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Charles E. Curran

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Faith and Reason:

John R. Cavanagh as Bridge Builder

Rev. Charles E. Curran

Father Curran is a professor of moral theology at the Catholic University of America in Washington, D.C.

Dr. John Cavanagh died on Saturday, May 2, 1981, at age 76. Since his death there have been a number of eulogies and tributes paid to his memory. One would expect *Linacre Quarterly* to join in these tributes, for Cavanagh was a very active member and former president of the National Federation of Catholic Physicians' Guilds, a former associate and contributing editor of *Linacre Quarterly* and a winner of the Thomas Linacre award. However, Cavanagh's work and contributions are too important to be dismissed only with the type of eulogy which lists the many accomplishments and extols the virtues of the person. The purpose of this paper is to give an objective appreciation and understanding of Cavanagh's many writings. Those who have met and known John R. Cavanagh realize that he would prefer such an approach, for he always delighted in discussions and even encouraged differences of opinion as a way of arriving at the truth. This evaluation makes no claim to be complete. Our study of Cavanagh's multifaceted work is from a theological perspective and leaves untouched the important psychiatric and counseling aspects of his publications.

Cavanagh might best be described as a bridge builder — and the bridges he tried to construct were many. First, he tried to span the gap between theory and practice. He was a practicing psychiatrist with his patients and his daily rounds in hospitals, but he also was a widely published author with six books and over 100 articles. As a committed believer and a dedicated physician and psychiatrist, Dr. Cavanagh spent his whole life showing that faith and medicine, especially psychiatry, are not enemies but can and should be brought together in harmonious collaboration. The corollary of this relationship led him to point out and live out the basic congruence between moral theology and the techniques and principles of psychiatry and medi-

cine. For him, pastoral counseling was the bridge the pastor used in dealing with the daily problems of people. Perhaps all of these attempts by Cavanagh to bring together aspects that are so often kept apart can best be understood in the light of his lifelong dedication to the task of showing there is no incompatibility between faith and reason.

Without a doubt the heart and center of the Catholic intellectual ethos is the recognition that faith and reason can never contradict one another. Truth is one.¹ Catholic theology at its best has always tried to live out the reality of this collaborative relationship. Faith constantly looks for a better understanding, and understanding reaches its highest degree in faith. Thomas Aquinas stands out as the greatest genius within the Catholic tradition. His magnificent accomplishment was to try to understand better and explain more fully the Christian faith in the light of a creative adaptation of the philosophy of Aristotle. The philosophy of a pagan who lived before Jesus was used by Aquinas to interpret the Christian faith itself. The Catholic acceptance of reason is illustrated in the natural law methodology, for the natural law is the participation of the eternal law in the rational creature. Human reason on the basis of human nature is able to arrive at ethical wisdom and knowledge.² In its historical existence the Catholic tradition fostered this basic commitment to faith and reason through its support in establishing universities and in promoting the sciences, including medicine.

In this emphasis on the role of reason and its basic compatibility with faith, one sees the traditional Catholic emphasis on the *and* — bringing together rather than dichotomizing two realities. Whereas some in the Protestant tradition insist on Scripture alone, faith alone and to God alone belongs the glory, the Catholic tradition has insisted on the Scriptures *and* tradition, faith *and* works, faith *and* reason. The glory of God in the Catholic tradition is the human being alive. If anything, the danger in the Catholic tradition has been to give too much importance and even too great an independence to the second part of the couplet — tradition, works, and reason.

However, in practice the Catholic Church and its tradition have experienced the tension of living out the basic commitment to the principle that faith and reason cannot contradict one another. This tension has been experienced in a number of ways, as perhaps best illustrated in the relationship between faith and human sciences. The argument over evolution in the 19th century comes to mind. The condemnation of Galileo is another illustration. Only after much time and struggle did Catholic biblical exegetes feel free to use the tools of historical and literary criticism in their interpretation of the Scriptures. The relationship between the hierarchical magisterium and theologians in the Catholic tradition has been marked not only by close collaboration but also at times by tensions and disagreements.

The Catholic tradition takes its theology very seriously because of its commitment to the basic compatibility between faith and reason.

In the activities of his life and in his published works, John R. Cavanagh well exemplified the Catholic tradition in his commitment to the basic compatibility between faith and reason. But at the same time he also personally experienced the tensions involved in trying to live out and continually explore this relationship between faith and reason.

Cavanagh's life activities centered on his role as a practicing psychiatrist, a university lecturer for over 30 years and an author of many publications. He was an early president of the Guild of Catholic Psychiatrists, the editor of the *Bulletin of the Guild of Catholic Psychiatrists* for over 12 years and, without a doubt, the heart and soul of that particular organization. Any impartial judgment recognizes that the *Bulletin* achieved its greatest success under his editorship. It has already been pointed out that he was a past president of the National Federation of Catholic Physicians' Guilds and a frequent contributor and guest editor of *Linacre Quarterly*. He served on national Catholic committees dealing with family life, health affairs and medical morality. The Pope appointed him to the Papal Commission on Population and Birth Control which studied the question of artificial contraception in the middle 1960s. He was awarded three different papal honors (Benemerenti Medal, Knight of St. Gregory the Great, and Knight Commander of St. Gregory the Great), and also signed a statement of dissent from the condemnation of artificial contraception in the encyclical *Humanae Vitae*.

