

DEPTH PSYCHOLOGY, MORALITY, AND ALCOHOLISM

INTRODUCTION

It was suggested last year by the Committee that the title of the present paper should be: "Moral Responsibility in Relation to Recent Data on Behavior," and that the paper should cover three aspects of this topic; first, alcoholism, second, unconscious motivation, and third, sex conduct with reference to the Kinsey report. It became evident immediately that there was too much ground to cover in this assignment, and so it was determined to drop the question of sex conduct. The present paper, therefore, will have two parts not closely related to one another. The first of these will deal with the *general* question of subjective morality in the light of Depth Psychology. The second part will discuss subjective responsibility in a *particular* field, the field of alcoholism.

PART I. DEPTH PSYCHOLOGY AND MORALITY

THE PSYCHOLOGY OF THE UNCONSCIOUS

The psychology to be discussed is the psychology of the unconscious, especially the psychology of Freudian psychoanalysis and its derived systems. I have used the term Depth Psychology for lack of a better one ("Tiefenpsychologie"). Freud was not the first psychologist of the unconscious, but he and his followers, both orthodox and dissident, have been extremely influential in gaining acceptance for theories of the unconscious, and in establishing in the popular mind as well as in the psychiatric clinic the idea that man's unconscious psychic life is vastly larger quantitatively than his conscious life, and that it influences or controls or even determines all his conscious psychic life. And it is to be noted that these psychological theories, though they originated largely in the treatment of mental patients, are applied to normal individuals as well, and are considered to be verified in normal psychic experience. And

so this psychology of the unconscious is not merely a psychology of abnormality, but attempts to explain generally the psychic life of men and women, normal and abnormal.¹

In order to define more sharply the problem we have to discuss it is necessary to say a few words about Freudian thought, and to distinguish in the Freudian system three levels: metaphysics, psychology and therapeutics.

The metaphysics of Freud, his philosophical conception of man's nature, is materialistic and deterministic. He is sometimes credited with having mitigated the materialism of the nineteenth century psychology, but this means only that he attributes to instinctual, deterministic causes of a psychic kind those effects which the cruder materialism of an earlier day had hoped to explain in terms of chemistry and physics. Freud had a blind spot where spiritual values are concerned. To him there is no rational soul, no free will, and of course, no God. Roland Dalbiez, his outstanding Catholic critic and admirer, says of him: "He almost comes not to regard anything as natural to man but the characteristics he shares with the other animals."^{1a} It is understandable, then, that to Freud "morality is—along with religion—a compulsive neurosis."² Again let us hear Dalbiez, an admirer of Freud's genius and of his psychoanalytical discoveries: "Psychoanalytical investigation does not explain the philosophical aspect of philosophy, the artistic aspect of art, the scientific aspect of science, the moral aspect of morality, or the religious aspect of religion. The specific nature of the spiritual values eludes the instrument of investigation which Freud's genius created. Psychoanalysis leaves the fundamental problems of the human soul where it found them. . . ."³ Freud's work is the

¹ Cf. Freud, *The Psychopathology of Everyday Life* in: *Basic Writings of Sigmund Freud*.

^{1a} Roland Dalbiez: *Psychoanalytical Method and the Doctrine of Freud*, II, p. 306.

² Hugh J. Bihler, S.J.: "Freudian Morality," *Conference Bulletin of the Archdiocese of New York*, 23 (Mar. 1946) p. 23. On Freudian morality see also Dalbiez, *op. cit.* p. 302. On Freud and religion see Allers, *The Successful Error*, p. 197.

³ Dr. Charles Odier: *Les deux sources, consciente et inconsciente, de la vie morale*, p. 274, thinks otherwise. See note 42.

most profound analysis that history has ever known of the less human elements in human nature."⁴

It is well to point out the materialistic seed-beds in which Depth Psychology was nurtured and, it must be confessed, has flourished. For that deterministic materialism pervades psychoanalysis in its origins, its development, and in much of its clinical application.

On the psychological level there is much of the Freudian system and its derivatives that has found acceptance among certain Catholic psychologists; much that has no direct bearing on Catholic doctrines of faith and morals.⁵ By the psychological level of Freud's teaching I mean his conceptions of the structure of the human personality, the Id, the Ego, the Superego, the mechanisms of repression and resistance, the theory of the origin of neurosis, the nature of the unconscious, and the dynamism of our unconscious psychic life. And although I have distinguished all this teaching from metaphysics and called it psychology it is not to be thought that it is merely experimental psychology. For it not only describes psychic phenomena and classifies them, but it interprets them and theorizes about them. And so it is hard to say where psychology ends and philosophy begins.⁶

Obviously it is not the part of a moralist to pass judgment on different psychological theories about the structure of the human mind and personality, and I shall not attempt it. But it is precisely at this psychological level, because of the fact of the unconscious and the theory of its dynamic all-pervading character that problems are raised for the moralist. We will return to these problems in a moment.

The third level is that of therapeutics. The word psychoanalysis refers *vi vocis*, to a method of treating mental disorders, especially the psychoneuroses. However, since psychoanalysis had its origin in Freud's work, it is closely connected with Freudian metaphysics and psychology; and at times the word is used as a

⁴ Dalbiez, *op. cit.* p. 325 and 327.

⁵ Notably the writers in *Cahiers Lâennec*, 8 (May, 1948) *passim*.

⁶ Cf. Rudolf Allers, *The Successful Error*, p. 11; Blanchette, "The Philosophy of Psychoanalysis," *Review of the University of Ottawa*, 16 (1946) p. 33*, for examples of confusion of theory with fact.

general term to describe the whole Freudian system and its derivatives. But psychoanalysis in its proper sense is a technique, a method of treating mental illness, not a doctrine. "Provided a method is not immoral, the only question is whether it works."⁷ But there are some who believe that the method is inseparable from the Freudian doctrines underlying it, and is therefore to be rejected.⁸ The great majority of Catholic psychologists and psychiatrists do not share this view, I am sure. But even if the method can be separated from Freudian doctrine, there remain certain questions as to the morality of free association as it is practiced by some analysts, and of the moral dangers involved in the actual clinical use of psychoanalysis. These questions are not our present concern.⁹

⁷ Joseph Donceel, S.J., "Second Thoughts on Freud," *Thought*, 24 (Sept., 1949) p. 470.

⁸ Blanchette, *op. cit.*, p. 46*, p. 50*, lists authors who accept or deny the possibility of separating Freudian doctrine from Freudian method. Cf. Allers, *op. cit.*, p. 167.

⁹ These dangers may be briefly indicated: (1) Some analysts advise immoral conduct, e.g. masturbation, fornication. (2) The technique of free association itself, since it involves "reliving the emotional experiences of the past" (Nodet, cf. note 38), "day-dreaming aloud" (Donceel, *op. cit.* p. 470), may involve grave danger of unchaste thoughts, desires and *delectatio morosa*. Pasche, a Catholic psychiatrist, writes: "No modesty, no shame, no duty of charity can justify the omission of a fact of consciousness" ("Psychanalyse et Conscience Morale," *Cahiers Laënnec*, 8 [May, 1948] p. 38). (3) Tesson (Description de la conscience morale et incidences psychiatriques," *Cahiers Laënnec*, 8 [May 1948] p. 20) calls attention to the dangerous moral crises that may result from revealing to the patient the unconscious sources of his conduct. His moral world may be turned upside down. The analyst helps him to take his mind apart, but who is to put it together again? The analyst? According to what principles? Ideally the Freudian analyst is a passive bystander. But *de facto* he is often unable to, or does not, maintain a neutral attitude toward the moral values involved in the patient's behavior, past, present, and future. (Cf. Sheen, *Peace of Soul*, p. 147, note 3.) (4) Freudian overemphasis on sex is dangerous. Consequently, one may undergo psychoanalysis only when precautions have been taken against these dangers; especially by choosing a psychoanalyst whose moral principles and practices can be trusted not to offend the Christian conscience. Cf. Allers, *The Successful Error*, p. 207 sq.

THE PROBLEM

Our present concern is the relation between unconscious psychic life and the free moral activity of human beings. Is it a fact that unconscious motives destroy our freedom to any great extent? Is it true that we must revise the psychological substructure of the treatise *De Actibus Humanis* in the light of indisputable discoveries made by Depth Psychology? Even if we continue to admit, as Catholic doctrine does, that man is free in certain of his acts, do the new findings show that that freedom is radically curtailed and that we hardly ever know in the concrete whether an act is free or not?

The problem is well stated by Father Gerald Kelly, S.J.: "Dynamic psychiatry generates a difficulty even about the responsibility of the normal individual. . . . The psychiatrist becomes so impressed by the influence of unconscious motivation that he suspects the existence of such influence in every apparently human act, even to the extent of taking the act out of the realm of 'full responsibility,' as described by moralists. In other words, even the Catholic psychiatrist, who holds fast to the theoretical doctrine of free will, is apt to find himself inclined toward this pernicious conclusion: 'We do have the power of free will, but in any concrete case we cannot be sure of the measure of our responsibility.' If this conclusion merely meant that in no concrete case could we be sure that our responsibility is perfect (i.e. 100%), I would not label it pernicious. It might even be true; I cannot affirm or deny that. But it seems to me that in many cases it does not have this limited meaning; it means that the normal man in his ordinary apparently free acts is probably so much influenced by unconscious motivation that he cannot be certain of that degree of freedom which is required for a mortal sin. *That* conclusion is pernicious. . . . I believe that the problem I have just outlined is the most serious one that confronts the Catholic student of dynamic psychiatry."¹⁰

More than twenty years ago Father Arthur Vermeersch, S.J., recognized that the first task of the modern moralist is the investiga-

¹⁰ "Notes on Current Moral Theology," *Theological Studies*, 10 (Mar., 1949) p. 84, 85.

tion of subjective responsibility. "The psychological analyses of the philosophers together with the works of positive anthropology have made the redoubtable problem of responsibility the order of the day. The objective characterization of the action is not enough for the moralist. He seeks to penetrate the conscience. . . . A grave and thorny problem: that of subjective imputability."¹¹ Vermeersch recognizes that modern psychological data have shown frequent discrepancies between the objective morality of the fault in the abstract and its subjective imputability as actually committed. But he warns that we must not confuse attenuated responsibility with irresponsibility, nor attenuating circumstances with full justification.

The author who, perhaps, has expressed most forcibly his impatience with moralists in treating of this problem is Father Jean Rimaud.¹² His views may be summarized as follows: He considers moral books to be law-manuals,¹³ because generations of juristic theologians have made moral a mere province of the law. The reaction has now set in against them, and they are now remaking their science into an art of living.¹⁴ But the psychology of the professional moralist is the pseudo-psychology of the treatise *De Actibus Humanis*.¹⁵ Psychoanalysis, apart from its errors and excesses has discovered a new man. It makes the treatise *De Actibus Humanis* more or less obsolete. At least it must all be rewritten lest we base our morality on something illusory—a "man" or "conscience" that does not exist.¹⁶ The study of unconscious and sub-conscious psychic life is the duty of the moralists, because concupiscence is one of the questions in the treatise *De Actibus Humanis*. Psychoanalysis is in better accord with the dogmatic conception of concupiscence than with the Aristotelian notion. The

¹¹ "Soixante Ans de Théologie Morale," *Nouvelle Revue Théologique*, 56 (1929) p. 880.

¹² "Les Psychologues contre la Morale," *Études*, 263 (Oct., 1949) p. 3-22.

¹³ *Loc. cit.* p. 19

¹⁴ *Ibid.* p. 22.

¹⁵ *Ibid.* p. 13, 14.

¹⁶ *Ibid.* p. 11, 12

moralists have followed the Aristotelian idea.¹⁷ But concupiscence in fact is not in the first place a circumstance aggravating or diminishing responsibility. Much less is it a simple natural movement toward a sensible good.¹⁸ Dogma invites us to consider concupiscence in a different way. It is a permanent inclination to sin; it is an interior disorder, a sickness or wound.¹⁹ Again he sums up the problem: "The ego is in reality the subject both of conscious and unconscious psychic phenomena. There is continuity between the two levels and reciprocal causality, as there is constant liaison of the organic and the psychic. To build a theory of moral conscience on the clear conscience alone [that is on our conscious psychic life alone] is to give it too restricted a basis. The real debate on liberty is to know whether the conscious ego is *necessarily* the product, and the ever incomplete and tainted expression of the illusion of the unconscious, or whether we have and in what measure we have the power to construct, with our unconscious as a datum, a conscious ego for which we are *responsible*."²⁰

According to psychoanalysis, Father Tesson informs us: "You think you are acting out of generosity, religion;—in fact you are motivated by your unconscious. The unconscious motivation really causes the act. The conscious motivation is only a deception."²¹ But although Father Tesson's treatment of Depth Psychology is somewhat sympathetic he makes it clear that in his view you cannot "build any satisfactory psychological and moral synthesis by holding as null and void the doctrine which generations of phi-

¹⁷ *Ibid.* p. 16

¹⁸ *Ibid.* p. 18

¹⁹ *Ibid.* p. 16. I am not aware that moral theologians are not in accord with dogmatic teaching where concupiscence is concerned. Even when concupiscence is considered as a result of original sin and as a *fomes peccati*, dogmatic theology does not invite us to consider it as an "interior disorder, a sickness or wound" in the sense that human nature has become intrinsically weakened or deteriorated as a result of original sin. To speak as if psychoanalysis were closer to the doctrine of concupiscence than the manuals of moral theology is grossly misleading.

²⁰ *Ibid.* p. 15. Italics added.

²¹ Tesson: "Description de la conscience morale et incidences psychiatriques," *Cahiers Laënnec*, 8 (May, 1948) p. 16

losophers, theologians, and spiritual Christian authors have little by little drawn from the teachings of the Gospel and the data of reason."²²

And Father Gerald Kelly says similarly: "It is not enough to tackle the problem with a conviction of man's power to act freely; the Catholic must also be convinced that in many of his acts the normal man *does act* with sufficient freedom to merit great praise or blame before God, and also that in many acts the man is certain of this responsibility. This must be true; otherwise such doctrines as the necessity of confession, the canonization of saints, and many others are bereft of all practical meaning. Our religion, taken as a whole, is a religion to be lived, and it presupposes not only the remote power of responsibility, but also actual, serious responsibility, recognizable as such in a large number of our acts."²³

Our problem then is whether the discoveries of psychoanalysis as to unconscious motivation in normal persons force us to the conclusion that their subjective responsibility is destroyed or notably impaired.

FUNDAMENTAL CONCEPTS OF PSYCHOANALYTICAL PSYCHOLOGY

In order to understand the problem it is necessary to describe very briefly some of the fundamental conceptions of Depth Psychology;—and first of all the unconscious, repression, and the dynamic character of the unconscious.

"Even though these notions of the unconscious and of the dynamism in mental life were already known, they took on a new significance when used by Freud as fundamental elements of his theory. Freud combined his concepts of the unconscious and of memory with the notion that the mind consists of different 'layers.' . . . There were at first but three of these layers. There was consciousness at one end and the 'unconscious' at the other, and between these there was the subconscious. The last named was supposed to 'contain' all memories not actually in consciousness but always ready to turn up there, either spontaneously or by being re-

²² *Ibid.* p. 21.

²³ *Loc. cit.* p. 85.

called at will or by following the connection of associations. The unconscious was conceived of as the 'place' where those memories were stored which could not return spontaneously nor be made to return to consciousness. Freud had the idea from the very beginning that there are forces at work in the human mind which somehow influence the operations going on there and the single states which become conscious."²⁴

Another student of Freud tells us: "For Freud an unconscious psychic content is one of which we are not aware, and of which we cannot become aware by the ordinary methods. The Unconscious differs from the Preconscious [Subconscious], a notion which applies to those contents of which we are not aware but of which we can easily become aware by means of a simple effort of attention or reminiscence. According to Freud a content is unconscious because it is repressed; we are not aware of certain things in us because they are kept below the level of consciousness by some hidden force."²⁵

"Why are certain facts repressed? . . . The answer given by psychoanalysis is that these memories are felt to be intolerable because they contradict certain masterful tendencies of consciousness. This idea, too, was not quite new. . . . It had been known to popular psychology as well as to poets and it had been very forcibly expressed by Frederick Nietzsche [whose writings Freud had not read]. The passage in Nietzsche reads: 'You have done this, says memory. You cannot have done it answers pride; and memory gives in.' The memory forgets things at the command of pride, says Nietzsche. The forgetting is the outcome of a conflict between memory and pride. According to psychoanalysis also, it is a conflict, which becomes the reason of repression, though it is not a conflict between pride and memory, but between forces which are conceived very differently. . . . According to Freudian psychology memories which have been banished into the unconscious are held back by the force of the censor. If the mind somehow, be it spontaneously or by some other memory or by 'free associations,' gets,

²⁴ Allers, *The Successful Error*, p. 8.

²⁵ Donceel, *loc. cit.* p. 475, 476.

so to say, near such a repressed memory, the force of the censor prevents this memory from arising. The strength of the censor becomes manifest by a certain behavior of a person analyzed. This behavior is called 'resistance.' The choice of these terms reveals the dynamic conception to which Freud, from the very beginning of his studies, adhered."²⁶

The phenomenon which Freud at first called "resistance" he later called "repression." "Repression should not be confused with suppression. Suppression is a very old notion, known long before Freud. It is the conscious and voluntary inhibition of some tendency. Overcoming a temptation is an instance of suppression. Repression on the other hand is a new notion introduced by Freud. Here we have again the inhibition of some tendency, but this time the inhibition is neither conscious nor voluntary, but unconscious and automatic. There is, for instance, in me, but unknown to me, a deep-seated hatred against somebody; there is, at the same time also unknown to me, another tendency which keeps that hatred below the level of consciousness. I am aware of nothing and yet much is happening deep down in my mind. I may be tense, cross and impatient, or show real neurotic symptoms, without knowing why, and these disagreeable manifestations may be devious ways in which my unconscious hatred is trying to work off some of its tension."²⁷

By the dynamic character or the dynamism of the unconscious Depth Psychology means that it is an active thing. It strives to express itself. The hidden instinctual urges of the Id are always pushing their way to the surface layer of conscious life. They influence it, control it and even determine it. The conscious personality has beneath it an unconscious counterpart, which strives to express itself according to a gross pleasure principle. According to Brill, the first American exponent of Freudianism: "Eight-ninths of all our actions are guided by our unconscious, and . . . consciousness as such is nothing but an organ of perception."²⁸

This conception of the unconscious as a dynamic factor, influ-

²⁶ Allers, *loc. cit.* p. 9, 10.

²⁷ Donceel, *loc. cit.* p. 472, 473.

