety which in turn give rise to compulsive performances. Whereas in the average person anxiety would normally serve as an alerting process aimed at the control of the sinful act, in the neurotic it is so excessive and intolerable that the sinful act is performed to control the anxiety. The fundamental difference between the two is the level on which the conflict is operative. In the normal person the conflict is clearly conscious; while in the neurotic it is unconscious. It is for this reason, as stated above, that compulsive behavior has a different meaning than the acts themselves imply. Thus actions which are consciously performed may proceed from a compelling force, the nature of which is hidden from the conscious mind of the performer.

Among these individuals addicted to various forms of habitual sinful practices one is likely to encounter one of the following three types of conscience:

The severely *scrupulous conscience* of the obsessive-compulsive neurotic, the outstanding symptom of which is the presence of obsessions which take the form of imperative ideas or compulsory notions. The obsession is a tenacious idea, sometimes absurd and very often in scrupulosity morally serious, which imposes itself in consciousness against the person's will. He has to fight against thoughts that are repugnant to his conscious moral feelings. Though

horrified at these thoughts he is unable to get rid of them. It is an unwelcome morbid phenomenon, it is pathological. On such matters the person, from a practical point of view, is paralyzed when he is called upon to make a decision. Excessive fear and anxiety pervade consciousness. The presence of this mental state is due to guilt of unconscious origin. As a consequence, we find that the ever present guilt is often attached to trivialities of no moral consequence even to actions which in themselves are amoral. There is also the additional factor that phantasy and thought processes in general regress to the point where they assume the exaggerated significance they had in early childhood with the result that thinking or phantasying a thing is equivalent to doing it. This phenomenon is called the "magic of ideas" or "omnipotence of thought."

These patients clearly reveal the serious nature of their conflict. Their thinking and feeling about the habit are contradictory from time to time. They seriously claim an inability to see their responsibility as well as the sinfulness of their acts. Yet, on other occasions they will be panic-stricken over fear of damnation for all their "mortal sins." Acute as these reactions may be they bring about no essential change in behavior.

Another type of conscience which one finds is the one which theologians call *lax conscience* which is characterized by a tendency to deny or diminish obligations. It is held that this type of conscience results from harboring false principles and leading a sinful life. While it is true that a laxity of conscience may result from a loss of sensitivity of soul through repeated sinful acts and a harboring of false principles, it is possible to have the genesis of this disturbance occur in the reverse order; namely, habitual repetition of sinful acts through a primary lack of sensitivity of conscience. This type of disturbance may be seen among neurotics of the anxiety-hysterical type.

Laxity of conscience in such cases can be brought about by a *process of denial*. This is a very primitive mental device which is a forerunner of the unconscious dynamism known as *repression*. *Denial is an ego-defense which represents a step toward the repression of an ego-alien impulse. The child's thinking would be, "that cannot be because it should not be."*

Such a device has its origin in early childhood as a wish-fulfilling denial of unpleasant realities. The gradual development of the ego strengthens experience and memory and slowly weakens the tendency to deny. As long as the ego is weak the tendency toward denial may remain relatively superior. In severe mental illness such as the psychoses, serious and important denials remain victorious. To a minor degree we observe this split of the ego into a superficial part that knows the truth and a deeper part that denies it in every neurotic. The person though knowing the truth may act as if it were not so.

There is still a *third type of conscience* which differs greatly from the former two. It is a developmentally defective, grossly abnormal conscience. If the term conscience can be applied to the function I have in mind, perhaps at best it might be called an indifferent or apathetic conscience. The disturbance about which I wish to speak is found in the psychopath who, in the field of psychiatry, is regarded as one lacking a conscience. A psychopath, though he suffers from mental abnormality, is neither a neurotic nor a psychotic although he is capable of developing neurotic or psychotic episodes.

The psychopath, intellectually speaking, may be normal or superior and, therefore, is not lacking in the ability intellectually to appreciate the moral nature of human acts. His difficulty is the lack of feeling for those acts; he lacks the capacity for feeling guilt. He suffers from a moral insensibility.

