

PANEL DISCUSSION:

I

PATHOLOGICAL GUILT FEELINGS

Pathological guilt feelings are a topic about which both theology and psychiatry have something to say. As in any similar case, there is danger of the one profession ceding too great a role to the other or arrogating to itself what rightly belongs to the other. This danger is minimized if each profession can see itself and its colleague in proper perspective. History is a great help here.

Those who are ignorant of history, it has been said, tend to repeat it. Many of the successes which seem to be achieved now for the first time were actually known ages ago, though perhaps less perfectly; many of the mistakes now committed could be avoided if one realized that they have been committed before. This is as true in psychiatry as in theology. Advances are certainly being made in both fields in our day, but they assume more modest proportions when we see their previous history. History moderates the pride and arrogance which move certain psychiatrists and theologians to take a patronizing attitude toward each other. The awe felt by the theologian in the presence of the psychiatrist will be diminished when he learns how little is radically new in psychiatry. The uneasiness felt by the psychiatrist in theological discussion will be eased by his acquaintance with the psychology embodied in the great theological writings of the past.

Fruitful discussion of mutual topics will be facilitated if the aura of mystery and novelty is dispelled. To that end I would like, for the benefit of the theologian, to cite a few examples of "how old the new" in psychiatry. The subsequent theological discussion of pathological guilt will, I trust, work the same sort of benefit for the psychiatrist.

Electric shock treatment was used by the ancient Romans. Scribonius Largus, physician to the emperor Claudius, in his famous list of prescriptions, *Compositiones Medicamentorum*, explains

the administration of this form of treatment by the use of the electric ray fish wrapped about the head of the patient. The electric ray, the torpedo of ancient Latin and modern Italian, abounds in the Mediterranean and was used by Galvani in his historic experiments along the Adriatic coast at the end of the eighteenth century.¹

Another great remedy in the armamentarium of contemporary psychiatry, the tranquillizer, has a genealogy which traces back to primitive times in the hands of native jungle doctors. Not until 1931 did modern psychiatry become acquainted with this age-old remedy.²

As for the concepts and techniques of psychosomatic medicine and psychotherapy, Hans J. Eysenck, of the University of London, says that "insistence on the close relationship between body and mind and the interplay between the two is regarded as a very modern trend, and Freud and the psychoanalysts generally are often credited with the discovery of what many people have considered a vital new truth in medicine. This is a very unhistorical way of looking at the facts. The general theory of psychosomatic interaction is at least as old as human thinking about mind and matter, and there is very little in these modern theories that cannot be found in the Greek philosophers and even earlier. Nor is the specific application of the principles involved to medical diagnosis and treatment anything novel." Eysenck also recounts a number of historical examples involving³ the use of anger and other emotions by ancient Arab physicians, who employed the very term "psychotherapy" to designate their method of treatment.

The theologian will enter upon the discussion with greater confidence when he hears that Freud himself insisted that psycho-

¹ Felix Marti-Ibanez, M.D., et al (eds.): *The Great Physiodynamic Therapies in Psychiatry*. N. Y.: Hoeber-Harper, 1956. Pp. 8-9.

Poynter, F. (ed.): *The History and Philosophy of Knowledge of the Brain and Its Functions*. London: Blackwell, 1958. Pp. 196 sqq.

² Ferguson Rodger, T., et al (eds.): *Topics in Psychiatry*. London: Cassell, 1958. P. 177.

³ Eysenck, H. J.: *Sense and Nonsense in Psychology*. Baltimore: Penguin, 1958. Pp. 71 sqq.

analysis is not medicine but psychology.⁴ And as we shall see, it is a psychology not unknown to the great theologians of the past, who have incorporated it into their discussions of psycho-moral problems. Psychology falls within the sphere of professional competence of the theologian.

Inspection of current literature reveals that present-day psychological and psychiatric knowledge is largely in terms of behavior for which the underlying biochemistry and biophysics are not well known. D. O. Hebb, a foremost neurophysiologist, says: "Motivation, learning, intelligence, emotional disturbances . . . for them we can give none but the vaguest of physiological referents at present. . . . It is chimerical in view of the limits of the human intellect to suppose that we could ever dispense with conceptions at this level in favor of hypotheses stated solely in terms of the activity of specifically named pathways from this nucleus to that."⁵ The theologian is no less competent an observer of human behavior than is the psychiatrist. From his special vantage point he can make significant contributions to the understanding of pathological behavior.

Research workers press ceaselessly the study of the difficult areas of psychoendocrinology, neurophysiology, psychopharmacology, etc. Saint Thomas says that our psychology is incomplete until we do unearth the bodily changes attendant upon behavior.⁶ But as of the present we stand in much the same relationship as we do in the study of cancer. A great deal is being learned. Yet the things we wish most to know continue to elude us.

Sound theologians, like Saint Thomas, recognize mental illnesses which are entirely the province of the physician.⁷ But the fact remains that the mind has a profound influence upon the body, and there are many cases in which one must influence the mind of the sick person if a cure is to be effected. Pope Pius XII de-

⁴ Freud, S.: *Collected Papers*. N. Y.: Basic Books, 1959. Vol. 5, p. 207. See also page 210, where Freud calls the analyst "a secular spiritual guide," making reference to the Catholic priest.

⁵ Harlow, H. F., and Woolsey, C. N.: *Biological and Biochemical Bases of Behavior*. Madison, Univ. of Wisconsin Press, 1958. P. 460.

