

RELIGIOUS SUPERIORS, SUBJECTS AND PSYCHIATRISTS

Because of the pervasive scope of modern psychiatry and psychology new problems have arisen in the relationships between superiors, subjects and psychiatrists. Religious institutes are making more frequent use of professional psychiatric or psychological care for their subjects. But this help often implicates both the internal forum of the conscience of the religious and the external forum of his government by superiors. Hence problems arise.

The present study is tentative. It leaves many questions unanswered. It is merely an attempt to focus attention on the elements of the problem, on some relevant principles, and on some suggestions which look toward a solution. The study is restricted to religious superiors and religious subjects, though much of it may be applicable to other ecclesiastical superiors, rectors of seminaries, etc. It is principally concerned with situations that arise among male religious, especially in clerical institutes. Most of what is said, however, can be adapted to the problems of women religious.

The material will be presented under the following headings: I. The Problems; II. Some Principles; III. Towards a Solution.

I. THE PROBLEMS

1. *Relations with Community Physicians*

Generally speaking the relations between a religious superior, religious subject, and the community physician, surgeons, specialists, etc., are fairly well established and fairly well understood. The respective roles of the parties concerned are made clear in ordinary cases by religious rules and constitutions and by approved usages with which all are more or less familiar.

It is understood that the superior has the right and duty to care for the physical health of his subjects, that to fulfill this duty he needs the help of physicians, and that in accordance with the standards of religious observance in the given community and

given nation he permits his subjects, or commands them, to visit doctors and undergo treatment. In fulfilling this duty, the superior is generally acting in the paternal forum. He is acting principally and immediately as a father, in order to care for the bodily welfare of the individual religious who is his son in Christ, not principally and immediately for the public good of the community. Consequently these proceedings, in the measure the case may require, are understood to be confidential as between superior, subject and physician.

It is likewise understood that the religious subject really is subject to his superiors in matters of health. Religious rules generally require that he consult a physician only with the permission of the superior, and that he be subject to the superior in all such questions as choosing doctors, frequenting them, undergoing operations, submitting to treatments, etc. A religious by his profession has confided to his superiors a large part of his liberty of action, not least in matters of health. His status is radically different from that of a non-religious, and even though he is an adult, and even very old in religion, he remains subject to his superior, as a son to a father, in these matters of health. Obviously the prudent superior grants more freedom in such matters to the mature religious than to beginners. But the true religious never loses sight of the fact that he is fundamentally dependent on his superiors in matters of medical care.

Finally it is understood that the physician who treats the bodily ailments of a religious owes duties both to the religious as his patient, and to the patient's superior who must provide for his sick son. In a sense, then, the community physician and the other physicians to whom the religious may be referred have a dual role to play. This role should not be compared to that of a corporation doctor who examines and treats the employees acting in the name of the corporation. A corporation has no father-son relationship with its employees. Perhaps it can be compared to the role the physician plays when treating a child at the request or with the permission of its parents. On the other hand this comparison, too, is inadequate, first because the religious is not a child, but a man who has a man's problems, a man who has ceded most but not all of his liberty to the

superior; and second because superiors, recognizing implicitly this state of affairs, often permit willingly a degree of freedom to the subject which a parent could not prudently permit to a child. A still closer comparison might be that of the dependence of a wife on her husband—a dependence which is both familial and financial.

At any rate, in the case of bodily illness this dual responsibility does not ordinarily lead the physician into any problems of divided loyalties as between superior and subject. Their interests are rarely adverse. Ideally, and even presumably in the great majority of cases, their relationship, despite certain exceptions, is a harmonious one as far as the health of the subject is concerned. Therefore the physician normally makes his report on the subject's physical condition both to the subject and to the superior, or at least to the superior, leaving it to his paternal discretion in delicate cases as to how the information is to be conveyed to the subject.

But the procedure is confidential *per se*. The state of health of a religious is his own private affair; it is his own secret. It is not a community matter, much less a public one, except to the extent that he wishes it to be so. Of course many illnesses cannot be kept secret, and in many others the patient obviously has no interest in keeping them secret. But to whatever extent it is feasible, and to whatever extent the patient desires it, the confidential character of these proceedings must be respected. A common sense estimate of the concrete situation usually precludes any problems in this area.

The physician comes into possession of this secret by virtue of his office. It is an entrusted secret of a professional kind. He has no right to communicate it to the man's family or friends, to other members of the community, or to the public, without the consent, at least reasonably presumed, of his patient. Nor is consent to be lightly presumed. To reveal the secret is a violation of medical ethics and of a professional trust.

But the physician is not bound by this secret in regard to the superior. On the contrary everyone understands that he is ordinarily bound to make a full report to the superior. But when the superior comes into possession of the subject's secret in this way, he, too, receives it only in virtue of his office. It is an entrusted secret

of the paternal forum. He is entitled to know it primarily because he is charged with the paternal care and government of the religious, and only secondarily because he is also charged with the paternal care of the rest of the community, or with the public government of the community. He is obviously entitled to receive reports of this kind, but again it is understood that he is entitled to receive them precisely to provide for the medical care, present and future, of the religious, in order to make provision for his work in the place where he is assigned, in order perhaps to move him to a new assignment, or to free him from work which he is no longer physically able to do. All these matters, including a change of assignment which may be very unwelcome to the subject, belong to the paternal forum, and come within the ambit of a superior's office when acting as a father, in contradistinction to his office as a judge or public administrator of the community affairs. And since they are in the paternal forum the subject's secrets must be protected, and his reputation, if necessary, safeguarded from injury. Furthermore, on the basis of information received in this paternal forum it is clear that a superior is not entitled *per se* to proceed judicially, or quasi-judicially, for the punishment of a subject, if a case should arise. For example: a superior could not use knowledge of a subject's drug addiction, learned as a secret of the paternal forum only, from the report of the community physician, to take measures in the administrative forum for the public punishment or dismissal of the religious.

Since superiors possess this information only as an entrusted secret, and sometimes in severe illness, such as cancer or brain tumor, know it before the patient himself does, it is clear how discreet they must be in protecting the secret. Sometimes, through the indiscretions of friends, superiors or physicians, a whole community or a whole province is aware of the fact that a man is at death's door before he knows it himself. This is an abuse.

A cognate abuse is the consequent delay in the administration of Extreme Unction. It is unfair to the patient to presume, as some doctors seem to do, that he lacks the spiritual and psychological strength to hear the bad news. It may or may not be bad news from the patient's point of view, and in either case he has a strict right

to know in good time that he is approaching death. He also has a strict right to receive Extreme Unction as soon as he is eligible to receive it according to the laws of the Church. Superiors have a moral obligation to give their subjects an opportunity to receive Extreme Unction from the moment they are eligible for it by reason of a clear danger of death. Obviously they cannot give them this opportunity unless the physician keeps them informed as to the true state of the subject's health.

2. *The Paternal Forum*

It is an unfortunate fact that in religious life we often find a notable lack of mutual trust and confidence between superiors and subjects. A religious institute is called a family in ecclesiastical tradition and in canon law because it is supposed to be characterized by the loving unity which good families have. Both subjects and superiors are supposed to be working side by side for the one supreme, supernatural goal within the particular spirit of their institute, their religious family. When canon law speaks of the filial confidence with which subjects should approach superiors the words have a real meaning. Superiors should be fathers to their subjects and subjects should have a corresponding filial trust in them.

But do not both superiors and subjects, instead of looking on one another in this paternal and filial light, tend at times to look upon one another as being on opposite sides? Almost as opponents? Sometimes even as natural enemies?

Leaving aside deeper psychological and ascetical explanations of this state of affairs, I would point to *misunderstanding and neglect of the paternal forum in religious government* as one of its most important causes. The distinction between the external forum and the internal forum is quite clear as a rule to everyone. But the paternal forum, which lies between the two, and has some of the characteristics of each, is not understood and is sometimes forgotten.

In a more general sense all religious government is paternal. Paternal, in this sense, means spiritual, religious, Christian government, as opposed to worldly, or domineering, or "political" government. It is government which reflects the sweetness, benignity and

charity of Christ. Whether superiors are acting in the direction of individuals, or with a view to correcting their faults, or punishing, or with a view to the common good of the religious order or congregation, their government is always to be paternal in this general sense.

But in a more particular, technical sense a superior is said to act paternally, or in the paternal forum, to distinguish his office as a father from his office as a judge. This distinction is of special importance when the superior acts to correct the faults or delinquencies of his subjects, but is also relevant in other circumstances where individual interests and community interests are not identical, as may happen in matters of health, whether mental or physical.

This does not mean that there is any general opposition between the common good and the individual good in religion. On the contrary, when the superior acts in the external forum, he is also acting for the individual good; when he acts in the paternal forum, he is also contributing, and very notably, to the common good. The distinction of fora is a practical recognition of the concrete situation existing in a religious family. In this situation, individual rights and interests must be harmonized with community rights and interests in a family setting. There are times—and they should be the exception, not the rule—when individual interests can conflict with community interests. There are times when the individual, by his conduct, puts himself in conflict with community interests. At these times the superior does not ordinarily resort to the quasi-judicial procedures of the external forum in the first instance. He acts as a father first, and as a judge only when he must. When he is acting *principally* in the interests of the individual, we say he is acting in the paternal forum. When he is acting *principally* in the public interest, we say he is acting in the external, or “judicial” forum.

Classical authors on the religious life explain the paternal forum in religious government when they deal with the duty of fraternal correction. In the early days of the Society of Jesus, one of its rules, requiring that subjects be content to have their faults mani-

fested to the superior, was attacked as being contrary to the right of the subject to his reputation, and contrary to the evangelical order of fraternal correction. "But if thy brother shall offend against thee, go and rebuke him between thee and him alone," etc. (Matt 18, 15 f). Suarez and others answered these objections by showing that the rule was in effect a necessary adaptation of the evangelical precept to religious life.¹ They held that since literal fraternal correction was frequently not feasible in religion, and since its object could be more effectively achieved through an appeal to the superior not as to a judge, but as to a father, the evangelical order of fraternal correction was substantially fulfilled.

For in the paternal forum the superior does not act with a view to the public good, the vindication of justice, the establishment of public order, or the enforcement of discipline by vindictive punishment, but principally for the private spiritual and temporal good of the subject. Thus the fraternal denunciation and correction of the gospel become the paternal denunciation and correction of religious life. But for a procedure to be considered paternal the authors insisted that it must protect the secrets of the subject, must not involve defamatory punishment or reprehensions, and must not harm the public reputation of the subject within the community. The subject, on entering religion and embracing the rule, relinquishes something of his right to reputation, but only in a limited degree, namely as far as the superior is concerned, and only for the purpose of paternal government and correction administered in the paternal forum.

Therefore we need to distinguish in religious life the strictly internal forum, the strictly external forum and the paternal forum.

The strictly internal forum is illustrated by confession, manifestation of conscience, spiritual direction and personal guidance and counselling.

The strictly external forum is illustrated by a judicial trial (rare in modern religious life), or by the quasi-judicial process in

¹ Franciscus Suarez, *Opera Omnia* (Parisiis: Ed. Vivès, 1856-), vol. 16, *De Religione de Societate Jesu*, Pars 2, lib. 10, cap. 7, 8, 9, 10. See the article, "Paternal Government and Filial Confidence in Superiors," *Review for Religious*, 2 (1943), 146-155, from which a few of the following pages are taken.

which a superior gathers evidence with a view to inflicting serious punishment, especially if it is to be public, most of all if it can result in expulsion from the institute. The decision to admit to vows or orders also pertains to the external forum, and in general all the business carried on by superiors in their public capacity as administrators of the common good. This forum is referred to, almost indiscriminately, as the forum of external government, or the "judicial" or "quasi-judicial" or "administrative" forum. The last mentioned term is perhaps the most convenient and expressive.

The paternal forum is illustrated typically when a superior receives a paternal denunciation of a subject and acts on it for his private correction and personal, spiritual welfare. When the superior provides for the bodily welfare of the individual religious, arranging for such things as proper diet, sleep, medical care, etc., this is also a proceeding in the paternal forum; whereas if he makes general rules of hygiene for the whole community, or acts in an emergency to prevent an epidemic, he is proceeding in the external forum.

The following illustrations may clarify the distinction where the correction of faults and delinquencies is concerned:

Suppose the superior has it brought to his attention that some of the religious, who are not allowed to smoke, are doing so without permission. He calls in these religious, tells them what he has heard, and without making any particular accusations, reminds them of the regulation which forbids smoking, or forbids smoking without permission. He may even ask one or another of these religious: "Were you one of the offenders?" and receive an affirmative answer. Thereupon he urges the offender to be faithful in his observance of the rules and imposes some private penance upon him. In this sort of case the superior is quite obviously acting as a father and not as a judge. The matter is being handled in the paternal forum.

But suppose the superior calls in another religious who has previously been warned about a fault or delinquency of a more serious kind. And let us suppose that he has been previously warned that future lapses will involve serious punishment, postponement of final vows, postponement of ordination, or even dismissal from the

institute. And to make the case a perfectly clear one, suppose that the delinquency involves an external matter which may give scandal to the faithful or threaten the good name of the institute itself, for instance, excessive drinking, or familiarity with the opposite sex, or some attempt to undermine the authority of the institute. The superior says to this religious, "You have been accused again of such and such a delinquency. Before proceeding further with this matter I should like to hear what defense you have to make." Is there any doubt that in such a case the superior is acting as a judge rather than as a father? We say commonly that he is acting in the external forum. For that reason he deals with the subject at arm's length, as the lawyers say, and he does not expect from him the same degree of candor which he could claim if he were acting in the paternal forum.