²⁸ A. A. Brill, *Basic Principles of Psychoanalysis*, p. 12, 13.

encing conscious psychic life is said to be very helpful as an explanation of the psychoses and the neuroses.²⁹ Psychoanalysis applies it to everyone whether sick or well. For example our prejudices, feelings, moods and attitudes have their explanation in the unconscious. "It is quite possible that Paul is always so self-conscious when he meets people in authority because, as a child, he had a strained relation to his stern, authoritarian father and because he unconsciously relives that relationship when he meets men in authority; or that Mary dislikes her new teacher at first sight because, unknown to her, that teacher reminds her of a woman whom she hated when she was a child."³⁰

Most psychoanalysts try to explain not only moods and feelings, but the decisions we call free, as proceeding from the unconscious. The following example, though somewhat long, is a good concrete instance of what the psychoanalyst means by unconscious motivation of apparently free choices in a normal person.

"Frink tells us that he was one day in some perplexity about his private affairs. He soon realized that he would not be able to surmount his difficulty without having recourse to a friend. The choice lay between three men. He was very intimate with all three, and knew beforehand that each one of them would do all he could to help him settle the matter. Instead of choosing one of the three, he made up his mind to approach a fourth individual, with whom he was but slightly acquainted, and whom he could scarcely call a friend. He had no logical reason for supposing that this man, whom we shall call X, was really in a position to give him suitable help. The outcome showed that Frink could not have made a better choice, but from the data available when he made up his mind, he should logically have recognized that he was running the risk of making the worst possible choice.

²⁹ Donceel, *loc. cit.* p. 476. It is also useful in explaining dreams. In fact some believe that this is Freud's greatest claim to fame, that he found an explanation of man's dream life, which had been a mystery from the beginning of time. And they point out that dreams are part of normal psychology. Dalbiez, *op. cit.* II, p. 327. Others remind us that if the same dream were interpreted by members of the schools of Freud, Adler and Jung, three entirely different interpretations would necessarily result; Blanchette, *loc. cit.* p. 31*.

³⁰ Donceel, *loc. cit.* p. 476.

"When Frink made his overtures, he was quite unaware that he was doing something very illogical and perhaps very dangerous. When his wife expressed her surprise at what he had done, he at once recognized how strangely he had behaved.

"In seeking for the causes of so strange a decision, it came to his mind that the night before his visit to X, he had had a dream in which he experienced certain difficulties, representing his present fix, for the solution of which he invoked the aid of a certain T, who had been a member of the household when Frink was a boy. He at once understood why he had had recourse to X in the actual situation. He now noticed for the first time that there was a great physical resemblance between X and T, although they were of very different ages. This had led Frink unconsciously to identify X and T, and to feel toward the former the confidence which his childhood's experience had legitimately caused him to feel toward the latter.

"When Frink had done anything stupid as a boy he used always to apply to T for help rather than to his father or grandfather. The fact was that he knew he could count on his forbearance, whereas his father or grandfather might easily have scolded him. The difficult situation in which he was placed when he consulted X was the result of certain mistakes he had made, mistakes which were not calculated to increase his self-esteem. The three friends to whom he should logically have applied were all incapable of having committed the kind of mistake into which Frink had fallen, so that Frink felt himself humiliated before them. These righteous people had something in common with his father and grandfather. Frink's whole behavior, involving his rejection of his three friends and his choice of X, was merely a repetition of a fixed reaction of childhood. The fact that in X he found as devoted a friend as T was a remarkable stroke of luck."³¹

The above example purports to be a case of unconscious motivation in a normal person, the sort of thing which according to many psychoanalysts goes on frequently and even predominantly in our daily life, if we only had the insight to discover it as Frink did.

³¹ Dalbiez, *op. cit.* II, p. 296, 297.

Furthermore, to these psychologists the example is an argument for determinism. "Freud categorically denies the existence of liberty. Let us quote two passages at random. 'Anyone thus breaking away from the determination of natural phenomena, at any single point [he writes], has thrown over the whole scientific outlook on the world (Weltanschauung).' And later in the same work he writes: 'You have an illusion of a psychic freedom within you which you do not want to give up. I regret to say that on this point I find myself in sharpest opposition to your views.'" ³² On one occasion someone asked Freud if he believed a man was responsible for his dreams. He replied: 'Whom else would you hold responsible?' ³³ Freud's determinism hardly requires proof. It pervades his writing.

And so psychic determinism is one of the fundamental philosophical conceptions of Depth Psychology. Father Joseph Donceel describes it as follows: "According to this hypothesis psychological phenomena, as well as physiological or physical phenomena have definite causes from which they follow with absolute necessity. Forgetting a name, dreaming a certain dream, experiencing a mood or an emotion manifesting a neurotic symptom—all these are psychological phenomena. Psychologists before Freud did not deny that they had causes, but they pointed only to general causes, such as a poor memory, the loss of contact with reality due to the inhibition of the higher functions during sleep, an increase or decrease of tonus, phenomena of general degeneration. Why did I forget the name of my former teacher? Why did I dream that I was boarding the *Queen Mary*? Why do I feel this depressed mood? Why do I have a phobia for black dogs? The general causes mentioned above do not entirely explain these psychic manifestations; we must dig deeper into the human mind and discover specific causes for these specific effects.

"Philosophically there is no objection to the principle, provided we except the free decisions of our will. Only man's will in its deliberate and conscious decisions, escapes the law of psychic deter-

³² Dalbiez, *op. cit.* II, p. 298.

³³ Quoted by Zilboorg in *Mind Medicine and Man*, p. 334.

minism. Freud, of course, does not mention this exception. But all the rest, our emotions, and our moods, our habits and our attitudes, our images and our thoughts, our feelings and our sentiments, insofar as they are not under voluntary control, are indeed determined in causes, are signs and effects of these causes, and may, by leading us back to these causes, open up to our eyes the deepest recesses of our mind. The applications of that fundamental principle are plentiful and Freud did not neglect to draw all the conclusions which it warranted."³⁴ (I would simply note in passing that everyone agrees that all but our free acts are determined in their causes but not all believe that the determinism is psychic to the same extent that Freud does, and many psychologists would deny that the psychic deterministic causality operates through the unconscious as understood by Freud. There are many who point to constitutional (hereditary) and environmental factors, without the intervention of any Freudian unconscious as the determining causes of some of these psychic phenomena).

In order to understand writers who speak of our unconscious personality, the unconscious source of our moral life, and the pseudo-virtues whose origin is in the unconscious, it is necessary to say a word about the Id, the Ego, and the Superego. These are strictly Freudian constructions. Having observed many psychic facts, especially in mental patients, Freud interpreted these facts, constructed the theory of the Id, the Ego, and the Superego, and applied this construction to all human beings normal and abnormal. This part of his theory may be described briefly as follows:

The human infant is at first exclusively guided by the pleasure principle, by his sense appetite, what Freud calls the Id. After some disturbing experiences, he learns that he cannot always freely indulge all his wishes; he must take notice of his physical environment and consider the reality principle. In this way, he develops an Ego, a collective name for all the perceptive and executive functions which adapt him to his physical environment. But even that is not enough. There is also a social environment; there are people around the child whose affection and approval he craves. And he learns very soon that

³⁴ Donceel, *loc. cit.* p. 468, 469.

he can obtain their love only if he submits to the wishes of these individuals, if he does what they prescribe and abstains from what they forbid. At first the child behaves only under external pressure, because he is told by others. He will keep his toys in order, he will abstain from beating his pets, because the parents desire. Gradually, however, these guiding rules are interiorized under the influence of a double set of factors.

The first set are the inhibitory tendencies which develop at the end of the infancy period, around the age of five. The child begins to acquire by then the rudiments of shame, sympathy, modesty—all tendencies which make him refrain from actions prompted by his uncontrolled Id. Freud explains these inhibitory tendencies as sublimated forms of the sex drive and its many components.

The other set of factors works from outside; they derive from social pressure, especially from the influence of the parents. The child, who at first obeyed their commands and prohibitions in a purely extrinsic way, identifies himself with his parents, takes over into himself their rules and regulations. He has no longer to be told to do this or to abstain from that; he tells himself. The parents who at first controlled him from without, begin to control him from within, because there is now in the child himself a substitute for their authority—the Super-Ego.

The psychoanalysts have much more to say about this Super-Ego. They associate it closely with the Oedipus complex; they explain that it works generally in an unconscious manner; they use the notions of narcissism and of masochism to explain its power and sternness. Yet the two sets of influences which we have mentioned above seem to be the essential constituents of the Super-Ego. It follows that the psychoanalysts explain human conscience as a resultant of instinctive and of social influences, as coming from below and outside. And it is immediately evident that this kind of conscience is by no means the conscience of Christian philosophy. For this philosophy, conscience is essentially the intellect inasmuch as it judges the free actions of the will. It is something autonomous, growing from the very soil of the spiritual personality. The Freudian Super-Ego "would produce a personality completely caked with custom and shackled by tribal mores." Conscience produces the free sovereign, responsible personality which every human being should become.³⁵

³⁵ Donceel, *loc. cit.* p. 479, 480.

But, in the Freudian system, all psychic activity, whether it be the unconscious urges of the Id, the unconscious repressings of the Super-Ego, or the conscious activity of the Ego, is determined; it is not free. By far the vast majority of our psychic acts are unconscious, and these unconscious activities determine our conscious life.³⁶

Even those Catholics who reject Freudian determinism and accept psychoanalysis only with severe qualifications, speak of an unconscious or subconscious personality in man. "We should all realize," says Dom Moore, "that within each one of us is a hibernating beast, an unconscious personality, which can still become active unless we maintain our system of control. This system of control can in rare instances be destroyed by disease, but it can also break down through our own infidelity to ideals." And again he says: "The human mind is a battlefield of conflicting forces, in which, however, it often, I think I may say usually, happens that the good dominate and the evil are subjected to repression. . . . We may in fact designate the sum total of contrary trends of the well-organized personality as a subconscious personality."³⁷

And in keeping with this idea of an unconscious personality (in the merely empirical sense of the word personality) is another idea frequently encountered in the literature of Depth Psychology; that is the existence of the pseudo-virtues. You may think that you are practicing the virtue of penance, but actually you are a masochist in disguise; your continence may really result not from virtue but from inhibition, frigidity, obsessive disgust; the idealist may be unconsciously homosexual; love of God may be a false transference of the father-feeling; the "voie d'enfance" may reflect an infantile attitude toward the father. All these false neurotic qualities that look like virtues may be pathological symptoms of arrested affectivity and regression—to be explained in terms of the oral, anal, or narcissistic character of the individuals concerned.³⁸

³⁶ Cf. Roland Dalbiez, *op. cit.*, vol. II, p. 1-50, for a sympathetic and able exposition of the Freudian unconscious.

³⁷ Thomas Verner Moore, *The Driving Forces of Human Nature*, p. 85.

³⁸ Ch.-H. Nodet: "Psychanalyse et Morale," *Cahiers Laënnec*, 8 (May, 1948) p. 33. F. Pasche: "Psychanalyse et Conscience Morale," *ibid.* p. 39. Dr. Chas. Odier, *Les Deux Sources*, etc., *passim*.

The authors who speak of the unconscious personality and the pseudo-virtues include Catholic writers whose orthodoxy is unassailable, and we should be careful not to allow an emotional repugnance for the terminology and content of these ideas to prevent us from viewing them as objectively as possible.³⁹

The idea of the pseudo-virtues has been elaborated in a work of Dr. Charles Odier: *Les Deux Sources, Consciente et Inconsciente de la Vie Morale*,⁴⁰ much quoted by French Catholic authors who are favorable to Depth Psychology. It is a work which takes Freudian fundamentals for granted and goes on from there to build a theory. Dr. Odier is a faithful disciple of Freud but shows respect for religious and moral values, and his work is an attempt to separate the true religious and moral values from pseudo-religious and pseudo-moral values deriving from the (Freudian) unconscious. He answers the objection that psychoanalysis "spoils" those who undergo it, by saying that "anything spoiled by analysis has no value";⁴¹—that is, analysis uncovers and roots out only the false values deriving from the unconscious. He gives many examples of what he interprets to be pseudo-virtue and pseudo-morality; and he includes a long, complicated comparative table of the essential elements of the two moral systems: the unconscious morality of the Super-Ego and the conscious morality of the moral conscience. He believes that the genius of Freud has contributed enormously to the solution of the fundamental problems of the human spirit precisely because the Freudian instrument, psychoanalysis, has thrown relentless light on the pseudo-moral values of the unconscious.⁴²

³⁹ Freud's own objectivity is questioned by Berbard Sachs: "Bumke's Critique of Psychoanalysis" *Mental Hygiene*, 16 (July, 1932) p. 411.

⁴⁰ Éditions de la Bacconière, Neuchâtel, Suisse. 1943-1947. (Cahiers de Philosophie: "Etre et Penser.")

⁴¹ Odier, *op. cit.* p. 100.

⁴² Odier, *op. cit.* p. 189 for examples of pseudo-morality; p. 211 for comparative table; p. 274 for appreciation of Freud. It is difficult for a moralist to appraise the work of Odier, because of the terminology of "value" and "function"; and because the facts presented are suffused by the uncertain light of Freudian theory. N.B.: No exposition of fundamental Freudian concepts is really complete without an explanation of Freud's sexology. But since the question is large and has no particular application in the present paper, I have decided to transmit it. Cf. Dalbiez, *op. cit.* II, p. 306 and *passim*.

PSYCHOLOGISTS VERSUS DEPTH PSYCHOLOGY

What has been said up to this point about Freudian psychological theories and conceptions has been meant to be merely descriptive. There has been a minimum of criticism whether favorable or unfavorable. It is my purpose now to set forth some of the criticisms that are urged against this psychology by professional psychologists and psychiatrists both Catholic and non-Catholic. A moralist is out of his field when he tries to choose between psychological theories and pass judgment on them. I shall not attempt to do so. In the quotations that follow I am not taking sides with their authors; doubtless for each unfavorable opinion I adduce psychoanalysts could counter with many favorable ones from their own school. My point is simply to emphasize a *fact*; the fact is that psychologists generally are by no means in agreement as to the validity of the fundamental conceptions of psychoanalytical psychology.

A psychology which is permeated and pervaded by thoroughgoing materialism and determinism must naturally be approached with caution if not with suspicion. Freud's admirers among Catholic thinkers are careful to point out that he had a blind spot where spiritual values are concerned; that his genius lay in the exploration of those parts of man's nature which he shares with the brute animals.⁴³

Another point which to me is of great importance is that this psychology was born and bred in mental hospitals, and deserves to be called in the first place a psychology of abnormality.

No less an authority on psychoanalysis than C. G. Jung, the erstwhile disciple of Freud, makes the same point tellingly, both of the school of Freud and of Adler. He says: "Both schools, to my way of thinking, deserve reproach for over-emphasizing the pathological

⁴³ Karl Stern: "Religion and Psychiatry," *Commonweal*, 49 (1948) 30-33; A. Brunner, S.J.: "Philosophisches zur Tiefenpsychologie" *Stimmen der Zeit*, 144 (1949) p. 97; Donceel, *op. cit.* p. 484; Dalbiez, *op. cit.* II, p. 327. But Dalbiez notes: "Though man may be more reasonable than the psychiatrists believe, he is less so than the philosophers think,"—hence not as free as commonly supposed. And psychopathology shows an increased number of cases where reason does not control.

aspect of life and for interpreting man too exclusively in the light of his defects. A convincing example of this in Freud's case is his inability to understand religious experience, as is clearly shown in his book: *The Future of an Illusion*. For my part, I prefer to look at man in the light of what in him is healthy and sound, and to free the sick man from that point of view which colors every page of what Freud has written. Freud's teaching is definitely one-sided in that it generalizes from facts that are relevant only to neurotic states of mind; its validity is really confined to those states. . . . In any case, Freud's is not a psychology of the healthy mind."⁴⁴

Gordon W. Allport of Harvard University has a generally adverse and critical attitude toward psychoanalysis. He explains this attitude in part as follows: "Psychoanalytic concepts are drawn exclusively from neurotic and pathological material, *i.e.*, from cases where imbalance prevails over balance, and for this reason their applicability to normal personality is in many respects questionable." Again he says: "The detachment of psychoanalysis from general psychology is due to its one-sided interest in the problems of psychopathology. Its doctrines have considerable pertinence in the study of the psychoneuroses. Without modification, however, they are applied repeatedly to healthy mental processes; balance is interpreted in the same way as lack of balance; the sane are represented by the insane." And again: "Its theoretical significance [psychoanalysis] lies largely in the specific mechanisms that are postulated to account for the various relationships obtaining between the Id, the Super-Ego and the Ego. These mechanisms psychoanalysis describes in great detail. And yet the account often seems to the impartial reader altogether exceptional or else badly exaggerated. Derived as they are from the inductive study of unbalanced (anxious) personalities, they are not able, taken collectively, to provide a well-proportioned account of the *normal* course of development."⁴⁵

All but the most slavish admirers of Freud call attention to the fact that he frequently made unwarranted generalizations. On a minimal basis of factual observation (usually of mental patients) he

⁴⁴ Quoted by Duffey, *Psychiatry and Asceticism*, p. 45, 46.

⁴⁵ Gordon W. Allport, *Personality*, etc., p. 181, note 27; p. 13; and p. 183.

erected a maximum of generalized theoretical interpretation. As Dalbiez, his admirer, observes: "Freud completely lacks the philosophical mind. He happens, like everyone else, to indulge in metaphysical speculation, but without realizing that he is doing so, which is the worst manner of doing it. . . . It would have been desirable had Freud and his pupils taken care to present only examples whose interpretation was self-evident, or at least highly probable. This has not been the case. *Freud and his disciples have acted as though they had no conception of the meaning of the word proof.*"⁴⁶ Freud does not tell us the number of cases on which he bases his novel theoretical conclusions, nor does he explain the circumstances controlling his experiments. He merely states: "In my experience . . ." thus and thus and thus. This is a basic and glaring defect in scientific method.

Dr. Bernard Sachs, a New York psychiatrist writes: "It is the sex appeal of Freudian doctrines that has given psychoanalysis their great vogue among literary and professional groups. Let Freud put forth a theory . . . and the average disciple accepts it as a fact and then presumes to base further argument on such 'facts.'"⁴⁷ Allport notes: "Psychoanalysis, especially the Freudian variety, succeeds in the almost impossible task of *over-emphasizing* the role of sexual motivation and interest in the human person. . . . A remarkably illogical procedure seems to be responsible for over-emphasis on sex by psychoanalysts (by Freudians especially). Whatever form of behavior or thought is *ever* found in *any* life, to be associated with sex, they seem to assume to be *always* connected with sex in *every* life. This procedure produces such absurdities as interpreting the infant's bad memory as guilt repression (the justification being that neurotic adults are known *sometimes* to dissociate painful sexual memories of guilt from their own consciousness); or the dogma that all individuals normally have erotic attachments to the opposite sexed parent (because some neurotics report incestuous impulses)."^{47a}

⁴⁶ Dalbiez, *op. cit.* I, p. ix. Italics added.

⁴⁷ "Bumke's Critique of Psychoanalysis," *Mental Hygiene*, 16 (July, 1932) p. 409.

^{47a} Allport, *op. cit.* p. 187, 188.