⁶ Saint Thomas Aquinas: *De Anima*, Book I, Lect. 2.

⁷ Saint Thomas Aquinas: *In Libros Ethicorum*, Book VII, Lect. 3, n. 1351.

finer human personality as "the body-soul unity of man, insofar as it is determined and controlled by the soul." The body has an influence upon the mind; and this is a legitimate area for study and therapy.⁸ But the principal and most distinctive problem in psychiatry remains that of the influence of the mind upon the total personality. It is precisely here that the psychiatrist must turn to the psychologist for a sound theory of personality and to the theologian whose office it is to orient the soul toward the goal of life. The theologian and the psychiatrist have each his own peculiar professional competence and sovereign sphere of work. But there is an area in which each needs the cooperation of the other. Interdisciplinary symposia held by such organizations as the Academy of Religion and Mental Health are doing much to define this area and to further collaboration between the psychiatrist and the theologian.⁹ It is now becoming fashionable to discuss the problem of guilt feelings in a theological setting as well as in a psychiatric setting.

THEOLOGICAL SETTING OF THE GUILT PROBLEM

Pope Pius XII has given us the theological setting of the problem of guilt. He says:

To the transcendent relations of the psychic being there belongs also the sense of guilt, the consciousness of having violated a higher law, by which, nevertheless, one recognizes himself as being bound, a consciousness which can find expression in suffering and in psychic disorder. Psychotherapy here approaches a phenomenon which is not within its own exclusive field of competence, for this phenomenon is also, if not principally, of a religious nature. No one will deny that there can exist—and not infrequently—an irrational and even morbid sense of guilt. But a person may also be aware of a real fault which has not been wiped away.

⁸ Reiss, M. (ed.): *Psychoendocrinology*. N. Y.: Grune & Stratton, 1958. Pp. 39-40.

Kraines, S. H.: *Mental Depressions and Their Treatment*. N. Y.: Macmillan, 1957. Pp. 44 sqq.

⁹ Academy of Religion and Mental Health: *Religion, Science, and Mental Health*. N. Y.: New York Univ. Press, 1959.

Neither psychology nor ethics possesses an infallible criterion for cases of this kind, since the workings of conscience which beget this sense of guilt have too personal and subtle a structure. But in any case, it is certain that no purely psychological treatment will cure a genuine sense of guilt. Even if psychotherapists, perhaps even in good faith, question its existence, it still perdures. Even if the sense of guilt be eliminated by medical intervention, autosuggestion or outside persuasion, the fault remains, and psychotherapy would both deceive itself and deceive others if, in order to do away with the sense of guilt, it pretended that the fault no longer exists.

The means of eliminating the fault does not belong to the purely psychological order. As every Christian knows, it consists in contrition and sacramental absolution by the priest. Here, it is the root of the evil, it is the fault itself, which is extirpated, even though remorse may continue to make itself felt. Nowadays, in certain pathological cases, it is not rare for the priest to send his penitent to a doctor. In the present case, the doctor should rather direct his patient toward God and to those who have the power to remit the fault itself in the name of God.¹⁰

The Holy Father distinguishes between a reasonable reaction to guilt and a pathological reaction. To comprehend this distinction and to see the differences in the remedy for either case, we must first understand the psychology of the man in trouble. That is to say, we must understand the nature of anxiety.

THE ANXIETY OF GUILT

Pathological guilt feelings are a special form of anxiety. "Sin alone excepted," says Saint Francis de Sales, "anxiety is the greatest evil that can befall the soul."¹¹ Ernest Jones, the biographer of Freud, has called it "the Alpha and Omega of psychiatry."¹² Of

¹⁰ Pope Pius XII: *On Psychotherapy and Religion*. Washington, D. C.: N.C.W.C. Press, 1953. Pp. 11-12.

¹¹ Saint Francis de Sales: *Introduction to the Devout Life*. N. Y.: Harpers, 1950. Part 4, chapter 11, p. 193.

¹² Jones, Ernest: *The Concept of a Normal Mind*. In Halmos, P. & Iliffe, A. (eds.): *Readings in General Psychology*. N. Y.: Philosophical Library, 1959. P. 180.

all anxieties the feeling of guilt is the most distressing, for "guilt is the most severe psychic stress one can experience."¹³

It is important that the theologian and the psychiatrist share the same notion of anxiety, if they are to collaborate in the cure of pathological guilt feelings. I would like to show briefly that the conception of anxiety advanced by Saint Thomas is the same as that current in psychiatry, before moving on to the anxiety of guilt.

The study of anxiety has led modern psychiatry in the direction of a more prospective psychology, as against the more retrospective psychology of earlier analytic theories. This development is bringing psychiatry more into line with the psychology embodied in traditional Catholic theology. There is growing emphasis upon fortitude and the role of the irascible appetite, which tends to balance the earlier preoccupation with the concupiscible appetite and the problems of temperance. It is necessary to have this balanced understanding, if we are to comprehend and solve the problem of anxiety, because anxiety is a reaction of the concupiscible appetite following upon the breakdown of the irascible appetite, and it can be cured only by the restoration of fortitude and the upbuilding of the irascible appetite.¹⁴

What, then, is anxiety? Briefly, anxiety is agitated depression.¹⁵ It is the feeling of being trapped.¹⁶ One is caught, threatened no matter which way he turns.¹⁷ This is a depressing situation, from which a man desires to escape. Desire agitates a man from within. And so, anxiety is agitated depression.¹⁸ Normal anxiety

¹³ Anderson, C. M.: *Beyond Freud*. N. Y.: Harper, 1957. P. 201. See also: Shneidman, E. S. and Farrberow, N. L.: *Clues to Suicide*. N. Y.: McGraw-Hill, 1957. Pp. 25-26.