It is sometimes hard to say whether the superior is acting judicially or paternally, and if he is in the habit of handling paternal matters judicially the confusion is compounded. But most cases are clear. Many doubts can be decided by referring to the purpose of the proceedings, which is the only satisfactory general criterion. If the superior is acting principally for the good of the delinquent, in order to have him amend his fault, then he is acting as a father, even though as a means to this end some penance is imposed, of a private nature, or some remedy is used which is repugnant to the subject, for example, a change of assignment. But if he acts principally for the good of the institute, the common good, and seeks to inflict punishment as a vindication of religious discipline, especially if the punishment is public or if the idea is to make an example of someone, and most of all if the punishment in question is expulsion—in such cases he is acting as a judge.

I believe that the neglect and misunderstanding of this distinction is a most important cause of lack of mutual trust and confidence between superiors and subjects.

Subjects expect superiors to act paternally when their duty as guardians of the public good requires that they proceed "judicially." Or they think they are "manifesting conscience" when the superior asks them, with reason, whether they have been guilty of some ex-

ternal fault, and they tell him the truth, and admit it. Or subjects feel that they have not been treated paternally when, without detriment to their reputation, the superior has changed their work or their place of work for their own good—but in a way that is displeasing to them. They forget that it is part of a father's duty to administer medicine even if it has a bad taste.

Superiors sometimes forget that information received in the paternal forum, whether from the subject concerned or from another who is fulfilling his Christian duty of fraternal correction, cannot ordinarily be used judicially, and never to the detriment of the public standing of the subject within the community. If the superior does act judicially on knowledge which he has received paternally, the confidence of his subjects will be destroyed. For when dealing with him they will never know for sure whether they are speaking to him as a father to whom as religious children they owe special filial candor, and whom they can trust to keep their revelations in the paternal forum, or whether they are speaking to him in his more public capacity as guardian of the common good, so that whatever they say, can, as it were, be used against them.

The distinction between the paternal and judicial forum, as far as self-revelation and the correction of faults is concerned, seems to have its roots in the natural law itself. A child who is asked by his mother whether he stole the jam is bound to tell the truth even if he foresees a spanking. But the man who is asked by a judge whether he is guilty is not bound to betray himself. Religious generally agree, on entering, that those who notice their faults may reveal them to the superior as to a father, but they do not give up their right to reputation with others, whatever their position. They do not agree that fraternal manifestation of their faults, or their own revelations, can be made the basis of public punishment, or defamatory administrative action in the external forum.

Human nature being what it is, the axiom, "No one is bound to betray himself" (that is, in the external forum, in a judicial proceeding), appeals very strongly to everyone who gets into trouble. If the price of self-revelation is going to be refusal or postponement of orders or vows, or a defamatory public reprehension, all but the

heroes will be convinced (and rightly) that they are under no obligation to speak. (I exclude here, of course, defects so serious that they impose upon an individual the obligation of not going on to the priesthood. Even in this case he has a right to avoid defaming himself.) But the heroes do not get into trouble. As for the others, there is no doubt that if the private fault or delinquency of a religious, whether sinful or not, is known to the superior only as a father, as it would be, *per se*, in a medical report, he has no right to publish the matter. A public announcement of it by way of punishment or for other administrative purposes can easily involve a serious violation of the natural law of reputation.

The subject has a strict right, then, not to be dealt with judicially or administratively on the basis of information which has been received from himself or others paternally. And it is *a fortiori* clear that in a strict judicial proceeding, whether in religious life or in the courts, nobody is obliged to incriminate himself. (Pius XII would certainly exclude from criminal proceedings not only torture but the use of truth serum, narcoanalysis and perhaps the lie detector, to gain access to the interior secrets of the accused.)² It goes without saying that the superior cannot make use administratively of information belonging to the strictly internal forum, for instance when a subject has manifested his conscience, or sought spiritual guidance in confidence from the superior, spiritual father, or a fellow religious.

For centuries now the Church has increasingly insisted on separating the internal forum of conscience from the external forum of administration. In modern canon law religious superiors are prohibited from inducing their subjects by any means whatever to confess to them. They are furthermore strictly forbidden to induce subjects in any way to manifest their consciences to them. Masters of novices and superiors of seminaries and colleges are not allowed to hear the confessions of students who live in the same house with them unless the students "for a grave and urgent reason spontane-

² "Allocution to Twenty-third Convention of the International Commission of Criminal Police," *AAS*, 46 (1954), 598-605 at 603-4; cf. "Allocution on Applied Psychology," *AAS*, 50 (1958), 268-82 at 275.

ously ask for it in particular cases." Confessors of candidates for orders are not allowed to vote on their suitability. Religious superiors of women are punishable by removal from office if they interfere with the liberty of confession granted by canon law to their subjects.³

Undoubtedly the reason for this is that in the past a confusion of the forum of conscience and the forum of government led to serious abuses. Canon 890 § 2 reads: "Neither superiors presently in office, nor confessors who are afterwards named superior, can use for external government in any way the knowledge of sins they have received in confession." The sources of the canon indicate that this abuse must have been frequent towards the end of the sixteenth century, and that it took more than one intervention of the Holy See to put a stop to it.⁴ What made it worse was that in those days religious could confess validly only to their superiors and a limited number of other confessors within their own order.

It may well have been a similar abuse of the secret of manifestation of conscience (demanded of subjects also by superiors who were not priests) which led, early in the present century, to the stringent prohibition of canon 530. As Schaefer remarks: "Although . . . manifestation of conscience can produce excellent fruits, nevertheless the very gravest inconveniences can also result if this opening [of the state of the soul to the superior] is obligatory."⁵

The relevance of all this to our present problems will appear. The providing of medical care for the individual religious subject's health, including his mental health, is obviously part of the superior's function as a father. It is carried on in the paternal forum. But occasionally in relations with the community physician, and

³ Canons 518 § 3; 530 § 1; 891; 1361 § 3; 2414. See also canon 1757 § 3, 2°. On the separation of the fora in religious government, see also: *Sacra Congregatio de Religiosis*, "Instructio de Candidatis etc." (Moderatoribus Reservata), Feb. 2, 1961, (Rome: Typis Polyglottis Vaticanis, 1961), nn. 17, 18.

⁴ Clemens VIII, decr. "Sanctissimus," 26 Maii 1593, § 4 (Gasparri, *Fontes*, vol. 1, doc. 177, p. 338-9); *S.C. Ep. et Reg.*, "Aversana," 30 Apr., 1627 (Gasparri, *Fontes*, vol. 4, doc. 1726, p. 750); *S.C.C.*, decr., 21 Sept., 1624, § 1 (Gasparri, *Fontes*, vol. 5, doc. 2454, p. 231-34).

⁵ T. Schaefer, O.F.M. Cap., *De Religiosis* (Rome: Editrice "Apostolato Cattolico," 1947), n. 686.

more frequently with psychiatrists, there arise difficult problems which touch upon the external and internal as well as the paternal forum in which they originate. Modern psychiatric procedures frequently involve matters of conscience with the possibility of conflict between the fora. In all that follows, therefore, it will be useful to keep clearly in mind the fundamental distinction between the internal, the external, and the paternal forum.

3. *Relations with Psychiatrists*

Although there can be problems, and are, in the relationships with the community physician, these relationships are, in general, well-defined. The problems are the exception and of comparatively rare occurrence.

Superficially one might be led to conclude that the same thing is true of relationships between superior, subject and psychiatrist. For here, too, we begin with the fundamental principle of the authority of the superior to govern his subjects in the paternal forum, his right and duty to care for their mental health, the essential dependence of the subject on the superior in his relation with the psychiatrist or psychologist, and the principle that the psychiatrist owes duties both to the patient and to the superior, including the duty of reporting to the superior so that the latter, acting in his capacity as father, can provide for his sick son.

On the other hand the development of psychiatry during the last fifty years has introduced many new factors which have not yet been assimilated into the structure of religious life, discipline and government. The result is that the respective roles of superior, subject and psychiatrist are not well-defined and problems are of more frequent occurrence, and threaten to become still more so unless we devote study to the matter.

Fifty years ago an "alienist" was called in, for the most part, only when a subject was insane, or on the verge of becoming insane, or strongly suspected of being insane. The cases for the alienist were such that the superior generally could presume that the subject was not *sui compos*, and was unable to make his own decisions. The superior and the alienist had to take over, doing the

best they could for the sick man, making his decisions for him, and using the treatments then available, or perhaps merely providing custodial care.

But today the picture is radically changed. If a subject is obviously insane, of course, superiors and psychiatrists must provide for him, and do. We are not concerned with such cases here. We are concerned with cases of religious subjects who are not obviously insane, or rather who are obviously not insane, and who must be presumed to be *sui compos*. A large part of modern psychiatric practice is concerned with those who are mentally or emotionally sick, but who are not insane at all in the sense that word has previously had in moral, canonical and ecclesiastical usage.

The fields of mental illness and mental hygiene have been immensely enlarged. Psychiatry and psychology now concern themselves not merely with insanity or near-insanity but with all sorts of emotional illness which fall far short of insanity, and with emotional and behavioral problems which fall far short of sickness as that term has commonly been understood in the past.

Man's emotions (in other words his passions), are a primary concern of today's psychiatry. The term emotion as employed by the psychiatrist is roughly the equivalent of the term passion as used in scholastic psychology and ascetical theology. The terms mental health and satisfactory adjustment when used by psychiatrist and psychologist are often almost the equivalents of emotional health and emotional adjustment. Emotional maturity becomes the ideal of mental health, and sometimes one gets the impression that the emotional maturity envisioned as ideal would be pretty much like Adam's gift of integrity before the Fall, and that Our Lord and His Blessed Mother are our only examples of complete emotional maturity.

The modern psychiatrist is professionally competent in matters of pride, covetousness, lust, envy, anger, gluttony and sloth. He is also professionally acquainted with prudence, justice, temperance, fortitude, faith, hope and charity. But he specializes in the seven deadly sins—not precisely as sins, or sources of sin, but certainly as well-springs of human behavior and misbehavior. The seven

deadly sins are misnamed. They are not sins in the sense of deliberate acts contrary to the law of God. Nor are they deadly in the sense that the deliberate acts to which they give rise are necessarily mortal sins. They would be more correctly described as the chief sources of sin. The psychiatrist deals with character disorders and behavior problems. Like the spiritual father, and yet unlike him, he treats of and treats anger, hatred and aggression, affection, love and sex. I say he is unlike the spiritual father, because he is not usually concerned in his professional capacity with the strictly moral and ascetical aspects of his patients' emotions, or passions. Although the emotions involve morality inevitably and pervasively, the psychiatrist prescind or tries to prescind from it. The spiritual father may be telling his consultant, "Emotions and feelings don't count; it is the free choice of the will, made with God's grace, that counts." At the same moment the psychiatrist is helping him to discover just how much his own emotions and feelings do count, and always have counted, in his life. The emotions may count above all else in the patient's sickness or problems, and the psychiatrist may pay much less attention to deliberate, conscious decisions of free will than to the unconscious dynamics of his patient's emotions and behavior.

Mental hygiene and Christian asceticism both must deal with human passions and emotions, especially the disorderly ones. The spiritual father looks at these latter as the result of original sin, as the sources of sin and imperfections. The psychiatrist and psychologist look at them from the viewpoint of mental and emotional health. But fortunately, there need not be and in fact is not, in my opinion, any substantial conflict between the goals of Christian asceticism and those of mental hygiene. Indeed it is remarkable how modern ideals of mental health coincide with ancient ideals of holiness.

But it is one thing to make use of professional help in treating a definite psychiatric illness, with symptoms so severe that they interfere notably with carrying on one's daily tasks, or perhaps become noticeable externally. It is quite another to make use of professional help in lesser emotional ailments, problems, maladjust-

ments, which do not appear externally, at least to the untrained eye. These do not prevent a man from doing his work, at least after a fashion, but they do interfere notably with his efficiency, not to mention his peace of mind. A religious may be operating at 60% efficiency because of emotional problems which are beyond the spiritual father's competence, but which would yield to capable psychotherapy or psychological counselling. With psychological help he might operate at 85% efficiency.

In still other problems, and in cases of decision-making, some seek the counsel and advice of the psychologist or psychiatrist simply because it is easier to confide in him, or because they have confidence in the magic phrase "modern psychology," or because the individual consulted is a wise and sympathetic person, a shrewd "non-judgmental judge" of human nature and human behavior, in a word, a good counsellor and confidant. Some perhaps go to the psychiatrist to find happiness, or as a sort of fad.

Most psychiatrists and psychologists would describe their work as "treatment" or "therapy" even when they are dealing with emotional problems, maladjustments, etc. which fall short of sickness in any conventional sense of the term, and some might even use the word sickness to include all the disorders of the passions which are man's lot as a result of original sin. This can be a mere matter of terminology.

But it is unfortunate terminology, first, because it arouses opposition by giving the false impression that the psychiatrist makes light of human responsibility; and secondly because the practical implications for religious life and discipline of treating a disabling mental or emotional illness, and of helping a religious to handle lesser emotional problems are quite different.

In the first case we have a true doctor-patient relationship in much the traditional sense, and traditional norms for relationships between superior, subject and physician are applicable. In the second case, although the terms doctor and patient, sickness and health are used, the relationship is in fact substantially that of counsellor-counselee. The medical doctor treating a religious patient for illness is helping the superior to fulfill his function of providing

for the sick. But when a psychiatrist or psychologist helps a religious with lesser emotional problems, is it not much closer to the realities of the situation if we consider him to be helping the spiritual father to fulfill his function of spiritual and ascetical guide, by bringing to bear the insights of modern psychological science on the emotional problems of the client? Do not many of the cases arise after a subject has opened up to a spiritual father, or other confidential adviser, and is thereupon encouraged to ask the superior about seeing a psychiatrist?