Strümpell, a German psychologist, speaks of the "exaggeration of the so-called psychoanalytic school which affords its devotees a playground on which to display minds that have a fertile fantasy, but no critical faculty, that hide a confusion of thought behind a mask of specially devised words and concepts."⁴⁸

William MacDougall, the American psychologist, says that "the emotional fervor engendered in Freud's disciples by his glowing and dramatic descriptions of the villainy of the 'Unconscious' seems to paralyze their critical faculty."⁴⁹

Lecomte Du Nuoy had to affirm: "I deem it my duty to protest against the intellectual swindle that has tried to use science as an accomplice."⁵⁰

Oswald Bumke, an eminent German psychologist and psychiatrist, who occupied at Munich the chair formerly held by the famous Kraepelin, has this to say: "*What I oppose in psychoanalysis is its method*; its practice of making assertions that no one can disprove, not because they are true, but because there has never been even an attempt to prove them; its habit of presenting far-fetched and improbable explanations as facts; its utter disregard of the simple rules of logic and of critical judgment."⁵¹

In the writings of Depth Psychology and in the works of psychiatrists especially, one finds continually this confusion between theory and fact. The Super-Ego is spoken of not only as a fact but as a person—the Censor. Repression (in the Freudian sense) is spoken of as if it were a fact of universal incidence, when actually it is a construct postulated to explain certain facts, especially in neurotics and psychotics. It is an explanation, furthermore, which is rejected by other psychologists.⁵² And of course it is at the heart of the whole question of the unconscious and unconscious motiva-

⁴⁸ *Deutsche Zeitschrift für Nervenheilk.*, 31 (1924) p. 67, cited by Sachs, *loc. cit.*

⁴⁹ *Outline of Abnormal Psychology*, cited by Sachs, *loc. cit.* p. 410.

⁵⁰ *The Road to Reason*, Longmans Green, New York. Quoted in *America*, Febr. 5, 1949, p. 490.

⁵¹ Oswald Bumke: *Die Psychanalyse: Eine Kritik*, p. 48; cited by Sachs, *op. cit.* p. 423.

⁵² Cf. note 6, above. Bumke criticizes Freudian repression and the Freudian censor severely. Cf. Sachs, *op. cit.* p. 418, 419.

tion. To the orthodox Freudian the cause of the neuroses is the repressed sexual drive of the Id; and he speaks of this as a fact. But Dr. Abraham Myerson, an internationally known neurologist and psychiatrist said in 1940: "We must accept the fact that as yet the genesis of the neuroses is not established and that scientific research has hardly begun in this field."⁵³ And he stated further, after investigating the attitude of 307 neurologists, psychiatrists, and psychoanalysts toward psychoanalysis: "The neuroses are 'cured' by osteopathy, chiropractic, nux vomica and bromides, benzedrine sulfate, change of scene, a blow on the head, and psychoanalysis, which probably means that none of these has yet established its real worth in the matter, and surely that psychoanalysis is not specific. Moreover since many neuroses are self-limited, anyone who spends two years with a patient gets credit for the operation of nature." In other words basic psychoanalytic theory as to the neuroses has not justified itself.^{53a}

Or take the much talked of Oedipus complex, a fact of universal incidence according to some Freudians, and of frequent incidence according to all of them. Dr. Bernard Sachs says of it: "Many thoroughly sane psychiatrists have never been convinced of the existence of the Oedipus complex, in normal individuals at least."⁵⁴ And Bumke quotes with approval Hoche, an able German psychiatrist: "I have tried my best, these many long years, to find a son who exhibited incestuous love for his mother, and wanted to kill his father. But I have not succeeded. Other experienced colleagues have also searched in vain. The Oedipus complex flits about

⁵³ Dr. Abraham Myerson: "Errors and Problems in Psychiatry," *Mental Hygiene*, 24 (Jan., 1940) 17-35

^{53a} Quoted in "The Case Against Psychoanalysis," by Andrew Salter in *Look* magazine, June 20, 1950, p. 15, 16. This article is based on Salter's book *Conditioned Reflex Therapy*, etc., Creative Age Press. New York. 1949. In this connection the testimony of Dr. Frederic Wertham, a New York psychiatrist is interesting. He was convinced from his long experience in New York City that *eight out of ten psychoanalyses should not have been started, and that six out of ten were more harmful than helpful*. See *Time* magazine, Sept. 11, 1950, p. 87.

⁵⁴ Sachs, *op. cit.* p. 422.

in literature like the Flying Dutchman. Everyone talks of him, some believe in him, but no one has seen him."⁵⁵

But what of the unconscious and unconscious motivation? Nobody denies that part of our psychic life is below the level of actual awareness, and that some of it is easily accessible to attention or recollection, and other of it is more difficult of access.⁵⁶ But the question is whether psychologists are in agreement that the unconscious with its mechanism (dynamisms) and motivations exists as Freud conceived it. For Freud was careful to distinguish his unconscious from the unconscious of "Academic Psychology."⁵⁷

"We all believe in the unconscious," says Bumke—but not in the unconscious of psychoanalysis.⁵⁸ "Oswald Bumke of Munich," says Sachs, "is one of the foremost psychiatrists of Europe, a man of great distinction, a thoroughly sound scholar, a brilliant teacher, who . . . now [1932] holds the chair once occupied by Kraepelin."⁵⁹ Here is Professor Bumke's opinion of the unconscious of the New Psychology: "What is Freud's 'unconscious'? A gnome working in the dark, but not so amiable nor so kind as the little man of the fairy tale; an inferior psyche, which operates with the feeling and intellect of the super-psyche, handing over to consciousness only the finished product; a kitchen in the cellar in which only the daintiest dishes are prepared to be put on the dumb-waiter and served

⁵⁵ Bumke: *Die Psychanalyse: Eine Kritik*, p. 46, cited by Sachs, *op. cit.* 421, 422. And compare John D. O'Brien, *Outline of Psychiatry*, p. 76, for similar testimony of himself and other psychiatrists.

⁵⁶ Dom Moore in his work *The Driving Forces of Human Nature*, appeals to memory (p. 68, 69), reasoning processes (p. 74), sensory judgments determined by unconscious elements (p. 70, 72), universal ideas (p. 70), etc., as proofs that there is unconscious psychic material within us. The phenomena of hypnotism and of dreams (p. 80) and all the examples furnished by psychoanalytical techniques provide proof of unconscious psychic material and activity.

⁵⁷ Freud's unconscious has these six notes: it is repressed, it is active, it is animal, it is infantile, it is non-logical, and it is sexual. (Dalbiez, *op. cit.* I, 401, 402). Dalbiez gives a most intelligible exposition and defense of this notion of the unconscious, *op. cit.* II, 1-50. But non-Freudian psychology remains unconvinced.

⁵⁸ Cited by Sachs, *op. cit.* p. 427.

⁵⁹ Sachs, *op. cit.* p. 410.

upstairs; the real ego that thinks, feels and wills, desires and rejects, hates and loves, but above all is always amorous and passionate, that not only lies to and deceives others, but is constantly deceiving its own consciousness and to that end must engage in all sorts of complicated deliberations—and yet is nothing more than brain activity, subject to the laws of mere energy. But what we call consciousness is a poor devil who thinks he is pushing when he is really being pushed; 'an occasional isolated act'; 'a part'; not really the psyche, but merely a sense organ that can 'perceive' psychic attributes. Consciousness reveals only a section of the psyche, and at that a false and distorted section that cannot be interpreted without deciphering the mystic writing behind which the unconscious, the Id, the real soul, hides itself. In consciousness great contradictions exist side by side; in the unconscious there is nothing of the sort. Deeper psychoanalytic insight will reveal to you that what appears to be innocent, indifferent, accidental, or what is apparently absurd, is in reality well-planned, purposive, important, and necessary."⁶⁰

Rudolf Allers, a psychologist who studied under Freud, and practiced psychiatry in Vienna, rejects Freudianism and all its fundamental concepts *in toto*. *The Successful Error* is a scholarly and carefully reasoned study which maintains on philosophical and especially on psychological grounds that the fundamental conception of the unconscious in Depth Psychology is erroneous.⁶¹

Johann Lindworsky, S.J., a distinguished psychologist of international repute, denied categorically that there was an unconscious in the Freudian sense, namely, unconscious psychic processes similar to or identical with conscious processes of thought, desire, etc.⁶²

N. Ach "counsels against the tendency to accept the psychic unconscious as if it were an autonomous operator in the mind, after the pattern of our conscious selves—and even superior to them.

⁶⁰ Oswald Bumke, *Die Psychanalyse, Eine Kritik*, p. 16, 17; cited by Sachs, *op. cit.* p. 412.

⁶¹ Allers, *The Successful Error*, Sheed and Ward. New York. 1940.

⁶² Johann Lindworsky, S.J.: "Die Psychanalyse, eine neue Erziehungsmethode," *Stimmen der Zeit*, 90 (1915) p. 274. Cited by Bihler, *Psychology of Instinct*, p. 22.

He further maintains that the unconscious operates in constant dependence upon our conscious experiences, to which the primacy is always to be given."⁶³

Hugh Bihler, S.J., rejects the Freudian unconscious and unconscious motivation: "We are free and conscious of our free motivation in a large number of our actions especially where there is no emotional involvement."⁶⁴

"Bleuler," says Bumke, "among other things rejects 'an absolute unconscious of psychic events.'"⁶⁵

Dr. Andrew Salter, an American psychologist and psychiatrist, gives a long account of his rejection of psychoanalytical fundamentals in his work: *Conditioned Reflex Therapy: The Direct Approach to the Reconstruction of Personality*. This work has been praised by Dr. W. F. Lorenz, professor of neuropsychiatry at the University of Wisconsin, and Norman R. F. Maier, professor of psychology at the University of Michigan.^{65a}

Dr. D. K. Henderson, Professor of Psychiatry at the University of Edinburgh, speaks as follows: "The above early and somewhat naïve formulations of the psychoanalytic school have now been elaborated as pregenital libido theories, and hypothesis based on analysis has been supplanting actual clinical life-studies. The entire emphasis is placed on the interpretation of what is unconscious, while the actual discipline of the patient's life is left to look after itself; the analyst pays little or no attention to the conscious and obvious situations which are often of so great importance. This one-sided approach is a dangerous type of medical practice, and as a result many of us have come seriously to question the

⁶³ Über den Begriff des Unbewussten in der Psychol. der Gegenwart," *Zeitschrift für Psychologie*, 129 (133) p. 244; cited by Bihler, *Psychology of Instinct*, p. 22.

⁶⁴ *Psychology of Instinct*, p. 23. Manuscript, Woodstock College, Woodstock, Md. 1950.

⁶⁵ Cited by Sachs, *op. cit.* p. 427. Bumke speaks of Bleuler as a disciple of Freud whose fervor was cooling off.

^{65a} Andrew Salter, *Conditioned Reflex Therapy: The Direct Approach to the Reconstruction of Personality*. Creative Age Press. New York. 1949. For a not so favorable review of this work see M. Keller, in *Quarterly Journal of Alcohol Studies*, 11 (Sept., 1950) pp. 519-521.

validity both of the specific etiology and the clinical differentiations which have been so arbitrarily laid down. I have felt even more justified in my attitude of protest since reading Kubie's statement: 'Analytic theory is in a state of flux as it has been ever since its birth forty years ago . . . the concept of the essential mechanisms has constantly shifted and will continue to shift.' If this is a true evaluation of psychoanalytic practice and doctrine, then I shall continue to study patients in terms of their life reactions as determined by their biology rather than by tracing out unconscious mechanisms which may or may not have any direct application to the problem in hand."⁶⁶

W. Köhler, a well-known and influential psychologist, cannot accept the unconscious motivation of the psychoanalysts without severe limitations. He writes: "According to the analysts, people often do not know at all why they behave in one way or another. Their actual motivations may be quite different from those which, they believe, are operating. Now, we can admit that some such instances occur in normal life, and that there may be many more under pathological conditions. I doubt, however, whether observations of this kind justify the general pessimism which is so often derived from them. We have no reason to suspect innumerable experiences in which the layman is clearly aware of his motivations."⁶⁷

Dr. Robert R. Sears, now director of the Laboratory of Human Development at Harvard University, made a *Survey of Objective Studies of Psychoanalytic Concepts*. The purpose was to find out to what extent objective psychological techniques could verify or disprove some of the fundamental concepts of Freudianism. On the whole objective studies fail to confirm the Freudian fundamentals. Dr. Sears recognizes the contributions of psychoanalysis sympathetically, feels that they cannot be ignored, but does not see how they can be incorporated into the general body of scientific knowledge. "The experiments and observations examined in this report stand testimony that few investigators feel free to accept

⁶⁶ D. K. Henderson, *Psychopathic States*, p. 88.

⁶⁷ Köhler: *Gestalt Psychology*. Cited by Bihler, *Psychology of Instinct*, p. 23.

Freud's statements at face value. The reason lies in the same factor that makes psychoanalysis a bad science—its method. Psychoanalysis relies upon techniques that do not admit of the repetition of observation, that have no self-evident or denotative validity, and that are tinged to an unknown degree with the observer's own suggestions. These difficulties may not seriously interfere with therapy, but when the method is used for uncovering psychological facts that are required to have objective validity it simply fails. This does not mean that all psychoanalytic findings are false, but it does mean that other methods must be sought for their critical evaluation and validation."⁶⁸

Dr. Vernon P. Williams, Assistant Psychiatrist at the Massachusetts General Hospital, in an article written less than a year ago, points out some of the non-sequiturs in psychoanalytical writing. He is convinced that the psychoanalysts have never proved their fundamental positions. "A development that should be regarded more critically and objectively than it is in some quarters, is the body of Freudian psychoanalytic concepts. Today, psychoanalytic terms are so tossed about that the layman is likely to assume that, in using them, he is referring to established truths, and even some psychiatrists are timid about challenging their authenticity, thinking that they as professional men may not be so well informed as they should be. . . . The so-called interpretive or dynamic evolution in psychiatry has, by a number of causes, gained, assumed and maintains to an influential degree an authoritative position to which it is not entitled on scientific grounds."⁶⁹ And of unconscious motivation: "A dominant defect of the Freudian psychoanalytic discipline is to take or mistake a part for the whole, unwarrantedly to assert that a *complex or a number of complexes, which may or may not be present are causative in human behavior.*"⁷⁰

Gordon W. Allport has this to say of the unconscious of psychoanalysis: "The bulk of personal motives and traits which comprise the individual are not as psychoanalysis claims, necessarily rooted

⁶⁸ Sears, *Survey of Objective Studies of Psychoanalytic Concepts*, p. 133.

⁶⁹ Vernon P. Williams, "Psychiatry," *New England Journal of Medicine*, 241 (Aug. 18, 1949) p. 271.

⁷⁰ Williams, *op. cit.* p. 275. Italics added.

in the unconscious. They cannot all be understood simply by the art of deep-sea diving. Even where links are correctly traced between present trends and the experiences of childhood, they have often been so long rusted and broken that they are not, as analysts maintain, the bonds in the present structure of an individual's life; in neurotics, perhaps, but in most people, no. Traits and interests, like plants, are capable of casting aside the shell of the seed from which they grew. Their direction of growth is upward into the future, and not downward into the past. In short, conscious motives and manifest behavior are of as great significance as are repressed motives and latent dispositions." Elsewhere, speaking of the "traits" of neurotics or psychotics, he says: "It may be well to remind the reader that such traits cannot be considered merely as *symptoms* of an unconscious conflict. Miserliness, scrupulosity, compulsive neatness, and similar traits are more than converted expressions of frustrated eroticism, infantile or otherwise. Even in cases where such unconscious components can be traced, these must be regarded not as the contemporary sum and substance of the motive, but merely as integral with it. Whether or not some initial repression took place, there have been elaborations and transformations in the focal character of the disposition until it must now be considered as rooted in the total life rather than in some one recess of the unconscious." Finally, speaking of "conflicts," he says: "Although the importance of conflict in the evolution of the individual personality is under no circumstances to be denied, it seems that only in exceptional cases is the psychoanalytic emphasis on its *unconscious* operation fully justified. Most conflicts, psychoanalysis to the contrary notwithstanding, are conscious in all *essential* particulars and for that reason another less esoteric portrayal of conflict seems more adequate."^{70a}

The American school of psychobiology, founded by Dr. Adolf Meyer, is also hostile to much of fundamental psychoanalytical theory. For instance Leo Kanner speaks of the "highly speculative, if not poetical, metapsychological structure" of psychoanalysis. As applied to children he notes: "It is most important to know that

^{70a} Gordon W. Allport, *Personality, A Psychological Interpretation* p. 13; p. 324; p. 185.

this whole scheme had been fully established before any child was ever approached by the psychoanalyst. . . . Thus, the teachings of infantile sexuality and the Oedipus complex were not derived from the study of children but wilfully bestowed upon them *a priori*." And in a preface to this work of Kanner's, Dr. Meyer, apparently referring to psychoanalysis, mentions "new endeavors in psychopathology, feeding on a . . . disparagement of common sense with its propaganda of exclusive salvation by startling novelty of concepts and topics."^{70b}

One can assemble, therefore, an impressive list of names of professional psychologists and psychiatrists who reject or doubt Depth Psychology at least in its fundamental concepts of the Freudian unconscious and the unconscious motivations which are supposed to pervade the conscious life of normal people. Sachs names the following American authors: Dana, Peterson, Kennedy, Walsh, Mills, Hollingsworth, Jastrow, Burnham, Franklin, and MacDougall.⁷¹ To this list may be added Sachs himself, Allport, Salter, Allers, O'Brien,⁷² Williams, Freyhan,⁷³ Johnson,⁷⁴ Blanchette, Meyer, Kanner, and Myerson. In Europe we have the names of Bumke, Shulte,⁷⁵ Hoche,⁷⁶ Herbart,⁷⁷ Kronfeld,⁷⁸ Strauss,⁷⁹ Henderson,

^{70b} Leo Kanner, *Child Psychiatry*, p. 7 and p. vi.

⁷¹ Sachs, *op. cit.* p. 411.

⁷² *Outline of Psychiatry*, p. 61 to 82. O'Brien is opposed to Freudian fundamentals *in toto*. He quotes Frederick Peterson: "Freudianism is a voodoo religion, characterized by obscene rites and human sacrifices."

⁷³ Freyhan: "Psychosomatic Dilemma," *Delaware State Medical Journal*, 20 (1948) 165-168; "Psychiatric Realities," *Journal of Mental and Nervous Diseases*, 106 (1947) 482-492. Cited by Williams.

⁷⁴ Johnson, "Psychoanalysis-Critique," *Psychiatric Quarterly*, 22 (1948) 321-338. Cited by Williams.

⁷⁵ Schulte, O.M.Cap., *Nervous Mental Diseases: Their Pastoral Treatment*, Coldwell, London. 1939.

⁷⁶ Cited by Bumke. Cf. Sachs, *op. cit.* p. 422.

⁷⁷ Cited by Sachs, *op. cit.* p. 425.

⁷⁸ Cited by Sachs, *op. cit.* p. 411.

⁷⁹ Cited by Sachs, *op. cit.* p. 411.