¹⁴ Terruwe, A.: *Psychopathic Personality and Neurosis*. N. Y.: Kenedy, 1958. Pp. 10-11.

¹⁵ Altschule, M. D.: *Roots of Modern Psychiatry*. N. Y.: Grune & Stratton, 1957. P. 2.

¹⁶ Rifkin, A. H.: *Schizophrenia in Psychoanalytic Office Practice*. N. Y.: Grune & Stratton, 1957. P. 84.

¹⁷ May, R.: *The Meaning of Anxiety*. N. Y.: Ronald, 1950. P. 335.

———: *Man's Search for Himself*. N. Y.: Norton, 1953. Pp. 38 sqq.

¹⁸ Saint Thomas Aquinas: *Summa Theologica*, Prima Secundae, quest. 35, art. 8; quest. 37, art. 2; Tertia Pars, quest. 15, art. 7.

comes when escape is possible, though not easy.¹⁹ To the extent that rescue is difficult, it causes sadness or depression; to the extent that it is possible, it causes hope and prevents desire from dying through disappointment. If all hope of escape is foreclosed, a man will lose even the desire to escape. He will lapse into apathy, a state of torpor or suspended animation. In relation to the spiritual life, this is sloth. It is a worse condition than anxiety. The cause is to be sought more in pusillanimity or some other weakness of the person rather than in an actually hopeless situation.²⁰ Where there is a will there is usually a way to solve human problems. Too often the will is weak or entirely lacking.

The relationship of the will is central to our considerations. In this connection Saint Thomas distinguishes between the weak-willed or incontinent man and the ill-willed or malicious man. The malicious man is deliberately bent on an evil purpose. The incontinent man purposes good, but lacks a grip on himself firm enough to resist temptation. It is the incontinent man, rather than the malicious man, who becomes neurotic, who tends to have pathological guilt feelings.²¹

Continence is the first step toward virtue. It is virtue which brings anxiety and the other emotions into permanently controlled balance. The virtuous man is a self-controlled man (translating *habitus* as self-possession). The first step toward abiding self-possession is getting a firm grip on oneself; and this is continence.²²

Where the will fails to exert continence the emotions may get out of control and set up a vicious cycle. Emotions change the way things look.²³ They can give one a false conscience (the

¹⁹ Saint Thomas Aquinas: *Super Epistolas Sancti Pauli*. II ad Corinthios, chap. 2, lect. 1, n. 54.

See also Proverbs, 13: 12.

²⁰ Saint Thomas Aquinas: *Summa Theologica*, Prima Secundae, quest. 43, art. 2.

See also Ginzberg, E., et al: *The Ineffective Soldier*, vol. III: *Patterns of Performance*. N. Y.: Columbia Univ. Press, 1959. P. 248.

²¹ Saint Thomas Aquinas: *In Libros Ethicorum*. Book VII, lect. 1.

²² Saint Thomas Aquinas: *Summa Theologica*, Secunda Secundae, quest. 155, art. 2.

²³ *Op. cit.*, Prima Secundae, quest. 44, art. 2.

superego of Freud). They can make one look hopelessly guilty, unworthy of God's pardoning mercy. They can lead to scrupulosity (attended by anxiety or agitated depression), to sloth (apathy or retarded depression), to escapism (*evagatio circa illicita*).

Each human anxiety is associated with its own species of fear. Rarely do we have an instance of unmixed anxiety. As hope of escape blossoms the reaction becomes less of anxiety and more of fear. As hope of escape diminishes the reaction becomes more of anxiety and less of fear. The fear associated with the pathological anxiety of guilt is shame.

In relation to evil-doing Saint Thomas distinguishes a twofold fear. Embarrassment is fear of doing evil. Shame is fear of evil already done. Embarrassment moves a man to desist from evil-doing. Shame prompts a man to conceal his past deeds.²⁴ Shame is not fear of the sinfulness of the act, but fear of the disgrace and dishonor connected with it.²⁵

The healthy, religious man removes his disgrace by seeking God's pardon and atoning for his sin. A person of a different sort may try to transfer the blame and disgrace elsewhere.²⁶ The imprudent or neurotic man will seek to conceal the fault, perhaps even from himself. Rieff says: "What is for Freud 'repression,' psychologically understood, is 'secrecy,' morally understood."²⁷ If, despite all efforts, a person feels trapped in his disgrace, there ensues the anxiety of guilt, which may reach pathological proportions.

A great deal of anxiety is normal in every human life. Likewise normal is the anxiety of guilt. Such anxiety has the beneficial

²⁴ *Op. cit.*, *Prima Secundae*, quest. 41, art. 4; *Secunda Secundae*, quest. 144, art. 2.

See also Lynd, H. M.: *On Shame and the Search for Identity*. N. Y.: Harcourt, Brace, 1958. p. 24.

²⁵ Saint Thomas Aquinas: *Summa Theologica*, *Prima Secundae*, quest. 42, art. 3, ad 4.

See also Schneider, K.: *Psychopathic Personalities*. London: Cassell, 1958. p. 87.

²⁶ Noyes, A. P. and Kolb, L. C.: *Modern Clinical Psychiatry* (5th ed.). Phila.: Saunders, 1958. p. 55.