On the whole the psychopathic personality is characterized by marked emotional immaturity, even childishness, with impairment of judgment and an apparent inability to learn by experience. He is lacking in sympathy, a sense of delicacy, feeling of respect and appreciation. He is emotionally unstable, impulsive in his reactions and shows no consideration for others.

These persons frankly admit feeling nothing concerning the acts in question and this despite their intellectual endowment or past educational and moral training. In discussing the nature and gravity of the acts the psychopath will freely admit the seriousness of his behavior and even hold that he should have been hanged a dozen times for his crimes, but as regards the crimes themselves he is devoid of feeling. Even when they are discussed from the standpoint

of danger of death, eternal punishment, etc., he replies that it all leaves him "cold" in fact he never thinks about these matters and for them he has no feeling. In his discussion of immoral behavior one notes a lack of reticence, embarrassment and sensitivity.

In these individuals, therefore, we see lacking a necessary requirement for a truly normal conscience. I refer here to the third element of the following sequence of a dictate of conscience: a judgment of reason concerning the moral character of an act, followed by a movement of the will in the form of a command or admonition which is accompanied by a *feeling* or *sentiment* of approval, pain or reproach.

From the above description it is clear that a psychopathic personality is a characterological disturbance. It is commonly referred to as a neurotic character, impulse-ridden character, behavior disorder, or moral insanity. These persons differ from neurotic individuals in that their gratifications are not derived by substitution in the form of neurotic symptoms but by "acting out" their neurotic impulses.

In contrast to the so-called normal or average person, therefore, we see that persons given to compulsive habitual sin reveal personality disorders characterized by a combination of the following pathological findings:

1. Unconscious conflicts² with a consequent lack of knowledge concerning the motivation for their behavior and the significance of their acts.
2. The ego governs motility but does not feel free in the use of its governing power.
3. Abnormality of conscience—excessive, minimal or total lack of guilt.
4. The presence of marked emotional immaturity and insecurity—a high degree of self-centeredness, egoism, narcissism.
5. Emotional instability.
6. Low threshold for frustration.

² Conflict. A prolonged struggle, mental or moral, occasioned by incompatible desires. A clash between an instinct or passion and various psychic forces in its attempt to discharge its energies without modification.

7. Marked and, at times, overwhelming anxiety and tension.
8. Impairment of judgment.
9. Impulsive behavior.
10. Lack of capacity for sexual satisfaction from the acts performed.
11. The specific function of sexuality gives way to a non-specific non-genital protection against all sorts of tension.

These facts, it seems, point clearly to the excessive amount of psychic energy (instinctual energy, feeling, passion, emotion) which remains attached to or associated with the various stages of childhood development. It implies a failure in sublimation of the infantile manner of indulging pleasure. As a consequence very little unfixated or unattached emotional energy remains to be directed to the outer world of reality. This, it would seem, accounts for the fact that the will, though it directs the coordinated acts performed, i.e. governs motility, does not feel free, or in fact is not entirely free, in its governing power. There is also the additional factor of a true lack of knowledge concerning the underlying motivation which detracts from its rational nature. Likewise, the volitional difficulties explained above indicate serious developmental defects dating back to that early age (3 to 5 years) when the basic elements are laid for the later development of an adult or autonomous conscience.

One is reminded of St. Thomas' observation that "Ordinarily the intellectual powers should rule the body. But this hierarchy is found in an individual who has perfectly integrated the powers at his command. The rule of the intellect over the passions is not the 'despotic' rule which the soul has over the body. Rather the rule of the intellect and will over the lower passions of the soul is a 'polity'. Since the sensible powers have some autonomy of their own they may resist the command of reason."³

At this point we are forced, by virtue of the clinical evidence provided to reconsider the title of this paper. *It is our opinion that today a good percentage of the cases of habitual performance of sinful acts falls under the category of neurotic behavior and that we should consider the imputability of not seemingly compulsive*

³ *Summa Theologica* I-II, q58, a2; cf. *ibid*, q 17, a7.

habitual sin, but truly compulsive habitual sin. Our understanding and appreciation of this problem depends upon our acceptance of a dynamic concept of the unconscious mind. It is not our purpose here to offer proof of the existence of the unconscious aspect of the human mind, the existence of which has been accepted for centuries. But rather it is the dynamic aspect of the unconscious, a notion which is of more recent origin, dating back to the last century which is pertinent to our problem.