His many published articles and books show Cavanagh, the bridge builder, at work. An article, "Mental Nervous Disorders," published in *The Ecclesiastical Review* in 1943, indicates what would be the general direction of much of his future work. One can only conjecture that this two-part article was based on the lectures he gave on pastoral medicine and counseling to the seminarians in the School of Theology at the Catholic University of America. The article aims at helping the priest distinguish between the psychotic and neurotic. The psychotic definitely needs the help of the psychiatrist, but the priest can be of assistance to the neurotic. The priest must keep in mind that the moral responsibility of neurotics is diminished in about a direct ratio to the severity of their symptoms. The various types of psychoses and neuroses are discussed in this article in the light of the above context.³

In analyzing Cavanagh's writings, there is a logical division between what I will call his basic trilogy and his publications on specific issues. The first major section of this paper will discuss the basic trilogy: *Fundamental Psychiatry* (1953), *Fundamental Marriage Counseling* (1958) and *Fundamental Pastoral Counseling* (1962). These works explain our author's approach to the three important realities men-

tioned in the titles. No attempt will be made to examine all the issues and problems he discussed in his writings. The second section of our evaluation will focus on the three issues of death and dying, responsible parenthood and homosexuality which, in my judgment, are the most significant questions addressed and/or the ones given the most extensive treatment.

I. Cavanagh's Trilogy

Fundamental Psychiatry

In 1953, Cavanagh and James D. McGoldrick, S.J., professor and head of the department of psychology at Seattle University, published *Fundamental Psychiatry*. This 582 page text tried to present the psychiatric science within the framework of a material-spiritual philosophy.⁴

Throughout his life, Cavanagh insisted on the basic compatibility between religion in general, and his Catholic faith in particular, and psychiatry. When he first entered the field of psychiatry, there was a widespread feeling that irreconcilable differences existed between Catholic faith and psychiatric principles and techniques. Cavanagh later recalled that the dean of the Georgetown University Medical School counseled Catholics not to go into psychiatry because to do so might result in the loss of their souls.⁵ In 1950, he responded to an article in *Sign* magazine, a popular Catholic monthly, which accused the Group for the Advancement of Psychiatry of being the shock troops of Sigmund Freud, atheists and anti-Christian in their ordered attack upon the human mind and soul. Cavanagh then developed his basic assertion, "There is no conflict between psychiatry and religion. A competent psychiatrist can be a good Catholic without conflict (at least on that score)."⁶

Our author saw the relationship between psychiatry and religion (specifically Catholicism) not only in the more abstract terms of these two realities but also in the personal terms of the collaboration between psychotherapists and clergy. This collaboration requires some mutual understanding. The psychiatrist should not only be trained in the best of the profession, but should also be well versed in his own religion. On the other hand, in addition to theological knowledge, the clergy should have some knowledge of psychodynamic principles.⁷

The first book, *Fundamental Psychiatry*, is primarily addressed to psychiatrists and students to show that the science of psychiatry can and should be understood in the context of a Catholic and scholastic philosophical view of the human person. Unfortunately, some people propose a science of psychiatry without recognizing the existence of the "psyche" — the soul. Many texts in psychiatry do not propose an adequate view of human nature and too often a purely materialistic

view of humanity is expounded. The two authors present a brief and somewhat stereotypical Catholic refutation of materialism which denies the existence of God, the soul, the mind, the will, natural law, immutable morality and the social nature of human beings.⁸ *Fundamental Psychiatry* adopts an Aristotelian-Thomistic anthropology, which avoids the two opposite dangers of materialism on the one hand and a Neo-Platonic scorning of matter on the other hand. The scholastic vision brings together matter and spirit into one complete, bewildering, complex, dynamic reality which we know as the human person. In this light a Catholic can accept aspects of Freud's technique without approving his materialistic and deterministic philosophy.⁹

On the basis of this philosophical and theological vision, the book gives an introduction to psychiatry, considers the etiology of psychiatric disorders, outlines a clinical approach to psychiatry, discusses psychoneuroses and psychoses and concludes with a section on the borderlands of psychiatry. A final chapter summarizes the religious and philosophical views of God, humanity and the world which should govern the work of psychiatry.

The book itself stands as a unique and pioneering contribution — apparently the first attempt to give an organized presentation of psychiatry based on a full and adequate picture of human nature as understood in the Catholic, scholastic tradition.¹⁰ However, from the perspective of the relationship between religion or theology and psychiatry, there are aspects that can and should be criticized. Especially from a contemporary theological viewpoint, one can disagree with the book's use of conformity to God's will as the best way of understanding the moral and spiritual life of Christians. Also, many theologians, even at the time when the book was written, could not accept the statement that God always wills the crosses that come into our lives. God permits, but does not directly will evil. However, even apart from a somewhat inadequate theology, the relationship between the spiritual and the mental life is treated much too quickly and one-sidedly. In the last chapter, the authors maintain that conformity to God's will removes the basis for psychic depression, excludes fear, anxiety and inferiority problems and begets true wisdom, peace and calm.¹¹

Elsewhere, writing at about the same time, Cavanagh himself presents a much more differentiated picture of the relationship between the spiritual and the psychic or mental. Spiritual and mental health are not identical; the soul in the state of sin is not necessarily mentally ill. The confessor deals with objective guilt, whereas the psychiatrist is concerned with neurotic guilt. Real guilt arises from objective deeds; neurotic guilt is based on unconscious conflicts. The treatment given by the psychiatrist does not of itself restore the soul to spiritual well-being.¹² These differences lead one to suspect that perhaps McGoldrick and not Cavanagh was the principal author of the

final chapter on psychiatry, philosophy and religion. In addition, it would seem natural for Cavanagh to defer to McGoldrick on this matter because of the Jesuit's training in philosophy and theology. *Fundamental Psychiatry* could have profited from more nuanced understandings of the relationship between spiritual and mental health and from an in-depth exploration of this topic.