Sharp lines cannot be drawn and the psychiatrist can be performing both functions in the case of one and the same patient. But some of the confusion and problems now arising might be dissipated if we recognized frankly that the psychiatrist sometimes acts more as a counsellor than as a physician.

The psychiatrist arrives at his knowledge of the patient's mental and emotional life, conscious and unconscious, chiefly through the latter's self-revelation. He also derives his knowledge from what others tell him of the exterior conduct of the patient, and from what he, as a shrewd observer, may deduce from this exterior conduct. But like the spiritual father, his principal source of information, without which he could not practice his profession, is the patient's self-revelation.

The patient tells him what his thoughts, feelings, emotions and dreams are. He tells him about his deeds and misdeeds, past and present. He tells him about his family relationships and his feelings towards his parents, brothers and sisters. He may tell him about his parents' deeds and misdeeds, too, and how their conduct has affected him.

When the psychiatrist or psychologist uses personality tests, whether projective or nonprojective, these, too, frequently involve a great deal of self-revelation. The patient opens up the secrets of his interior psychic life, revealing not only much of its conscious but also much of its unconscious content. Through the projective techniques the psychologist has contrived methods of quick access to elements of the personality which otherwise might come to light only through prolonged psychotherapy or analysis. Some personality

tests, as we shall see in more detail, are calculated to elicit from the subject many matters which belong to the domain of conscience.

But to avoid misunderstanding what we shall say about psychological testing some distinctions should be kept in mind. First, testing is not treatment. Testing is a tool which the psychologist or psychiatrist uses to evaluate the individual psychologically, or to help diagnose his mental and emotional ills. The practical implications for religious life of psychological testing and psychiatric treatment can be altogether different. But problems of confidentiality are often common to both. Second, personality tests should be distinguished from other psychological tests. We are not concerned with intelligence, achievement or aptitude tests because they do not, as a rule, raise problems. But personality tests do. They often reveal the secret psyche and matters of conscience. Third, we distinguish personality tests given in order to screen candidates for religious life from personality tests given after entrance into religion. It is generally considered legitimate to require such screening tests of candidates. If we say anything about them it will be merely incidental to our main interest which is the personality testing of those who are already religious. Fourthly we distinguish personality testing which is done merely for the personal help and guidance of the religious subject, from testing done in such a way that the superior may also use the results administratively. When superiors and other officials have access to the test results of their own subjects, containing as they so often do the revelation of the subjects' secret psychism, and can use this information for their external government, problems of confusion between the fora are likely to occur. The psychological testing that concerns us, therefore, is *personality testing, after entrance into religion, for administrative use.*

For our present study, the element of self-revelation, whether in psychological testing or in psychiatric treatment, is crucial, because so many of the problems we meet are concerned with it or occasioned by it. The central problems (there are others) may be outlined as follows:

Religious orders and congregations today are coming to recog-

nize (as they should, and this is a healthy development) the existence and great importance of mental and emotional illness in the modern psychiatric sense. Recognizing such illness as "legitimate" in religious life, and not by any means necessarily disqualifying from it, they are forced to recognize also the need for appropriate professional psychiatric treatment. But this treatment frequently includes substantial revelation of the interior psychic life of the patient to the psychiatrist, including revelation of material that belongs to the forum of confession, of manifestation and of spiritual direction. It also includes the revelation of unconscious psychic materials, the hidden depths of personality which the patient himself may not even suspect.

The religious subject who needs psychiatric care is therefore faced with a problem. In some cases at least he is gravely in need of psychiatric care. He cannot get the care he needs without revealing many of the secrets of his interior life. But he will not reveal these secrets if he thinks the psychiatrist is free to communicate them to his superior, especially if the superior is free to use them for his government. He recognizes his dependence on his superior, but even in the paternal forum this dependence is not so complete that he is obliged to yield up to the superior, through a psychiatric report, the secrets of his conscience.

The superior on his side also has problems. He may desire to provide psychiatric treatment or help for his subject in certain cases, by permitting or encouraging him to get it, or at times, possibly, by ordering him to do so. In cases of definite sickness he cannot fulfill his function of caring for the subject unless he is informed of the progress in therapy or lack of it, the cooperation of the patient or lack of it, the possible need of hospitalization, of long expensive treatment, or change of assignment. He cannot provide for all this without being informed of the state of affairs, and in cases of disabling illness he cannot provide effectively unless he knows the reasons. Since the psychiatric patient would as a rule be a dubiously competent informant on matters of this kind, the psychiatrist's report is a necessity. The psychiatrist must keep him informed at least in a general way as to what is going on and why. He must

supply him with a report which will inevitably in many cases contain the self-revelations of the patient or be based at least partially on his self-revelations. And yet the superior is forbidden by canon law to demand a manifestation of conscience from his subjects; and must act in keeping with the policy of the Church which is to keep the administrative forum in religious life separate from the strictly internal forum. Furthermore, most superiors, apart from canon law, would instinctively feel themselves bound by the decent respect a father has for the psychic privacy of his child. The older the child, the greater the privacy. Pius XII as we shall see inculcates in strong, rather sweeping terms the natural law right to psychic privacy.

Finally, there are the psychiatrists' problems. The nature of the relationship requires that he report to the superior. But he must manage to do it without conniving at any violation of canon law, without violating the obligation of professional secrecy he owes to his client, and without undermining the confidence of the client to the point where cooperation from him can no longer be expected.

Up to now the use of psychiatric help in religious life has been somewhat limited, and the problems outlined have been correspondingly limited, or minimized by practical compromises based on paternal charity, filial confidence, and plain common sense. But as the use of psychiatry and psychology increases, especially in general programs of testing and evaluation for administrative use, the problems are bound to multiply. We need much more study of the basic implications of such programs for the right of psychic privacy, the Church's law on manifestation of conscience, and her policy of separating the forum of conscience from the forum of government.

II. SOME PRINCIPLES

We have already discussed or touched upon some of the fundamental principles which govern relations with psychologists and psychiatrists in religious life, namely: the distinction between the internal, external and paternal forum; the dependence of the religious on his superior in matters of health in the paternal forum; and the recognition of mental and emotional health as legitimate areas for professional psychiatric care. We will now take up some

principles concerning psychic privacy, true consent to psychiatric procedures, and the manifestation of conscience.

1. *The Right of Psychic Privacy*

A man's interior psychic life is of its nature secret. It is a secret that belongs to him alone. The secret content of the psychism includes the data of the moral conscience, the consciousness of one's own thoughts good and bad, of one's own graces and temptations, of one's own passions good and bad, one's own emotional tendencies, instincts and dispositions good and bad, conscious and unconscious, and the memory of one's own secret deeds good and bad.

In a rather strong passage Pius XII explains the inviolable right of a human person to keep secret, if he wants to, the content of his own psychism. The context is concerned with psychiatric or psychological testing, experimentation and treatment:

In itself the content of the psychism belongs exclusively to the person (here, to the subject of the experiments or treatment) and remains known to him alone. The person, however, already reveals something of his psychism by the simple fact of his behavior. When the psychologist concerns himself with what is thus revealed, he does not violate the intimate psychism of the subject. He can also act with complete freedom when the individual consciously expresses a part of his psychism and signifies that he attaches no importance to the secret in the given case. But there is a large part of his inner world which the person does not reveal except to a few confidants and shields against the intrusion of others. Certain matters are kept secret at any price and no matter who is concerned. Indeed, there are other matters which the person is unable to consider. For modern psychology shows, furthermore, that there exists an area of the intimate psychism—in particular tendencies and dispositions—which is so hidden that the individual will never know its existence, nor even suspect it. And just as it is illicit to appropriate another's goods or to make an attempt on his bodily integrity without his consent, so it is not permissible to enter into his inner domain against his will, no matter what techniques or methods are used.⁶

⁶ "Allocution on Applied Psychology," April 10, 1958, *AAS*, 50 (1958), 268-82 at 276.

Although these principles are set forth in broad and inclusive terms there are obviously some circumstances in which the person is obliged to give up some of these secrets of his inner psychism. His right to keep them is not unlimited. But generally when he is obliged to reveal them the revelation is protected by certain safeguards. Thus in sacramental confession, for example, he is obliged to reveal the matter necessary to receive absolution, but his revelations are protected by the seal of confession. In manifestation of conscience to a spiritual father (or to a superior) outside of confession, he may be obliged to reveal himself in order to receive spiritual direction, but his revelations are protected by the strictest secrecy short of the seal. By "protected" I mean that the material manifested cannot be used externally in any way without the consent of the subject. For example, if a superior, properly or improperly, came into possession of a subject's manifestation, containing material which in his opinion rendered the subject unsuitable for vows or orders, he could not act on it.⁷ His hands would be tied unless the subject untied them—as he might in some cases be obliged to do.

There are other circumstances, too, when charity, prudence, justice etc. might require a person to reveal portions of his interior psychism at least under a corresponding obligation of secrecy. A person may owe it to himself in charity to get psychiatric help even though it involves painful self-revelations. Or, in the admission of a candidate to a religious order or other organization some confidential self-revelation may be obligatory; that is, if the person desires to enter the order or the organization, he is obliged to answer certain relevant questions that enter the domain of his private psychism. But this should always be done with his consent.

The constitutions and rules may require of subjects that they be open with their superiors or spiritual guides or both. By entering

⁷ F. F. Reh, "Use of the Psychologist's Report in a Diocesan Seminary," paper read at 1961 Convention of the American Catholic Psychological Association, New York City. Msgr. Reh (now Bishop) would not allow the seminary Rector to act on manifestation material in promoting to orders. This excellent paper deals with relationships between seminary authorities, seminarians and psychologists.

the particular congregation they agree to these rules and consent to this limitation on their psychic privacy. But they consent to it within the framework of the laws of the Church and of the institute, which surround these communications with special safeguards, one of the main purposes of which is to keep the internal forum separate from the external. There would be very little openness except for some such protection. As an outstanding example we have already noted that superiors may not demand a manifestation of conscience of their subjects. If the subject does manifest his conscience to a superior he may be entitled by rule to do so under the seal of confession. And in any event it is clearly established that manifestation-knowledge received in or out of confession may not be used for his external government without his consent.

In religious life, therefore, the dependence of the religious on his superior does not include general access to the secrets of the subject's psychism. To intrude on his psychic privacy without his consent is the violation of a right. It is an unjust intrusion. In laying down fundamental principles on the right to psychic privacy, Pius XII did not make any exception as to religious. He stated the principles universally:

Certain actions are contrary to morality because they violate the norms of positive law. Other actions, of their very nature bear the stamp of immorality. Among these latter—with which alone we are here concerned—some will never be moral; others will become immoral in view of specific circumstances. Thus, for example, it is immoral to penetrate into the conscience of anyone; but this act becomes moral if the interested party gives his valid consent.⁸

Both the principles concerning true knowledge and consent to psychiatric procedures, and the principles concerning manifestation and its secrecy require further explanation.

2. Knowledge and True Consent

Although psychological testing and psychiatric treatment have quite different implications in religious life, they both involve

⁸ "Allocation on Applied Psychology," *op. cit.*, p. 279-80. The phrase "others will become *immoral* in view of specific circumstances," would be more in keeping with the context if it read, "others will become *moral*," etc.

revelation of the interior psychism, with the consequent necessity of having the subject's consent. It will be illuminating, therefore, for our purpose to quote at some length from a competent writer in the field of personality testing, to compare what he says about the consent of the subject tested with what Pius XII has to say on the same subject. Appropriate analogies as to psychiatric treatment will readily suggest themselves.

Under the rubric "Ethical Issues in Personality Testing," Lee J. Cronbach writes as follows:

Personality testing has flourished in two contexts, one institutional, the other individual. Valid information about personality would presumably be of great value to employers, college admissions officers, and others who make decisions to carry out institutional policies. In fact, personality tests were first applied to screen potentially neurotic soldiers. Such institutional testing tries to determine the truth about the individual, whether he wants that truth known or not. In noninstitutional testing, tests are applied for the benefit of the person tested. Here also the tester believes that learning the truth will be valuable but does not feel free to violate the person's wishes. The client who comes with an emotional difficulty wants the psychologist's assistance, but may be quite unprepared to pay the price of unveiling his soul.

Any test is an invasion of privacy for the subject who does not wish to reveal himself to the psychologist. While this problem may be encountered in testing knowledge and intelligence of persons who have left school, the personality test is much more often regarded as a violation of the subject's rights. Every man has two personalities: the role he plays in his social interactions and his "true self." In a culture where open expression of emotion is discouraged and a taboo is placed on aggressive feelings, for example, there is certain to be some discrepancy between these two personalities. The personality test obtains its most significant information by probing deeply into feelings and attitudes which the individual normally conceals. One test purports to assess whether an adolescent boy resents authority. Another tries to determine whether a mother really loves her child. A third has a score indicating the strength of sexual needs. These and virtually all measures of personality, seek information on areas which the subject has every reason to regard

as private, in normal social intercourse. He is willing to admit the psychologist into these private areas only if he sees the relevance of the questions to the attainment of his goals in working with the psychologist. The psychologist is not "invading privacy" where he is freely admitted and where he has a genuine need for the information obtained.

Some testers are regarded as "espionage agents" in industry. . . . The newspapers have reported one case of a psychologist who developed for an industrial client an inventory intended to detect applicants with strong pro-union attitudes, so that the client, by rejecting such men, could keep the union weak in his plant. As the tester finds increasingly valid ways of detecting what men feel and think, and as tests are increasingly imposed by schools, employers, and military services, there will be serious danger of conflict between the demands of the psychologist's employers and the rights of the person tested.

Some tests of personality openly refer to themselves as measures of adjustment. More commonly, the title is less informative: for example, "The California Personality Inventory." The subject does not know what scores will be recorded and what interpretations will be made. He may guess something from the content of the items, but he is unlikely to suspect that interpretations will be made about his tendency to delinquency, among other things. It is harder for the subject to fake when he does not know what the tester is looking for, though in that situation he may become even more suspicious and evasive in his responses.