Lavastine,⁸⁰ Mann,⁸¹ Dercum,⁸² Willwoll,⁸³ Strümpell,⁸⁴ Thurn⁸⁵ and Lindworsky.⁸⁶ Not all of these names are of equal weight. Not all are opposed to Freudianism *in toto*. But it can be fairly stated that they all reject or are seriously skeptical about the dynamic unconscious as conceived by Depth Psychology.

Now what is the moralist to do in the face of this situation? Must he sit down and re-write his treatise *De Actibus Humanis* in the light of psychoanalysis as Rimaud insists? Is it not obvious that he must wait until psychologists can present a more united front on these fundamental concepts? "It has seemed clear to scientists [that is, psychoanalytical scientists] ," says Dalbiez, "that the attitude of the moralists could only be explained by a great deal of ignorance, or a lack of intellectual honesty."⁸⁷ There is no doubt about it: Freudianism has its devotees, who are so committed to the Freudian theories that skepticism is incomprehensible to them. "As a rule," says Allers, "the psychoanalysts refuse to consider any criticism raised against their ideas. It was Freud's habit to disregard all criticism, and this procedure has been followed by his pupils. . . . We remember being answered, many years ago, by

⁸⁰ Cited by O'Brien, *Outline of Psychiatry*, p. 77: "Laignel Lavastine, an eminent French neuro-psychiatrist referring to psychoanalysis says: 'It is a method which at present seems to become world-wide, like an epidemic . . .'"

⁸¹ Thomas Mann, cited by O'Brien, *op. cit.* p. 77.

⁸² Cited by O'Brien, *op. cit.* p. 78: "Psychoanalysis is a cult, a creed, the disciples of which constitute a sect." He compares it to Eddyism.

⁸³ For citations from Willwoll, see below, notes 98 and 99.

⁸⁴ *Deutsche Zeitschrift für Nervenheilk.*, 31 (1924) p. 67. Cited by Sachs, *op. cit.*

⁸⁵ Hubert Thurn, S.J.: "Tiefenpsychologie: Wesen und Geschichte," *Stimmen der Zeit*, 74 (1948-1949) 198-213. Thurn, p. 209, cites sharp criticisms of depth psychology from its own ranks, e.g. Jung.

⁸⁶ Cf. note 62 above.

⁸⁷ Dalbiez, *op. cit.* II, p. 310. Allers, speaking of attempts to reconcile Freudian method with Catholic principles says: "The various attempts at reconciliation rest on misunderstandings, prejudices and wishful thinking—the wish, that is, to be 'up-to-date,' and not to lose touch with the progress of science. This holds true also of the newest attempt of this kind" (—by Dalbiez.): "Abnormality. A Chapter in Moral Psychology. IV. The Origin of Neurosis," *Homiletic and Pastoral Review*, 42 (Mar., 1942) p. 528.

one of Freud's most prominent pupils to the effect that, whenever asked why this or that statement is true, he would refer the critic to the works of Freud. . . . The psychoanalysts have . . . another weapon of which they make extensive use. Inability to accept their ideas is not credited to objective reasons nor to rational arguments, but to the irrational forces which are at work, they say, in the minds of the critics. . . . We were told by . . . a prominent representative of psychoanalysis that our unwillingness to accept the Freudian conception of 'resistance' was due to—resistance and therefore a striking proof of this fact being real. Unless you have been analyzed, and unless analysis has taken from you the resistance against some general truths, a resistance conditioned by 'unconscious' factors, you are incapable of evaluating psychoanalysis. For that reason the Psychoanalytical Association refuses to receive anyone who has not undergone complete analytical treatment."⁸⁸

This same idea underlies the advice of Dr. Nodet, a French Catholic and Freudian psychiatrist. He considers undergoing analysis an *essential* experience if anyone is to understand psychoanalytical concepts, and he expresses the wish that certain professors of moral theology would undergo analysis.⁸⁹ I consider that in the interests of science this would be a praiseworthy undertaking and a splendid idea. For I believe that the moralist should try to learn all that he can about human personality and human motivation; and that the analyst, too, can teach him something about these things.

The scope of this section of my argument, therefore, is by no means to discredit the psychoanalysts.⁹⁰ I pass no judgment on the value of the opinions expressed by all these opponents of Depth Psychology. And it is not impossible that being a layman where

⁸⁸ Allers, *The Successful Error*, p. 249, 250. An attempt is being made to require all psychiatric social workers to be analyzed in order to obtain recognition in their profession. Roland Dalbiez, Dr. Odier tells us (*op. cit.* p. 13) had himself psychoanalyzed before writing his work on Freud.

⁸⁹ Nodet, *op. cit.* p. 33.

⁹⁰ The splendid co-operation which our Catholic psychiatrists, including those analytically trained, are always ready to give the clergy and the moralist deserve high praise.

psychology is concerned I may have misinterpreted the import of some of these criticisms. But at their face value they represent a strong body of anti-Freudian opinion. And so I simply point out that the Freudians have not yet proved their case to the satisfaction of other psychologists. Until they do so the moralist is justified in refusing to be stampeded into acquiescence.

SUPPOSE UNCONSCIOUS MOTIVATION PROVED

Shall we say then, that there is no problem, that psychologists disagree on unconscious motivation and that is the end of it for the moralist? I do not believe so. The evidence for this kind of motivation is not to be despised and has convinced serious thinkers. Consequently something should be said about the problem of liberty and moral responsibility in the supposition that unconscious motivation is a fact.

But there are two considerations to be noted first which somewhat mitigate the size of the hypothetical problem. The first is, that much of our every day psychic activity is not free anyway. In fact none of it is free, here and now, except the deliberate acts of the will. We are responsible *in causa* for many acts that are not themselves deliberate; but not even all the acts of the will are free: only the deliberate ones. Unconscious "motivation" of all these indeliberate psychic activities presents no problem for the doctrine of free will. Pertinently, Dalbiez observes: "Psychoanalysis can claim very real successes. But wherein do these successes lead us to modify the philosophical position of the problem of free-will? What psychoanalysis has contrived to explain is such phenomena as failed acts, dreams, and neurotic symptoms. But what sensible person has ever dreamt of denying that the facts in question are determined, and of dragging in free-will in this connection? . . . It is astonishing that Freud imagines that his opponents could regard the lapsus as a free act. Let us repeat that the problem of free-will needs no discussion in a field in which it does not arise."⁹¹

The second observation that diminishes the problem somewhat is this: Many of the so-called unconscious motives are not really

⁹¹ Dalbiez, *op. cit.* II, p. 296.

unconscious at all. For "the motives we allege for a given decision may not always be the real or the only motives for that decision. A student of literature who reads a well-written, pornographic novel, overtly for its style, covertly for its salacious contents, is not unconscious of the motives which prompt his decision; he knows them but he does not want to admit them to himself. He is 'rationalizing,' according to the terminology of the psychoanalysts; in plainer terms he is deceiving himself, he lacks sincerity with himself. The extensive ascetical literature devoted to the problem of purity of intention contains many pages which foreshadow some of the deepest probings of modern psychoanalysis."⁹² Much so-called unconscious material is not properly such.⁹³ We relegate it deliberately out of consciousness and yet it may come to light under analysis. Even psychoanalysts themselves do not always distinguish well between truly unconscious motivation and other similar phenomena. Dom Moore, for example, gives an illustration of a "dynamic concept in the unconscious." It is the case of a psychotic individual who murdered his two children to keep them from growing up to lives of immorality like their mother's. But the man in the case acted from motives of which he was aware. He described them in detail. They were not only conscious motives but compulsive ones. Dom Moore suspected but did not actually uncover deeper motives based on the unconscious desire to murder the mother.⁹⁴ We must be careful therefore, not to refer to unconscious motivation except in cases where psychoanalytical psychology itself uncovers such motivation. Psychoanalysts by no means agree among themselves as to the amount and extent of unconscious motivation in everyday life.⁹⁵

This being understood, let us recall again the example of Frink's consultation with X, recited at length above on page 74. I quote from Dalbiez: "Let us grant without cavil that Frink has correctly

⁹² Donceel, *op. cit.* p. 476, 477.

⁹³ Fulton Sheen: *Peace of Soul*, p. 119, note 6. Cf. also, Allers, "Irresistible Impulses" *American Ecclesiastical Review*, 100 (Mar., 1939) p. 217.

⁹⁴ Moore: *The Driving Forces of Human Nature*, p. 74 sq.

⁹⁵ Bumke: *Die Psychanalyse, Eine Kritik*, p. 65-67 attempts to explain apparently unconscious material as not really entirely unconscious; with what success psychologists may judge.

interpreted the unconscious determinants of his attitude toward X. Do facts of this kind adduce anything at all *novel* against the belief in free-will? We believe not. Ever since the world has contained philosophers, they have been well aware, and have often repeated, that our past, our stock of previous experience, has,—without any need to reappear in the field of consciousness,—a great influence on our resolutions. All are agreed hereon, and yet some accept and others reject free-will. The novelty which psychoanalysis has to contribute is the possibility of ascertaining which elements of the past have been active in any given case. This is a splendid scientific result, but of no philosophical importance whatever.”⁹⁶ In other words the mere fact that the unconscious influences our conduct, or influences a great deal of it, or influences it to a great extent, is no proof that our freedom and responsibility are notably impaired, much less eliminated. We cannot conclude that since there is a great deal of unconscious motivation in a given act, therefore the agent lacks that amount of freedom which is necessary to be guilty of mortal sin, or worthy of the highest merit before God.

One author compares the agent under the influence of unconscious motivation to an airplane pilot, who is not familiar with all the workings of the machinery which he nevertheless controls. He may discover by analysis elements that contribute to the direction that the ship is taking—elements of which he was previously unaware—but though these elements were always there and always operative he was nevertheless master of the ship. It was the pilot not the mechanism that determined the course of the ship.⁹⁷

A. Willwoll, the Jesuit psychologist, describes a kind of unconscious motivation, not Freudian, but which nevertheless influences our free activity without determining it. Bihler⁹⁸ summarizes the teaching as follows: “It would be hard to explain some of our conscious life and activity, without admitting what he terms the ‘psychological apriori’ in that group of experiences. This would consist

⁹⁶ Dalbiez, *op. cit.* p. 298. And compare Donceel, *op. cit.* p. 476.

⁹⁷ Joseph Géraud: “Procédés actuels d’investigation de la conscience,” *L’Ami du Clergé*, 58th year (Aug. 12, 1948) p. 518.

⁹⁸ Bihler: *Psychology of Instinct*, p. 22.

of certain factors, certainly not fully conscious,—some subconscious or even unconscious, yet affecting now more, now less, our conscious experience. Then, too, there are unconscious dispositions and tendencies. In a very illuminating article on this same topic, he has carefully examined the manifold character of these influences on our conscious life. In the pathological area you meet with these compulsive ideas and impulses, repressions, emotional blocks and prejudices. Not pathological, but none the less definitely influencing us at times, are the effects of our cultural and social milieu, which may influence our judgments and action. All of these have their influence upon us and often without our awareness, or at least full awareness.”⁹⁹

If this is obvious to the philosopher and psychologist it should be still more so to the Catholic theologian who knows something of the workings of grace in the human soul. It is the teaching of theology that even under efficacious grace, and even under a special abundance of God's grace the soul is free to do good, and wins merit accordingly. And those good impulses of the will in which actual grace partially consists are not necessarily present in the consciousness of the agent.¹⁰⁰ The agent cannot explain why it is that the good he chooses seems so attractive, why it is that his heart can relinquish the *amor terrenus* which hitherto bound it, and be drawn by the *amor coelestis* which hitherto left it cold. He is aware, on reflection, of the attraction, but he was not conscious of the motivation. We say it is God's grace. In the case of the saints we say it is the *overwhelming* grace of God. And yet we do not say that this overwhelming grace, this “unconscious motivation” destroys or notably impairs the freedom of the will.

We must confess to a mystery here. It has always been a mystery how God's grace and the freedom of the will can be reconciled. From the time of St. Augustine until the present day theologians have struggled with the problem. But Catholics have never doubted

⁹⁹ Bihler, *op. cit.*, refers to A. Willwoll, S.J., “Vom psychologischen Apriori in unseren Urteilen,” in: *Feldkircher Festschrift, 75 Jahre Stella Matutina*, pp. 417-441; “Vom Unbewussten in Aufbau des religiösen Erlebens,” in: *Raetsel der Seele*, p. 50.

¹⁰⁰ Beraza: *Tractatus de Gratia Christi*, nn. 44, 45, 55 sq. and n. 64.

the freedom of the will. The analogy is obvious in the problem of unconscious motivation in case, and to whatever extent, it exists in normal men and women.¹⁰¹

PSEUDO-VIRTUES OF THE UNCONSCIOUS

We have referred more than once to pseudo-virtues, and serious authors like Nodet and Odier point out that some so-called virtues when viewed in the light of psychoanalytical findings concerning the individual's unconscious, are not real virtues at all; they are the product of retarded affectivity, infantile fixations, or unconscious instinctual drives.¹⁰² Let us imagine this example: Titius, an unmarried man shuns all occasions of unchastity and lives a life of purity in thought, word and deed. In fact he has few temptations of a sexually attractive kind and for the most part feels repugnance to sexual stimuli. I can well imagine a psychoanalyst like Pasche delving into his unconscious through free association, getting back to his early childhood, and coming up with the explanation that his chastity is really inhibition, or frigidity, or obsessive disgust, or some less likely unconscious mechanism.¹⁰³

But does it follow from this that his virtue is a pseudo-virtue? Let us look first at the objective morality of his acts. The law of chastity requires of the unmarried man continence. Titius observes this law and is continent. Objectively that is real virtue, not pseudo-virtue. The conduct of Titius in its immediate object, its circumstances and its end is good conduct. Those are the three objective determinants of good conduct.

¹⁰¹ It is interesting to note that Dalbiez is now investigating the doctrine of free will in the medieval scholastics (*Revue Thomiste*, 48 (1948) p. 180 and p. 447.

¹⁰² Nodet, *op. cit.* p. 33; Odier, *Les deux sources*, etc., p. 189 and *passim*.

¹⁰³ Pasche, *op. cit.* p. 39. One can well imagine what a psychoanalyst would make out of the ascetical practices and mystical experiences of the saints. For an example of this kind cf. Duffey, *Psychiatry and Asceticism*, p. 29 sq., where he retails a fantastic interpretation of the apparitions to Bernadette of Lourdes.

But the analyst may object: Titius is not really virtuous because he feels a repugnance for impurity. In other words it is easy for him to be chaste. But a human act is not virtuous because it is *hard* to perform. It is virtuous because it is *right*, that is, objectively conformed to the norm of morality—and in the supernatural order in which we live because it is informed by grace. The amount of merit which Titius gains for his virtuous conduct is another question. There is no doubt that the man who succeeds in living a chaste life only with a struggle gains more merit than Titius and so can be said to be more virtuous than Titius, other things, including the gifts of divine grace, being equal;—and on this last point we have little or no information. One is more virtuous than the other. But both are practicing real virtue. Neither is practicing a pseudo-virtue.

Underlying the idea of the pseudo-virtues, I am convinced is the deterministic trend of psychoanalytical theory. Odier speaks of the "intercurrent determinism" of the unconscious in this very connection.¹⁰⁴ (And perhaps there is, too, in other quarters, a refusal to recognize continence as a virtue at all.) There seems to be an implicit assumption in some of these writers that Titius *has* to act chastely because his unconscious motivation forces him to behave as he does. No one doubts that there are people so sick that their liberty and responsibility are impaired or even destroyed. There are such things as compulsions, irresistible impulses and psychotic conditions that destroy liberty of action. But is Titius a sick person in that sense? Has he lost his liberty to do evil? Common sense says no.

Now let us look at his conduct subjectively, that is, as it appears to him in the light of his own conscience. Titius knows what is right and wrong. He knows it is wrong to indulge himself sexually. He believes and knows that his continence is in accord with the law of God. After deliberation he chooses to be continent. He finds it easy so to choose, but he is convinced that he could have chosen otherwise. Have we any reason for saying that he is de-

¹⁰⁴ Odier, *op. cit.* p. 163.

ceived? Is not the testimony of his own conscience before, during and after his acts the best criterion we have of his freedom? Have we any reason for saying that he is so sick and abnormal that he cannot choose freely to do what is right? The answer of common sense again agrees admirably with the teaching of the treatise *De Actibus Humanis*. Objectively and subjectively, Titius is practicing a real virtue. How fortunate for him that he finds it easy to do so!

And I believe that we must arrive at the same conclusion whether we remain fundamentally skeptical as to the unconscious of psychoanalysis, or whether we accept as fact that the unconscious influences to a large degree the conscious life of normal people. Hence I am inclined to believe that these "monsters from the Freudian deep," whether real or imaginary, do not constitute any pressing problem for the moralist at the present time. They constitute rather a field of investigation from which he may learn something of profit about human nature and normal human motivation,—and may not.

MORALISTS AND PSYCHIATRISTS? OR PSYCHOLOGISTS?

Many authors have spoken of the necessity of moralists and psychiatrists getting together to solve problems of moral responsibility. I have purposely put the emphasis on getting together with psychologists rather than with psychiatrists. First, because the main problem is one of moral responsibility in people who are mentally in good health, not in the mentally sick. Psychiatry is a therapeutic art and science; it specializes in mental sickness and mental disorders.¹⁰⁵ Psychoanalysis from the first has been preoccupied with mental illness and has tended to generalize its findings and apply them to all human beings, sick or well. This confusion of normal and abnormal psychology seems to me to be basically unsound. It is the habit of psychiatrists to say that there is no dividing line between normal and abnormal. In fact it is boasted that psycho-

¹⁰⁵ Raymond Duffy, in: *Psychiatry from a Catholic Point of View* (Privately printed. Boston. 1950) seems to think otherwise.

analysis has abolished the distinction, and proved the continuity or gradual shading off between normal and abnormal.^{105a}

However, the distinction is one that will not down. Thousands of people are obviously insane. Many more thousands are obviously not. The fact that there are many persons who would not be classed as insane, but who are not entirely well mentally and need the psychiatrist's help does not abolish the distinction between normal and abnormal. For there are degrees of normality and abnormality, too. People are more or less normal, and others are more or less abnormal.

The study of the mentally ill throws light on normal psychology, too, because man's essential psychological structure is not different in the sick and the well. But the abnormal should not be made the norm of the normal. Freud almost came to believe, says Dalbiez, that the only things normal in man are the instincts he shares with the lower animals. Everything else is unnatural. Hence it is easy to see why he could consider religion and morality as compulsive neuroses.

It is easy to see, also, why many psychiatrists speak as if the distinction between normal and abnormal is meaningless. But just as in the spectrum the colors fade into one another, and yet one part is definitely red and another part definitely orange; and just as philosophers cannot draw the line between what nature can do and what is beyond the powers of nature, and yet some events are clearly miraculous, others not; and just as we moralists cannot draw the line between what is a certainly grave sum and what is not, and yet some sums are indubitably grave, others indubitably not; so in the case of human beings, the great majority of them are definitely normal mentally, and a relatively smaller number are definitely abnormal mentally. And there are many borderline cases. I may not have a scientific criterion of normality.^{105b} I may have only a crude one—like the amount of deviation in conduct and thinking from that

^{105a} For an excellent discussion of the meaning of the terms normal and abnormal in this connection, cf. D. B. Klein, *Mental Hygiene: The Psychology of Personal Adjustment*, pp. 5-15 on "Differentiating Health from Mental Disease." And cf. Allport, *Personality*, p. 76.