A revised edition of *Fundamental Psychiatry* in 1966 attested to the popularity and importance of the book. The authors note the many changes which have occurred since the volume was originally published in 1953. The relationship between religion and psychiatry has shifted from open hostility to peaceful coexistence and even active cooperation. From the viewpoint of psychiatry, both the American Medical Association and the American Psychiatric Association have sections discussing religion and medicine. From the Catholic perspective, the Guild of Catholic Psychiatrists and the American Psychological Association have grown and developed.¹³ This edition has been greatly changed in some areas, but the concluding chapter on psychiatry and religion merely repeats the second half of the original chapter with its development of 22 religious concepts including the emphasis throughout on the will of God.¹⁴

Fundamental Marriage Counseling

In 1958, Cavanagh, with the help of a few other contributors who wrote individual chapters, published *Fundamental Marriage Counseling: A Catholic Viewpoint*.¹⁵ The 602 page volume is encyclopedic in its breadth and scope. The author recognizes that no one is likely to sit down and read the book from cover to cover. The volume supplies the marriage counselor with all the information and data necessary for carrying out that role. The book appeals to all specialties without being complete in any one specialty.¹⁶ Ironically, the discussion of counseling, pastoral counseling and marriage counseling takes up only the first comparatively short chapter of the book.¹⁷ Perhaps the author was already intending to devote a subsequent volume to this subject. The book is written for Catholic marriage counselors, but non-Catholics will also find it of help and interest. The author bemoans the fact that there is little or no preparation and training for the vocation of marriage. This book is to help counselors with premarital training and to assist them in helping couples with marital adjustments. However, prevention is much more significant than cure. Unfortunately, the problems and difficulties confronting married couples today have become even greater in the light of some contemporary social developments.¹⁸

The book is divided into five sections dealing with the biological aspects of marriage (Cavanagh defends himself against the charge that he has given too great an importance to the biological and medical),

the sexual aspects of marriage, fertility in marriage, social aspects of marriage and religious aspects of marriage. Seven of the 33 chapters are written by other contributors.

As one would expect, Cavanagh follows the official teaching of the Catholic Church in the condemnation of artificial contraception and divorce. The author gives the standard Catholic arguments against contraception but also explains the medical and moral aspects of the rhythm system. He believes, on the basis both of the literature and of his own observations, that the rhythm system is extensively used. If employed intelligently, the method is more effective than the 65% effectiveness reported in one study. The Catholic psychiatrist challenges those who complain about having their sex life determined by the calendar. Cavanagh points out the good effects of the rhythm method including the gaining of self-control which contributes to emotional maturity and the lack of guilt. No ill effects of rhythm are mentioned.¹⁹

On the morality of rhythm, Cavanagh cites at great length the 1951 address of Pope Pius XII. The primary obligation of marriage is the begetting of children, but serious reasons of a medical, eugenic, economic and social nature can justify the use of the rhythm method. As was his custom, Cavanagh then cited a number of commentaries by theologians trying to make more specific the papal teaching. He quotes at some length the position of Rev. Gerald Kelly, S.J. According to Kelly, the positive duty to procreate is considered in the light of, and directed by, the couple's obligation to society. Each couple is morally bound to make an average contribution in terms of the population needs, which Kelly spells out to be perhaps four or five children if possible. To use rhythm to limit the family to four or five children is permissible even without one of the justifying reasons mentioned by the Pope. Cavanagh cannot accept Kelly's position and favors the more strict opinion of Francis Connell, according to which the divinely imposed obligation to procreation remains substantially unmodified even after a couple has had seven or eight children, providing they have no serious reason for not having more children. Cavanagh then spells out what two theological authorities (Connell and Griese) propose as sufficient causes for the use of rhythm on the basis of the indications proposed by Pope Pius XII.²⁰

Fundamental Marriage Counseling does not pretend to be a creative or ground-breaking study. The fact that within a period of eight years this book went through six editions proves how well the author accomplished his goal. *Fundamental Marriage Counseling* was a must for Catholic marriage counselors and found a place on the book shelves of most priests. The presentation by Cavanagh was clear, precise, up-to-date and most helpful in supplying the marriage counselor with the relevant medical, psychological, legal, theological and canonical data.

Looking back on the book more than 20 years later, one can see that it reflects the times in which it was written. Cavanagh insisted that the husband should be the leader and the head of the family, not only because of his physical and psychological make-up but also because of the divine injunction. However, Cavanagh also criticized some of the popular understandings of his day and thereby seems quite contemporary. Traditionally in marital love, the male is considered the aggressor, the hunter and the one who takes the initiative, while the female is the hunted, the charmer and the one who waits to be loved. Our author, however, believes that in marriage the wife who is sexually interested should be just as free as the husband to suggest sexual relations.²¹ It is easy, but unfair, to critique Cavanagh merely from the perspective of our contemporary times.

Yes, *Fundamental Marriage Counseling* does resemble an encyclopedia in its length, layout and style, but occasionally one sees flashes of the Cavanagh who, as his friends knew, delighted in debunking some traditional understandings. In the midst of a chapter on the marital act dealing with biological and medical data, our author in two paragraphs ridicules the American emphasis on the honeymoon. Honeymoons are not only expensive but also frequently a fatiguing, boring and disappointing experience. The best advice for most couples is to spend their honeymoon at home.²²

Fundamental Pastoral Counseling

The third book of Cavanagh's basic trilogy, *Fundamental Pastoral Counseling: Technic and Psychology*, was published in 1962.²³ Throughout the book Cavanagh insists on the proper descriptions and definitions. Psychiatry is the branch of medical science which deals with persons afflicted with mental disorders. Psychoanalysis aims at eliciting unconscious conflicts and interpreting them to patients by means such as the use of free association, dream interpretation and the manipulation of the transference phenomena. Psychoanalysis is a specific form of psychotherapy suited only to certain types of diseases. Most psychiatrists are not psychoanalysts and tend to be eclectic in the therapy they use with their patients. The psychologist, unlike the psychiatrist, is not a medical doctor and should not be dealing with the diagnosis and treatment of disease.²⁴

In this book, unlike *Fundamental Psychiatry*, Cavanagh gives a brief but important description of the differences between spiritual well-being and mental health or, as he phrases it, the relationship between the priest and the psychiatrist. Spiritual well-being and mental health are not the same realities. Objective guilt and neurotic guilt are not the same. As the ministrations of the priest do not have for their prime purpose the restoration of mental health, so the treatment given by

the psychiatrist does not of itself help the soul's spiritual well-being. The roles played by the pastor and the psychiatrist are complementary, not in opposition but also not interchangeable.²⁵ Spiritual health and mental health, priest and psychiatrist, like faith and reason, are neither opposed nor identical but are compatible and complementary.