An effective method of concealment is to state a plausible purpose which is not the tester's real center of interest in giving the test. . . . Another type of disguise uses questions having one ostensible content but employs a scoring method which has little or nothing to do with that content. One investigator asked boys to check books they had read, seemingly to measure reading interests. Actually he had inserted fictitious titles in the list, and the number of such titles checked was taken as one indication of deceit or boasting.

While disguising one's purpose may be effective, it skirts the edge of ethical practice. And, as one writer has commented, to try to prevent deceptive subject behavior by becoming deceptive oneself merely encourages the view that psychologists are tricky, and in the long run may drive subjects to even greater degrees of evasiveness.

There remains the question of using personality tests

when the tester has authority over the person tested. The psychologist diagnosing mental patients, the military psychologist, or the schoolteacher can enforce tests on his charges. The standard with regard to such practice probably should vary from institution to institution. In general, it seems that subtle tests may properly be used if they are valid and relevant in making decisions which would otherwise rest on less valid information. The tester should avoid misrepresentations in giving the tests. For example, it is quite improper to study an individual's beliefs under the guise of an opinion poll. Test records made for employee counseling should never be made available to the employee's superiors.⁹

These excerpts show an awareness of the moral aspects of the invasion of psychic privacy, of the different implications of the institutional and noninstitutional testing situation, and the importance of the consent of the subject, though this last is hardly given sufficient stress. They also indicate or imply the existence of some of the abuses to which Pius XII referred in his allocution on Applied Psychology, chiefly in the matter of the full, knowledgeable consent of the client. The psychologists had pointed out to His Holiness that "psychologists and theologians hold divergent views which involve regrettable uncertainties of thought and action."¹⁰ One of the principal problems submitted to him for consideration concerned "the widespread use of certain tests by means of which the intimate depths of the soul are dredged without any scruples. . . ."¹¹ Following are some of Pius XII's comments on the problems of psychological testing.

. . . We now come to the questions of medical ethics which you have asked us to answer: namely, questions about the lawfulness of certain techniques and about the manner of administering psychological tests. . . .

. . . Tests and other methods of psychological investigation have greatly contributed to the knowledge of human personality and rendered it outstanding services . . .

⁹ L. J. Cronbach, *Essentials of Psychological Testing* (New York: Harper, 1960, 2nd ed.), 452-60.

¹⁰ "Allocution on Applied Psychology," *op. cit.*, 268.

¹¹ *Ibid.* A footnote defines the word test as "a diagnostic technique whose purpose is to disclose, as objectively and exactly as possible, the distinctive traits of the psychism of a personality, or simply some of its characteristics."

... but the means used sometimes give rise to justifiable reservations. . . .

... Now, whoever examines your scientific writings must become aware that here certain moral problems present themselves: many times you note the objections which arise when the psychologist penetrates into the depths of the personality of others. . . .

... Some, in their psychiatric research and therapy, use treatments without the previous permission of the patient or without informing him of their full effects. Likewise the revelation of the real content of their personality can in certain patients provoke serious traumata.

In brief, it can be said that the unjustified intrusion of the psychologist into the depths of personality and the serious psychic injuries that result for the patient and even for third parties, must be deplored. In some cases the complete permission of the interested party has not been obtained and, in order to justify debatable procedures, the priority of science over moral values and over the interests of individuals (in other words, the priority of the common good over the individual good) is alleged.

We shall, therefore, examine the validity of certain principles which even some good psychologists invoke to justify questionable ways of acting.¹²

We have already seen Pius XII's strong statements on psychic privacy:

Just as it is illicit to appropriate another's goods or to make an attempt on his bodily integrity without his consent, so it is not permissible to enter into his inner domain against his will, no matter what techniques or methods are used. . . .

If the consent is unjustly extorted, any action of the psychologist will be illicit; if the consent is vitiated by lack of freedom (due to ignorance, error, or deceit), every attempt to penetrate into the depths of his soul will be immoral. . . .

It is immoral to penetrate into the conscience of anyone, but this act becomes moral if the interested party gives his valid consent.¹³

Like any other person who submits to personality testing or to psychiatric evaluation, the religious subject cannot give a valid

¹² "Allocation on Applied Psychology," *op. cit.*, 274-5.

¹³ "Allocation on Applied Psychology," *op. cit.*, 276, 277 and 280.

consent to the proceedings unless he has some real appreciation of the purpose of the test or interview; the use which will be made of the results; and the kind of information about himself that he will reveal.

The subject should know whether the test is a measure of intelligence, or of aptitude, or of interest, and that the latter may reveal personality traits too. He should know that if it is a personality test it will reveal hidden traits of character, including perhaps embarrassing matters, and matters which, being in his unconscious, are not even known to himself.

We may mention incidentally that in the case of candidates who are tested before entrance into religion it is clear that the test results will be used to help decide whether they will be accepted or not. If in addition it is intended to make use of the test results for other purposes the candidates' consent should be asked. For instance, if the master of novices or others will use the psychologist's report for the guidance of the novice, to help superiors decide about admission to first vows, or later in religious life for other purposes; or if it is contemplated to give access to the reports at a later time to those who are studying the validity of the psychological evaluations and predictions—for all these purposes the consent of the subject is required, and in case of doubt about his mind in the matter consent may not be presumed. The doubt can be solved by asking his consent. The subject should probably be allowed to withdraw his consent to these extraneous purposes at a later time if he so wishes.

Likewise religious, after entrance into religion (this includes novices, of course), cannot give valid consent to tests, evaluation or treatment, unless they know what use will be made of the reports. For instance will they be used by superiors for their external government? to help decide promotion to orders or vows? or to make assignments? or by deans for their academic guidance and disposition? or by spiritual fathers for their spiritual direction in the internal forum? They should also know in general what persons or classes of persons will have access to the reports, whether they are going to be used for statistical studies, validation studies, etc. In

other words, unless they have adequate, concrete knowledge of the uses to which the results of testing, evaluation and treatment are to be put, they do not give a valid consent to the proceedings.

Most important of all perhaps is the requirement that the subject understand the kind of information he is going to reveal about himself. Obviously he cannot know the specific information. The test is given precisely to discover these specifics. But he should have a general but concrete appreciation of the kinds of material which these tests and interviews elicit and the kinds of reports which psychologists and psychiatrists make. He cannot consent validly unless he has some real appreciation that he may reveal unfavorable material about himself, embarrassing if not defamatory traits of character or personality; that the information to be revealed may include unconscious material of which he is not aware and what this means in the concrete; that consultation with a psychiatrist may result in a diagnosis of emotional illness, more or less severe. Just as a patient who goes for a physical check-up realizes the possibility that the doctor may discover a serious, disabling illness, so the patient who undergoes psychological testing, psychiatric evaluation, or treatment, should be aware of similar possibilities where mental illness is concerned.¹⁴

Unfortunately it cannot be presumed at the present time that the general public and religious in particular have an adequate appreciation of what is involved in modern psychological testing, evaluation and treatment. The import and implications of these procedures are still too new to have become part of the habitual knowledge of the populace. The same may be said, incidentally, of some of the practices in teaching hospitals, where, for example,

¹⁴ William C. Bier, S.J., "Psychological Tests and Psychic Privacy," *Proceedings CTSA*, 17 (1962) 161-179. In this excellent paper Fr. Bier discusses the problems of psychic privacy from the vantage point of one who is actually engaged in psychological testing. It seems to me that the formula he cites (p. 00) from Cronbach for making sure of consent, though sufficient perhaps for some situations, would not be adequate in others, for instance in the case of those who are uninformed as to the type of material which turns up in test results, and whose test results are going to be used administratively. See L. J. Cronbach, *Essentials of Psychological Testing* (New York: Harper, 1960, 2nd ed.), 461-62.

a resident performs the surgery the patient thinks is being performed by his own specialist. If a subject goes to a psychological clinic, where trainees help in the testing, counselling, evaluating, etc., is he really aware that he is revealing the secrets of his interior not only to his own counsellor but to the counsellor's supervisor and perhaps to a considerable number of other trainees? According to the ethical code of American psychologists this should not be done without his consent.¹⁵ In practice his consent is too often unwarrantably presumed. Both psychological and physiological medicine have a large task of popular education to perform before they will be able to assert that the ordinary patient knows enough about what is going on to be presumed to consent to it.

This does not mean however that the religious (or anyone else) who is to undergo testing or treatment must be aware of all the unfavorable possibilities and every detail of the proceedings. He can give valid consent without that. And the fact that he says later "I never would have consented, if I had known that this unfavorable report would be given" does not signify that his consent was invalid for lack of knowledge in the first place. Consent to marriage is valid even if the person did not foresee all that his marriage would involve and never would have consented to marriage if he had. But the general nature of marriage, what it involves in the concrete, is known to the general public. When consent is given it is for better or worse, for richer or poorer, in sickness and in health until death. These vicissitudes and the possibilities of many others are part of the habitual knowledge of the multitude. The same cannot be said at present of psychological and psychiatric procedures.

One way of making sure that the client's consent to testing, evaluation and treatment is valid, would be to let him see some samples of psychologists' and psychiatrists' reports, including a very favorable one, a very unfavorable one, one indicating serious mental

¹⁵ *Ethical Standards of Psychologists* (Washington, D.C.: American Psychological Association, 1953), p. 58, 59, Principle 2.31-1. This work is mentioned by Pius XII, "Allocution on Applied Psychology," *op. cit.*, p. 271-72. He praises the idea that inspired the codification, but notes that it contains some questionable affirmations.

disease, and some average ones. If he has this kind of concrete information, and furthermore knows what use is going to be made of the reports, his consent will be valid. Without such adequate briefing, he may well have good grounds for the complaint already being heard that he has been tricked into revealing the depths of his soul, and that his consent was not valid.

It may be objected that if the prospective clients or patients are given all this information they will never consent to undergo testing or treatment. I do not believe this is so. But if it were, then to test them without giving them some such information would be immoral, and to get them to give an apparent consent would really be to extort an invalid consent. It should not be beyond the ingenuity of superiors and psychiatrists to provide subjects with information which is adequate without being frightening. But it always remains true that it is immoral to deceive him or to impose on his ignorance, even for his own good.

It is sometimes said that the psychiatrist should not be expected to obtain real and meaningful consent from the patient, because the latter is sick, and not competent to make decisions of his own. Hence the physician can presume consent, or go ahead on the say-so of a superior or legal guardian. The following practical rule has been suggested for the guidance of psychiatrists, psychologists and physicians in deciding whether to consider a patient *compos* or *non compos* in this regard. If the patient is considered competent to make a contract to pay the physician for his services, and if the physician could conscientiously accept payment from him without reference to a superior or guardian, then he should ordinarily be considered capable of understanding and consenting to the contemplated procedures. He could hardly be competent to contract and pay for services which he is incompetent to understand and consent to.

There is only one practical way at present to avoid most of the problems which are beginning to plague us in relationships between superior, subject and psychiatrist. That is a full and explicit understanding by all three as to the nature and implications of the procedures contemplated, and the previous explicit, knowledgeable consent of the subject to these procedures. Pius XII insists:

If the consent is unjustly extorted, any action of the psychologist will be illicit; if the consent is vitiated by lack of freedom (due to ignorance, error or deceit), every attempt to penetrate the depths of the soul will be immoral.¹⁶

3. *Manifestation of Conscience*

The content, or matter, of manifestation of conscience (the revelation of which the superior is strictly forbidden to demand from his subject) is described by Schaefer as follows:

Manifestation of conscience in the law of religious is the opening up of the state of soul, outside of confession, namely of those matters which are proximately connected with virtues and vices. It is the revealing of one's *mores*, affections, inclinations, propensities, temptations, dangers and passions¹⁷

Creusen gives this description of the content of manifestation:

To manifest one's conscience means to reveal one's hidden faults (with their degree of culpability), one's interior or hidden acts of virtue, one's intentions, the affections and repugnances to which one has yielded, the temptations or trials which God sends, the lights and good desires received from Him.¹⁸

When the subject's faults and virtues as a Christian and a religious can be noticed by others because of his exterior conduct, or when his emotional make-up is evidenced by his behavior, there is no longer question of manifestation of conscience. Such matters can then become the object of exterior government at least in the paternal forum. But obviously "manifestation of conscience" includes not only matters of confession but a great deal more besides. It comprises a very considerable portion (and for religious perhaps the most important portion) of the "secret psychism" which according to Pius XII is the inviolable property of the human person, a secret area of his personality which by the law of nature belongs to the human person alone. For manifestation embraces the hidden

¹⁶ "Allocution on Applied Psychology," *op. cit.*, 277.

¹⁷ Schaefer, *op. cit.* (above, note 5), n. 684.

¹⁸ J. Creusen, S.J., *Religious Men and Women in Church Law* (Milwaukee: Bruce, 1958, 6th ed.), n. 128.

feelings, passions, dispositions and tendencies of the subject whenever these are closely related to his moral and spiritual life, the conquering of his passions, the acquisition of virtues and the pursuit of Christian perfection. In the case of a religious, his emotional make-up, with its hidden feelings, passions, attractions and repugnances is closely related, in many instances, to his moral and spiritual condition. Consequently, these matters fall within the content of "manifestation of conscience" as that phrase is understood in canon 530.

In the modern psychiatric interview, whether in psychoanalysis strictly so-called, or in psychotherapy taken in a more general sense, the revelation of this kind of material is anything but exceptional. The same thing is true of many personality tests. Some tests, for example, are used to discover what a person's aggression index is (this would include his movements of anger, temptations to anger, hostility, etc.); or to discover his resentments of persons, hostility to parents and siblings, hostility to superiors, resentment of authority, sexual preferences, sexual intensity, frequency of sexual desire, tendencies to homosexuality, masculinity and femininity index, etc. Some tests administered by way of a questionnaire ask explicit and detailed questions about some matters of this kind. The Minnesota Multiphasic Personality Inventory (MMPI) is an example.

