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## Medico-Moral Notes

Gerald Kelly, S.J.

A FEW YEARS AGO (October, 1947) this magazine published an article entitled "Common Grounds for Psychiatrists and Priests," by Father Raphael C. McCarthy, S.J. The article indicated the mutual understanding and co-operation that should characterize the attitudes of priests and psychiatrists and their dealings with one another. I commend the reading, or rereading, of that article to all priests, psychiatrists, and other medical men. I have chosen this same theme as the basis for the first part of these notes.

### Psychiatry in General

It is scarcely two years since Msgr. Fulton J. Sheen's best-seller criticism of psychiatry, *Peace of Soul*, was published. Some time later, another of psychiatry's critics, Father Felix D. Duffey, C.S.C., published *Psychiatry and Asceticism*. Dr. Francis J. Braceland, of the Mayo Clinic, a capable and sincere psychiatrist, reviewed both these books: the former in *America*, May 7, 1949; the latter in *Books on Trial*, March, 1950. It should be profitable to recall some of Doctor Braceland's remarks.

A common denominator of both these books is that the authors profess to condemn only a small group of materialistic psychiatrists; and a common effect of both is that the total development of the books greatly blurs this important distinction so that the good name of psychiatry itself is jeopardized in the mind of the reader. As Doctor Braceland said when commenting on objections raised by Monsignor Sheen against some psychiatrists:

"Psychiatrists and most analysts would agree with the Monsignor in these objections, but it is an unfortunate fact that most of the listening and reading audience fails to discriminate so nicely and consequently the psychiatrist has little peace of soul when he is being belabored with a stick. The blows fall upon the just and the unjust, even though the group which is the object of the attack is a limited one."

One of the charges leveled at psychiatrists is that they try to relieve their patients of a sense of guilt that they should feel, and that the patient would do much better to go to confession. There is a sense of guilt which accompanies and follows upon guilty actions, and the proper place to take this is to God's own tribunal. But there is also a sense of guilt which has no foundation in actual sin, and this condition indicates mental pathology. Psychiatrists who attempt to treat this pathological condition are within their province. According to Doctor Braceland, the general aim of modern psychiatry is to relieve patients only of this pathological guilt feeling, and not to blunt or do away with their sense of guilt over things of which they were really guilty.

It has been said more than once recently that the supreme defect of modern psychiatry is its ignorance of original sin. I confess that, in reading some of these statements, I have often wondered whether the authors had correct concepts of original sin. At times there seems to be an implication that original sin injured our humanity in such a way that it left us somewhat less than human.

All who deal with the human personality would benefit by a proper understanding of the effects of original sin. I consider this a very important matter; and for this reason I have asked the Editor to reprint in this issue an article entitled "Original Sin and Education," by Rev. Cyril Vollert, S.J. This article first appeared in *Review for Religious* (July, 1946). It was written primarily for religious educators, but everything in it should be of interest to Catholic physicians and of special profit to psychiatrists.

It seems to me that the careful reading of Father Vollert's article should lead to these conclusions. 1. Since original sin took away only our supernatural endowment and left our human nature intact, it is not necessary, generally speaking, for a psychiatrist to know about original sin in order to *diagnose* a mental illness. 2. On the other hand, since the psychiatrist aims at the integration of the human personality, it would benefit him immeasurably to know the revealed doctrines pertinent to the Fall of man and to his restoration in Christ. The psychiatrist who knows and accepts these doctrines will realize that, though his therapeutic helps are

valuable for emotional integration, they do not suffice in themselves for the adequate rebuilding of the human personality.

Though defending psychiatry against certain accusations and implications, Doctor Braceland is ready to admit its limitations. In the concluding paragraph of his review of *Psychiatry and Asceticism* he says:

"All the shortcomings of psychiatry are hereby admitted. We who labor daily in its practice know them much better than do our critics, but it is submitted that what we need is help and clarification, not vilification. The problem is before us and anyone who has the answer to the practical treatment of the neuroses is welcome. We can guarantee a respectful and courteous hearing to anyone who can give us assistance with real people, religious, irreligious and indifferent, who suffer with distressing emotional illnesses and who need help."

### Psychoanalysis

It must be admitted that most criticisms of psychiatry by Catholics are really intended for psychoanalysis. There are some Catholic scholars who are firmly convinced that we can have no part with psychoanalysis, Freud, or Freud's disciples. In the interests of constructive good feeling, as well as of sound scholarship, I think I should point out that this is not the only view, nor even the majority view, of Catholic scholars. As Rev. Joseph Donceel, S.J., wrote in *Thought* (Sept., 1949, p. 466): "Although not a few thinkers are still rather wary about psychoanalysis, the majority are now ready to admit that Freud's system contains, along with certain errors, some deep and valuable insights about human nature, which it would be unwise to neglect."