While psychotherapy deals with illness and disease, counseling is concerned with procedures employed with relatively normal people who have personal problems which they feel are beyond self-solution. Cavanagh also accepts further distinctions between education, guidance and counseling.

Pastoral counseling differs from what our author calls secular counseling because, in addition to the relationship between the counselor and the client, there is also a relationship with God as a third party. The counseling activities of the pastor always bring in this relationship to God and are subordinate to the primary spiritual functioning of the pastor. This special aspect of pastoral counseling gives specific direction to the aims, methods, and techniques of pastoral counseling. The pastoral counselor at times must be directive primarily because of his special role and hence cannot totally accept the exclusively client-centered therapy of Carl Rogers. Cavanagh, in fact, has some problems with client-centered therapy even for the secular therapist. Pastoral counseling should be eclectic and employ a number of different methods. Our author describes the counseling situation and interview stressing the qualities of the pastoral counselor as an empathetic listener.²⁶

The pastor as counselor can make his greatest contribution in those areas of conflict which arise out of the frustrations of certain basic human needs such as the need to be loved, to feel secure, etc. To assist the pastoral counselor, *Fundamental Pastoral Counseling* describes the various contemporary schools of psychology and discusses personality development with special emphasis on children, teenagers and the differences between the sexes.²⁷

Cavanagh's primary aim in the book is to describe pastoral counseling and to help equip priests to carry out this function. In a concluding section on personal responsibility, the author shows that his mediating role goes in both directions by disagreeing with some psychiatrists who contend that there are no sinners or criminals, but only sick people. Specifically, Cavanagh criticizes a statement of the Group for the Advancement of Psychiatry, which is the same group he staunchly defended in 1950 against the attacks of some Catholics who called it atheistic and anti-Christian. In the normal person, our author maintains that the unconscious influences, but does not coerce. The normal individual and most neurotic individuals are responsible for their conduct. Free will remains free as long as the person maintains

good contact with reality. Responsibility decreases when contact with reality decreases.²⁸

Fundamental Pastoral Counseling completes Cavanagh's trilogy of basic books. Here he fills out and develops what had appeared in seminal form in the very short first chapter of *Fundamental Marriage Counseling*. The style is vintage Cavanagh, frequently citing contemporary authors and then drawing his own approach on the basis of and in relation to these others. Cavanagh had been one of the first (if not *the* first) psychiatrist to teach regularly in a Catholic seminary context. Priests needed more than their scriptural, theological and canonical knowledge. *Fundamental Pastoral Counseling* met a very basic need. The last decades have seen tremendous developments in the pastoral programs existing in Catholic seminaries, but John Cavanagh deserves great credit for being a pioneer in a very important aspect of priestly ministry.

II. Specific Issues

In addition to his three books dealing with the fundamental aspects of psychiatry, marriage counseling and pastoral counseling, our author dealt with many significant issues which were on the cutting edge of the complex relationship between moral theology and contemporary medicine and psychiatry. In my judgment, the most significant issues he considered in his other writings were dying, responsible parenthood and homosexuality.

Death and Dying

Perhaps the most significant single article written by Cavanagh was "Bene Mori: The Right of the Patient to Die with Dignity," which originally appeared in the May, 1963 issue of *Linacre Quarterly* and was reprinted in the August, 1975 issue of the same journal. This article illustrates our bridge builder at work, this time confronting the medical profession with the Catholic Church's teaching about the right to die with dignity.²⁹ Cavanagh begins with his own experience as an intern when called to go to the sisters' infirmary to pronounce the death of a nun. The article builds on the theory that the death agony, which many people talk about, is actually a myth. There might be some physical signs of a death agony, but the state of mind of most patients is peaceful when they know that death is near. Death is easy for the dying because the anxiety of not knowing is now overcome. Cavanagh seems willing to admit some of us might challenge this view of the reality of death as peaceful, but all would admit that death ought to be peaceful. The psychiatrist then raises some challenges to the medical profession in terms of questions of death. How many patients has a doctor actually seen die? Too often the physician

removes himself from the dying patient. Why? Is it because of his failure or because his competence is attacked by the very thought of death? The physician should be there when the patient is dying to give help to both the patient and the family.

The biggest problem is the tendency of the medical profession and others not to allow the patient to die in peace but rather to use all possible means and techniques to prolong human existence. Our author defends the thesis that when the dying process (i.e., the time in the course of an irreversible illness when treatment will no longer influence it and death is inevitable) is beyond doubt, the patient should be allowed to die with dignity, unencumbered by useless apparatus. Cavanagh is here applying the historically accepted distinction in the Catholic tradition between ordinary and extraordinary means. Only ordinary means of medical care need be employed. In defining the term, Cavanagh would have been better to follow the definition of Gerald Kelly whom he does cite elsewhere in this section. Kelly puts into the definition the aspect of the need for a hope of success. Cavanagh here makes the mistake of many medical people who tend to define extraordinary means on the basis of what is not ordinarily available. Our author recognizes that the concept of extraordinary means does include the condition of the patient and the hope of success, not just the availability of the means, but he fails to incorporate these important aspects into his definition.