It is abundantly clear, then, that psychotherapeutic interviews and personality tests often contain substantial revelations of matters which pertain strictly to the domain of manifestation of conscience as understood in canon 530.

Furthermore the reports made by psychologists and psychiatrists to superiors sometimes contain this kind of material in explicit detail. Here are some actual examples, somewhat paraphrased and disguised: "This subject has a great deal of phantasy about girls and marriage." "The boy has a strong resentment to his father." "This young man's feminine identifications are so strong he is afraid of being seduced by men." "N.N. could well be a latent homosexual." "When this candidate and his sister were very young they caught their father in a compromising situation with another

woman, with the result" "The basic pattern of his interests is very feminine." "The subject does not admit scrupulosity, but could become that sort of a person." "The test indicates unresolved sexual conflict." "No abnormality is seen in the nature of his sexual appetite or in its normal expression."

I do not know how often, or how much, material of this kind is revealed in the personality tests administered in religious life, or reported to superiors by psychologists or psychiatrists who test, diagnose, evaluate or treat religious. But the superior who would demand that such material be communicated to him, or would induce a subject in any way to communicate it to him, would be violating canon law, even if the communication is to be made in a psychiatric report, personality test, or psychological evaluation. The fact that the psychiatrist looks at his material from a different point of view, or is not interested from a moral point of view, and uses it only to make a psychological evaluation, does not change the fact that it does constitute manifestation matter and that the superior is ordering or inducing the subject to have it revealed to himself.

Furthermore, this is a problem which is not solved by the fact that the subject consents to all this. The superior is forbidden not only to command the subject to reveal his conscience, but must not ask him, persuade him or induce him to do so. Even if the subject is induced to consent (by the superior), there is a violation of canon law.

Is this problem solved if the psychiatrist makes only a general report, leaving out details pertaining to conscience? Not entirely, it seems to me. It does not do to say that such a report or evaluation or diagnosis is distinct from the information on which it is based, just as the internist's diagnosis and report is distinct from the symptoms which the patient reveals to him. The internist is allowed to reveal the symptoms to the superior precisely because the symptoms are not matters of conscience, and do not create the problem we are discussing. We are talking of those cases where the patient's psychological "symptoms" are matters of conscience, which the psychiatrist may not, therefore, reveal to the superior.

Let us suppose, for example, that a superior has noticed that a subject is unhappy, or depressed, or unduly euphoric, or unusually irascible, or very tense. Worried about his emotional stability and mental health, he decides to get psychiatric advice.

Let us suppose further that the psychiatrist is not going to reveal any details but is expected to give only a generalized report or evaluation of the mental and emotional health of the subject, with reference to his suitability or unsuitability for some particular field of work, or for religious life itself.

Finally let us suppose that through the revelation made by the subject the psychiatrist discovers that he has serious problems with chastity and may even have committed many unchaste acts. He is convinced that this subject is a poor risk emotionally and mentally for a life of celibacy, and reports to the superior that "the subject's emotional problems make him a very poor risk for religious life."

When a superior orders or induces a reluctant subject to go to a psychiatrist, foreseeing that such a report, based on manifestation material, may eventuate, and intending to use it in the government of the religious, is he acting contrary to canon 530? Certainly nobody would allow a superior to order the subject in similar circumstances to go to the spiritual father and open his entire interior and conscience to him, with the understanding that the spiritual father is expected to report back to the superior, and that the superior can dispose of the subject externally on the basis of this report. This would involve precisely that confusion between the external forum of government and internal forum of conscience which the Church seems anxious to eliminate from religious life.

When the superior makes use of a psychiatrist instead of the spiritual father he seems to be countenancing a similar inadmissible confusing of the two fora. He is not, perhaps, explicitly inducing the subject to manifest his conscience to himself. But he is demanding that he manifest conscience material outside the seal of confession and outside the specially safeguarded secret of manifestation to the psychiatrist, who is expected thereupon to report back, so that the superior can make decisions in the ex-

ternal forum. One must not forget that when a subject manifests his conscience in religious life the recipient of this confidential material is forbidden not only to reveal the secret material itself, but is also forbidden to make any use of the material whatever against the will of the subject. Furthermore, the subject may have the right, according to rule, to manifest his conscience only under the seal of confession.

The difficulty is compounded by this consideration. If the psychiatrist reveals the basis of his judgment in detail he will clearly be conniving with a violation of canon 530, to say nothing of the natural law. If he does not reveal the basis and reasons for his judgment, and the superior relies on his unsupported judgment, this seems to be an improper abdication of his function as religious superior, for psychiatrists are not, in virtue of their profession, competent judges in matters of vocation.

I realize that in practice acute problems of this kind arise infrequently at present, perhaps because of the paternal discretion with which superiors and spiritual fathers are accustomed to cooperate with the psychiatrist, perhaps because of the filial confidence which the subject has in the superior, perhaps because of the religious sincerity of the subject who has become willing to profit by what he has learned about himself with the help of the psychiatrist. The acute canonical and moral problem may not arise either in a case where the subject himself had spontaneously asked for psychiatric help, realizing that this means self-revelation, a report based on self-revelation, and the right of the superior to act on this report in the subject's external government.

But the dilemma will remain as long as we acknowledge: (1) the superior's right to command or induce his subject to submit to modern psychiatric testing, evaluation or treatment; (2) the psychiatrist's right to make even a general report based on the subject's revelation of matters of conscience; and (3) the superior's right to act thereon in the external forum for the government of the subject. It is inevitable that if the use of obligatory personality tests, obligatory psychiatric evaluations etc. for administrative use becomes a regularly accepted procedure in religious life, we are

going to become more and more deeply involved in some of the serious problems that arise when the forum of conscience is not kept distinct from the forum of government.

At present I do not see any completely satisfactory solution to the dilemma which can at times result from the type of case proposed. I think it would be unrealistic to conclude, however, that because of such unresolved problems we must consider it generally illicit or improper for superiors to encourage their subjects to get psychiatric help when they need it. In the first place, cases involving the dilemma may be relatively infrequent in actual practice at the present time (though I think they would tend to become quite frequent if all candidates for vows or orders were required to undergo psychiatric tests and evaluation). For many years now conscientious superiors have been encouraging subjects to get psychiatric help. Despite occasional problems there has been no general awareness, as far as I know, of wholesale violations of professional secrecy by psychiatrists, or of the secret of manifestation and of the paternal forum by superiors. If both superiors and subjects are satisfied with the way these relationships generally work out, if they are agreed as a rule that the rights of conscience, of psychic privacy and of religious obedience have been properly safeguarded, then we should not be too quick, because of the acute problems possible in individual cases, to take any position which would seriously curtail the use of professional psychiatric help in religious life.

On the other hand there are principles at stake here, the principle that superiors may not induce subjects to manifest conscience to them, the principle of the separation of the fora, and the principle of the inviolability of entrusted secrets of conscience.

III. TOWARDS A SOLUTION

1. *Demanding and Commanding Psychiatric Treatment*

Religious superiors are usually generous in providing the best medical care, within the framework of religious poverty, the usages of their institute, and their financial means. But religious subjects, vowed to poverty, should remember that they cannot claim as a right very expensive medical care, very unusual medical treat-

ments, long trips for health's sake, etc. The fact that they are vowed to obedience and are unable to provide for their own medical care independently of the superior does indeed give them a right, and puts the superior under a duty, to provide the kind of care which is customary in the given community. This may be more or less, and the judgment in the concrete must of necessity be left largely to the superior. To give an extreme example, if a superior failed to provide his subject the minimal medical care which the law requires a parent to provide for a dependent child (the neglect of which is criminal, or makes the parent otherwise legally liable) this would be a clear case, to my mind, of serious dereliction of duty. A subject, it seems to me, has a right to at least that much care. But the limits of what is reasonably necessary, what he can claim as a right, are hard to define.

The superior, acting with the loving concern of a father, makes the decision as to what is reasonable, and the subject is obliged to abide by it. If he disagrees with it he may appeal, but in the end he must remain dependent on his superiors in these matters. By the very fact of being a religious he has sacrificed his liberty; his rights are limited. But since these questions are regularly settled on a basis of paternal charity and filial confidence, and since most superiors are more than generous in providing medical care for the sick (with the help of the many generous physicians who volunteer their services or provide them at minimal fees) the cold question of rights and duties does not frequently arise.

In the case of psychiatric treatment the same general principles apply. Subjects cannot claim as a right psychiatric treatment which is very expensive, or involves extraordinary relaxations of regular observance not within the common usages of the given community, or which may be considered extraordinary on some other grounds. For instance, the very lack of competent, acceptable psychiatrists in a given locality may make psychiatric help not feasible. Full psychoanalysis, for example, may mean treatment one, two or three times a week for two, three or four years. This seems to me to be quite an extraordinary remedy. Furthermore, the Holy Office seems to regard it as anything but an ordinary procedure and even looks

on it with some suspicion, reserving special permission for it to the major superior or Ordinary of the religious subject.¹⁹ Consequently I do not believe a subject has any right to this kind of treatment, especially since psychoanalysis is more often recommended in less severe cases of mental and emotional disturbance. Likewise, a course of psychotherapy requiring one or more visits a week for a period of one or more years must also, in my opinion, be considered a quite extraordinary remedy at the present time. A subject could not claim he is entitled to it as a matter of right. This is not meant to imply any criticism of those superiors who have seen fit to grant permission for psychotherapy or psychoanalysis.

Furthermore, it is not within the competence of the subject to demand that he be stationed in a certain city in order to be near "his" psychiatrist, or to insist on making a day-long or expensive journey at frequent intervals to visit a given psychiatrist, or to be given extraordinary, perhaps unexplained, exemptions from regular observance. It may be proper for him to ask and in some cases for a superior to grant these things, but the superior is not obliged to do so. And when the extraordinary requests are made it would be especially unreasonable to expect the superior to comply with them without having adequate explanation of the reasons which make such treatments or exemptions necessary. In some cases he might be satisfied with the subject's own account of the reasons, in others he might need to hear from the psychiatrist directly. A subject who was unwilling to allow the psychiatrist thus to report could be told that in that case he may not continue the treatment or the exemption.

¹⁹ *AAS*, 53 (1961), 571. This *Monitum* of the Holy Office dated July 15, 1961, after calling attention to certain dangerous opinions about sexual morality and the imputability of human acts, forbids clerics and religious to practice psychoanalysis (without an Apostolic indult), etc., and then states: "The opinion of those who maintain that previous psychoanalytical training is altogether necessary for the reception of Holy Orders, or that candidates for the priesthood and religious profession must undergo examinations and investigations of a strictly psychoanalytical character, must be rejected. This holds also if there is question of determining the aptitude required for the priesthood or religious profession. Likewise, priests, and religious of both sexes, are not to go to psychoanalysts unless their Ordinary permits it for a grave reason." For a thorough commentary on this *Monitum*, see J. J. Lynch, S.J., "Notes on Moral Theology," *Theological Studies*, 23 (June, 1962), 233-239.

As a practical matter (and this is an important suggestion) some superiors find it solves many problems to work through the spiritual father, or another intermediary in cases of this kind. Before granting permission for psychiatric care the subject must get the approval of the spiritual father, who presumably does not give it without knowing the subject's interior, and agreeing that such care is necessary. The spiritual father or other intermediary in the community can protect the secrets of the subject while protecting the superior from being imposed upon. This requires a degree of cooperation between spiritual father (or intermediary) and superior, a common working policy as to the use of professional psychiatric help, which unfortunately is not always attainable. Sometimes the intermediary is a priest with specialized psychological knowledge who has the confidence of subjects. More and more spiritual fathers are acquiring a deeper understanding of the nature of modern psychiatry.

Superiors are often hesitant about making use of psychiatrists not from the viewpoint of expense, or interference with regular observance, but because they do not understand what the psychotherapeutic process is, and doubt its value. Psychotherapy is in its infancy. Its claims are regarded with scepticism by many members of the medical profession. Certainly the outcome of even a very long course of psychotherapy can be very dubious. Psychiatrists themselves confess to a poor percentage of success with certain types of patient. In addition there is the fear that the psychiatrist may be supplanting the spiritual direction of the subject which should be in the hands of his superior and spiritual guides, or the fear that the frankness of the psychiatric interview will involve not only revelations of the subject's personal secrets but secrets that belong to other members of the community, including the superior. For instance the subject's feelings about authority and his possible hostility to it, are at times important to the psychiatrist in his treatment of the case.

In a word, the right to psychiatric care in religious life is a limited one, and the superior is the judge within reason of what the limits are.

Just as there are limitations on the right of the subject to insist that he get psychiatric treatment, there are also limitations on the right of the superior to insist that he undergo it. It is commonly held by theologians that the superior has no right to order a subject to undergo very extraordinary, highly experimental, or very dangerous surgery, for example open heart surgery, pelvic exenteration, frontal lobotomy. Similarly, although moralists have not given much consideration to the matter yet, I believe they would hold that it is beyond the competence of the superior to order a subject (who seriously objects) to undergo full psychoanalysis, or a long course of psychotherapy or certain other types of psychiatric treatment. In addition to factors already mentioned which make some treatments of this kind quite extraordinary, there are the following considerations. Psychiatric treatment, in a given case, may involve a very long and very burdensome series of interviews, and yet be quite dubious as to successful outcome, for it is a relatively new and at times highly experimental procedure. There is even the possibility that it may do more harm than good, according to some physicians. It may also involve damage to the reputation of the subject, since there is still a stigma—and this is widespread—attaching to mental illness. The mere frequenting of a psychiatrist can be, even when it should not be, "defamatory" within or without the community. Seeking psychiatric help may have an adverse effect (entirely disproportionate to the real merits of the case) on the promotion of the subject to vows, orders, or a position of trust within the community. It may in some cases involve certain moral and spiritual dangers, for example through the technique of free association, or the phenomena of abreaction and transference which are expected to take place during the course of the treatment. Finally there is the fact that treatment often involves substantial revelation of one's secret psychism, including confessional matters, manifestation matters, and the unknown depths of the unconscious.