²⁷ Rieff, P.: *Freud—The Mind of the Moralist*. N. Y.: Viking, 1959. p. 317.

effect of energizing a person into greater solicitude and care. A properly anxious person more readily learns humility and poverty of spirit. He learns the folly of allowing his shameful impulses to go undisciplined. Saint Thomas says that a man cannot fear his own moral evil or anything else that is under his voluntary control. But the will has only political control over the passions; it does not have despotic control. Even the virtuous man must continue to work out his salvation in fear and trembling, because of the threat to his virtue which his passions present, though the threat diminishes as virtue increases. Modern psychiatry makes constant reference to this threat to personal integrity arising from within a man, the shame and anxiety which it arouses, the impulse to repression and concealment.²⁸ Only when such anxiety and shame are quite out of proportion in intensity and duration would we call them pathological.

Pathological guilt is a hopeless distress of conscience, accompanied by the feeling that past faults are irreparable. In pathological guilt one is depressed by his own misbehavior (real or fancied) to the point of being crushed. The neurotic succumbs to his remorse.

In healthy contrition there is remorse and regret, but there is also the confident conviction that something can be done about it. The sinner bravely mounts a counterattack to crush (*conterere*) the evil in his life. Contrition differs from pathological guilt in the hopeful turning to God's forgiveness, in the sustained effort toward continence and amendment, and in the added emotion of anger which is deliberately aroused to eject sin from one's body, the temple of the Holy Ghost, in imitation of Christ, whose deliberate anger cleansed the Temple in Jerusalem.²⁹ The priest must substitute such healthy contrition for the pathological sorrow of his penitent. The psychiatrist can help, not by eliciting the revelation of conscience, but in overcoming the shame and repressive tendencies which prevent the patient from exposing his conscience to the priest.

²⁸ Freud, S.: *The Problem of Anxiety*. N. Y.: Norton, 1936. p. 116.

²⁹ Saint Thomas Aquinas: *Super Epistolas Sancti Pauli*. II ad Corinthios, chap. 7, lect. 3, n. 271.

By his special techniques of supportive therapy the psychiatrist can augment the sustaining influence of the priest until the penitent learns to stand on his own two feet.

The priest should stand firmly for conscience and continence. Milton Wexler says: "I speak with great certainty when I say that clinical improvement followed hard on either kindly or sharp condemnation and rejection of the patient's crudest instinctual impulses, especially when these threatened to come to motor expression."³⁰ The reknowned Eugen Bleuler said: "A great deal can be accomplished by issuing precise commands which render resistance useless."³¹ The possibility of such continence on the part of the penitent is increased with sacramental absolution and the possession of the infused virtues.³²

The priest should not be hesitant about imposing penances. Snyder says: "Many writers have attested the sense of fulfillment which follows confession, punishment and expiation."³³ In expanding on the same theme Mowrer goes so far as to ask: "Can it be that one of the next steps in secular therapy will be the institution of penance and good works? . . . Indirect reports indicate that at the Menninger Foundation, in Topeka, depressed patients are sometimes given "menial," but useful, tasks to do on the assumption that their guilt can be thus expiated more rapidly and more realistically than by self-administered psychological suffering. . . . The whole procedure reminds one of religious confession, with the perhaps quieting intimation that the secular—and avowedly scientific—approach to such matters may be in the process of self-liquidation."³⁴

The therapeutic effect of controlled anger should not be overlooked. Saint Gregory the Great says: "Reason rises with greater vigor against bad habits when it is assisted by a deliberate anger. . . .

³⁰ Wexler, M.: *The Structural Problem in Schizophrenia: Therapeutic Implications*. In Mowrer, O. H.: *Psychotherapy Theory and Research*. N. Y.: Ronald, 1953. p. 155.

³¹ Bleuler, E.: *Dementia Praecox or the Group of Schizophrenias*. N. Y.: Internation Univ. Press, 1950. p. 477.

³² Saint Thomas Aquinas: *De Virtutibus in Communi*, art. 10, ad 14.

³³ Standal, S. W. and Corsini, R. J.: *Critical Incidents in Psychotherapy*. Englewood Cliffs: Prentice-Hall, 1959. p. 229.

³⁴ *Op. cit.* p. 308.

But we should carefully note that one kind of anger arises from impatience, the other from zeal. The one arises from evil, the other from good."³⁵ Army doctors found anger to be an effective remedy for the captured American soldiers who were dying of what they called "give-up-itis" in the prison camps of Korea. "If you could manage this, the man invariably got well."³⁶

The confessor or spiritual director should also be aware that a patient often goes through a period of increased anxiety on the road to recovery. This should not disturb the priest, but it should prompt him and the psychiatrist to increased vigilance against the danger of suicide which is likelier than when the patient was in a more retarded depression.³⁷ Anxiety is changing into fear, as desire and hope of escape are reenkindled. And fear is the prime cause of suicide.³⁸ Dangers of this sort will be minimized if the priest adheres to the counsels of Pope Pius XII in his series of addresses on psychotherapy and the moral limits of medical practice, counsels which are echoed by contemporary psychiatry.³⁹

Finally, the priest should realize that "much psychotherapy is non-specific."⁴⁰ The psychiatrist must often "play by ear" in treating a patient. The priest must do the same. The knowledge gained by the priest who applies himself seriously to his office of confessor and counselor is not essentially different from or less professional than the experience garnered by the psychiatrist. Sometimes we find psychiatrists denying the possibility of any generalizations about psychotherapy, and maintaining that the only method of communicating is by case history. Saint Thomas says that the

³⁵ Migne: *Patrologia Latina*, vol. 75, col. 727.