By a dynamic concept of human behavior we mean that besides an energetic influence of conscious motivation on human behavior, there is a powerful influence of unconscious motivation on human conduct. This influence stems from repressed conflicts centering around instincts and the human passions, erotic and aggressive, concupiscible or irascible. Conscious human behavior can, therefore, stem from sources of which the individual is unaware. *We have seen that behavior can be impulsive; that it can be elicited by an individual who, knowing the seriousness of the act, can deny it and repress the feelings of guilt associated with it; that it can be consciously performed by a knowing subject who completely lacks appropriate feelings.*

That which is repressed escapes the knowledge of the individual in whom it is repressed and, therefore, such a person lacks the power to resolve the conflict, and thereby, integrate it into the total personality. With a lack of insight, one's problems can never be solved. After insight is gained the integration of personality depends upon the practice of virtue directed toward the accomplishment of one fundamental ideal. The higher the ideal the greater degree of integration. All these parts are co-ordinated by the most excellent part, which is the rational power. It is not until all human activities are integrated that one has a truly human personality.

Both the scientist, psychiatrist and psychoanalyst, and St. Thomas agree that there are in human personality two domains—a rational and an irrational—which are not disjointed. Both of these modes of existence which are natural come in contact with one another. That which is found at the higher level expresses the term of human development; man responds spontaneously to the activities of intelligence and reason. Morality and art are typical expressions

of that which is natural to the superior nature of man. Where, however, there is question of providing for his own preservation or that of his species, man is subject to impulses which, in keeping with his animality, permit of some escape from his immediate control of reason and even to enter into conflict with it.

From these two modes of existence derives the Thomistic distinction between an *actus humanus* and an *actus hominis*. That which arises from the lower level can escape the control of the rational. To this dynamic force St. Thomas applies the term *sensuality*, a word which designates for him the forces of our sensible nature—a source of inclinations rebellious to reason. The Angelic Doctor clearly grasped the complexity of this problem.

It is helpful for us to bear in mind that the propulsion which sets the individual into motion is immediately derived from the affective powers and not the powers of knowledge. Emotivity is an essential energy and is the immediate mover. The powers of knowledge direct; rather their role is to control the emotive discharges in a manner conformable to the demands of reality. But it is necessary to take into account the fact that thought is a process with multiple and successive phases which do not necessarily tend to its normal term—the grasping of the real. Obstacles limit its progression through some of its phases (senses, imagination, rational discursus) to the place where the power, force or strength has regressed up to that time. Thus some men are guided by or conduct their lives according to the imagination.

In ordinary human conduct affectivity spontaneously obeys the reason of the normal man. But not so in times of great excitement or conflict. Man's control over his sensuality is very feeble because of original sin and therefore reason alone no longer suffices. It is evident that success in this matter is more often relative. We see also that human conduct properly speaking, that which is directly under control of will and reason stands in bold contrast to the symptomatic act (*actus hominis*)—the uncontrolled, impulsive act. At these two extremes we see on the one hand the virtuous man who has arrived at perfect maturity and on the other the psychotic in whom sensuality has completely dethroned reason. Between the two we find the *average man* who is frequently torn for the most part by

intimate conscious conflicts which force his reason into all sorts of compromises, and the neurotic person who, suffering from unconscious conflicts, feels compelled to perform acts of a sinful nature in an effort to combat a threatened loss of integrity and to re-establish some degree of mental equilibrium.