We have seen that the superior is forbidden to demand that such matters of manifestation be reported back to him. In addition, he has no power, in my opinion, to order the subject to manifest

his conscience to a psychiatrist with the understanding that the latter may make a report based to any substantial degree on the revelation of manifestation material, which report can then be used by the superior for the external government of the subject, promotion to orders or vows, appointment to various assignments.

Even an order to undergo a kind of treatment which involves the revelation of matters of manifestation to a layman without any reports being required, may amount to an extraordinary means for some people. If the theologians recognize a person's exaggerated modesty as a legitimate excuse from submitting to a medical examination which would otherwise be an ordinary means of caring for health, how much more readily they would admit that the detailed examination of dreams, thoughts and feelings about sexual matters, which may be an important part of a psychoanalysis or of a course of psychotherapeutic treatments, would constitute for some persons a quite extraordinary means of caring for health.

Actually the question of ordering someone (who seriously objects) to take psychiatric treatment is somewhat academic. Unless he is persuaded to give up his objections and to cooperate willingly, there is hardly any hope of success. A psychiatrist would probably refuse to accept as a patient (in analysis or psychotherapy) one who intended to cooperate only because bound by obedience to do so, and only to the extent to which the superior had a strict right to command him. The right of superiors to intervene by way of direct command in such delicate matters is limited.

I am not asserting that a superior may never command a subject to make use of means of preserving health which are extraordinary as the moralist understands that term. But I recommend that a superior think twice before imposing psychiatric treatment by strict command, both because such tactics will not work, and because when the above-mentioned factors, alone or in combination, are present to a sufficient degree, he may well exceed the limits of his authority even in the paternal forum. If a subject complained to Roman authorities that he (or she) was obliged to reveal matters of conscience to a psychiatrist, or to talk to him in detail about sexual matters, or to undergo treatment involving free association with con-

sequent sexual disturbances or temptations, or involving an abreaction of sexual emotions, or the phenomenon of transference, the chances of getting a sympathetic hearing would, in my opinion, be quite good.

2. *Obligatory Psychological Testing Programs*

When psychological testing or evaluation (as distinguished from treatment, discussed in the previous section) is done for the personal benefit of the religious subject, it may be very helpful to him. The self-knowledge thus acquired can be of great advantage both in his spiritual life and in all his interpersonal relationships. For superiors to encourage individuals to get competent help of this kind creates no problems.²⁰

When the testing is done for the administrative use of superiors, it may also be of great benefit to the individual, but it creates in my opinion, especially if obligatory, certain problems which make it inadvisable or inadmissible. The problems are minimal if an individual religious gives spontaneous and knowledgeable consent to the procedure; but if he consents under pressure, as happens when whole groups or classes are expected to take part in a testing program, problems are bound to occur.

The superior's opinion on testing programs after entrance into religion will depend partly on his sensitivity to matters of psychic privacy, partly on his confidence or lack of confidence in the validity and usefulness of the results. On both scores a certain measure of reserve seems to be indicated at the present time. There is a deplorable lack of filial confidence between religious subjects and their superiors. A sure way to widen the breach is to pressure subjects into a situation where their psychic privacy is no longer assured. In *The Organization Man*, Whyte makes a scathing attack on the use of personality tests to select executives in large business organizations, and gives elaborate directions to help them circumvent and fake the tests, since this is their only defense against

²⁰ See W. C. Bier, S.J., "Testing Procedures and Their Value," *Proceedings of the 1959 Sisters' Institute of Spirituality*, Edited by J. E. Haley, C.S.C. (Notre Dame, Ind.: University of Notre Dame Press, 1960), 263-95.

unjust abuse of the results.²¹ May such a situation never arise in religion.

Subjects will resent especially having superiors who judge their characters and personalities on the basis of experimental procedures whose validity for religious life is still questionable. Superiors should remember that psychological testing is in its infancy. Its results are admittedly fallible, and its general usefulness for religious life is by no means agreed upon by all psychologists and psychiatrists. Psychologists themselves are the first to point out the fallibility of the test results, and the ease with which they can be abused by non-professional personnel. They do not expect them to be definitive. They are only adjuncts to other sources of information and evaluation.

A general screening program for candidates for admission to religious life is one thing; a general testing program for those already under religious obedience for years is quite another. Candidates for entrance into religion are often relatively unknown, and the tests are a useful short-cut in eliminating some poor risks who might otherwise slip by the examiners. In later religious life testing might be indicated in a particular case as an adjunct to more adequate methods of evaluation of a religious about whose mental and emotional stability serious doubts have arisen. A much wider use of personality tests, not for administrative use, however, but for the personal benefit of the religious, for his growth in self-knowledge, might well turn out to be worth while.

But after subjects have been in religion for years, the judgments of superiors, teachers and fellow religious who have associated with them personally during all this time, may well be the best general basis, uncertain as it is, for judging their emotional stability, and general suitability for the life of their particular institute. At least it is questionable whether the few bad risks who would thus be eliminated, or the additional knowledge of personalities for administrative purposes, would compensate for the grand scale intrusion of religious government into personal privacy.

²¹ W. H. Whyte, Jr., *The Organization Man* (New York: Doubleday-Anchor, 1957), 189 f., 449 f., etc.

All this should not be interpreted as a rejection of psychological testing in religious life. I believe it has its usefulness. But nobody knows how much. Meantime we should not go overboard before the evidence is in, and should guard especially against the invasion of psychic privacy and the mingling of the fora in the government of religious.

The superior clearly cannot command that subjects submit to testing or evaluation with the understanding that reports which include manifestation matters will be made to him. It is also beyond his competence in my opinion, to command testing or evaluation if he is to receive for administrative purposes a general report only, but one which will be based to a substantial degree on matters of manifestation revealed to the psychiatrist or psychologist.

The subject who manifests the secrets of his conscience (whether culpable or not, whether embarrassing or not) to a psychologist should be entitled to the same protection as one who manifests such matters to a spiritual father outside confession. In the latter case the spiritual father cannot reveal the secrets, nor can he act on the information received or make any use of it in any way without the consent of the subject. A subject may also have the right, according to rule, to reveal manifestation matters only under the seal of confession if he so desires. By ordering subjects to undergo testing or evaluation for administrative purposes, the superior, it seems to me, can rather easily go counter to the policy, if not the law, of the Church, and even violate a natural law right to psychic privacy. Even apart from canon 530 he is not entitled to invade this privacy for administrative purposes, using the instrumentality of the psychiatrist's evaluation or the psychologist's test. I do not believe any religious is obliged to reveal the secrets of his conscience to psychiatrists or psychologists for the administrative use of his superiors in governing him externally.

If whole classes of religious (e.g., on entering theology, before ordination, etc.) are to be subjected to psychological testing or evaluation for the purpose of making decisions in the external forum as to their suitability for orders, vows, etc., we are going to be plagued with the problems (and legitimate complaints) which are

inherent in any procedure which confuses so harmfully the external forum of government and the internal forum of conscience.

I believe superiors would be bound to respect the wishes of a subject who expressed himself somewhat as follows:

I want my superiors to judge me and govern me and dispose of me on the basis of (a) my exterior actions and accomplishments in class, at work, in recreation, and in everything else; (b) on the basis of what I reveal to them willingly and consciously in the manifestation of conscience, conducted according to the Code of Canon Law and the rules and constitutions of my institute; (c) on the basis of what I reveal to them willingly and personally outside of manifestation in accordance with the dictates of my conscience and because I trust them personally; (d) on the basis of the results of psychological testing or evaluation done for my personal enlightenment, the results having been communicated to me for my own use and my own guidance.

I do *not* want my superiors to judge me and govern me and dispose of me on the basis of psychological tests and evaluations done for administrative use: (a) Because these results and predictions are notoriously fallible. It is small consolation to me as an individual that such tests may succeed in eliminating a fairly good percentage of properly evaluated persons, if I chance to be included in the percentage (does anyone know how large it is?) of those who are mistakenly eliminated. In other words I believe I have a right not to have my vocation exposed to the as yet largely unvalidated norms of an infant science. (b) Because the results are obtained from me partly through subtle questions whose import I do not fully understand; (c) Because the results may reveal what Pius XII calls the most secret parts of my psychism, including things whose existence I do not even suspect; (d) Because the results may include or be based upon matters of manifestation of conscience, which I have a right to make only according to the norms laid down by canon law and my own institute; (e) Because once the test results are delivered to superiors for use in the administrative forum they will be kept on record for the use of future superiors and possibly other administrative officers such as deans and their successors, and I object to having the secrets of my personality known by such an indefinite number of my fellow religious with whom I must live my religious life. (f) Because even at best these tests and their results require a degree of

competence in their interpretation which I cannot expect to find in the untrained personnel who would thus have access to them; (g) Because tests results might conceivably be used to my prejudice, for unlike the secret of manifestation, the secret of the paternal forum and the secret of confession, this type of procedure is not yet surrounded by the legal safeguards which religious institutes and canon law have developed through the centuries for these other types of self-revelation.

If a religious were to adopt this attitude, I think he would be within his rights and it should not be held against him. Even if superiors and psychologists, without making any rash judgment, can draw some conclusion as to the person's secret psychism on the basis of such an attitude (which I doubt), I do not think superiors have any right to regard it as a black mark against a subject anymore than they can hold it against a subject who does not choose to manifest his conscience to them, or to allow them to use manifestation material in governing him.

3. *Promotion to Orders and Vows*

The decision of major superiors to admit a subject to orders or vows (and *a fortiori* to dismiss from religion) belongs to the external forum of administration, not merely to the paternal forum. In making these decisions the superior is acting in his public capacity, in the name of the Church and the institute. The decisions made affect the public standing of the subject for life.

When serious doubts about the mental health of a candidate for orders or vows arise, the superior may have the duty, in accordance with a recent instruction of the Congregation of Religious, to call in expert psychiatric advice in order to get reassurance as to the subject's suitability.²² The subject should be made aware explicitly of the purpose of the evaluation. Otherwise his consent to the proceedings will be invalid or dubiously valid, and the information obtained from him will be obtained unjustly.

If the subject does consent to the evaluation and report, he still

²² *Sacra Congregatio de Religiosis*, "Instructio de Candidatis, etc." (Moderatoribus Reservata), Feb. 2, 1961 (Rome: Typis Polyglottis Vaticanis, 1961), n. 31.

has certain rights with regard to matters of conscience. Just as the superior could not force him, for instance, to reveal conscience matter to a spiritual father with the understanding that the latter could thereupon give an opinion, especially an unfavorable one, to be used *in foro externo* without the subject's permission, to decide his admission to vows or orders, or dismissal from the institute, so also, the superior cannot oblige him to reveal conscience matter to a psychiatrist for this purpose either. That is why, if the evaluation is going to include or be based on such revelations, he has a right to refuse to undergo it. If he refuses to be evaluated, or refuses to allow the psychiatrist to make a general report to the superior, he would seem to be within his rights in doing so, but the superior would also seem to be within his rights in refusing him orders or vows.

Nor can he then complain that practically he is forced to reveal matters of conscience, seeing that unless he does so he cannot be ordained. The refusal to ordain is based on doubts which have arisen independently of any evaluation and report and independently of any revelations of matters of conscience. He is simply invited to take advantage of an opportunity to clear them up.²³ I do not believe that a subject, concerning whose emotional and mental stability there is already serious doubt, is being unjustly treated when he is allowed this opportunity, even if the clearing up process involves the use of conscience matter. It would be an abuse, however, if a superior were to fasten on every slight oddity of personality, devia-

²³ This seems to be one way of harmonizing the instruction of the Congregation of Religious, requiring expert psychiatric advice in such cases, with our general principles on the secrecy of manifestation of conscience. Or it may be that the Congregation had in mind the type of case where the psychiatrist could give his judgment without making use of matters of conscience. A reluctant or ill-disposed subject might manage to cooperate with the psychiatrist superficially, but enough to cover the law, without revealing, for example, habits which clearly disqualified him for orders or vows. He is obliged in conscience not to go on for orders or vows in such a case. If he reveals such disqualifying secrets to the psychiatrist on the explicit condition that the psychiatrist shall not reveal them or base his report on them, the psychiatrist's hands are tied, much as the spiritual father's would be in a similar situation. He can and probably should warn the subject of his obligations, but he cannot violate the secret.

tion in conduct, or lack of adjustment to statistical normalcy, as a pretext for entertaining serious doubts, entitling him to insist on psychological testing.

But let us imagine a situation in which a whole class of religious, about whom no such doubts concerning any individual had arisen (even if some grounds for doubt existed on a statistical basis as to some unknown member or members of the group), was forced to undergo psychological testing and evaluation. If this evaluative process necessitates revelation of matters of conscience, and if an adverse report for use in the external forum can be based on these revelations, it would be unjust to oblige the unwilling subject to make them. In this case it would be the revelations themselves on which an adverse decision would be based. It is true that nobody has a right to be ordained. But it is equally true that everybody has a right not to be unjustly deprived of his fair opportunity of being ordained. I consider that the above procedure would involve unjust means.