³⁶ Kinkead, E.: *In Every War But One*. N. Y.: Norton, 1959. p. 149.

See also Eysenck, H. J., *op. cit.*, p. 72; Gantt, W. H.: *Physiological Bases of Psychiatry*; Springfield: Thomas, 1958, p. 120.

³⁷ Ziskind, E.: *Psychophysiological Medicine*. Philadelphia: Lea & Febiger, 1954. p. 217.

See also Shneidmann, E. S. and Farberow, N. L.: *Clues to Suicide*. N. Y.: McGraw-Hill, 1957. p. 191.

³⁸ Saint Thomas Aquinas: *In Libros Ethicorum*. Book III, lect. 15, n. 557.

³⁹ Witmer, H. L. (ed.): *Teaching Psychotherapeutic Medicine*. Cambridge: Harvard Univ. Press, 1947. pp. 167 *sqq.*; p. 337.

⁴⁰ Ziskind, E.: *op. cit.*, p. 97.

case history approach is all right if you wish to help this or that individual. But if you hope to help any considerable number of persons, you must make an attempt at generalizing your knowledge, no matter how slow and difficult a process this may be.⁴¹

The cooperative effort of psychiatrist and theologian will prosper if each, while taking his work most seriously, takes himself with the sense of humor manifested by the eminent British psychologist, J. Drever, when he wrote: "At any rate, one would not wish the psychologist to become so confined and biased by his professional training that he could not entertain the possibility that the world might be a better place without him."⁴²

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⁴¹ Saint Thomas Aquinas, op. cit., Book X, lect. 15, n. 2161-63; Book VI, lect. 1, n. 1123.

⁴² Drever, J.: *The Teaching of Psychology*. In Mace, C. A. and Vernon, P. E.: *Current Trends in British Psychology*. London: Methuen, 1953. p. 254.

II

THE UNCONSCIOUS SENSE OF GUILT

It must be understood from the outset that a practicing psychiatrist, unless he is especially versed in theology, cannot try to reconcile the clinical data which his daily work permits him to gather with the tenets of theology and philosophy which express his Christian faith. Moreover, an attempt to produce such reconciliation would lead to a sort of empirico-theological parallelism or concordism which is essentially not a very hopeful method of approach, since its greatest promise must of necessity be a sort of intellectual futility. On the other hand, it might prove as sterile to fall back on the psychiatrist's strict empiricism. For to be strictly empirical, it is alleged, is to be strictly impartial and objective; yet modern psychology itself claims the priority of the unconscious, i.e. of effective determinants, and the unconscious cannot claim to possess the

supra-affective detachment called objectivity in dealing with allegedly empirical data which are drawn from its own reserves and never by direct observation.

(1) At no time is sight lost of the fact that Freud was not only anti-Christian, but also anti-religious. "The doctor living quietly in Vienna proposed a myth of human existence as terrifying as any of those he loved to read in world literature. If he was wrong, his error was a great error. Better great errors than small truths; and perhaps, to borrow Freud's own borrowing from Polonius, his bait of falsehood snared a carp of truth."¹

Moreover, Freud was really unable to produce a true philosophy, because as soon as he touches the subject of religion, "the judicious clinician [in him] grows vehement and disputatious." "Freud's customary detachment fails him here. Confronting religion, psychoanalysis shows itself for what it is: the last great formulation of nineteenth century secularism, complete with substitute doctrine and cult-capacious, all embracing, similar in range to the social calculus of the utilitarians, the universal sociolatriy of Comte, the dialectical historicism of Marx, the indefinitely expandable agnosticism of Spencer."² We must also recall that Freud very early exposed to the world the true nature of his animosity, when he stated in his *Interpretation of Dreams*: "To my youthful mind Hannibal [Freud's favorite hero] and Rome symbolized the conflict between the tenacity of Jewery and the organization of the Catholic Church."

Freud's animus in relation to religion in general and Christianity in particular, while deeply rooted in his personal emotions and biases, is considered by many as part and parcel of the whole Freudian system. There are many reasons why I consider this viewpoint erroneous; however, the best expression of the very substance of Freud's own problem as far as religion is concerned is found in the commentary of one of the most sagacious behavioral scientists, which reads in part as follows: "For a growing number of the thoughtful, from Pascal to Harnack, no bridge seems long

¹ Philip Rieff: *Freud, The Mind of the Moralist*. New York, The Viking Press, 1959, p. 199.

² *Ibid.*, p. 257.

enough to reach from the God of Aristotle and Saint Thomas to the God of Abraham, Isaac and Jacob. Freud found the crossing easy and irrelevant. The conceptual God was simply a pale abstraction of the living God. The bridge led nowhere; it was only the cleverest way of leaving the scene of the old God's death. Yet all this cleverness had little to do with religion."³

And what is most important from the Catholic viewpoint is this: "In Freud's view, religion excluded any cognitive function; it was as purely associated with feeling as science with reason. By this application of his psychology, Freud accepted a major trend of nineteenth century belief, rejecting the theology of the mind for the religion of the heart—in order to move on from this to the rejection of religion altogether."⁴

(2) We must consider it as established that Freud's negative attitude toward religion in no way derives from any of the clinical data of the psychopathology which he created. As a matter of fact, what Freud thought of religion and of Christianity in particular has almost no connection with the clinical psychological data with which Freud enriched our knowledge of the human mind. Yet this aspect of Freud's work led and still leads many people to doubt many things that are valid in Freud, merely because so many things in Freud's speculative philosophy are definitely invalid. The question therefore arises time and again: Are we justified in rejecting Freud's psychopathology *in toto* merely because he chose to season his atheistic excursions with his own psychoanalytic terminology? The answer is not difficult. You would not reject Descartes' physics and mathematics merely because you may reject the cartesian dichotomy as regards the human person. Freud is not the first and not the last genius to plumb the greatest depths in some empirical respects and remain myopic in others, particularly in matters of philosophical synthesis.