^{105b} Indeed psychiatrists may not. Cf. Lawrence I. O'Kelly, *Introduction to Psychopathology*, pp. 9-19.

of the general run of men;—or the need of getting medical help because of mental difficulties. But certainly the presence of internal conflict in the mind and soul of man is not the criterion of abnormality. Such conflict is just as normal to man as original sin itself. And I refuse to accept the proposition that all men are mentally ill, or its equivalent, that all men, even the mentally well, need to be psychoanalyzed, or at least need the psychiatrist's help.

Another reason why I believe this is the more sensible outlook is because psychiatrists, in this country at least, seem to be overwhelmingly orientated toward psychoanalysis. It was estimated by Dr. David Shakow, a psychologist, at the 1948 convention of the American Psychological Association that more than 90 per cent of the psychiatrists in this country are orientated analytically.¹⁰⁶ Hence the chances are that when you consult a psychiatrist you will be consulting one whose psychological background and training are Freudian, or one of the derived systems.

On problems of moral responsibility, therefore, let us consult in the first place the psychologists of all schools as to the mentally well, and the psychiatrists of all schools as to the mentally ill.

My own belief is that many valuable insights into the working of the human mind have come to us from Depth Psychology, and that whatever discoveries it has made must be taken into account. But where questions of human freedom and subjective responsibility are concerned I dare to suggest that there is more hope of enlightenment in a trained and controlled system of introspection such as that devised by Father Johann Lindworsky.¹⁰⁷ We can hope to find out more about the freedom and moral responsibility of the normal man from the careful testimony of his own consciousness before, during and after his deliberate acts, than we can from an analyst with Freudian presuppositions who probes the quicksands of his unconscious mind, and explores the emotional traumata of his infant years.

¹⁰⁶ David Shakow: Opening Address, Convention of American Psychological Association. Boston. Sept. 5, 1948.

¹⁰⁷ Johann Lindworsky: *The Training of the Will*, p. 6, and p. 8 sq.

SUMMARY OF PART I

Unconscious motivation as described in the Freudian and derived systems is a controversial theory, not yet established, nor agreed upon by psychologists generally—hence the moralist is not forced to re-write his treatise *De Actibus Humanis* in the light of that psychology. But even if it is accepted that unconscious motivation exists and influences notably our conscious human activity, there is no proof that it eliminates or notably impairs the freedom of our everyday deliberate decisions. The factual material of psychoanalysis does not demand any such conclusion. We have always recognized that our free decisions are partially the product of many unconscious influences. Divine grace itself is often such an influence. Whatever light Depth Psychology can shed on those influences is welcomed by the moralist. But since the problem is one of motivation in normal people he will be well advised to seek help from the psychologists of all schools in the first place, and not restrict himself to psychiatrists whose field is the abnormal, and the great majority of whom seem to be committed to the psychology of the unconscious. The direct testimony of the conscience of the individual agent in his individual acts is, up to this moment, a better criterion of subjective morality than the quicksands of depth psychology.

PART II. MORALITY AND ALCOHOLISM

ALCOHOLISM has a place in an essay which deals with psychology and morality, both because it is frequently acknowledged as a psychiatric problem, and because it is a particular exemplification of the general problem of subjective moral responsibility. But whereas the first part of our essay dealt with subjective responsibility in normal individuals, it should become apparent from the present discussion that the alcoholic is not a normal individual where responsibility for his drinking is concerned. He is across the line on the abnormal side, and his drinking is correctly termed pathological. But since psychoanalysis has been unsuccessful with alcoholism, and since exploration of the alcoholic's unconscious motivation is of minor help in rehabilitating him, and of less help in

judging his subjective responsibility, we will say no more about these matters.¹⁰⁸

Dr. Edward A. Strecker, an eminent psychiatrist who believes with many others than alcoholism is a psychoneurosis, gives the following suggestive description: "The chronic alcoholic is the person who cannot face reality without alcohol, and yet whose adequate adjustment to reality is impossible so long as he uses alcohol."¹⁰⁹

It is a commonplace boast of the alcoholic in the earlier stages that he can take it or leave it alone. But he always takes it. The truth is that he can neither take it nor leave it alone. He cannot take it with impunity nor leave it alone without help. Hence the commonplace complaint of the alcoholic in the later stages: "I can't live with it and I can't live without it." This is the interior contradiction that drives him to despair. The conflict within him is not merely that struggle of the law of the mind against the law of the members of which St. Paul speaks and which is the common lot of mortals. It is a struggle and a conflict that has assumed pathological proportions. Just as pride seems to degenerate at times into paranoia, so self-indulgence can and often does degenerate into addiction. When addiction and compulsion have set in there is a new problem of responsibility. It is no longer the problem of mere drunkenness and its morality; it is the problem of the morality of alcoholism.

NATURE OF ALCOHOLISM

For alcoholism is not the same thing as drunkenness; not even the same thing as excessive drinking; not even the same thing as

¹⁰⁸ Robert V. Seliger summarizes the underlying motivations for excessive drinking in "A Psychiatrist Looks at the Causes of Alcoholism," *Industrial Medicine*, 17 (1948) 125-128. He considers alcoholism a symptom of personality illness or some serious psychiatric illness. Individual motivations for excessive drinking are summarized as: (1) Self-pampering tendency which refuses to tolerate any unpleasant state of mind. (2) An instinctive urge for self-expression without any staying powers to bring the urge into creative production. (3) Unusual craving for emotional experience which calls for removal of intellectual restraint. (4) Discontent, depression from failure to satisfy hidden ambition. (5) Tendency to seek escape by easiest means from worries and responsibilities. (6) Unreasoning demand for constant happiness or excitement.

¹⁰⁹ Edw. A. Strecker, *Fundamentals of Psychiatry*, p. 150.

excessive drinking over a long period of time.¹¹⁰ There seem to be certain people who are able to drink too much over long periods of time without becoming alcoholics. Proportionately to the amount and frequency of their excess they are in grave danger of becoming addicts. But, for one thing, they do not get into serious trouble with their drinking (judged by the world's standards) and, for another, if called upon to give up drinking they can do so without too much trouble. They have not seriously injured their health, or their family, or their business or social relationships. And they can give it up much as a man with a long habit of smoking can give it up,—if he wants to. It is a difficult thing to do; but he does not have to call in the doctor, the priest, the psychiatrist, and the A.A.'s in order to be able to do it.

But the alcoholic is the excessive drinker who gets into serious difficulty with his drinking and who generally cannot stop drinking, even if he wants to, without outside help. He cannot hold his job; or cannot keep his family together; or cannot keep his health; or cannot keep out of the hands of the police; or cannot avoid serious moral excess; or he makes his own and his family's home life intolerable. When he tries to stop he fails. His good resolutions are like water. The solemn pledge sincerely taken is quickly broken. The lamentations and exhortations of those he loves the most are of no avail. The outside help required if the average alcoholic is to stop drinking may be medical, psychiatric, social, religious or a combination of all of these. One reason for the large scale success of Alcoholics Anonymous is that it combines many kinds of help and offers them sympathetically to the alcoholic who is looking for help. It is noteworthy that the first step of the A.A. program really contains the above descriptive definition of the alcoholic. For it reads: "We admitted that we were powerless over alcohol [the element of addiction or compulsion] and that our lives had become unmanageable [the element of serious trouble as a result of drinking]."

¹¹⁰ Bihler defines alcoholism as "excessive use of alcohol over a long period." I do not believe this definition indicates sufficiently the distinguishing characteristics of alcoholism and drunkenness. Bihler, *Alcohol Addiction*, Manuscript, Woodstock College. Woodstock, Md. 1949.

In order to make the picture of the alcoholic and the insidious, progressive character of alcoholism more concrete I will say a word about the phases of alcoholism (which can be represented graphically), and the characteristic behaviors of alcoholism, which are listed below.

Some years ago *The Grapevine*, which is a monthly publication of Alcoholics Anonymous, sent out a questionnaire to its subscribers, asking them many detailed questions about their drinking histories; for instance, when they started drinking, when they reached their lowest point, when they first had "blackouts," when they started taking the morning drink, and so on. Dr. E. M. Jellinek of Yale took the data from this questionnaire and from an analysis of it, described *The Phases of Alcoholism*.¹¹¹ Dr. Jellinek has now prepared a longer and more scientifically constructed questionnaire of about 120 questions and he hopes to get answers from about 5,000 recovered alcoholics.¹¹² In the meantime the analysis already made can be considered only tentative. On the basis of this incomplete information, however, a very illuminating study has been made of the progressive and insidious stages of alcoholism.

The diagram (below, page 111), is highly schematic, and is based on a limited number of drinking histories, and yet those who know best, the alcoholics themselves, seem to be agreed it is a very fair picture of what happens in the average alcoholic career.

The horizontal line that becomes wavy and finally loops off into skid row, insanity or death, represents all those who become alcoholics. If we wanted to we could draw another horizontal line, that would stay straight for the most part, to represent all those who drink without becoming alcoholics or without showing serious signs of abnormality in their drinking. Such a line would probably represent more than 60,000,000 people in the United States, who use alcohol as a beverage, at least occasionally, and yet do not become alcoholics. But the line in the diagram represents the drinking careers of the one to four million people in the United States

¹¹¹ E. M. Jellinek, *Phases in the Drinking History of Alcoholics*, Hillhouse Press. New Haven. 1946.

¹¹² E. M. Jellinek. "A. A. Questionnaire." *Journal of Studies on Alcohol*, Inc., New Haven. 1948.

who may be described as alcoholics. Five out of six are men. Five out of six are between 30 and 55 years of age.¹¹³

The drinkers who become alcoholics are drawn from two sources, divided somewhat arbitrarily in the diagram. The first class are those who begin drinking or at least begin drinking excessively because of some pathology. I have called them escape drinkers. They are trying to escape pain of body, but especially mental pain and anxiety. Among them are the symptomatic drinkers whose drinking is symptomatic of a mental illness more or less serious, a severe neurosis or a psychosis. These drinkers are likely to become addicted much more quickly and sometimes it is said of them that they are alcoholics from the time they take their first drink, because from the beginning of their drinking career they drank abnormally and got into trouble. The label applied most frequently to people in this class is the word "neurotic." When introduced to alcohol they find it at first a means of relieving the mental pain they suffer. When they become addicted, they are sometimes called "primary addicts," or "primary type of compulsive drinker." They are more difficult problems therapeutically because when they have learned not to drink they still have their neurosis to contend with.¹¹⁴

The second class are sometimes called "secondary addicts" or "secondary type of compulsive drinker." They are people who appear relatively well adjusted and to whom the term neurotic would certainly not be applied. They start drinking because they like the taste and the effect, or because it is the socially acceptable thing. But continual self-indulgence has grave repercussions. What started as apparently normal drinking gradually changes. "A process sets

¹¹³ The statistics are from various publications of the Yale School of Alcohol Studies and the National Committee for Education on Alcoholism (now called the National Committee on Alcoholism). Since the meaning of the word alcoholic is variable and since alcoholism is often concealed by euphemistic names, it is difficult to get exact statistics. Dr. Jellinek of Yale is recognized as an authority in this statistical field. Cf. Jellinek: *Recent Trends in Alcoholism and in Alcohol Consumption*, Quarterly Journal of Studies on Alcohol. New Haven. 1947. Also Selden Bacon: "Alcoholism: Its Extent, Therapy and Prevention," *Federal Probation*, 11 (1947) n. 2.

¹¹⁴ Selden Bacon: "Alcoholism: Nature of the Problem," *Federal Probation*, 11 (1947) n. 1.

in which has been called the pampering effect of alcohol. As a result the fairly constant heavy drinker may become a more careless worker, a more thoughtless father and husband, a more demanding friend, a more aggressive neighbor. . . . The result of this process is inevitable—occupational, familial, financial, and neighborly problems are going to arise. Unfortunately the individual has learned a simple response to avoid such problems—drinking. Again a vicious circle can be seen. A second result of this process . . . is that the personality of the drinker seems to change. . . . Gradually he takes on more and more of the characteristics of the primary type. When he has achieved the full status of an alcoholic he may seem not a whit different from the primary type. From the point of view of rehabilitation, however, he or she is a decidedly different person; the chances of recovery are far better than for those of the primary type.”¹¹⁵

There seems to be no agreement as to the relative number of primary and secondary type alcoholics. Indeed some authorities might not agree to this division at all. I have heard an eminent specialist in the field, a psychiatrist, express the opinion that 70 per cent of his patients were secondary addicts, i.e., they did not begin their drinking as neurotic or escape drinkers. Another eminent specialist expressed the opinion that perhaps half of the alcoholics came from this group. But other authorities believe that the majority of alcoholics are primary type addicts.

From the data of *The Grapevine* survey Jellinek was able to indicate four phases through which many if not most alcoholics pass: the Preparatory Phase, the Basic Phase (addiction coming on), the Early Chronic Phase (addiction setting in), and the Late Chronic Phase (addiction complete). On the diagram I have marked merely one outstanding behavior or characteristic of each of the phases. In the Preparatory Phase, the “blackout” does not mean loss of consciousness, but a temporary loss of memory which blanks out past activities which may have been carried on with perfect rationality. In the Basic Phase, “loss of control in the drinking situation” means that after one or a few drinks the drinker seems

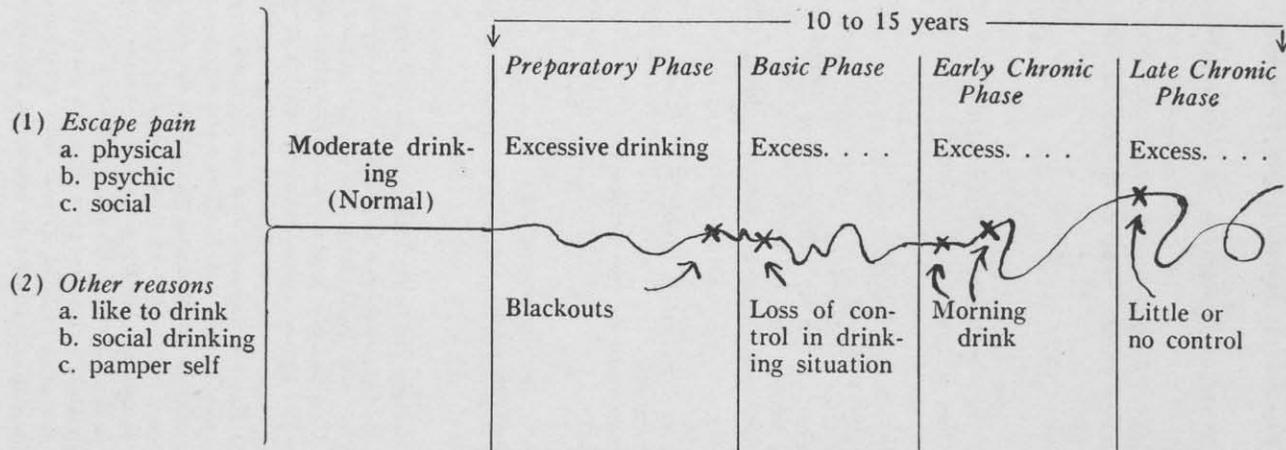
¹¹⁵ Selden Bacon, *loc. cit.*

unable to stop. He continues more or less compulsively. In the Early Chronic Phase, the "morning drink" means resorting to a drink in the morning as a necessity in order to get over the effects of the previous day's drinking. Finally, in the Late Chronic Phase, "little or no control" means that the drinker's conduct, where liquor is concerned, is unpredictable to himself or others. Even when he has had nothing to drink for days, weeks or months, there are times when he seems powerless against the first drink. His drinking is compulsive not only after he has had a few drinks, but even, at times, when he has had none.

The following is a more complete list of the behaviors characteristic of alcoholism. It is based on the original *Grapevine* questionnaire, Jellinek's new questionnaire, and personal observation. Like the diagram, the list is entirely schematic and tentative. It indicates types of behaviors that are broadly characteristic of the phases to which they are assigned, but there are very many exceptions. The behaviors mentioned in one phase often continue through all the subsequent phases, e.g., blackouts, the morning drink. Frequently in individual cases a behavior assigned here to an earlier phase will occur later in an alcoholic career, and vice versa. The list is not exhaustive, and some characteristic things, e.g., sexual excesses, divorces, separations, selfishness, increasing egocentricity, are not mentioned at all because they are likely to occur early or late throughout the progress of the condition.¹¹⁶

¹¹⁶ The diagram and list of behaviors are of practical use to the pastoral counsellor. Most alcoholics in the beginning vigorously resist the admission that they are alcoholics. It is much better to get them to see for themselves that they are, than to tell them so outright, or to force the admission upon them. By letting them study the diagram and the behaviors they may be brought to see that they are alcoholics. For the same purpose, the following list of questions, devised by Dr. Seliger, formerly of Johns Hopkins University Hospital, is very useful. It is to be noted that Dr. Seliger uses a rather broad definition of the alcoholic: "one whose drinking interferes with one or more of his important life activities." Cf. "Medical-psychological Aspects of Alcoholism" *Journal of Clinical Psychopathology*, 8 (1947) 577-586. The suspected alcoholic is told: "If you answer YES to any one of the following questions there is a definite warning that you may be an alcoholic. If you answer YES to any two, then the chances are you are an alcoholic. If you answer YES to three or more, you are definitely an alcoholic." The questions follow: (1) Do

THE PHASES OF ALCOHOLISM



NOTE: (1) 5 out of 6 alcoholics in the U. S. are males. (2) 5 out of 6 are between 30 and 55 years of age. (3) The horizontal line that becomes wavy represents the alcoholic career, as the alcoholic goes through the progressive phases of alcoholism.

CHARACTERISTIC BEHAVIORS OF ALCOHOLISM

Preparatory Phase

- Frequent excessive drinking
(not necessarily passing out or getting drunk, but being good and tight)
- Extra drinks before party
- Sneaking drinks at party
- Drink to feel at ease with others
- Drink to feel at ease with girls, or at a dance
- Blackouts* (pulling a blank)

Basic Phase (Addiction coming on)

- Frequent excessive drinking
- Loss of control after a few drinks*
- Extravagant behavior (phone calls, treating, taxis)
- Reproached by family and friends
- Rationalizing excessive drinking (alibis, kidding self, lies, excuses)
- Drunken driving
- Humiliate wife or husband in presence of others
- Neglect of sacraments
- More efficient after one or two drinks
- Solitary drinking

Early Chronic Phase (Addiction begins)

- Frequent excessive drinking
- Morning drink*

you lose time from working due to drinking? (2) Is drinking making your home life unhappy? (3) Do you drink because you are shy with other people? (4) Is drinking affecting your reputation? (5) Have you ever felt remorse after drinking? (6) Have you ever gotten into financial difficulties as a result of drinking? (7) Do you turn to lower companions and an inferior environment when drinking? (8) Does your drinking make you careless of your family's welfare? (9) Has your ambition decreased since drinking? (10) Do you crave a drink at a definite time daily? (11) Do you want a drink the next morning? (12) Does your drinking cause you to have difficulty in sleeping? (13) Has your efficiency decreased since drinking? (14) Is drinking jeopardizing your job or business? (15) Do you drink to escape from worries or trouble? (16) Do you drink alone? (17) Have you ever had a complete loss of memory due to drinking? (18) Has your physician ever treated you for drinking? (19) Do you drink to build up your self-confidence? (20) Have you ever been to a hospital or institution on account of drinking?