While rejecting euthanasia, the article calls upon the medical profession to promote the idea of *bene mori* — to allow the patient to die peaceably and in dignity. Cavanagh also points out that the primary decision-making here is to be done by the patient and then by the next of kin, but the doctor can offer the proper advice. The article represents Cavanagh at his best, addressing the practices of his medical colleagues on the basis of his theological understandings. Long before death and death with dignity became popular subjects even in the more scientific literature, Cavanagh had considered the question with clarity and compassion.

Responsible Parenthood

Perhaps the most significant theoretical and practical problem in the life of the Catholic Church in the last few decades has been the matter of responsible parenthood and the control of conception. With Cavanagh's background and interests, he naturally was in the center of this discussion. As already mentioned, *Fundamental Marriage Counseling*, published in 1958, accepted the Catholic moral teaching rejecting contraception and justifying the use of rhythm if there were a sufficient reason to limit the size of one's family. The method can be somewhat effective if used intelligently and even has some advantages

including the building up of self-control and the lack of guilt which comes from the use of artificial contraception.³⁰

In the light of Cavanagh's book, an article published in the popular Catholic magazine *Marriage*, in September, 1960, is most puzzling.³¹ As would be expected, the author points out that contraception, sterilization and abortion cause serious negative psychological effects coming from the same basic causes — frustration and guilt. Our author's approach is entirely *a priori* and philosophical. The sex act is designed by nature primarily for the procreation of offspring and the needs of the species. On this basis, the Catholic tradition has condemned artificial contraception and sterilization as going against the plan of nature.

Cavanagh surprisingly goes further and includes the use of periodic continence or rhythm as frustrating a natural need. After including periodic continence as frustrating a natural end, Cavanagh claims all methods of contraception control make the sex act a purely physical reaction, make sexual pleasure an end in itself and destroy the "oneness" and "we" of marriage. Even if repressed, the effects of frustration persist. This frustration is especially true when rhythm is used because rhythm forbids sexual relations at the time that the woman's sexual drive is at its greatest — during the period of ovulation. Also there is stress in the long delay waiting for the sterile period. Frustration causes hostility, which in its extreme degree aims at the destruction of the source toward which it is directed. This reaction can lead to feelings of guilt even though no actual guilt is present. At other times in the article, Cavanagh limits his discussion to artificial contraception, but he definitely makes the point that even rhythm produces harmful psychological effects.

The article raises a number of questions. He is obviously changing his position on the psychological effect of rhythm. He never explicitly says that rhythm is morally wrong, but he describes rhythm as a frustration of the natural end. It does not seem consistent with his own principles to accept as morally good what is psychologically harmful. Our author maintains that the only psychologically safe method of spacing children is the use of abstinence for limited periods of time. But if rhythm interferes with human desire and therefore produces a psychological disharmony, what about the harmful effects of abstinence? One could conclude that this article represents a very conservative Catholic approach which even raises questions about the use of rhythm.

A 1962 article in *Marriage* discussed the reliability of rhythm in commenting on a recent book of J. G. H. Holt of Holland.³² Cavanagh first heard about this book in a newspaper article which claimed that the rhythm method gave an unqualified guarantee of safety. Our author strenuously objected to that, but after meeting personally with the Dutch physician, he concluded that Holt's method is

quite satisfactory and easy, even though it does shorten the safe period in which sexual and marital relations can be had. What is still needed is a very accurate way of determining exactly when ovulation occurs.

Dr. Cavanagh's interest in the issue of responsible parenthood and the Church led him to write in 1964, and to publish in 1965, *The Popes, the Pill, and the People: A Documentary Study*.³³ His purpose was merely to explain the facts about the Pill (our author always capitalized Pill), its history and its present moral status. The teaching of the popes and statements of hierarchies and of some bishops from the 1958 address of Pope Pius XII to 1964 are given. The official teaching and all the theologians maintain that artificial contraception is intrinsically evil. The Pill affects the ovarian function and prevents ovulation, thus making conception impossible. By its very nature the Pill can also have beneficial therapeutic effects on the ovaries and the female reproductive system. The moral principle is clear. Direct, temporary sterilization (the Pill, ethically speaking, is a type of temporary sterilization and not of contraception because it affects the sexual faculty and not the sexual act itself) is wrong. Indirect sterilization can be permitted for a sufficient reason. The treatment of certain menstrual disorders with the Pill is an indirect and permitted sterilization.³⁴ After summarizing the scientific and medical literature, our author concludes that the Pill is an effective contraceptive with some unpleasant side effects, most of which are not necessarily harmful. After eight years of use, no adverse long term results have been noted.³⁵

Theologians' Opinions Cited

The book then reports the casuistry which was at that time current in the theological literature about the ways in which the principle of double effect might justify the use of the Pill. The book cites the opinions of the various theologians, and then in summary conclusions, the author generally expresses his opinion. The Pill can be morally used by a married woman to correct an irregular menstrual cycle so that she can more effectively use the rhythm method. He also concludes that the moral consensus does not seem to accept the position of Canon Janssens of Louvain that the nursing mother may use the Pill to guarantee that the normal condition of anovulation during lactation will truly be present. The book concludes with a survey of the papal natural law arguments condemning artificial contraception. Pope Paul VI has announced that the Pill as a means to control conception is now under study. Further definitive comment on this must come from the Pope or from the Second Vatican Council which was then in

progress.³⁶ Throughout the book, Cavanagh did not even try to make an argument in favor of using the Pill as a contraceptive.