The only conclusion one is led to under the circumstances is that of taking, testing and verifying his empirical data and leaving his philosophical speculations outside his scientific contributions.

³ *Ibid.*, p. 264.

⁴ *Ibid.*, p. 265.

(3) It would not do to correct or to amend Freud's clinical data so that they fit this or that sociological or philosophical theory. Scientific facts cannot be corrected by systems of thought—sociological, philosophical or theological.

Whenever a group of new facts appears before us to puzzle or even shock us, it is always salutary to recall the words of the late Pius XII who, in admonishing the students of the Sorbonne, reminded them that: "In your studies and scientific research, rest assured that no contradiction is possible between the certain truths of faith and established scientific facts. Nature, no less than revelation, proceeds from God, and God cannot contradict Himself. Do not be dismayed even if you hear the contrary affirmed insistently, even though research may have to wait for centuries to find the solution of the apparent opposition between science and faith."⁵

Thus there ought to be no room for impatience, and we ought to have and to hold a sense of the endlessness of time, which it is no business of ours to push or disregard.

(4) There remains one more preliminary consideration before the psychological problem of the conscious and unconscious sense of guilt can be approached more or less directly.

If the psychiatrist cannot *qua* psychiatrist be a theologian, and if the empirical approach is far from being impartial and devoid of any bias, what hope is there that a psychiatrist might offer sufficiently solid data for an ultimate philosophical and theological synthesis? And if there is such a hope, what is then required for this purpose of the psychiatrist in question?

Proper scientific training as a *conditio sine qua non* is naturally the first requirement. The second, which is almost as important in its urgency as the first, is that the psychiatrist *be* a psychiatrist—that is to say, a medical, psychiatric clinician. A non-medical psychologist, even if he is what is generally called a clinical psychologist, is bound to be found wanting because he has neither the training nor the experience which would bring him in intimate clinical contact with the given individual. And last but not least, the psychiatrist, unless he happens to be a uniquely tolerant civilized

⁵ *Acta apostolicae sedis* 45 (1953) 277.

person, would have to have as his guiding principle the light which religious faith sheds on the significance of the human person.

Perhaps the best way of saying what I have in mind here is to recommend contemplation (*mutatis mutandis*, of course) of the words of Christopher Dawson about the general views on the course of human history. The believer's view, says Dawson, "depends upon the doctrine of Divine Providence. Whatever else is obscure, it is certain that God is the governor of the universe and behind the apparent disorder and confusion of history there is creative action of the divine law. Man is a free agent and is continually attempting to shape the world and the course of history to his own designs and interests. But behind the weak power and the blind science of man there is the overruling purpose of God which uses man and his kingdom and empires for ends of which he knows nothing and which are often the opposite of those which man desires and seeks to attain.

"It may be objected that a theodicy of this kind is of little practical value. If history is carrying man to an unknown goal in obedience to an inscrutable power, there is nothing man can do about it. But the Christian's view of history is not just blind fatalism. It also asserts the principle of divine revelation and admits the possibility of human co-operation with the divine purpose."⁶

Turning now directly to the question of the sense of guilt, it is to be noted that the very term, despite its common usage in modern psychology, seems to be generally misunderstood in varying degrees by psychologists, philosophers and theologians, not to mention psychiatrists themselves. Father Gratton, O.M.I., for instance, has no intellectual or moral difficulty in using the term "unconscious sense of guilt" in the original Freudian sense. On the other hand, we find considerable confusion in the writings of some of the existentialist psychologists and philosophers who seem to be unable to disentangle themselves from the loosely woven fabric of conceptual unclarities in which guilt, sense of guilt, awareness of or actual responsibility, and "existential guilt" seem to fuse with one another without proper definition.

⁶ Christopher Dawson, *The Movement of the World Revolution*. Sheed & Ward, New York, 1959, p. 101.

The problem is one of the perennial problems which face the psychologist who does not want to abandon his adherence to principles of morality. The issue, old as it is, is not as confusing in the twentieth century as it was in the past. For whatever Freud's personal, ethico-philosophical propensities, the psychology which he created—even though it was born out of Weber-Fechner and Helmholtz physiological materialism—did turn toward the study of man as he actually is experientially rather than as he appears to us, a behaviorist machine whose purely external movements would serve as a measure of what he is. This is why we must be careful about the generalizations offered us by sociology and psychology. To follow the apt statement of Vincent Edward Smith: "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 natural sciences. Though concerned with man, psychology and sociology have often left him out of the pictures developed in their darkroom."⁷

It is thus no exaggeration to say that science, particularly that of the last century, has succeeded in disindividualizing the human person and has made us all forget or unable to learn the principle of St. Thomas that *Vivere viventibus est esse*. It is the singular paradox of our time that, born out of the principles of disindividualizing physics, psychoanalysis almost despite itself turned toward a true visualization of the individual as the indivisible person. This is the secret of the fascination which many have found in "depth psychology," and this is the reason why a number of Christian theologians and moralists have found themselves at home with Freud, even though Freud was unable to find himself at home with them. The work of Father A. Plé, O.P., may be cited as one of the most thoughtful attempts to produce a modern synthesis between the thought of St. Thomas and psycholanalysis.