It is well known that emotional excitement is capable of preventing a clear and precise view of reality. Anxiety diminishes or suppresses the capacity of concentration and at times causes so great a preoccupation that distraction becomes inevitable. Sometimes it is so great that all effort at rational control appears useless and is accompanied by feelings of futility or a presentiment of failure. Furthermore, prolonged periods of intense emotional excitement may result in destroying the normal exercise of rational function and even result in the development of serious somatic disturbances. In such a state the imagination directs emotivity and thus the phantastic and infantile rather than the realistic influences affectivity, and action will then take on the character of maladaptation.

We hold that persons suffering from the emotional disturbances outlined above are greatly handicapped in their effort to bring their conduct into conformity with reason, with the dictate of conscience. Such persons are patients, they are ill and their illness stems from personality defects for which they are not responsible; defects which are developmental in origin. Unconscious conflicts, associated as they are with fear, threat, hostility, hatred, sexuality and guilt from which serious complexes⁴ derive, are powerful motivating forces which cannot be dealt with by the conscious mind until they are brought up to that level. Until resolved these conflicts exert a disruptive influence on the integral function of personality and consequently on a healthy spiritual life. We maintain, therefore, that unconscious conflicts and unresolved complexes are real obstacles not merely to normal social adjustment but also to a fuller participation in the life of Grace.

Because of a true lack of knowledge of their unconscious con-

⁴ Complex:—a group of repressed ideas interlinked into a complex whole which besets the individual impelling him to think, feel and perhaps act after a habitual pattern. For the most part the nuclear components are always considered to be in the unconscious.

flicts and the consequent anxiety, tension and impulsive tendencies these patients suffer from a diminished power to determine their actions. So much psychic energy is consumed in the symptomatic response to their unconscious conflicts that little is left to the will for its governing power. The will under such circumstances, though it directs the co-ordinated acts performed, does not feel free nor is it free in exercising control. In such instances a sinful act can lose its true significance so that sexual behavior may become a non-specific protective measure, in which case it is a symptomatic, uncontrolled, impulsive act (*actus hominis*). For these reasons we feel that a very high percentage of those persons who are given to an habitual performance of sinful acts constitute a specific group who, emotionally speaking, differ markedly from the so-called normal or average person.

Illness, however, like every other evil admits of varying degrees of gravity. In the matter of imputability of compulsive habitual sin it would seem that the gravity of the act is directly proportional to the seriousness of the illness, the degree to which the total personality is involved; not all patients who suffer from the mental disturbances outlined above are equally involved. But where there is present marked excitement such as acute anxiety, painful states of tension and the obtrusion of compulsive urges, judgment is easily distorted and freedom of choice thwarted. The greater these forces the less human will be the acts. It is our opinion, therefore, that the responsibility of patients who, suffering from acute anxiety, frustration and compulsion, are given to an habitual performance of sinful acts as a direct consequence, is not only greatly diminished but in some cases is not present at all. Imputability is here destroyed by virtue of the extent to which ideas, phantasies and affective experiences take possession of the mind. They can exert such influence that the mind cannot at all or only with great difficulty give attention to other considerations; logical thinking at times is impossible. Depending upon the severity of the state, freedom of choice is either altogether impeded or at least greatly diminished.

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Digest of the Discussion:

To begin the discussion, *Father Joseph Farragher, S.J.*, of the Jesuit California theologate, remarked that he was afraid that the impression might have been left that the cases mentioned by the speakers were the common pastoral problems and that all those who have habitually to confess solitary sins should be sent to the psychiatrist. He felt, on the contrary, that the papers had not quite touched the real problem of the average male adolescent who might fall once or twice a week or even once or twice a month. Such persons might be very good on the whole and would not fall into any of the categories mentioned by the speakers. Father added that it was his opinion that in such cases there might well be a periodic physiological build up of sperm which, while frequently discharged in sleep, is often discharged while the individual is conscious or semi-conscious. In such cases, the person might feel responsibility but often he may have set off only the last stages of the emission. The last small act alone might be his, yet he thinks he was responsible for the whole sequence. There would not be so much a question of an impediment to the will, but simply the fact that the will did not act. Just as breathing can be either voluntary or not, so this could be involuntary, or the will could approve but not imperate, or, as often happens, the will might not act at all. The problem, then, from the ordinary pastoral point of view is not with the compulsives since they do not usually get to the confessional anyway. Yet it is possible to have perfectly normal persons still free from guilt for other reasons. In reply, *Father Duhamel* remarked that the papers had considered more the problem of people in a state of complete wakefulness, that the cases of persons tempted at night—the *tempus molestiae*, as *Vermeersch* calls it—would be quite different, and that often such acts could be quite instinctive.

Father John Ford, S.J., of Weston, Mass., then rose to express the thanks of the assembly to the two speakers for their excellent papers, a gesture he thought would have been made by the chairman of the panel, had there been one. The nods of approval among the delegates were proof enough that they concurred in this sentiment.

Father Ford then proceeded to make two extended observations. He first underscored the importance of the question of whether freedom of the will is a function of the intellect only. In our early studies in philosophy, he noted, the problem was always to bridge the gap from the sensible world to the realm of abstract thought. Very little, however, was said about going the other way, about the bridge from the intellect and the will to the outside sensible world. Consequently, there is needed a deeper study of the nature of the emotions. We have always realized that the emotions can affect the will not only antecedently but also concomitantly. Is there anything, therefore, *Father* asked, in our principles in philosophy, psychology, moral theology, or faith, that would be opposed

to the concept of perfect knowledge compatible with a lack of responsibility for subsequent action because of the presence, at the same time, of some emotional disturbance?

Father Ford's second point concerned the definition of compulsive acts in terms of freedom of the will: those acts where there is "no free will." Father wondered how the many psychiatrists who deny freedom of the will would describe compulsive acts: what would be the criterion of the compulsive; something like irresistibility?

In reply to the first part of Father Ford's remarks, *Father Duhamel* thought that he would agree with Father Ford's statement and analysis, that he too felt that there must be some other norm for diminished freedom and responsibility apart from interference with knowledge and the intellect. He insisted that his own conviction to this effect came not so much from a scientific knowledge of psychiatry but from his many years of experience with people.

Father Hayden, in answer to Father Ford's second difficulty, remarked that he had not met many psychiatrists who denied freedom of the will, especially since a distinction must always be made between what some of them say and what they actually mean. Father admitted, however, that he himself had often wondered how those who do make this denial would describe compulsive acts. He thought that perhaps they might be content merely to describe compulsive behavior as it would be seen in its clinical aspect.

At this point, *Father Philip Donnelly, S.J.*, of Weston, Mass., brought the viewpoint of a dogmatic theologian to bear upon the discussion, particularly with regard to what Father Hayden had said concerning unconscious motivation and original sin. Father Donnelly pointed out that if the term "unconscious motivation" referred to a physical and organic motivation, then it would evade the whole area of moral responsibility. If, on the other hand, it implied the complex background of education, environment, traumatic experiences, etc., then the whole question of sin in the present order would have to be brought into focus. Father thought that this would be a point where the recent tendency to reunite dogma and moral could be most fruitfully illustrated. In particular, Father thought that very few people are aware of the nature of mortal sin in the present supernatural order as distinct from mortal sin in an order of nature. In the latter case sin would involve the loss of ordination to the last end; in the former, there would be the problem, not merely of reorientation to the last end, but also of going through all the steps in the supernatural order to regain justification. If people generally, therefore, have no awareness of what mortal sin is in the present order and what it takes to repair it, then, perhaps there is not sufficient motivation to deter them from sin. Original sin, after all, was not unforeseen by God, and our only salvation in the present order is in Christ and through

His grace. If people do not realize this fact, they cannot appreciate what sin is and consequently have not sufficient motivation to avoid it. Father concluded his remarks by urging psychologists and psychiatrists to stress the real nature of mortal sin in the present order as a means of achieving adequate motivation.