Cavanagh himself was to play a part in this papal study. On November 20, 1964, he was appointed, by a letter from Cardinal Cicognani, the papal secretary of state, to the special papal commission studying problems of population and birth control. At this time many new members were added to the commission, bringing its number to 58. Cavanagh then participated in the two subsequent meetings of the commission held March 25-28, 1965, and in the period of April 18-June 28, 1966.³⁷

In the meantime, Dr. Cavanagh continued to write and published two articles on the subject in late 1965. A short *Jubilee* article was entitled "The Church Will Not Change."³⁸ Despite polls showing a majority of Catholics in favor of a change in the teaching of the Church against artificial contraception, the American psychiatrist insisted that the possibility of change to a large extent existed only in the wishful fantasies of many Catholics and could only be supported by emotional arguments. It is very important for the Church leadership in this country, whether clerical or lay, to bring this message of no change to the people; otherwise, the disappointment of many will be great.

An article in *Marriage* again indicates that no change is to be expected.³⁹ Rhythm can be an effective and satisfactory way of exercising responsible parenthood. Unfortunately, rhythm has received a bad press in this country and has been downgraded by priests, physicians and couples. Now the author wants to hear from successful users about how good rhythm is. His readers can help others to share their success if they will now tell their experience for the benefit of others. The successful users are asked to fill out a questionnaire or to respond in a narrative form to Dr. Cavanagh.

These articles were published after Cavanagh had participated in the papal birth control commission meeting of March, 1965. Here he had heard reports from Pat and Patty Crowley, the leaders of the Catholic Family Movement, who were overwhelmed by the strong consensus of the people they contacted from their membership in favor of a change in the Church's teaching. At that same meeting other voices were also raised in favor of change.⁴⁰

In spring of 1966, Cavanagh was present at what proved to be the final meeting of the Commission and was also reviewing replies from his *Marriage* article request to hear from successful users of rhythm. In the course of the final meeting, it became evident that a vast majority of the commissioners were now in favor of change. At the time of their appointment, most of the members probably upheld the official teaching, but through common discussion, the minds of many had changed.⁴¹ John R. Cavanagh was one of those who changed his posi-

tion. In a June 20, 1966 letter to Cardinal Heenan of England, our author expressed his opinion:

When I asked myself why I changed, it seems that up to three years ago I accepted this teaching without question. Now having studied it, I find it is no longer acceptable. I am in no position to discuss the theological aspects of the problem. The position taken by the majority of the theologians of the commission is very convincing. I would tend to disregard the few negative opinions, because they are held by very rigid individuals in whom change is unlikely.⁴²

The response from his questionnaire also had a great effect on Cavanagh. The August, 1966 issue of *Marriage* carried his first reaction to the returns sought from successful users of rhythm.⁴³ The strongly negative response to his questionnaire and the many stories told by his respondents made him wonder if God expected Catholics to suffer so much. (Seven months earlier he had rejected such arguments as emotional.) The responses showed him two things. First, most of the returns, instead of supporting rhythm, strongly opposed it as a satisfactory and effective means of practicing responsible parenthood. Second, the responses showed that the peak of sexual desire in the woman is at the time of ovulation and just before and after menses. Thus, rhythm becomes very frustrating to the woman and her sexual desires and interest. As a clinician, Cavanagh concludes, in large part on the basis of this study, that rhythm is productive of serious psychological harm.

Although Cavanagh claims that, in large part, the response to his article in *Marriage* magazine changed his mind on rhythm and artificial contraception, one assumes there were other factors, especially his participation in the papal commission as was mentioned in his letter to Cardinal Heenan, and his frequent discussions with many people about this question. Cavanagh appears rightly defensive about the survey, since it was not truly scientific. There was neither a carefully selected sample nor were there any controls.⁴⁴ One can only surmise the influence of his own psychiatric and counseling experience with married Catholics.

Highlights of *Marriage* Survey

In his report on the *Marriage* survey, he highlighted just two items — the complaint about rhythm and the time of sexual desire in the female. Based on 580 narrative responses to his article, 73% said that the woman's greatest sexual desire was at the time of ovulation (the unsafe period for rhythm users), and 57% of the total found this to be a source of frustration. This frustration aspect was pursued further by

Cavanagh in subsequent articles. In addition to the data from the *Marriage* survey, he also studied the sexual cycles of 30 married and single women in psychotherapy. Cavanagh in his articles surveys the literature which indicates some diversity about the time of peak sexual desire in the human female. He concludes on the basis of his survey and his studies that there is a consistent rise in the sexual desire of women before and after the menses and in the pre-ovulatory period. Women who practice rhythm in the strict way are deprived of sexual relations until the 21st to the 23rd day of the cycle, which means many are frustrated because of the strong peak of sexual desire in the postmenstrual and pre-ovulatory period. Cavanagh, in discussing the peak of sexual desire, refers to his 1960 article about the frustrations involved in the use of rhythm. However, in the 1960 article he grounded this frustration both in his philosophical understanding of the nature of the act and in the reality of the sexual desire as experienced by women. In concluding his 1967 article, Cavanagh gives six reasons to prove that the rhythm method is more psychologically harmful than other methods of conception control.⁴⁵

On July 29, 1968, Pope Paul VI made public his encyclical *Humanae Vitae*, condemning artificial contraception. On August 1, Cavanagh joined with the other American lay members of the papal birth control commission in agreeing in substance, from the viewpoint of their respective competencies, with the statement of theologians who maintained that one could disagree in theory and in practice with the papal teaching and still be a loyal Roman Catholic. Cavanagh was one of 20 professors from Catholic University who signed that statement of theologians. These 20 were subsequently subjects of an inquiry mandated by the board of trustees of Catholic University to determine if, by their actions and declarations, they had violated their responsibilities. The inquiry lasted for almost the whole academic year, with the final result that the inquiry board found that the subject professors had acted responsibly.⁴⁶