⁷ Francis J. Braceland, ed., *Faith, Reason and Modern Psychiatry*. Kenedy & Sons, New York, 1955, p. 147.

Yet no matter how excellent the attempts at such a synthesis are among Christian thinkers and some psychoanalysts, the problem of the sense of guilt remains a serious one, and fraught with unclarity. The reason for this, I believe, is to be found in two fundamental misconceptions. The first is the identification of the super-ego with conscience. Freud equated the two, and many critics have spent their best wits on fighting Freud's loose conception of conscience. It was only in the course of the past decade and a half that the differentiation between conscience and super-ego began to be clarified (Odier, Zilboorg, Plé). The second reason for the reign of unclarity is the general failure of the critical students of Freud to discover the rather obvious fact that Freud, when he speaks of a sense of guilt, has in mind the psychological phenomenon and not its moral aspects. This attitude is, it appears to me, quite legitimate, as it is legitimate to study the psychology of religion (Pius XII) without considering the validity of the religion in question, or as it is legitimate to study the psychology of an individual religious attitude independently of the validity of the religion in question.

This manner of approaching the psychology of the sense of guilt appears psychologically difficult to some. Thus, among contemporaries, we can still find some like Heinz Häfner who see sin and guilt at the foundation of every neurosis, and who extend the *sense of guilt* to some vague actual guilt and almost reach the point of considering neurosis and moral evil to a great extent co-equal. It is worth pointing out that at the beginning of the nineteenth century professional psychiatrists like Heinroth also believed that mental illness is based on sin (Sünde). It is important in this connection to refer to J. M. Hollenbach, S.J., who with Andreas Snoeck, S.J., feels that the above-mentioned point of view may be acceptable to some Protestant thinkers whose views on the essential evil of human nature are quite austere. A Catholic cannot share this orientation as to the nature of man, and therefore it should be easier for him to divorce a neurosis from the state of sin, or actual guilt.⁸

⁸ Andreas Snoeck, *Beichte und Psychoanalyse*. Frankfurt, Josef Knecht, 1958.

Yet the manifestations of the sense of guilt in a neurosis are not always direct and clear to an untrained observer. An example: A young man of 25 had abandoned college and gradually developed considerable interest and skill in building various radio sets. Despite his proficiency, he failed to make a financial success of his work. He did a lot of work for nothing or very little, or he would spend many extra hours seemingly thinking but actually doing nothing, and yet appearing to himself to be pondering over a problem, all the while getting angrier and angrier for no apparent reason and against no one in particular. When working over a radio set, he would feel and almost hear himself saying to himself: "You should not be doing this! You should not be doing this!" He would thus either be slowed down in his work, or he would angrily abandon it.

A careful and prolonged study of this young man revealed that while he developed and preserved many of the standards of his domineering father and still more domineering mother, he also inwardly rebelled against many of their demands and tenets. As a result his whole struggle with, for and against his parents became internalized. Consciously he did not know what it was that tore him apart. He was angry without knowing that it was with his parents that he was angry; he would become dull, abstracted and "empty" without knowing that this was his pathological way of "getting away from it all."

Noting on one occasion that a friend of his had some twenty or twenty-five single paper dollars, he exclaimed: "That's a frightful wad of dough you have there." Why frightful? He explained: "If you hold it that way you will probably spend it." The young man was himself inclined to spend money freely on occasion. However, he must have felt uneasy about seeing someone holding money so freely in his hand. The voice of the young man's father, who was a banker, became on this occasion the voice of the young man himself and he warned his friend and thus himself against being too easy with cash. Money ought to be deposited in a bank or otherwise be kept under lock and key. This young man experienced here what Freud once called "a borrowed sense of guilt" and quickly assumed his

father's role in relation to his friend—all this for a fleeting moment only, for he soon burst out laughing "without knowing why."

Similarly, he felt guilty (in relation to his parents) when he was absorbed in his work on a radio set, and when an inner voice (he knew not whose it was) kept on telling him, "You should not be doing this." He was reproaching himself, for he felt guilty for doing something of which his parents, he knew, disapproved.

It is obvious that this young man's sense of guilt is unconscious, that he rebels against it and at the same time accepts the punishment for this rebellion; that is why he fails in what he is doing. That is why he feels alien to himself and to many of his feelings. He is a very sick man indeed. It is not true, as popular belief has it, that all that is necessary is to make this man conscious and he will be relieved of his sense of guilt, he will be cured. Would it were as simple and easy. Conscious or unconscious, this sense of guilt is a very part of the person. The whole person is here involved, and a great deal of spade work is to be done before the unified person of this young man becomes able to accept his parents without making the tenets to which he objects a sort of ingrown pseudo-morality which condemns his best efforts in life to failure.

Because of the dynamic relentlessness of such a sense of guilt, Freud himself suggested from the very outset that the term "unconscious sense of guilt" was almost meaningless in the strict sense of the term, and that it would be more correct to speak of "the unconscious need for punishment." This need for punishment comes of course from the assertion of the super-ego, which to Freud was conscience itself.