It is not the psychiatrist who passes judgment on vocation to the priesthood or religious life. He is not qualified to do so. His task is to make an evaluation of the subject's mental and emotional health which can be of assistance to the superior in coming to his own decision. A psychiatrist makes his evaluation of mental and emotional health of a given subject in a given environment, with which, consequently, he should have considerable familiarity, but if he offers an opinion on the precise point of suitability for orders or vows he is usually exceeding his competence. A superior should not accept or act on such an opinion without knowing the reasons for it. Asking for them may raise problems of confidentiality. Not asking may involve an improper abdication of responsibility.

A psychiatrist making an evaluation may discover serious, incapacitating disease, especially if he is dealing with a case where superiors already have grave doubts as to a subject's mental stability. Obviously, he must report this to the superior. That is the purpose of the proceedings. Just as a community physician who discovered epilepsy in an *ordinandus* would report it as a matter of course, the psychiatrist must report his diagnosis of serious mental illness.

If he discovers an illness so severe that the subject has to be considered *non compos sui* the latter cannot be dismissed (unless there was fraudulent concealment on admission). He is entitled to be retained and cared for. In some of these cases the illness turns out not to be permanent, and the patient improves, so that although he is not well enough ever to hope for ordination, he may recover sufficiently to be able to decide to leave religion for the sake of his health. It is clear how careful psychiatrists and superiors should be in advising such a person. He might easily be imposed upon if his own best interests were not the ruling consideration. At times temporary excommunication with the family has been permitted, leading to eventual secularization.

What about a case of severe mental illness after first vows, which, though the person is still *compos sui*, makes him clearly ineligible for ordination for the indefinite future? Superiors must inform him that he has no hope of ordination and then allow him to remain in the order, or petition for secularization. But since the position of a candidate for the priesthood who can never be ordained is anomalous, a question arises as to whether superiors can insist that such a religious either return to the world or become a lay brother. His right to stay in the order when his only disqualification is serious sickness seems secure once he has taken first vows. Since these were not the vows of a lay brother, and since the vows of a lay brother are to an entirely different vocation than that of a priest, it also seems anomalous that the religious could be forced to choose the life and vocation of a lay brother. Perhaps we will have to look for Roman decisions to clarify this point. If such an unfortunate case were to arise, it is clear with what great deliberation and Christ-like charity the matter should be handled. To force or pressure the subject into a hasty decision while he is still suffering the disappointment of not being ordained would be shockingly offensive to Christian charity.

When the psychiatrist gives an unfavorable report based not on a diagnosis of present serious illness, but on a prediction of future serious illness, superiors should proceed with great caution. Psychiatry is not an exact predictive science. If the psychiatric report con-

flicts with the subject's long record of stable achievement, any prudent superior would hesitate to accept it, or act on it, no matter who the psychiatrist is, without consultation and confirmation by other independent psychiatric experts. Psychiatrists make mistakes just as superiors and subjects do, and it is not easier for the psychiatrist to admit his than it is for them to admit theirs.

It has been suggested as a practical rule that a subject be considered unsuitable for ordination if he still needs to make regular visits to the psychiatrist in his ordination year. As a rough and ready rule of thumb this has certain advantages, if no other information is available to the superior. It obviates the trouble involved in getting additional information, and it certainly discourages faddists, emotional hypochondriacs and, in general, unnecessary recourse to the psychiatrist. These are real advantages. But it seems to presuppose that a need of psychiatric care creates a presumption of disqualifying mental illness or of clear unsuitability for orders. We have seen that modern psychiatry has a much broader scope. Although it is unusual for a religious to need this kind of help when so close to ordination, the question whether it makes him ineligible depends on the reasons why he is seeing the psychiatrist, the nature and severity of the problem, the progress that has been so far made, and the prognosis for the future. If a subject who has been permitted to undergo psychotherapy is unwilling to furnish by himself or through the psychiatrist adequate information on these points, he obviously courts an unfavorable decision on his ordination.

4. *The Psychiatrist's Problems of Professional Secrecy*

At times complaints are heard, and unfortunately some of them are justified, that psychologists and psychiatrists are not sufficiently careful of professional secrecy. In reporting to the superior they sometimes reveal matters of conscience without the permission of the patient, embarrassing the superior and prejudicing the rights of the patient. Or they believe it is permissible, in the absence of any agreement on this point, to reveal secrets (in confidence, of course, and for the good of the patient), to the spiritual father or other members of the community who may have referred the patient to them or to some member of the patient's family. Or they talk too

freely among themselves, or to other professional people, including priests. There is a cynical saying that a professional secret is a secret which one professional man whispers to another. Problems of confidentiality are multiplied in a clinic setting where the client may not know of the team approach, and still more in a teaching clinic where trainees are given access to confidential material without, one fears, any actual consent of the client.²⁴ It is a question of fact in individual cases whether there is a valid presumption that the patient is sufficiently informed about clinical practices, consultations, etc., to have consented to them. When a psychiatrist has established a very personal, one-to-one relationship with a patient, and thereby elicits from him highly sensitive material, the presumption may even be the other way as far as that material is concerned.

A psychiatrist or psychologist who works with religious has special problems of confidentiality. In the ordinary case he acts primarily in the interests of the subject, but he also owes duties, and a report, to the superior. It is not usually feasible for him to report only to the subject, his patient. We have already seen that many practical problems of the report can be resolved in practice only by an explicit three-way agreement ahead of time as to the nature of the report, the person or persons to whom it will be given, and the use which can be made of it.

One psychiatrist solves his problem in this regard by getting explicit consent from the religious patient that he be allowed to report to one person in the community, either the superior, or the spiritual father, or some other intermediary, the patient indicating which it shall be. In this way he absolves himself of further responsibility to the subject's religious superiors. If this is done with the consent of the superior it seems like an effective plan, but otherwise it merely transfers the psychologist's responsibility to another, and possibly to the wrong person. However, an intermediary, authorized by the superior to deal with the psychiatrist (because of his special interest as spiritual father, or special competence in psychological

²⁴ *Ethical Standards of Psychologists* (Washington, D.C.: American Psychological Association, 1953), p. 58, 59, Principle 2.31-1, indicates that the client's prior consent should be obtained for such procedures.

matters, or special acceptability to the troubled subject) can be of great help in the present confused state of relationships with psychiatrists. He can help to establish complete openness with the psychiatrist and confidence in him, while at the same time maintaining an attitude of filial confidence and religious dependence on the superior.

It may be suggested here that psychiatrists and psychologists need a much more profound knowledge of what the religious, ascetical and priestly life means and what it normally demands, while spiritual fathers and superiors have to acquire practical wisdom in evaluating psychiatric advice and reports. Just as the patient himself is a poor reporter (to the superior) of what the psychiatrist's opinions and recommendations are, so this same patient is a poor reporter (to the psychiatrist) of what his particular institute objectively demands of its subjects, and of what his particular superior is reasonably demanding of him.

Some psychiatrists seem to think that in treating a religious student before ordination they are acting almost solely in the name of the institute, and can make rather detailed revelations to the superior. After ordination they are more likely to think of the religious priest as *sui juris*. The truth is that both before and after ordination the religious is subject to his superior and dependent upon him in matters of health, treatments, etc. But also, both before and after ordination, the religious subject has rights to the secrets of his "intimate psychism" which can be penetrated by the psychiatrist and revealed to the superior only with the subject's consent.

If the psychiatrist agrees to receive a particular piece of confidential information on condition that he will not reveal it or use it in reporting to the superior, then he is bound by the secret despite any previous consent, whether explicit or implied. If a subject mistakenly believes his interviews are completely confidential and does not realize that a report will be made, and reveals matters of conscience relying on this belief, the psychiatrist may not reveal or act on this information (and neither may the superior) no matter if consent could otherwise have been implied. Presumptions of consent are no longer legitimate once it becomes apparent there was no valid consent in fact.

Psychiatrists do not always realize the scrupulous care with which religious, both superiors and subjects, regard matters of confession and matters of conscience. This is especially true of sexual matters. Perhaps psychiatrists deal with such matters so frequently, not looking at them from a moral but from a psychological point of view, that they forget the special sensitivity they have in religious life. This sensitivity stems from the fact that religious have dedicated themselves professionally to a life of Christian perfection, and because they are professional celibates. To reveal that a religious is markedly deficient in virtue, or that he has great difficulty with chastity, or abnormal tendencies with regard to it, is a much more serious matter than it would be to say the same thing of others. Expressions like "latent homosexuality," "hostility and aggression," "hypersexuality," "unresolved sexual conflict," can be easily misunderstood and quite damaging. Reports to superiors should be in language intelligible to the layman.

Psychiatrists who deal with religious, therefore, should be informed by superiors that matters of confession and matters of conscience, especially those which can embarrass the subject, whether culpable or not, should never be included in a report without explicit consent. The general consent that a report be made does not cover such material. Confidential, defamatory material concerning the subject's family relationships should not be made known either.²⁵

When a report is made which will be used administratively in making decisions about orders, vows, assignments, etc., the subject should consent to this ahead of time. Without such consent it would be improper to give even a general report, if it were based to any substantial degree on defamatory self-revelation or on matters of

²⁵ This paper has not investigated the problem with which Pius XII was apparently gravely concerned, that is, the revelation by the patient during psychiatric treatment of secrets which he has no right to reveal, for example, professional secrets, state secrets, and family secrets. ("Allocution on Applied Psychology," *op. cit.*, 277). Pius does not seem to believe that the mere need of psychological help is of itself a sufficient justification for such revelations. As for family secrets, perhaps he has reference to the indiscriminate revelation of them which sometimes takes place in group therapy. At any rate, when family secrets do emerge incidentally to treatment, testing or evaluation, they should not be passed on to superiors in the report.

conscience; nor may the subject be forced against his will to reveal such matters when they will form the basis of a report to be used for his government in the external forum.

We have yet to develop a casuistry which will help to draw the line between what may and what may not be properly included in psychological and psychiatric reports in the absence of previous explicit consent of the religious subject. This is a problem which will take time and more experience to work out. If moralists, psychologists and superiors would start gathering cases and problems now, we could hope to be in a position after some years to make an illuminating contribution to the solution.

The same point may be made with regard to the special "hard cases" which every so often confront the physician who deals with religious. There are exceptional cases in which either the community physician or the psychiatrist may feel uncertain as to whether his primary loyalty is to the superior or to the subject. Cases of drug addiction, alcoholism, communicable disease, suicidal tendencies, scandalous compulsive behavior, etc. can raise special problems of confidentiality. The troublesome cases are not those which are already known to the superior and for which he is seeking help from the psychiatrist, but those which so far the patient has succeeded in keeping secret, revealing them to the psychiatrist or community physician precisely in order to get professional help.

In the case of ordinary illnesses, which do not involve special embarrassment, culpability, or danger to reputation, the patient cannot reasonably ask the physician to keep secret from his superior the nature of his illness—especially when the illness requires that special provision be made. If a subject argues: "If my superior knows that I have cancer or heart disease, he will change my assignment: therefore you must not tell him," it is clear that the physician cannot accede to such a request.

On the other hand, when there is question of a very embarrassing illness or affliction, especially if it involves culpability, and when the subject reveals it with the implicit understanding that it is not to be revealed to the superior, the physician is bound *per se* not to reveal the secret so entrusted. Only some imminent emergency, threatening

grave harm here and now, especially to the common good, would justify the revelation, and then only if revelation to the superior would *de facto* avert the harm.

For unless patients can be sure, generally, that their medical secrets of this kind will be held sacred, they will not have the courage to reveal them to psychiatrists and other physicians, with the consequence that they will not get the treatment they need, and will be deprived of the help they need to do what is right. The general harm resulting to the common good when troubled people cannot reveal themselves with complete confidence to professional advisers, even outside of confession, can easily outweigh, in my opinion, the harm caused by failure to reveal this particular case to a superior. Revealing such matters is sometimes quite effective but sometimes is not. It may relieve the doctor of further responsibility and get him off the hook, but it is not always as effective as it appears at first sight. There are some things superiors cannot do much about. Psychiatrists and other physicians, should assume the delicate responsibility of weighing the rights of the patient, the rights of the community, and the ultimate common good before divulging matters of this kind precipitately. They may need consultation to determine the just *via media* in such cases, and often the most valuable thing they can do for all concerned is to use their influence to prevail upon the patient to reveal his own problems to the superior. Physicians who understand the true nature of filial dependence in religious life, can help the troubled and suspicious patient to see his obligations to God and neighbor in better proportion.

According to Vermeersch (he is speaking of secrets in religious life), any *use* of a secret is illicit when the person who entrusts it is reasonably unwilling. He gives this example: "The person consulted [consiliarius], for example a physician, cannot reveal anything to others, for example to superiors, against the reasonable will of the sick person; nor can the superior to whom a matter has become known through the violation of a secret dismiss an unwilling subject on that account." He seems to suppose here (and most moralists would agree, I am sure), that a religious may be reasonable in re-

fusing to allow the disclosure of some matters even if they are serious enough to warrant dismissal. Vermeersch then explains that the case is different when the superior calls in a specialist for an opinion as to a subject's suitability, etc. Such a counsellor, in reporting to the superior, must decide how far the virtual consent of the subject extends in these circumstances. Finally he takes note of the peculiar position of a community physician whom the religious, men and women, have to consult because there is no other whom they can consult: "Since no option is left to them, they have a right that a strictly entrusted professional secret be kept in their behalf."²⁶

The case might be one where the patient himself cannot be properly provided for unless the superior is informed, for example, drug addiction or alcoholism. (The hypothesis, especially in the case of alcoholism, is somewhat unreal, because these addictions become known to the superior and everyone else, sooner or later; besides, mere revelation to the superior before the subject is ready to invoke his help would be rather ineffective in most cases, the resentment at the revelation adding to the problem.) But in cases where the superior ought to be informed for the patient's own good, I believe the proper procedure is for the physician to persuade the patient to reveal the difficulty to his superior *in foro paterno*. He can even refuse to accept the patient any longer for treatment unless he does so. But I would not allow the physician to report to the superior against the clear wishes of the patient except in those rare cases where moralists allow the entrusted secret to be revealed, for example, because of a serious imminent threat to the common good of such a kind that it can be averted only by revelation to the superior. Even in this case the physician should give the patient a chance to reveal the secret himself: "Unless you tell the superior, I will,"—because if the subject reveals the matter himself, he will probably be in a more favorable position vis-a-vis his superiors than if the first information comes to them from the physician. However, such information

²⁶ A. Vermeersch, S.J., *Theologiae Moralis Principia, Responsa, Consilia* (Rome: Gregorian University Press, 1945), n. 649. Vermeersch also cites R. Brouillard, S.J., "Le secret dans la vie religieuse," *Revue des Communautés religieuses*, 3 (1927), 34 sq.

coming from a physician, would still be a matter of the paternal forum *per se*.