After the encyclical, Cavanagh used his editorials and comments in subsequent issues of the *Bulletin of the Guild of Catholic Psychiatrists* to express his opinions on the encyclical.⁴⁷ He cited the dissenting statement by theologians and affirmed that he too had signed the statement and was now "on trial" at Catholic University because of it. An editorial called for the widest possible dialogue in the Church and objected to a policy of repression by Church authorities. Cavanagh criticized the "bulldozing tactics" of Cardinal O'Boyle, the "ecclesiastical gobbledygook" of the American bishops who lacked the courage to make a clear, concise statement, and "attempts at brainwashing by the Pope or Hierarchy." It was psychologically unsound for the pope to attempt to reassert his authority on this issue at this time. The strong language obviously reflects the feelings of a person who, within

a period of three years, had moved away from his position that the Church cannot change on artificial contraception.

A 1969 article in *Linacre Quarterly* does not talk about dissent from the encyclical but rather maintains that the Pill or other contraceptives may be used to prevent a neurosis in a woman who has fear of pregnancy or abnormal anxiety about a future pregnancy. In this case the sterilization is only indirect, since the Pill or the contraceptive is used as a necessary remedy because of the condition of the woman's organism understood in terms of the mental health of the woman. The Pill or contraceptive directly intends to deal with the problem of mental health and not to prevent conception. Thus Cavanagh sees this as an acceptable use of the Pill or contraceptives, even in the light of the teaching of the papal encyclical.⁴⁸

This article is curious. Cavanagh here cites Canon Paul Anciaux as favoring this particular use of the Pill to prevent neurosis. In *The Popes, the Pill and the People*, our author had mentioned Anciaux's opinion but then followed it with a refutation from the American Jesuit theologian, Joseph Farragher.⁴⁹ The basic principles espoused by Cavanagh in his earlier book would have to condemn the use of the Pill in this case. The use is a direct sterilization because here the contraceptive aspect is a necessary means to accomplish the good effect of overcoming the abnormal anxiety or fear. Cavanagh never even responds to this objection in his 1969 article. In addition, our author makes two interesting expansions. First, he permits the use of any contraceptive, and not just the Pill, for this purpose. Second, in one case he allows the woman to use an IUD because of the psychiatric needs of her husband. One can safely say that theologians working on the basis of the official papal teaching after *Humanae Vitae* would not allow the use of the Pill or of other contraceptives in these cases.

Why does this article differ so much in tone and substance from his comments in the *Bulletin of the Guild of Catholic Psychiatrists*? The reader can only speculate. One important reason is that Cavanagh was not the editor of *Linacre Quarterly* and, consequently, did not have the editorial freedom he had in his own journal. An editorial comment after Cavanagh's *Linacre* article indicates that the editor did have a problem with some of Cavanagh's content. Perhaps our author, who had been criticized for his opposition to *Humanae Vitae*, was attempting to provide another way to make sure that troubled people (those whom he had served throughout his professional life) would not be unnecessarily burdened by the problem of artificial contraception.

Cavanagh's discussions over the years on the question of rhythm and of the Catholic teaching on responsible parenthood show not only dramatic changes but also some apparent inconsistencies. At the very minimum, these writings indicate the struggle in Cavanagh's own mind

over this entire question. Our author experienced the tensions of trying to live out his commitment to bring together faith and reason and theory and practice.

Homosexuality

A third issue which Cavanagh frequently discussed was homosexuality, but here there is no discernible change or development in his thinking. *Fundamental Psychiatry* (1953) contained a short chapter dealing with the definition, etiology and treatment of homosexuality.⁵⁰ *Fundamental Marriage Counseling* (1958) included a chapter on "Marriage and the Homosexual."⁵¹ Homosexuality is mentioned parenthetically in *Fundamental Pastoral Counseling*.⁵² However, in 1966, Cavanagh wrote *Counseling the Invert*, and in 1976, he published a revised edition under the title *Counseling the Homosexual*.⁵³

The title of the newer edition is changed from *Invert* to *Homosexual*, but Cavanagh gives no explanation for the change. Both editions agree that homosexuals are not perverts because perversion refers to external acts. Homosexuality is a condition of the person and therefore an inversion, but not necessarily a perversion.⁵⁴ For all practical purposes, the material found in the first edition is repeated in the same form in the second edition except for the addition of two chapters written by Rev. John Harvey and the elimination of one chapter from the second edition. Cavanagh maintains that homosexuality is not a disease *per se* but rather represents a defective development of the personality with a fixation of the libido at an early stage of development.⁵⁵ The basic cause of homosexuality is psychological, not physical or genetic.⁵⁶ Our author accepts Kinsey's scale of sexuality which poses a scale of 0 to 6 going from exclusive heterosexuality to exclusive homosexuality.⁵⁷

Some practical problems are discussed in individual chapters. Cavanagh believes that there should be no law against homosexual acts between consenting adults in private.⁵⁸ There is no evidence that homosexuals are security risks. A change in the present law would solve the general objections against employing homosexuals in government jobs and even in security-related jobs. However, because of the nature of their sexual drive, there is no place for homosexuals in the armed forces.⁵⁹ As for the entry of the homosexual into religious life, there are no hard and fast rules, but some suggested guidelines to prove the ability of the person to live chastity and celibacy are proposed.⁶⁰ As for marriage, when homosexuality is present in its true form, the couple should be urged not to become married. Ecclesiastical authorities should give thought to making homosexuality an impediment to marriage.⁶¹

As for the morality of homosexual acts, the earlier edition merely accepts and briefly relates the officially proposed and traditionally

accepted position that homosexual acts are objectively immoral.⁶² The newer edition contains a chapter by John Harvey defending this position and disagreeing with newer positions put forth by John McNeill, Gregory Baum and Charles Curran. Harvey here also contributes a new chapter on the change in the nomenclature by the American Psychiatric Association.⁶³ (This is a convenient place to mention that Dr. Cavanagh was in close professional and personal contact with Father Harvey for many years.)