In the example just cited it will perhaps be clear that we deal not with a manifestation of conscience, but with a conscience-like, unconscious psychological agent which is implacable which demands immediate, irrational obedience, which serves no good purpose to anybody, and which is detrimental to the bearer of it, to the individual himself. It is quite evident that the particular pseudo-conscience of this young man acts autonomously, and it appears to be made up of some particular demands made by his parents. Those of us who do not identify super-ego with conscience see in this phenomenon an early, temporary, "provisional formation of

conscience" which every child has to go through and which, if retained in later life as an autonomous force acting against the very ego of the individual, is no longer conscience, or justice, but a harsh, pathological formation in the emotional life of the given person.

This whole phenomenon was discussed in 1955 in a special symposium on the sense of guilt, and I shall not go into greater details now.⁹

The manifestations of the sense of guilt (unconscious) are manifold and protean, and they all have one characteristic—irrationality. By this I mean that with the sense of guilt, even when the person happens to be conscious of it and plainly admits that he feels guilty, that he is a bad person, etc., there comes into evidence a delusory element: the person in question is not able to give the true reason for feeling guilty and therefore is unconsciously moved to invent reasons. More than that: such people frequently fail to benefit from the very enlightenment usual psychotherapy offers. Instead of getting better they get worse as soon as a bit of their unconscious is exposed to light—an exposure which is supposed to bring about an amelioration of their condition. Freud classified such patients as "moral masochists." Whether the term is proper or not, it does denote an intense and uncompromising attitude toward self-punishment, a sort of permanent self-torture which is as obscure a condition as it is discouraging to the psychiatrist.

Recently one of our national weekly magazines carried a story which is as telling as it is characteristic of the problem under discussion. In the May 25th, 1959 issue of *Newsweek* (pp. 112-113) the following appears:

"The psychiatric ward orderlies at Veterans Administration's Waco, Texas, hospital consider VA registration number A-29465 one of their 'quiet, co-operative, well-liked' patients.

"Along with the 1,950 other patients claiming 'service-connected disability,' he is reasonably free to wander over the hospital's 500 well-kept acres and to use its athletic fields and putter in its vegetable gardens. He rises at 6, eats at 7, 12, and 5, and spends about one hour each day in psychiatric testing and

⁹ *The Proceedings of the Institute for the Clergy on Problems in Pastoral Psychology*. Fordham University, June 20-24, 1955. New York, 1956.

counseling with his assigned doctor. Outwardly, it is a quiet day—no visitors wanted and no passes requested for brief away-from-hospital trips.

“But inside [the] 40-year-old Claude R. Eatherly, wave upon wave of Japanese men, women, and children seem to pursue him. ‘I feel I killed all those people at Hiroshima,’ Eatherly said when he entered Waco last month after his fifth brush with the law in the twelve years since he was discharged from the Air Force as a major who had won the Distinguished Flying Cross. Back on Tinian in 1945, Eatherly was one of the ‘superpilots’ chosen to fly on the first atomic-bomb mission over Japan. He was an enlistment-poster figure then: A tall, sun-burned, wavy-haired Texan, carefree and convivial on the ground, calm and stable in the air. He piloted the B-29 Straight Flush when it reconnoitered both Hiroshima and Nagasaki and advised the bomb-carrying planes that conditions were suitable for a drop.

“In Eatherly’s case, a sympathetic psychiatrist noted last week, the flier tried to punish himself for a self-imagined ‘wrong’—Eatherly twice attempted suicide—and failing that ‘has sought the punishment of society by acts [forgery, robbery, breaking and entering] which would bring down its wrath. The role of therapy is to get him to realize this and to get at the predisposing factors—Hiroshima in itself is not enough to explain his behavior.’

“This observation is underlined by the experiences of the other men involved in the two A-bomb missions: Of the 42 who participated, Eatherly is the only one who appears to bear such visible lingering damage. For the rest, another Texan, Joe Stiborik, who was the radar man on the bomb-carrying Enola Gay, seemed to sum up their view. The former sergeant, who now lives in Rockland, 70 miles south of Waco, remarked last week: ‘For me, it was just a bigger bomb, and hurried up the end of the war.’”

A word or two of comment to conclude this discussion. Here the sense of guilt is conscious; the outbursts of hostility against society, the law, individuals, which his taking part in the bombing of Hiroshima precipitated, make the elements of self-punishment obvious, as do the attempts at suicide. I know no more about this case than was published in *Newsweek*, but on the basis of my clinical experience I would be loathe to consider this devastating sense of guilt entirely devoid of true moral elements. That forty-

one other participants did not share the fate of poor Eatherly proves nothing; questions of health, particularly mental health, and questions of morality cannot be solved by a majority vote. These questions lead us into a certain penumbra of something that transcends our so-called corporate conventional thinking. For we must bear in mind that a sense of guilt—unconscious, self-punitive, uncompromising—might be not only the lot of certain poor veterans of bloody wars, but also of great men and even saints. Samuel Johnson was apparently a great or at any rate a unique individual—yet his unconscious sense of guilt was so severe that it kept him in a constant panic in the form of fear of death. St. Ignatius Loyola during the early years of his conversion was so ridden with a sense of guilt that his scrupulosity proved disturbing to his confessors.

In other words, the unconscious sense of guilt may and frequently does lead to severe mental illness, but the whole problem it involves is far from clear psychologically. Somewhere in the region in which the growth of the human being into Grace takes place, the transcending elements of the person come into contact with the usually or potentially abnormal elements of the human psyche, and the miraculous becomes as evident as it is inaccessible to the scientific psychiatrist.

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