Need more liquor to get same effect
Anti-social acts (aggressiveness, fights in taverns, arrests)
Frequent missing of Mass
Walk out on friends (think friends stuffed shirts, snobs, etc.)
Friends walk out on the drinker
Refuse to talk about drinking, resent any mention of it
Walk out on job unreasonably
Resent boss unreasonably
Loss of jobs
Seek medical advice, and/or psychiatric advice
Persistent sleeplessness
Neglect of food while drinking
Hospitalization because of drinking
Indifferent to kind of beverage alcohol
Go on wagon (e.g., for Lent, for months, for a year, for life)
Take the pledge
Change pattern of drinking (e.g., only beer, only wine, etc.)
Pills (barbiturates)
Neglect of family
Self-pity (everyone down on you, etc.)
Benders
What's-the-use attitude

Late Chronic Phase (Addiction complete)

Little or no control (often called a "hopeless drunk")
Get drunk on less liquor
Persistent remorse
Drinking any kind of alcohol (shaving lotion, vanilla extract, etc.)
Protecting supply
Tremors (continued after the binge and the hangover)
Diminishing sex potency
Fears (vague, indeterminate) of retribution, etc.
Raging resentments, entirely unreasonable
Geographic escape
Convulsions (rum fits)
Delirium tremens
Hallucinations
Bankruptcy of alibis and rationalizations
Suicidal attempts
Commitment (involuntary) to various institutions
Skid Row
Insanity
Death

It cannot be emphasized too often that there are many types of alcoholic, and it is dangerous to make generalizations of an absolute kind. The following clinical picture, however, drawn by Dr. Selden Bacon of Yale University, is a useful description of the alcoholic in the Late Chronic Phase of alcoholism: "Many alcoholics in the later stages of this condition are characterized by undernourishment, highly irregular routine, inadequate sleep, and an over-all attitude of hopelessness, plus unrelieved tension. As a result, they are highly susceptible to accidents and to other diseases. It should be carefully noted that these are not directly effects of alcohol. They follow upon the behavioral consequences of continued excessive drinking. Not all alcoholics present this picture, since they may be closely protected by family, friends, or independent means.

"Psychologically, the alcoholic in the later and last stages of this illness is characterized by being in continual and awful pain, by a set of responses which may be summed up as immaturity, and by an over-all attitude of extreme egocentricity.

"The pain is not merely or even importantly related to the physical aspects of his condition or the inconveniences occasioned by his type of life. It is centered around his inner feelings of self-depreciation, self-hate, guilt, and all-encompassing remorse. Since he cannot explain this, he often attempts to hide it. Pain, however, is the constant comrade of the alcoholic. And a dreadful (in the real meaning of the term) comrade it is."¹¹⁷

From this consideration of the phases of alcoholism, the behaviors of alcoholism, and the clinical picture of the late alcoholic, it is hoped that a fairly complete and concrete description of the alcoholic has been provided. Those who are in the Chronic Phase, either early or late, would be classed by all, I believe, as true alcoholics. The descriptive definition which I gave above is broad enough to include also most of those who are in the Basic Phase, because they do get into serious trouble and cannot stop drinking without help, generally speaking. Perhaps those in the Preparatory Phase can be called potential alcoholics.

The reason why alcoholism is so hard to define is that it is not

¹¹⁷ Selden Bacon, *loc. cit.*

one but many things. It is a complex condition, consisting of many elements as we shall immediately see. Sometimes one element predominates, sometimes another. Sometimes one element is absent altogether. And so we have to speak in broad descriptive terms, which are generally but not universally applicable to those called alcoholics. But the insidious and progressive character of the condition is well expressed in a formula to which all I think, would agree. A certain alcoholic declared to me: "At first I drank because I wanted to; then I drank because I needed to; finally I drank because I had to." He was certainly a man who had gotten into serious trouble on many fronts through his drinking; and he was a man who could not stop drinking, even though he desperately wanted to, without outside help.

ALCOHOLISM AS A TRIPLE DISEASE OR DISORDER

It was stated above that the alcoholic cannot be considered normal where his drinking is concerned, and that his drinking is correctly termed pathological. This is the equivalent of saying that alcoholism is a "disease," or "disorder." In order to understand what is meant by saying that alcoholism is a disease it is necessary first to distinguish alcoholism as a disease from the diseases of alcoholism. Many chronic alcoholics suffer from diseases which, though not directly due to alcohol, and though not exclusively characteristic of the alcoholic, yet occur in alcoholics with such frequency that they are called the diseases of chronic alcoholism. All of these diseases are due in part at least to nutritional deficiencies.¹¹⁸ They are diseases both of the body and mind. For example: cirrhosis of the liver, alcoholic polyneuropathy, alcoholic beri-beri, pellagra, delirium tremens, Korsakoff's psychosis, etc., etc. When we say that alcoholism is a disease we do not mean any of these diseases that accompany, or are modified by, or partially caused by excessive drinking. We mean the abnormal drinking itself is a disease.

¹¹⁸Norman Jolliffe: "Alcohol and Nutrition: The Diseases of Chronic Alcoholism" in *Alcohol, Science and Society*, p. 73-82. Dr. Giorgio Lolli, Medical Director of the Yale Plan Clinic in New Haven is authority for the statement that all these diseases are connected with nutritional deficiencies.

Does it deserve to be called a disease? Obviously it is not within the competence of the theologian but belongs to the doctors of medicine and psychiatry to tell us what the word disease means, and to tell us whether the universally recognized condition known as alcoholism deserves to be called a disease. The 20th Edition of *Dorland's Medical Dictionary*¹¹⁹ defines disease: "In general, any departure from a state of health, an illness or sickness. More specifically a definite morbid process having a characteristic train of symptoms. It may affect the whole body or any of its parts, and its etiology, pathology, and prognosis may be known or unknown." Doctors and psychiatrists do call alcoholism a disease as a matter of fact. In a systematic and scientific survey of the doctors' attitudes toward alcoholism made a few years ago, "the main finding is that the overwhelming opinion places the alcoholic squarely in the 'sick man' category."¹²⁰ Another fact that shows indubitably that doctors and psychiatrists believe that alcoholism deserves to be called a disease is this: the medical and psychiatric literature dealing with alcoholism is enormous. Literally hundreds upon hundreds of articles are continually being written on the subject by doctors and psychiatrists. If it is not a disease why this interest in it displayed by the medical profession?

Furthermore there are thousands of recovered alcoholics who have rehabilitated themselves and live rather normal lives. But they are still alcoholics. If they were to start drinking, attempting to drink moderately like other people, they would immediately and inevitably go to excess again. The case histories of thousands of recovered alcoholics who have had "slips" are the evidence for this statement. And there is little or no evidence that a real alcoholic ever learned to drink normally. Why is this true, unless there is some pathology within them? There is something that makes them different from the non-alcoholic where alcohol is concerned. "The etiology, pathology, and prognosis" of that something may be

¹¹⁹ W. B. Saunders Co. Philadelphia. 1945.

¹²⁰ John W. Riley, Jr., and Charles F. Narden, "The Medical Profession and the Problem of Alcoholism." *Quarterly Journal of Studies on Alcohol*, 7 (Sept., 1946) 240-270.

"known or unknown" but its symptoms are known only too well. Hence we call alcoholism a disease.

But if it is a disease, is it a disease of the body? It is certainly not a disease of the body like cancer or tuberculosis, where definite organic lesions and organic pathology can be pointed out. It has been called an "allergy of the body" especially by members of Alcoholics Anonymous, who seem to have borrowed the idea from Dr. W. Silkworth. But subsequent research seems to have disproved the theory that it can be classed as a strict bodily allergy.¹²¹ Alcoholism is also compared with diabetes. For just as the diabetic cannot take any sugar into his system without disaster, so the alcoholic cannot take any alcohol into his system without disaster. The comparison is useful in explaining his condition to the alcoholic, but its technical accuracy from a physiological point of view can be doubted. (Besides, you never hear of one diabetic telephoning another and saying: "I have a couple of pounds of sugar; come on over and we'll go into a coma together.") I have even heard alcoholism compared to sunstroke. For a person who has once suffered sunstroke cannot safely expose himself to the sun in the future, but he will be perfectly all right as long as he stays out of the sun. The alcoholic once he has arrived at the compulsive stage can never expose himself safely to alcohol again; but he is perfectly safe as long as he leaves it alone.

The truth seems to be that the researchers in physiology have not yet been able to put their finger on a clear, definite organic or functional pathology in alcoholics generally, though they have good reason for believing there is such pathology in many alcoholics. Dr. Howard Haggard of the Yale Physiological Laboratory is still hopeful, despite the discouragement of many of his colleagues, of isolating this bodily factor. Dr. E. M. Jellinek of Yale expressed the opinion that in about 15 per cent of alcoholics there is a physiological basis for the disorder. Other investigators are convinced that they have found the physiological component. Dr. Robert J. Williams of the University of Texas and his associates offer evi-

¹²¹ Howard W. Haggard, "Critique of the Concept of the Allergic Nature of Alcohol Addiction," *Quarterly Journal of Studies on Alcohol*, 5 (Sept., 1944) 233-241.

dence to show that alcoholism is due to an inherited metabolic pattern.¹²² Dr. James J. Smith, Director of Research on Alcoholism at New York University-Bellevue Medical Center, has presented evidence that alcoholism is due to a disturbance in the functioning of the pituitary gland.¹²³ Dr. John W. Tintera and Dr. Harold W. Lovell believe they have found in alcoholics "a constitutional or acquired state of hypo-adreno-corticism which is intimately associated with the allergy-like character of alcoholism."¹²⁴ Other investigators have made suggestive discoveries in the liver of the alcoholic.

And so there is good reason for believing that there is a physiological basis for the alcoholism of many alcoholics; that there is a bodily pathology which contributes to their condition. But there is no unanimity yet among scientific men as to the existence of these bodily factors; nor have they succeeded in identifying them to everyone's satisfaction. But we can assert with probability that alcoholism is a bodily disease in many alcoholics. This is the sense in which it may be called a bodily disease.

In what sense is it called a disease of the mind? Not in the sense that alcoholics are insane, although, as already mentioned, among alcoholics there are psychotic individuals, and there are some who as a partial result of their alcoholism suffer from delirium tremens, or hallucinations, or Korsakoff's psychosis, etc. But when we say alcoholism is a disease, or disorder, or sickness of a mental kind we mean that the drinking itself is to a greater or lesser degree *compulsive*. Many psychiatrists describe it as a psycho-neurosis of the obsessive-compulsive type. On this point—the compulsive character of the alcoholic's drinking—I believe there is great unanimity among all the psychiatrists and other specialists in the field.

¹²² Reported by Waldemar Kaempfert, in *The New York Times* May 1, 1949, p. E 9.

¹²³ Reported by Wm. L. Laurence in *The New York Times* May 10, 1950, p. 1.

¹²⁴ John W. Tintera and Harold W. Lovell: "Endocrine Treatment of Alcoholism," a paper read at the Annual Meeting, American Geriatrics Society, Atlantic City. June 4, 1949.

It is not my province or my purpose to try to set forth in the technical language of psychology and psychiatry the meaning of "neurotic," "compulsion" or "compulsive neurosis." Nor will I advance any opinion as to whether alcoholism itself is a psychoneurosis, as many psychiatrists believe. I simply call it a compulsion in a descriptive and non-technical sense.

The word compulsion, however, whether in the language of psychology or of common sense, implies that the agent could not help doing what he did, or at least that his freedom not to act was notably interfered with. Since great numbers of psychologists do not believe in the freedom of the will at all, we must leave it to them to explain the technical sense in which they distinguish compulsive from non-compulsive conduct. But I believe I use a word which is almost always used of the alcoholic's drinking, and use it in a general sense on which all are agreed. I say that he drinks compulsively, and this means that at times he can not help drinking, or at least his freedom not to drink is notably diminished.

I say "at times," because it is unrealistic to imagine that once a man is an alcoholic he is always under a compulsion to drink. In an excellent article on "Irresistible Impulses" Professor Rudolf Allers tells us that an irresistible impulse or attraction to be such need not be such *in all circumstances*. "It is quite possible for an impulse to be irresistible under some circumstances and to become inhibited by other factors." The example is given of a kleptomaniac with an irresistible impulse to steal, which disappears when a policeman suddenly appears on the scene. "It is therefore impossible to declare, once and for all that a given impulse is irresistible or that it is not. It may be irresistible in the self-same individual one day and may not be so on another day."¹²⁵ Even actions which require longer preparation or a series of preliminary steps may be irresistibly impelled. "There are also within normality, certain states of monoideistic narrowing of consciousness in which the subject may act quite reasonably in regard to his one dominant purpose, while no other thought can enter the mind, and while, accordingly, no

¹²⁵ Allers "Irresistible Impulses," *American Ecclesiastical Review*, 100 (Mar., 1939) pp. 208-212.

motives counteracting his idea ever become efficient."¹²⁶ Although I do not believe Professor Allers had compulsive drinking in mind when he wrote these words, I think that they can be applied to the alcoholic, especially the alcoholic who has already had a few drinks, and can no longer think realistically of anything at all except more drink.

The word impulse seems to suggest a sudden urge to act which is irresistible and for this reason may be a little misleading in the case of the alcoholic. Irresistible attraction would probably convey the idea more clearly.

There are two sources of irresistible impulse according to Professor Allers. The first is the force of the impulse itself as in cases of violent fear, anger, despair. The second is the knowledge that unless one gives in an intolerably painful situation will continue, as, for instance, in a case of pathological impulse to masturbate. I believe both mechanisms are operative at times in the alcoholic, but the typical case is the latter. The agent yields to the impulse to avoid intolerable pain. He says afterwards: "I had to give in"; "I could not resist any longer." Professor Allers believes that there is "at least some little bit of freedom left in these cases" and that it is difficult to estimate responsibility.¹²⁷

In the earlier stages of alcoholism it seems that the drinking becomes compulsive only after the alcoholic has had a few drinks. This is what we called on the diagram "loss of control in the drinking situation." In the later stages, there are times when the alcoholic reaches for a drink blindly and compulsively even when he has had nothing to drink for a considerable period. I was not ready to believe this at first. But after listening to hundreds of alcoholics tell their stories, and after questioning many of them on that very point, I am convinced that not only after having had some drinks but even after a considerable period of sobriety the alcoholic at times reaches out compulsively and blindly for the first drink. This is what members of Alcoholics Anonymous mean when they say: "We were powerless over alcohol." This is the disastrous moment which they pray daily will never overtake them again.

¹²⁶ Allers, *loc. cit.* p. 210.

¹²⁷ Allers, *loc. cit.* p. 214.

But lest I be misunderstood let me repeat: By compulsive drinking I mean drinking in which the freedom of the agent is either eliminated or notably impaired (even to the extent that mortal guilt is impossible). But when I assert that the average alcoholic drinks compulsively, I do not mean that he does so always or almost always. He does so usually after having had a few drinks, but also at times when no drinking has preceded. Of course if you give the alcoholic motivation enough the attraction will no longer be irresistible. If you light a fire under him just before he reaches for the drink in the barroom, he will run out with the others. But he will finish his drink first.¹²⁸ The affliction of the alcoholic is that no ordinary motivation gets through to him when he is in the grip of the addiction. All the motives in the world are there to persuade him not to drink, but he cannot turn them on at will, and it is difficult for anyone to make them realistic to him.

I believe we are justified in calling this drinking pathological and compulsive, first because of the universal acceptance of the term by all the specialists; second, and most important, because of the testimony of many recovered alcoholics, including many priests, who insist that their drinking was beyond their power to control; thirdly, because experience shows us that the average well-developed alcoholic actually does not stop drinking even though he desperately wants to, without treatment and help. The legitimate inference is that he cannot stop. Occasionally there is a Matt Talbot who with superhuman courage and overwhelming grace manages to cast off the chains. But the average chronic alcoholic does not do so because he cannot, unaided. And finally, I believe the above list of characteristic behaviors of alcoholism is an argument in favor of the compulsive character of the drinking. People do not go through those agonies because they want to. They do not behave so egregiously counter to their own interest, well-being and happiness out of sheer obduracy. The late alcoholic tells the literal truth when he says: I cannot live with it and I cannot live without it. He tells the literal truth when he says: First I drank because I wanted

¹²⁸ And even with the fire at his heels he will probably hang back in the hope of sneaking a bottle on the way out.

to, then I drank because I needed to, and finally I drank *because I had to*.

This is what we mean when we say that alcoholism is a disease or sickness or disorder of the mind. We mean that there is a pathological compulsion operating with more or less frequency, with more or less force. And so to the question: Is alcoholism a disease? we may answer: It is a disease of the body or of the mind or of both, in the sense explained.¹²⁹

But I do not believe we have any adequate picture of the disease called alcoholism unless we add a third facet. Alcoholism is also a sickness of the soul. The sickness of the soul is sin. Alcoholics have no monopoly on this sickness but they have to a greater extent than other people the unhappy faculty of letting their sins become manifest.

The average alcoholic goes through a process of gradual moral deterioration. The fibers of his character gradually become weakened. He regresses in his emotional attitudes and his moral outlook. A great many alcoholics (especially the secondary addicts) begin their drinking by way of harmless self-indulgence. But this indulgence soon becomes so attractive that it leads to sinful excess. Sins of deliberate drunkenness become habitual. Little by little one moral ideal after another is allowed to grow dim. Honesty goes. Humility goes. Purity goes. Increasing selfishness and egocentricity; increasing self-deception; increasing neglect of family, business and friends; increasing resentments and cynicism; neglect of the sacraments; neglect of Mass; finally, in many cases a despairing rejection of Almighty God Himself. The lessons learned in childhood are disdained. What began as harmless self-indulgence has degenerated into addiction. The alcoholic finds himself morally and spiritually bankrupt, at odds with God, at odds with his own conscience. This is not true of all by any means. But it is true of so many that this process of moral deterioration must be considered characteristic of the condition. And recovered alcoholics who have

¹²⁹ On alcoholism as a disease especially from the psychological point of view, cf. Leslie A. Osborn, "The Clinical Approach to Alcoholism" *Journal of the American Medical Association*, 143 (May 13, 1950) 165-169.

come to know themselves and change their lives are the first to admit that they were sick in soul as well as in body and mind.