The new edition leaves out only one chapter which appeared in the original, but this chapter on moral responsibility is, in my judgment, very significant. In this chapter, Cavanagh made some important distinctions. The genuine homosexual is not responsible for the origin of one's inversion. The state of being a homosexual has no more responsibility about it than the state of being a heterosexual. Our author then proposes a nuanced judgment about subjective moral responsibility for individual acts. The psychotic ordinarily is not responsible for one's acts. In some other cases, responsibility is diminished and this is probably true far more often than was admitted in the past. Much depends on all the variables in the situation.⁶⁴ The important distinction between the homosexual orientation and homosexual acts and the nuanced understanding of responsibility for individual acts was later followed by the "Principles to Guide Confessors in Questions of Homosexuality" issued by the American Bishops' Committee on Pastoral Research and Practices in 1973. These guidelines are appended to the end of the last chapter in the second edition of Cavanagh's book.⁶⁵ However, the reader of the second edition does not see how closely in these respects they follow what Cavanagh himself had proposed earlier.

The treatment of homosexuality is the work of psychotherapy. Cavanagh is cautious about the outcome of treatment and never says what are the percentages and possibilities of changing the homosexual to a heterosexual orientation. Sometimes the aim of therapy should not even be such a change but only an acceptance of one's condition. The age and willingness of the person, the nature of the inversion and even the financial cost of the therapy are important factors. The chapter then discusses the different kinds of treatment including both physical and psychological methods.⁶⁶

Pastoral counseling of homosexuals, by its very nature, is not geared to the reorientation of the homosexual. The counselor should be content to have as an ultimate aim the adjustment of the homosexual to a life of chastity. In the case of deep psychological disorders, the pastor should urge the homosexual to seek psychiatric help and should collaborate with the psychiatrist. Specific guidelines are proposed for the pastoral counseling of the homosexual. The individual must be urged to admit his or her homosexual orientation and also to recognize that he or she is not completely determined and controlled by

this condition. All homosexual activity must stop and previous homosexual companions should be avoided. The counselor must try to give the homosexual an insight into his homosexual condition and to stress the role of the will. The homosexual should be urged to keep silent about the homosexual condition. The counselor is also called upon to supply a socially and morally acceptable sublimation.⁶⁷

Cavanagh never tried to run away from the difficult questions. He was convinced from his own practice, from other psychiatric evidence and from the teaching of the Church and of moral theology that homosexual acts are always objectively wrong. On this issue he disagreed with some newer and somewhat different positions proposed in both the psychiatric and theological literature. However, his discussion of homosexuality in all its ramifications was nuanced as illustrated in his distinctions between homosexual orientation and homosexual acts and between morality and legality. Many of his ideas were accepted by and incorporated into the "Principles to Guide Confessors in Questions of Homosexuality," issued by a committee of the American Bishops' Conference.

Conclusion

This assessment of Cavanagh's work and writings has made no claim to be final or complete. By its very nature the evaluation has been limited primarily to a theological perspective. One could and should discuss Cavanagh's work from the perspectives of psychiatry and of counseling. Perhaps there is no one individual today who is competent to make such a complete evaluation. This fact in itself is a tribute to the wide-ranging interests of our author.

In his day there can be no doubt that Cavanagh's work was most significant and important. The fact that his books went through so many editions proves how successful he was. There was no one else on the Catholic scene in the United States who wrote more on bringing together psychiatry and religion, moral theology and counseling. He dealt with the important areas of interaction between theory and practice. The topics that interested him were the most significant issues of the day. It is no wonder that Cavanagh's work was so influential and so popular.

What about Cavanagh's impact on the future? I do not think that many people will read Cavanagh in the future. Such is the fate of any one whose work is primarily that of building bridges for the present. Cavanagh was quite successful in bringing together the disparate areas of theology and psychiatry, of moral theology and of counseling, of theory and of practice. By definition such people are dealing with the issues of the present but do not pretend to make original or long-lasting contributions.

Dr. Cavanagh was not a professional theologian and made no pretense to be one. However, he was very well read in, and concerned with, the moral theology of his time. On many matters he opted for the middle of the road theological opinions, but not always. He knew well the moral theology of the manuals and the pre-Vatican II approaches, but he was obviously less at home with the changes which began to occur in Catholic theology at the time of the Second Vatican Council.

In a very true sense, the many volumes and publications of John R. Cavanagh transcend the time in which they were written and have important significance for the future. What Cavanagh did in his life and writings, the Church as a whole and individual believers should try to do at all times — to show the basic complementarity between faith and reason. Cavanagh, like the Catholic tradition, committed himself to this goal, experienced the tensions of this vocation, but resolutely continued to struggle with such a mission. The number, significance and intent of his writings constitute a memorable legacy and a great challenge to all of us.

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STATEMENT OF LINACRE QUARTERLY EDITORIAL POLICY

WHEREAS, the Linacre Quarterly has achieved status in recent years as an outstanding journal of medical ethics, and WHEREAS, the editor, with the consultation and approval of the Executive Board has had complete freedom in his choice of published manuscripts, and WHEREAS, the editor has demonstrated prudence and good judgment in his editorial policies, and WHEREAS, the Executive Board has never requested or required that the editor prescind from the publication of responsible valid dissent from magisterial teachings, therefore be it RESOLVED, that the National Federation of Catholic Physicians' Guilds continue its policy of support of the current editorial policy of the Linacre Quarterly Editorial Board.