Or the case might be one of a communicable disease clearly requiring the intervention of the superior for the protection of the community. The disease may have been culpably acquired or not, but at the least it is very embarrassing and at the worst it may be downright defamatory. Let us suppose again that the subject reveals it to the physician with the implicit understanding that it will not be reported to the superior. Again the physician's first duty, as healer and counsellor, is to advise the patient of his obligation to inform the superior of the situation *in foro paterno*. He can bring pressure to bear by refusing to continue treatment unless the subject takes this necessary step. And if his persuasion is unavailing he can give the patient the alternative: "Unless you inform the superior so that he can take the necessary steps for the common good, I will do so myself."²⁷ In the case of reportable diseases, it would be anomalous indeed if the physician were obliged to reveal the case to the health authorities and not permitted to reveal it to the superior. It should be noted, however, that such reports to health authorities are made confidentially and the information cannot be used against the patient in a judicial process. Likewise, when a physician reveals such cases to the superior, the latter is bound *per se* by the secret of the paternal forum, and cannot use the information to punish or dismiss the subject.

Other "hard cases" could be cited to illustrate the severity with which modern moralists interpret the obligation of the entrusted secret. But the obligation is not completely unlimited. One must not urge it to the point where the common good, and the innocent individuals who make up the community, suffer out of all proportion. Entrusted secrets can be of varying degrees of inviolability according to the circumstances. But the inviolability of secrets of con-

²⁷ For the legitimate transfer to the judicial forum (in religion) of certain exceptional cases which have originated in the paternal forum, see Franciscus Suarez, *Opera Omnia* (Parisii: Ed. Vivès, 1856-), vol. 16, *De Religione de Societate Jesu*, Pars 2, lib. 10, cap. 11, n. 8, and cap. 12, nn. 43, 44; Joannis De Lugo, *Disputationes Scholasticae et Morales* (Parisii: 1893), vol. 7, *De Justitia et Jure*, disp. 37, nn. 82-84.

science, confided to priests, spiritual advisers, psychiatrists and physicians, in order to get their professional advice and help, rates very high and admits of very few exceptions. Moralists insist that the common good itself requires that such advisers be available. If they cannot be approached with complete confidence it is the common good that suffers.

The consideration of the common good works both ways. The unqualified proposition that such secrets "can be revealed for the common good" lends itself to abuse because the term is so vague and inclusive. Almost anything can be shown to have an effect on the common good in some remote way. But it takes very little experience in religious life to convince one that filial confidence in superiors depends on their absolutely faithful recognition of the paternal forum, while confidence in professional advisers, whether priests, spiritual fathers, psychiatrists or other physicians, depends on their absolutely faithful recognition of the inviolability of the secrets of conscience entrusted to them. There are rare, borderline cases where it is hard to say what is permitted, what is obligatory in the revelation of such secrets. When a phrase like "reasonably unwilling" is to be interpreted, opinions are bound to vary. Some will be readier than others to admit that a case is extraordinary and exceptional. But hard cases make bad law. The existence of these rare cases should not make us forget that the vast majority of these secrets are inviolable. Exceptions have a tendency to lead to ever widening circles of exceptions. I am of the opinion, and I think most moralists agree with me, that secrets of conscience, entrusted to professional advisers as above, enjoy an inviolability just short of that of the secret of confession. As far as religious life is concerned I think that without such a principle both psychiatrists and spiritual fathers might just as well shut up shop. Nobody in trouble is going to confide in them if they allow the slightest suspicion to grow that they have expansive ideas as to the requirements of the common good.

The recipients of professional secrets must stand by at times rather helplessly while very unfortunate, if not tragic developments run their course. The temptation to intervene is strong. But their

position in relation to the common good is not essentially different from that of a confessor in similar circumstances. He protects the seal and leaves the matter to God. It is remarkable how often divine providence comes to the rescue.

5. *Attitudes and Procedures*

In their attitude toward psychotherapy and other psychiatric treatments superiors should avoid the extremes of uncritical hostility and uncritical enthusiasm. Sometimes one encounters a refusal to recognize mental illness (short of outright insanity) as "legitimate" illness at all. Or one feels that there is considerable suspicion of psychiatry and psychiatrists due to the bad press they have often had in Catholic circles.²⁸ On the other hand, some give modern psychiatry and psychology credit for an omnipotence they do not claim for themselves, especially in handling behavioral problems.

Superiors should become more fully acquainted with modern Catholic thought on psychiatry and psychology. With increasing frequency institutes and seminars are being conducted, books are being written, etc., which aim at giving proper orientation on mental and emotional health to superiors, masters and mistresses of novices, and other religious.²⁹ One cannot overemphasize the importance of mental and emotional health in the spiritual life of the religious and in his apostolate to the neighbor. There can be no denying the fact that many are definitely ill, or functioning far below capacity, and would profit by professional help, even when there is no question of psychosis or insanity.

In more severe disturbances the decisions make themselves, because "something just has to be done," and is. But in deciding

²⁸ In May, 1955 the *Woman's Home Companion* carried an article entitled, "What Does Your Church Think of Psychiatry?" In the course of the article it was noted that readers who were interested in the attitude of the Catholic Church could write to the chaplain of the Guild of Catholic Psychiatrists. As a result of that reference the chaplain received 1431 letters in two months, and of these, 812 expressed varying degrees of surprise that Catholics could have anything to do with psychiatry. See, J. J. Hayes, "Chaplain's Letter," *Bulletin of the Guild of Catholic Psychiatrists*, 3 (Dec., 1955), 2.

²⁹ See, for example, R. P. Vaughan, *Mental Illness and the Religious Life* (Milwaukee: Bruce, 1962).

whether psychotherapy is appropriate the superior must make a delicate decision. He must take into account the gravity of the problem, the trouble and expense involved, the norms of religious poverty appropriate to his institute, the attitude of the subject, the availability of a competent psychiatrist and the hope of a successful outcome. He may have to accept advice from others on some of these points if he is to decide wisely.

Dr. Thomas Thale, a psychiatrist, speaking to hospital chaplains at the 1959 convention of the Catholic Hospital Association at St. Louis, gave them some excellent advice which both superiors and subjects could take to heart:

I think there are two extremes between which one must operate: The first extreme is the failure to recognize abnormality by saying that everybody is a little queer or that we all have our foibles. True, we all do have our foibles, but this should not prevent the chaplain and the psychiatrist from noticing them, thinking about them, and sometimes trying to do something about them. The other extreme consists in undue eagerness to pick up signs of faulty adjustment and undue optimism that the psychiatrist can rectify all of them. . . .

The final principle to be considered is whether it is worth while to make a referral of any sort. Most people seem to live with their neuroses and find it easier to put up with the handicap the emotional disturbance imposes than it would be to risk the time, expense and anxiety that psychiatric treatment requires. Also, is the problem grave enough to justify the referral?

Dr. Thale also had some sound advice to offer on the choice of a psychiatrist:

Catholics waste a lot of time worrying about Freud, when they could better be considering charity and integrity. Get to know at least one psychiatrist. The question is will he show true concern for the welfare of his patients? Does he protect them when they are helpless? Does he respect their confidences? Does he help them to grow and give them the opportunity to make their own decisions when they have more strength? Does he respect the moral values of his patients?

It is up to your own perceptiveness to discern which men have real charity and which ones are merely compliant and agreeable, which ones are decisive and which merely hard-headed. . . . Probably the internist, pastor and chaplain can save a good deal of time and heartache for a patient if they help him to make an appropriate choice of a psychiatrist, who is not only a good man, but a man who is good for him. To do this, you should get to know the psychiatrists in your area, and to become friends with at least one of them, who can guide you in making appropriate referrals.³⁰

One religious superior who has had considerable experience in a theological seminary follows this procedure: When there is question of psychiatric care, he first has the subject consult the spiritual father *in foro interno*. If the spiritual father agrees that psychiatric help may be needed, the approval of the major superior is obtained to have a psychiatric evaluation done. This may include psychological testing. The psychiatrist who does this evaluation (an eminent man in his field) then decides whether psychotherapy is indicated (or perhaps some other form of treatment) and recommends a particular psychiatrist for the particular case. If psychotherapy is decided on, with permission of the major superior, the subject is expected to keep in close contact with the spiritual father throughout, while the superior stays as much in the background as possible. But once ordination year is at hand, the superior begins to inquire about results, and when necessary may obtain a report from the psychiatrist. Serious problems of confidentiality have not arisen. Some subjects, with the advice of the spiritual father, have voluntarily postponed their ordination, the spiritual father having been, as it were, party to the whole process. The treatments (or, perhaps, more realistically, the counselling sessions) have involved one to three visits a week, for periods ranging up to three years. The shortest course was for six months. Usually treatments are terminated before ordination year begins. Except in a rare instance the procedure is not technically psychoanalysis but psychotherapy. Despite all the difficulties involved in such lengthy procedures, the

³⁰ T. Thale, "Mental Disorder and the Chaplain," paper read at the 1959 Convention of Catholic Hospital Association, St. Louis (Ms.).

superior feels that the good results justify the inconvenience and expense.

Obviously such a program is not possible everywhere, but it illustrates at least two things: the delicacy of the decision to use psychotherapy in cases of less serious emotional disturbance; and the importance of an intermediary such as the spiritual father for maintaining a proper control of the situation without any improper administrative intrusion on psychic privacy.

Such a set-up prevents subjects from substituting the psychiatrist for the spiritual father (which some of them are tempted to do), or evading their religious dependence on superiors. It may also help to keep to a minimum the tendency of troubled subjects to quote and misquote (in their own favor) psychiatrists, superiors, moralists, spiritual fathers and almost anyone who is handy. It also eliminates the occasional character who thinks the psychiatrist is the judge of an ordinary vocation problem, or thinks the psychiatrist can make him happy, or who might even enjoy an imaginary prestige from having "my psychiatrist." Most of all, the introduction of the intermediary fosters filial confidence and keeps emotionally upset subjects from thinking of themselves and superiors as being on opposite sides of the fence.

This aspect would be enhanced if the spiritual father or other intermediary were formally recognized as the person with whom the psychiatrist or psychologist is authorized to deal *in foro interno*, in those cases where the experts are acting as counsellors rather than as physicians. This would be to give practical recognition to what we have already mentioned as a practical reality: the relation with psychiatrists and psychologists today is *de facto* often that of counsellor-counselee rather than that of physician-patient. They are not treating "sickness" in any conventional sense of the term. They are using their technical psychological know-how to help people solve personal problems arising out of emotional defect or disturbance. Perhaps the time will come when we will frankly acknowledge that the modern psychiatrist or psychologist sometimes functions as a counsellor, and therefore as an adjunct and extension of the spiritual father's office, acting strictly *in foro interno*; and sometimes functions as a physician, treating definite disease, and there-

fore as an adjunct and extension of the superior's office, acting *in foro paterno*.

The practical consequence (which would solve many a problem of confidentiality and improper mingling of the fora) would be that the psychiatrist when functioning as counsellor would report not to the superior but to the spiritual father *in foro interno*, who would proceed from that point according to his own norms. But the psychiatrist acting as a physician would report *in foro paterno* to the superior. I say this would solve some of the problems, but not all of them by any means. Such an arrangement presupposes, too, some psychological orientation on the part of the spiritual fathers, and a willingness on the part of superiors to delegate to them a limited amount of authority and responsibility in dealing with the psychiatrist. What is said of the spiritual father could be true of some other person in the community acting as an adviser in the internal forum.

I recognize that a great deal more thought and study are required before such a proposal could be reduced to practice. How much responsibility can be delegated to intermediaries? Who can say where counselling leaves off and treatment of sickness begins? Who would the intermediary be in the case of women religious? At present the proposal is merely a theoretical possibility which I consider worthy of consideration. But if some such arrangement could be worked out it would solve many problems of confidentiality and obviate some of the difficulties which are bound to arise from confusing the fora.

At present the only practical way to prevent many of the problems is to have a clear, explicit, concrete understanding between superior, subject, psychiatrist and intermediary (if there is one) as to what the import of the procedures is, what kind of report the psychiatrist may be expected to make, and what use the superior may make of it. This is the most important single suggestion I can make to superiors, subjects and psychiatrists.

CONCLUSION

The mental health of religious is an all-important goal, which requires professional psychiatric and psychological help. The impact

of this new kind of help on religious life and government raises problems, many of which remain unsolved. The principal problem is that of harmonizing, in a family setting, the right of the individual religious to the secrets of his interior life with his essential dependence on superiors. The present study, by making certain distinctions, recalling certain principles, and offering certain suggestions, has been an effort at clarification. Further studies are needed before we arrive at satisfactory solutions. But no solution will be satisfactory which does not protect simultaneously the mental health of religious, the principles of religious government, the right of religious to psychic privacy, and the filial confidence of religious subjects in their superiors.

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