It is not surprising that a condition which so many recognize as a neurosis should also be closely related to sin and the state of sin. In an article entitled "Sin and Neurosis," Professor Allers asks: "Where . . . is the line dividing the person who simply misbehaves from the person whose character has developed abnormality?"¹³⁰—the abnormality of the true neurotic? The idea that neurotic troubles are akin to sin would be rejected by many psychologists and psychiatrists.¹³¹ But actually the difficulty arises from the similarity of behavior of some neurotics and some sinners. Psychiatrists who do not believe in sin will class all these persons as neurotics. Religious-minded people who know nothing of neurosis will class all these people as sinners. But I see no inherent difficulty in admitting that the same person can be both a neurotic and sinner. In the case of the alcoholic, he can be both a compulsive drinker and a sinner, his misconduct being at times the product of his compulsion and at other times of his willfulness. The many alcoholics who do not want to be helped (or at least think they do not want to be helped), and with great stubbornness refuse to do anything about their drinking are in my estimation in need of conversion just as much as they are in need of a cure. At all events my experience with alcoholics and their own estimate of themselves after they recover leads me to the conclusion that most of them undergo that

¹³⁰ Allers, "Abnormality: A Chapter in Moral Psychology. V. Sin and Neurosis," *Homiletic and Pastoral Review*, 42 (Apr., 1942) 637-644.

¹³¹ On the relationship between sin and neurosis, besides the article by Allers cited above, see Sheen, *Peace of Soul*, passim; and Duffey, *Psychiatry and Asceticism*, passim. Dr. Paul Cossa of Nice, "Mauvaise Conscience et Troubles Mentaux" in: *Trouble et Lumière* (Études Carmélitaines), Desclée et Brouwer, Paris, 1949, p. 93-102, explains that most modern psychiatrists (and especially, I suppose, psychoanalytical psychiatrists) deny that moral conscience is a cause of neurosis or mental sickness. Even Odier (Les Deux Sources, Conscience et Inconsciente de la Vie Morale, Neuchâtel, 1943-1947) apparently puts the blame for all neurosis on *unconscious* "moral" life. Dr. Hesnard attributes alcoholism to the unconscious. But Cossa concludes that sin and remorse, conscious moral delinquency and conflict, is a partial cause of certain mental maladies. Many others, of course, consider this obvious.

process of moral deterioration for which they are in varying degrees responsible. I call this a sickness of the soul.

And if I did not believe it existed characteristically as part of alcoholism, the experience of Alcoholics Anonymous would convince me that it did. No other organization has been as effective in the large scale rehabilitation of alcoholics as Alcoholics Anonymous. Now the central, essential program of A.A. consists of the "Twelve Suggested Steps" for recovery. The members of A.A. who are most successful in maintaining a happy sobriety year in and year out are those who seriously try to live by the twelve steps. And these steps are nothing but a program of moral and spiritual regeneration, a program of self-discipline and asceticism that has been compared to the First Week of the Exercises of St. Ignatius.

Here are the steps: "1. We admitted we were powerless over alcohol—that our lives had become unmanageable. 2. Came to believe that a Power greater than ourselves could restore us to sanity. 3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*. 4. Made a searching and fearless moral inventory of ourselves. 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs. 6. Were entirely ready to have God remove all these defects of character. 7. Humbly asked Him to remove our shortcomings. 8. Made a list of all persons we had harmed and became willing to make amends to them all. 9. Made direct amends to such people wherever possible, except when to do so would injure them or others. 10. Continued to take personal inventory and when we were wrong promptly admitted it. 11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him* praying only for knowledge of His will for us and the power to carry that out. 12. Having had a spiritual awakening as the result of these steps we tried to carry this message to alcoholics and to practice these principles in all our affairs."¹³²

It is my contention that if this medicine of the soul is the thing that has been more effective than anything else in curing the sickness of alcoholism, then alcoholism must be, in part at least, a sick-

¹³² *Alcoholics Anonymous*, Works Publishing Co. New York. 1947.

ness of the soul. The Twelve Steps only mention alcohol once. The rest of the steps are spiritual exercises. And so I do not believe it is accurate to say that alcoholism is just a disease. Nor do I consider it accurate to say it is just a moral problem. It is both. I believe it is many things and a complex problem. In some cases the physiological factors seem to predominate, in many more the psychological, and in others the moral and spiritual. But in most alcoholics all three elements are found. And the best formula I have found for answering the question: Is alcoholism a disease? is this: Alcoholism is a triple disease; of the body, of the mind, and of the soul.

ALCOHOL EDUCATION IN THE SEMINARY

It is unnecessary here to set forth the moral principles that govern the use of alcoholic beverages in general. The text books of moral theology generally give a fairly good treatment of this subject. Most of them fail, however, to distinguish sufficiently between alcoholism and mere drunkenness. They treat alcoholism as if it were a mere habit of drunkenness, instead of as a habit which has degenerated to pathological proportions.

But even in the treatment of the mortal sin of drunkenness there seems to be a somewhat unrealistic attitude; an attitude that fails to grasp the mentality of the drinker. The seminarian learns that only complete or "theological" drunkenness is in itself seriously sinful; and he learns perhaps that a man is not "theologically" drunk if he can find his way home at night. There is not enough insistence, nor clear enough ideas on the objectively mortal sinfulness that often accompanies lesser degrees of inebriation. And I do not believe the morality of the blackout is treated adequately anywhere.¹³³

¹³³ Moralists say that a person who still has the use of reason is only incompletely drunk. But they also say that one of the signs of complete drunkenness is inability to remember what happened. But they probably visualize a case of a person who was quite apparently drunk to those about him. But a person in a blackout has the use of reason, does not necessarily betray the fact he is drinking heavily, and yet remembers nothing the next day. E.g. he completely forgets that he kept an appointment and transacted important business. Some blackouts last for days. A doctor told me of performing a

The result is that the average seminarian leaves the seminary with a few, vague, unrealistic, and perhaps misleading notions about alcohol. He knows that drinking is not a sin, that a man who can still tell the difference between right and wrong is not "theologically" drunk, and that a man who has an alcoholic problem should be given a good talking to and the pledge—if one can get him to take it; if not, the advice to "lay off the hard stuff."

Because their education in the fundamental problems of alcohol and alcoholism has been so meager, their frame of mind and general attitude is uninformed and immature. The sin of impurity is never funny to the newly ordained priest. But the sin of drunkenness is; and no one has calculated yet which of these sins causes the greater harm in our society, or how much of the former is the result of the latter. An appreciation of the problems of alcohol as they exist among our own people would lead to a more mature and discerning attitude.

The regard for total abstinence, too, seems to have suffered a good deal of deterioration during the past thirty years. This has been due in part to the noble experiment which led some to believe that total abstinence was to be an accomplished fact for everyone—accomplished by governmental fiat. But it is also due, I believe, to an unexpressed but implicit feeling among many of our priests that there is something Protestant or Jansenistic about total abstinence. Certain non-Catholic temperance people believe that the

delicate operation on an infant (successfully) while in a total blackout. The moral question is: Supposing the blackout could be foreseen, is it mortally sinful in itself thus to "mutilate" memory, though reason is otherwise substantially unimpaired? My opinion is that such conduct is *per se* mortal, because it is a notable and unjustifiable violation of the integrity of man's higher faculties. Obviously it will generally be mortally sinful for extrinsic reasons, too, e.g. damage done while in that condition. Another point for discussion is whether the alcoholic's drinking is a sin of gluttony. Usually alcoholics in the later stages hate the taste of alcohol and do not drink it for pleasure connected with the sense of taste. Their use of it is like the use any drug addict makes of morphine. Psychologically the alcoholic's frame of mind is to seek oblivion. Both for this reason and because alcoholics literally "drink themselves to death," and because the deprivation of the use of reason is comparable to mutilation, alcoholic drinking might well be classed as a sin against the fifth commandment rather than as a sin of gluttony.

use of alcoholic beverages is wrong in itself. This exaggerated view is naturally condemned by Catholic teaching. But the practice of total abstinence from a supernatural motive is part of the virtue of temperance. Total abstinence societies have the warm and explicit approval of the Church. The good they have accomplished in this country and other countries is hard to measure. In Ireland at the present time The Pioneers number 450,000 members; that is, ten percent of the entire population, and in Southern Ireland almost 15 per cent of the population. They have accomplished wonders in the sanctification of their members, in reparation for the excesses of others, and incidentally in preventing the spread of alcoholism.

But the propagation of these societies will not prosper as long as our own priests have a vague feeling that total abstinence is a Jansenistic or Protestant idea, and as long as total abstinence is associated in the popular mind with a rigid and unbending severity in judging the drinking habits of others. The fact is that the voluntary undertaking of abstinence for a supernatural motive is one of the finest practical means of exercising Christian self-denial. But the faithful naturally will not listen to exhortations to this type of self-denial coming from one who does not practice what he preaches. There is the real difficulty. But there is no antidote like self-denial to the self-indulgence which degenerates into addiction.

The alcoholic problem confronts the priest so continually in his parish duties, in the confessional, in the parlor, in the parish visitation, that he should be prepared in the seminary to meet these problems. He should learn something about the problems themselves, first, and then about the methods of handling them. The pastoral counselling of alcoholics, the mistakes to be avoided in dealing with them, the strength and weaknesses of the pledge, above all the practical necessity and fruitful results of co-operating with Alcoholics Anonymous—all these are important points in the education of a seminarian today. They are as least as important as learning how to run a Holy Name Society, or a meeting of the Young Ladies' Sodality.

THE MORALITY OF ALCOHOLISM

Whatever is to be said about the morality of alcoholism and the morality of the alcoholic's drinking must be considered in the light

of the fact that alcoholism is a pathological condition and the alcoholic is definitely an abnormal individual in the presence of alcohol. Hence the general approach of the moralist to the question is already fundamentally orientated by what was said above: that alcoholism, by and large, is a triple sickness, of the body, of the mind, and of the soul.

But supposing alcoholism to be a pathological condition, is it a condition for which the alcoholic himself is responsible? Objectively, many alcoholics are little responsible for their condition either because their addiction has a physiological basis over which they never had control, or because, as in the case of certain primary addicts, they were compulsive drinkers almost from the beginning. They are spoken of sometimes as addictive personalities. They consider themselves to have been alcoholics from the moment they took their first drink, and they are right. Their condition is not the result of long over-indulgence, and they are not more responsible for it than a neurotic is responsible for his neurosis.

Again objectively, many other alcoholics *are* responsible for their condition because it is the result of long-continued excessive drinking for which they were responsible. To the extent that they foresee addiction as the end-result or probable end-result of their excess they are responsible for not having prevented it.

But subjectively, it seems to me, not many alcoholics are morally guilty as far as the addiction itself is concerned. Very few foresee addiction. Very few believe that they will ever become drunks. There is nothing more insidious and blinding than alcoholic excess. Men and women who are beginning to drink too much are warned by their friends what will happen to them. But they do not believe it. They are convinced that they are going to be different from the horrible examples that are pointed out to them. They succeed in deceiving themselves. Add to this the general ignorance about the nature of alcoholism and the moral confusion with which the majority of them consider the question of excessive drinking itself. Many do not believe that drunkenness is a sin "as long as it doesn't hurt anyone but myself." Others, misled by loose theological ideas, do not believe excess is mortally sinful unless they come close to losing consciousness. Few would ever be in this frame

of mind: "Unless I do something about my drinking I may become an addict; it is seriously sinful for me to run that risk, but I don't care." What the potential alcoholic says to himself at that moment is: "I *will* do something about it; I'll change to beer," or "I'll go on the wagon for Lent," etc., etc.

The result of all this is that to my mind it is a rare case where the future alcoholic sees and recognizes the danger he is in with sufficient clarity to be mortally guilty *in causa* of the addiction when it finally sets in. Alcohol poses as the friend of the future alcoholic. It is an artful, insidious, and traitorous friend, who appears in true colors when it is too late.

In judging the morality of the alcoholic's drinking after he has become an addict, or compulsive drinker, it must be remembered that alcoholism exists in varying degrees of severity. The chart of the phases of alcoholism and the list of behaviors distinguish roughly the cases where addiction is coming on, is setting in and is complete. But since it is a gradual process there are infinite degrees in it, and as a result infinite variations in the effect it has on the voluntary choices of the drinker.¹³⁴

But let us consider first the objective morality of this compulsive drinking.

Drunkenness remains a mortal sin; there is no dispensation from the natural law in favor of alcoholics. Furthermore since a few drinks or even one drink almost inevitably leads to drunkenness or other serious sins, the alcoholic is *per se* objectively obliged *sub gravi* not to drink at all. But I am of the opinion that generally it is unwise and improper for the confessor or counsellor to tell excessive drinkers that they are obliged *sub gravi* not to drink at all. First, because the judgment whether a person is a real alcoholic, or is one who can learn to handle his drink is not an easy judgment for the confessor (or anyone else) to make. The penitent may be firmly convinced he is not an alcoholic, and may have medical advice to that effect. Second, because in the case of the true alcoholic

¹³⁴ Cf. Patrick O'Brien, C.M., *The Measure of Responsibility in Persons Influenced by Emotion*, p. 59-62. Catholic University of America Press. Washington, D.C. 1948. Republished as *Emotions and Morals*. Grune and Stratton. New York. 1949.

it is often better to leave him in good faith on this point. Telling him that one drink is mortally sinful for him will probably not prevent him from taking the drink—partly because he won't be able to believe that one drink is mortally sinful for him. This type of drinker is often in a state of despair and frustration when he finds himself powerless to do what he wants to do. He is often the victim of pathological feelings of guilt and remorse. One of the reasons he drinks is to relieve the unbearable tension engendered by these feelings. To put him under the additional tension of fearing that one drink means mortal sin and the loss of the friendship of God may be just the touch needed to drive him to drink. Our general theological principles permit leaving him in good faith in these circumstances, especially when we remember that in the case of the truly compulsive drinker even his first drink may be taken at times compulsively and so, *de facto* will not be mortally sinful for him.

For these reasons I believe it is generally unwise and improper to tell the alcoholic that for him one drink means mortal sin; and much worse to refuse absolution unless he promises never to take a drink again. The alcoholic's conduct where alcohol is concerned is unpredictable even to himself, and the confessor will be realistic if he recognizes that his alcoholic penitent is often literally incapable of making and keeping such a promise.

To what extent is the alcoholic responsible for the other sins that he commits while under the influence of liquor? In answering this question an important observation must be made (which may apply also to non-alcoholics). Merely because a man is drinking, or is on a binge, one should not conclude that he is without the use of reason and not directly and *in se* responsible for anything that he does. Some alcoholics go on drinking for days or weeks or months without ever being "theologically" drunk, or perhaps only at the end of the day. The rest of the time they are under the influence of liquor, but they know what they are doing. Their misconduct and sins are imputable to them, not merely *in causa* but *in se* with a variation in the responsibility according as the alcohol has sharpened or dulled their faculties. The average alcoholic, I am convinced, feels himself more or less guilty for the things that

happen while he is in this state, although his general confusion of mind is an attenuating circumstance. He may feel that if he had not been drinking he never would have done these things; but he feels that even though drinking he did not have to do them. At other times he feels that the reason he was drinking was in order to have the courage to do these very things. At other times he feels that he was so under the influence of alcohol that he was not responsible, even though he was not entirely drunk. For instance, a man in a blackout behaves rationally, and those with whom he deals have no idea he is drinking heavily, but afterwards he remembers nothing of what has happened.^{134a}

But to me the remarkable thing about some of these cases is that the alcoholic, though he feels responsible for the sins committed while on a spree, does not consider himself responsible for the drinking itself. That was something he *had* to do, or at least had to continue once he got started. The drinking itself presents itself to his mind with an inevitability that in no wise attaches to the other sins committed while drinking. As one alcoholic (not in the late stages of alcoholism), put it: "The need of drinking once you start is like the need of attending to the wants of nature; you do not argue about it; you have to attend to it and you do." To my mind this is further evidence of the compulsive character of the drinking.

Keeping in mind then the important fact that alcoholics while drinking frequently continue to have the use of reason, what is to be said of the objective imputability of their sins when they do not have the use of reason. These sins are not imputable unless they are foreseen, at least *in confuso* according to our general principles. But subjectively the alcoholic frequently does not contract this guilt because he says to himself: "This time it is going to be different.

^{134a} In this connection the criminal law of the Church is illuminating. Canon 2201 § 3 of the Code of Canon Law reads as follows: "Delictum in ebrietate voluntaria commissum aliqua imputabilitate non vacat, sed ea minor est quam cum idem delictum committitur ab eo qui sui plene compos sit, nisi tamen ebrietas apposite ad delictum patrandum vel excusandum quaesita sit; violata autem lege in ebrietate involuntaria, imputabilitas exsulat omnino, si ebrietas usum rationis adimat ex toto; minuitur, si ex parte tantum. Idem dicatur de aliis similibus mentis perturbationibus."

This time I'll take a few drinks and go home." In the later stages the alcoholic has a generally diminishing subjective responsibility for the drinking itself as we shall immediately see.

Finally let us speak of the subjective morality of the alcoholic's drinking.

I do not believe it is possible now or ever will be to lay down a rule of thumb by which to judge the subjective morality of the alcoholic's drinking. There are so many kinds of alcoholics, and in each alcoholic there are so many stages of compulsion, and in each stage there are so many different circumstances in which the act of drinking takes place, that the formulation of any general rule would be so vague as to be worthless. But the following considerations lead me to assert that the responsibility of the average alcoholic for his drinking is notably diminished, that our judgment of his sins of drinking should incline toward leniency, and that there are many cases where he is not mortally guilty for becoming drunk.

The first of these considerations has already been explained: the compulsive character of the drinking. The alcoholic suffers from a pathological condition. He is generally sick in body or mind or both. Where drinking is concerned he is a definitely abnormal individual, whose freedom not to drink has been affected in an abnormal way.¹³⁵

Secondly many authors think that alcoholism is a psychoneurosis. Without any opinion on this technical point, I believe that we can usefully compare the alcoholic to the psychoneurotic where subjective responsibility is concerned, and the comparison is *a fortiori*. Theologians and psychiatrists are agreed in attributing to the neurotic a diminished amount of responsibility.¹³⁶

¹³⁵ Dr. Harry M. Tiebout, "Alcoholism; Its Nature and Treatment," *Medical Clinics of North America*, 32 (1948) 687-693, explains the compulsive character of the alcoholic's drinking. Psychic compulsions in their relation to morals are treated at length in a book which is not available to me: Muncker: *Der Psychische Zwang und seine Beziehungen zur Moral und Pastoral*. Düsseldorf. 1922.