Father Hayden began his commentary on these observations by insisting that if there had been no original sin, there would be no problems for the science of psychiatry to solve. It might be noted, parenthetically, that this remark was quite frequently quoted in private and informal discussions during the remainder of the convention. Father Hayden then went on to clarify the notion of unconscious motivation. He pointed out that it was not something physical or organic. Rather it is concerned with repression which Father described as a dynamism operating unconsciously in everybody. In an abnormal person a group of impulses called a complex has developed by reason of an infantile reaction to the stress of hurtful conflicts. A small child is incapable of dealing with these problems rationally; the only way he can handle it is emotionally. In cases of repression, the conscious deals with the hurtful experience by burying it deep in the unconscious. The emotional affective charge associated with the repressed idea is then free to act on the conscious mind. That is why such persons have a conscious feeling of guilt but no conscious reason for it. So, too, they act impulsively by virtue of the emotion and not by virtue of the ideational content of the act. Father insisted that great emphasis must be put on the unconscious character of this dynamism of repression.

Father Hayden then stated that he had a question that he would like to propose to those in the audience. He said that many of his penitents, who are also his patients, often ask whether the actions they perform under their compulsions are mortally sinful or not. Father said that he had never told any of them that they had not actually committed sin for fear that this might carry over later and lessen their sensibility to sin. He remarked that it was his practice to explain that there was question here of a very serious illness and therefore that it was quite possible that there might be variations of gravity. Father asked the members of the assembly what they would do under these circumstances.

Father Farragher ventured his opinion that it might be part of the relieving of anxiety to let the penitent know that the sin was not actually mortal. He said that he would stress the fact that the matter is grave and that the act, if deliberate, would then be a mortal sin. This would apply especially, he thought, to the type of penitent he had mentioned in his earlier remarks. Father Ford thought that the penitent might be told he was guiltless of mortal sin under certain very rare circumstances when it would seem to serve some good purpose, but always with reservations. He thought that the best approach was to use some such expres-

sions as "I really don't know" or, on some occasions, "I think perhaps not." Father agreed that it was possible that many more than we have been accustomed to think may be free from the guilt of mortal sin for the things they confess. Father Ford asked Father Hayden to clarify his use of the expressions "a high percentage" and "a good percentage" in reference to those who might thus in some way be considered less guilty. Father Hayden replied that he thought a "high" percentage of the mass of penitents performing sins repeatedly would be of a neurotic or even psychotic sort; that, of these, a "good" percentage would be compulsive in the strict sense.

Father Matthew Herrorn, T.O.R., of Steubenville, Ohio, then specified this difficulty by asking about professional and educated people addicted to alcoholism who ask whether their first drink, leading to drunkenness on a particular occasion, was a mortal sin. Father Hayden thought that there could be many cases where the alcoholic's first drink would not be a mortal sin. He gave as an example a social situation where a person might be so overwhelmed by anxiety and tension as to need one drink if only to be able to speak. Father Herrorn asked whether this would apply even to those who know that, for them, one drink will lead to a thousand. Father Duhamel referred to Father Ford's well known conclusions on this subject: that there is an objective obligation for such people to refrain from taking even one drink, but that the factors building up the addiction can diminish the subjective responsibility, especially of taking one. Father Ford himself then elaborated on this by reiterating the serious nature of this obligation. But he pointed out also that many people who know that one drink will lead to many more and to consequent drunkenness often do drink without subjective guilt, that often this is truly compulsive. Father Ford thought further that it is not good to tell alcoholics that to take one drink is, for them, a mortal sin. They are often already overwhelmed with feelings of guilt and it remains true that those who seem to be objectively guilty are often not subjectively so.

The propinquity of the dinner hour brought the formal discussion to a close at this point. It was destined to continue, however, on an informal and personal basis through the remainder of the evening.

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