¹³⁶ James C. Royce, S.J., confirms this conclusion in an excellent paper: "The Moral Responsibility of the Neurotic," Ms. Alma College, Alma, California, 1947. Cf. also Pierre C. Simonart, "The Imputability of the Mental

Thirdly, the usual impediments of human acts bear upon the average alcoholic in an exaggerated way where his drinking is concerned. *Ignorance* as to the immorality of drinking or at least of its serious immorality is present in very many cases. The mental confusion and moral confusion of the alcoholic who is still drinking, even though not drunk, nor even under the influence, is appalling. It usually takes six months of sobriety or more to bring him back to clear thinking and good judgment. *Concupiscence*, or the desire for the sensitive pleasure which comes from drink, is complicated by a pathological craving which many believe to have a physiological basis. This craving after a few drinks are taken is definitely physiological. And even where it is only the result of psychological factors it is recognized to be pathologically strong. *Habit* in the alcoholic is complicated by a pathological process of habituation which may be physiological as well as psychological. In other words addiction is present, similar to the addiction which is present in morphine, cocaine and barbiturate addicts, and often just as strong as these addictions.¹³⁷

Patient," *Linacre Quarterly*, October, 1947, p. 8-15; John R. Cavanagh, "Nervous Mental Diseases II," *American Ecclesiastical Review*, 109 (Oct., 1943) 257-271; Robert E. Britt, "Alcoholism and Some Moral Issues," *Linacre Quarterly*, 13 (Jan. - Apr., 1945) 15-24; Rudolf Allers, "Abnormality: A Chapter in Moral Psychology. VI. Moral Responsibility of the Neurotic," *Homiletic and Pastoral Review*, 42 (May, 1942) 727-733; Rudolf Allers, "Irresistible Impulses," *American Ecclesiastical Review*, 100 (Mar., 1939) 208-219; Henry C. Schumacher, "Psychopathic States" *Homiletic and Pastoral Review*, 40 (June, 1940) 964-971.

¹³⁷ Robert H. Felix, "Some Comments on the Psychopathology of Drug Addiction," *Mental Hygiene*, 23 (Oct., 1939) 567-582. Dr. Felix says that nearly all workers in the field are agreed today that drug addiction is a disease of a psychiatric kind. In a report based on the observation of 2,275 cases it is stated that "basically there is no difference between the opium group addicts and the alcoholic addict. The mechanism of addiction is the same and the abrupt withdrawal symptoms may be very stormy in both types," Young, R. C., "Clinical Observations on the Treatment of the Alcoholic," *Med. surg. J.* 100 (1948) 539-546. Britt: "Alcoholism and Some Moral Issues" *Linacre Quarterly*, 13 (Jan.-Apr., 1945) p. 20, states: "Withdrawal of alcohol [in the chemical craving type] . . . involves the same withdrawal symptoms seen in any drug addict, which are extremely painful, and require competent medical supervision." Cf. also, Pullar-Strecker, "A Review of the Literature on Addic-

It may be asked how addiction differs from habit, and how compulsion differs from addiction. I have purposely tried to avoid entering into technical matters of a disputable kind. For the purposes of this paper addiction is a habit which has assumed pathological proportions. And though to psychiatrists and pharmacologists alike the mechanism of compulsion may be very different from that of addiction, to the moralist who is considering the subjective responsibility of the addictive drinker and the compulsive drinker, there is no significant distinction between them. They are both the same in this one respect that they notably diminish the freedom and therefore the responsibility of the alcoholic. To say that he is a compulsive drinker, and an addictive drinker means the same thing as far as subjective moral responsibility is concerned.¹³⁸

tion," *British Journal of Addiction*, 45 (1948) 125-176; (reviews the literature from 1945 to April 1948); "Behind the Goofball," *Newsweek*, May 29, 1950, reports the work of Dr. Harris Isbell with barbiturate addicts at the United States Public Health Service's drug center at Lexington, Kentucky. "In a 'cure' the barbiturate addict goes through a much more agonizing period with a greater threat of death than other drug users." I mention this here because so many alcoholics today use barbiturates and some of them become very severe addicts. Heubner and Schulte: "Über den Begriff 'Sucht,'" *Ärztliche Wochenschrift*, 1 (1946) 56-57, consider that there is need for a clearer conception of the pathology of addiction which is satisfactory to the pharmacologist as well as the psychiatrist. E. M. Jellinek: *Alcohol Addiction and Chronic Alcoholism*, Yale University Press. New Haven. 1942.

¹³⁸ The relation between compulsion and free will is a perpetual source of confusion and disagreement. Father Felix Duffey, *Psychiatry and Asceticism*, p. 21 sq. points out the danger of supposing that wherever the psychologist finds compulsion freedom is destroyed. Father Murray, C.S.S.R., inclines toward severity in judging the moral responsibility of people who act through habit; and even in pathological states "we may say that usually man remains master of his moral conduct even when under the influence of those diseases of the will, although exceptions here are much more frequent than when there is question of habit, environment or some such agency," "A Question of Responsibility," *Homiletic and Pastoral Review*, 24 (Febr., 1924) p. 506. Cavanagh, "Nervous Mental Diseases II," *American Ecclesiastical Review*, 109 (Oct., 1943) p. 266 considers that among psychoneurotics the obsessive-compulsives present the greatest problem as to moral responsibility. L. A. J. Mercier, "Freedom of the Will and Psychology," *New Scholasticism*, 1944, pp. 252-261, uses the example of the fourth cocktail all the way through as an example where

And so in the absence of any general rule, except that of notably diminished responsibility in many cases, the moralist or confessor must always have recourse to the conscience of the in-

a person may or may not choose freely to drink. "A man before a fourth cocktail may be determined to drink because of acquired habit. He has practically lost the capacity of acting rationally." Allers, "Irresistible Impulses," *loc. cit.* p. 216 makes a very penetrating observation: "There is one very curious and very important feature worthy of mention in these irresistible impulses. They become irresistible, so to say, before they have fully developed. People have a presentiment of the impulse arising; they know that within a short time they will become entangled in a situation from which there is no escape, much as they may desire one. They know that they are still capable, this very moment, of turning away, and that by doing so they will avoid the danger—but they do not. There is a peculiar fascination, a lurid attraction to this kind of danger, and there is evidently some anticipation of the satisfaction that the *partes inferiores animae* will derive from indulging the 'irresistible' action. This action itself, may, therefore, not carry any responsibility and nevertheless not be excusable, because in fact the person has assented to its development." Schumacher, "Psychopathic States," *Homiletic and Pastoral Review*, 40 (June, 1940) p. 967, states that self-control is almost impossible for drug and alcohol addicts unless they are re-educated. Canon P. Tiberghien, "Vice et Maladie. Moralistes et Médecins," *Mélanges de Science Religieuse*, 5 (Nov., 1948) p. 197-216, holds that in the formation of any bad habit there seems to be also the formation of a sort of mechanical process which is a sort of sickness and which interferes with freedom. From all this it is apparent how difficult it is to judge the subjective moral responsibility in persons abnormally affected subjectively. The moralist hesitates, as Father Duffey does, to admit that "anxiety has an inherent power to paralyze the will." But we do require for mortal sin full deliberation and full consent. We deny that a person who is, for example, half asleep, is capable of such deliberation and consent. St. Thomas and the medieval scholastics were unanimous in admitting that during orgasm "*ratio hominis absorbetur*," and, taking this for granted, searched for excusing causes which would justify the marriage act itself. And I think it is admitted that in order for the will to be completely free the motives on either side must not be too entirely disparate in strength. Lindworsky, *The Training of the Will*, p. 70, says: "We . . . call the will free if, at least within certain limits of value, it can consciously strive or not strive for a value, or if in view of two equal, or at least not too dissimilar values, it can deliberately choose the one or the other." At least it seems a reasonable and practically safe conclusion from our general principles, that where a person is pathologically addicted his liberty is often interfered with to the extent that he is no longer capable of that *full* deliberation and *full* consent required for the incurring of mortal guilt.

dividual alcoholic, to discover in some sort whether he has sinned grievously or not. While he is still drinking and for some time thereafter he is a poor judge, or at least an untrustworthy witness on this point. Even without meaning to he may be rationalizing his conduct and trying to excuse it. Or he may err in the other direction because he has no information about alcoholism and in his confusion does not recognize the compulsive character of his drinking. But many recovered alcoholics who have come to admit humbly their failings and have learned to look at themselves honestly make very good witnesses as to the degree of their own moral responsibility. As noted above, many of them are convinced that there were times when they were literally powerless over alcohol. In the end we must leave it to a merciful God to judge these matters.

Although the alcoholic may be powerless over alcohol, and unable at times directly to resist the craving for drink, yet it is within his power generally speaking, to do something about his drinking. He is therefore responsible for taking the necessary means to get over his addiction. Some need psychiatric help; many need medical help; almost all need spiritual help. But the same elements of confusion, ignorance, hopelessness and despair may modify considerably the subjective responsibility in this matter, too. But today there is new hope for the alcoholic, because the kind of help he needs is more and more easily available to him.

This is not the place to speak of the rehabilitation of the alcoholic. There is no cure for him in the sense that he can ever learn how to drink normally. He must face life without any alcohol at all, ever. And there is no such thing as a drug or a treatment in or out of an institution that will guarantee he will never drink again. For the alcoholic the quest of continued sobriety is like the quest of perfection. It is something that has to be continued and worked at as long as he lives. The reason why Alcoholics Anonymous works so well is that its program goes on and on as *a way of life* adapted to the needs of the alcoholic.¹³⁹ The Twelve

¹³⁹ Edward Duff, S.J., "Alcoholics Anonymous," *America*, June 10, 1950, gives an account of the history of A.A., and its mode of operation. See also James O'G. Fleming, "Alcoholics Anonymous," *The Catholic Mind*, December,

Steps are the basis of that program. They are in complete accord with Catholic doctrine and Catholic morality. The priest is not equipped to deal with alcoholics all by himself. The sacraments are proffered in vain to the sick, confused, resentful and cynical man or woman who is not ready to receive them. Cooperation with Alcoholics Anonymous, other professional men, and community agencies is essential to the successful pastoral care of alcoholics.

SUMMARY OF PART II

The average alcoholic is sick in body, mind and soul, and usually cannot stop drinking without outside help. *His responsibility for his drinking is generally diminished to a considerable extent, and sometimes eliminated, but each alcoholic, each drinking episode, and even each act of drinking must be judged separately.* The judgment in each case must be made in the light of the alcoholic's condition of body, mind and soul; but the honest and enlightened testimony of his own conscience is the best criterion we have of his responsibility. Since his condition and his craving are pathological we should tend to be lenient in assessing the subjective moral responsibility; and in the final analysis the judgment must be left to a merciful God. Cooperation with Alcoholics Anonymous is essential to the successful pastoral care of alcoholics.

GENERAL CONCLUDING OBSERVATIONS

Wherever we turn today we find people earnestly, even frantically, seeking after peace of mind and peace of soul. In the world and in the cloister the average everyday person experiences that interior conflict which is our common lot as sons of Adam

1948, pp. 746-753. For a commentary on the Twelve Steps, see *The Little Red Book, An Interpretation of the Twelve Steps of the Alcoholics Anonymous Program*, Coll-Webb Company, P.O. Box 564, Minneapolis. 1949. The monthly publication of A. A. is *The A. A. Grapevine*, P.O. Box 85, New York 2, N. Y. *A. A. Tradition*, a pamphlet containing the twelve points of "tradition" concerning the ideals and manner of organization of the group is published by Works Publishing Co., P.O. Box 459 (Grand Central Annex, New York 17, N. Y. A large literature is growing up around A. A. but I do not know of any bibliography as yet.

and heirs of original sin. The average person finds the law of his members rebelling against the law of his conscience. He finds the indulgence of the law of his members leading him, unless checked, inexorably into the thralldom of the law of sin. The poor alcoholic and many another mental sufferer experiences within himself an exaggerated version of that same interior conflict. And they do not solve the conflict, they do not find peace of mind and peace of soul, until they surrender themselves to the law of the Spirit of Life, which is the grace of God, through Jesus Christ, Our Lord.

The conflict is not peculiar to our age. It is as old as human nature. St. Paul spoke for others as well as for himself when he cried:

The law, as we know, is something spiritual; I am a thing of flesh and blood, sold into the slavery of sin. My own actions bewilder me; what I do is not what I wish to do, but something which I hate. Why then, if what I do is something I have no wish to do, I thereby admit that the law is worthy of all honor; meanwhile my action does not come from me, but from the sinful principle that dwells in me. Of this I am certain, that no principle of good dwells in me, that is, in my natural self; praiseworthy intentions are always ready to hand, but I cannot find my way to the performance of them; it is not the good my will prefers, but the evil my will disapproves, that I find myself doing. And if what I do is something I have not the will to do, it cannot be I that bring it about, it must be the sinful principle that dwells in me. This, then, is what I find about the law, that evil is close at my side, when my will is to do what is praiseworthy. Inwardly, I applaud God's disposition, but I observe another disposition in my lower self, which raises war against the disposition of my conscience, and so I am handed over as a captive to that disposition toward sin which my lower self contains. Piteable creature that I am, who is to set me free from a nature thus doomed to death? Nothing else than the grace of God, through Jesus Christ our Lord. If I am left to myself, my conscience is at God's disposition, but my natural powers are at the disposition of sin.¹⁴⁰

There is a spiritual warfare being waged within us. Peace comes only with victory. Victory comes only after combat. The com-

¹⁴⁰ Romans, VII, 14-25. Translation by Ronald Knox.

bat of the Christian is called asceticism, a word and a thing that have never been popular. It consists not in sterile, analytical self-knowledge and meaningless self-torture, but in Christian self-knowledge and Christian self-discipline.¹⁴¹ We try to run away from the anxiety, the pain, the despair, the fierceness of the combat. "The alternative to such anxieties consists in letting oneself go, not by surrender of the spirit to the world, the flesh and the Devil, but by an act of proper abandonment, in which the body is disciplined and made subject to the spirit, and the whole personality is directed to God. Here the basic anxiety of life is transcended in three ways, each of which brings a peace of soul that only the God-loving can enjoy: (1) by controlling desires; (2) by transferring anxiety from body to soul; (3) by surrender to the Will of God."¹⁴²

St. Augustine, commenting on the beatitude "Blessed are the peacemakers," understands it as "Blessed are those at peace." He summed it all up more than 1,500 years ago:

Beati pacifici; quoniam ipsi filii Dei vocabuntur. In pace perfectio est, ubi nihil repugnat; et ideo filii Dei pacifici, quia nihil in his resistit Deo, et utique filii similitudinem patris habere debent. Pacifici autem in semetipsis sunt, qui omnes animi sui motus componentes, et subjicientes rationi, id est menti et

¹⁴¹ Cf. E. B. Maturin, *Self-Knowledge and Self-Discipline*, Longmans Green and Co., London and New York, 1905; especially "The Seat of the Conflict," p. 79 sq. And see Felix Duffey, C.S.C., *Psychiatry and Asceticism*, especially Chapter III and IV, p. 41 sq.

¹⁴² Sheen, *Peace of Soul*, p. 26. Compare C. G. Jung, the ex-disciple of Freud and world-renowned exponent of Depth Psychology, *Modern Man in Search of a Soul*. Harcourt Brace and Co., 1933, p. 264: "During the past thirty years people from all the civilized countries of the earth have consulted me. I have treated many hundreds of patients, the larger number being Protestants, a smaller number Jews, and not more than five or six believing Catholics. Among all my patients in the second half of life—that is to say, over thirty-five—there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he had lost that which the living religions of every age have given to their followers, and none of them has been really healed who did not regain his religious outlook." Cited by Duffey, *Psychiatry and Asceticism*, p. 18.

spiritui, carnalesque concupiscentias habentes edomitas, fiunt regnum Dei. In quo ita sunt ordinata omnia, ut id, quod est in homine praecipuum et excellens, hoc imperet, ceteris non reluctantibus, quae sunt nobis bestiisque communia; atque id ipsum quod excellit in homine, id est mens et ratio, subjiciatur potiori, quod est ipsa veritas, unigenitus Filius Dei.¹⁴³

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¹⁴³ *De Sermone Domini in Monte*, lib. 1, cap. 2. (Homily for feast of St. Boniface, Roman Breviary, June 5th.)

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Digest of the Discussion

Father Quigley made inquiry as to practical methods of educating seminarians in the problems peculiar to alcoholism. With the general suggestion that a series of lectures along such lines might be inaugurated, Father Ford preferred at the moment not to essay extemporaneously a more specific directive. Alcohol education in the seminary is a definite need at the present time.

Father Decker, O.M.I., expressed himself as interested in any psychological tests or data whereby alcoholism might be detected *a priori*, i.e. before the alcoholic had betrayed himself by drinking excessively. Father Ford, though admitting the presumptive force of such factors as neuroses, ancestral alcoholism, etc., replied that no known tests had yet been devised as an efficacious substitute for experience. But various behaviors, especially combinations of behaviors, constitute probable premonitory symptoms.

Monsignor O'Connell requested an enumeration of the "Twenty

Questions." (Father Ford, in his oral synopsis of his paper, had alluded to the "Twenty Question Test" without further specification.) They are listed in note 116.

Father Louis E. Sullivan, S.J., expressed general agreement with the author's conclusion that alcoholism is a triple disease, but raised the question as to the advisability of so informing the alcoholic. Would there not be the danger that such knowledge would notably lessen—or even free him from—all sense of responsibility? Father Ford readily admitted a calculated risk of "alibi" in the notion of disease, but insisted that only in that realization will the alcoholic find relief. Insistence not only on the disease, but also on the fact that the disease can be controlled, was stressed as of prime importance.

To Father Boyd's observation that such assurance is even more effective when offered by one alcoholic to another, Father Ford added his emphatic agreement, and cited this factor as elementary in the success of Alcoholics Anonymous. He also took this occasion to repeat that alcoholism, though incurable, is subject to control, and again likened the alcoholic in this respect to the diabetic.

Monsignor* inquired as to possible statistics on nationality as a noteworthy factor in case histories of alcoholism. Father Ford, after first insisting on a definite distinction between the alcoholic and the drunkard, adduced the fact that the northern nations of Europe have a markedly high incidence of alcoholism. Merely by way of statistical comparison, he added, a higher frequency in this country is noted among Irish-Americans than among Jews, and very few Chinese are known to be alcoholic victims. Of 12,000 alcoholics admitted to two New York hospitals during a five year period, 80% were of Irish-American descent.

Father Carney requested a clarification of the term "mind" as used when predicating "disease of the mind" of alcoholism. Father Ford assured him that the term was intended in the same sense in which psychologists employ it, and that "disease of the mind" connoted in general terms "something wrong with the psychological make-up of a person."

* Did not identify himself at the meeting.

To Father Hearn's** inquiry as to statistics on heredity as a factor in alcoholism, Father Ford noted that alcoholism is not hereditary in the strict sense, as are physical characteristics. But because of common environment, hereditary nervous disorders, etc. (frequently contributing factors in alcoholic cases), the disease can be said to be hereditary in a somewhat wider sense.

Father Gallagher, S.J., asked the physiological explanation of the "black-out" to which reference had previously been made. Father Ford professed himself unqualified to explain the physiological phenomenon, and on the same grounds preferred to transmit Father Moffitt's (S.J.) question as to whether the "black-out" is characteristic of any other disease. He took this occasion, however, to reiterate the pertinence of the moral problem involved.

To Father McKeever's query as to personality change during the "black-out," Father Ford answered that, though of frequent occurrence, such a change is not a necessary concomitant.

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** Not further identified; may be Herne.