Father Donceel's article ("Second Thoughts on Freud") is well worth the reading. It is a careful, objective appraisal of psychoanalysis. At the very beginning he summarizes the case against Freud with a terse clarity: "Philosophers have rejected his materialism; scientists have repudiated his unwarranted generalizations; the normal civilized man has condemned his overemphasis on sex, his pansexualism."

Thus go the general objections to Freud and Freudianism. In answer to the first objection it is sometimes asserted that far from

being a materialist Freud reacted against the crass materialism of his age. It is true that he did react against the purely chemical or physical explanations of human activity, but in place of these he substituted sensism and psychic determinism, which allowed no place for the spiritual soul and free will.

Father Donceel's criticism points out many of Freud's unwarranted generalizations. For instance, from some true cases of the Oedipus complex—, Freudians argue to the conclusion that all pass through the stage of hating the parent of the same sex and being erotically attached to the other parent; because in some cases training in cleanliness profoundly affects the emotions of later life, therefore this is always the case; from the fact that some neuroses are of sexual origin it is argued that all neuroses are of sexual origin. Similarly, there is much overemphasis on the influence of the unconscious in conscious decisions, on the part played by repression, on the universal dominance of the Super-Ego.

Among the unwarranted generalizations, sex life deserves a special place. And the special victim is the infant, whose every appetitive activity has a sexual explanation. In this connection I cannot refrain from quoting this gem from Father Donceel's article: "Seen by a strict Freudian the nursery has become a den of abominations, and those big candid eyes, through which previous generations used to catch glimpses of heaven, reveal to Freud scenes worse than any in Dante's *Inferno*."

Is there, then, any good in psychoanalysis? Father Donceel is just as careful to point out the good as he is to lay bare the evil. He believes that the theory of psychic determinism can help to explain much of our activity that does not depend on free will: e.g., slips of speech, dreams, and so forth. He agrees that the emotional influences of infancy and childhood no doubt profoundly affect later life, but he insists that they do not exercise a determining influence. He thinks that the method of free association has value, and that much of what Freud said about the unconscious, the Super-Ego, repression, and so forth, is true; but by no means all of it. In a word, he is in agreement with the judgment of Roland Dalbiez (*Psychoanalytic Method and the Doctrine of Freud*, II, 327) that Freud made a profound analysis "of the less human elements of human nature". The quoted words deserve

emphasis. They show Freud's limitation. Denying the spiritual side of man's nature, he could see only the animal; and, though he could and did discover profound facts about the animal in us, he was unable adequately to interpret these facts because of his blindness to the spiritual.

Father Donceel's scholarly conclusion on psychoanalysis runs as follows:

"The system as a whole, in its pure Freudian form, must be rejected. But as it is nowadays presented by some of Freud's successors or disciples it gradually becomes more acceptable. Lifted out of their materialistic context, pruned of their exaggerations, quite a number of the Freudian discoveries can be reinterpreted in a sense which fits them neatly into a Christian conception of man, not only as confirmations of what was known before, but also as new and deeper insights into some aspects of human nature."

I have cited Father Donceel at some length, partly because his article is fairly recent, partly because I consider it a splendid expression of what I might call an objective, unprejudiced appraisal of psychoanalysis. It sees neither all good, nor all bad, but both good and bad. This squares with many scholarly studies I have read on the same subject. A Spanish Catholic authority on Freud concluded a lengthy critical study with the statement: "The truth is that he has egregious merits and egregious demerits". A sympathetic criticism by a French Catholic estimated that Freud's philosophy of life must be rejected as materialistic, that his depth psychology contains some acceptable elements, and that his therapeutic technique is morally unobjectionable and scientifically valuable.

Another article on Freud, substantially similar to Father Donceel's, is "Freud's Genius and Catholic Thought," by Rev. Bakewell Morrison, S.J., in *The Queen's Work* for November, 1948. Although Father Morrison's article was published in a popular magazine for Catholic youth, it is none the less a profound study of Freud and worthy of careful consideration. He pointed out the good and the bad in the Freudian system; and he concluded with these constructive words:

"Freud did an immense, an unmeasurable benefit to mankind in making his genial discoveries. It is our business to use these findings, in every item of truth that they contain, to the better service of God and to His glory. Likewise, it is also our business to realize that Freud is not the only one who has made discoveries that have helped physician and educator to a better insight and to a deeper understanding of the woes, especially the mental ones, of men."

### The Catholic Attitude

I have previously cited Doctor Braceland's words to the effect that psychiatrists are willing to accept unprejudiced criticism. I must be frank and say that I sometimes wonder whether this is very generally true of men who are analytically trained. Many analysts, even those with a Catholic background, seem to be perpetually on the defensive. They resent criticism of analytical theories as a manifestation of "resistance"; they hesitate to examine and discuss criticism on its objective merits. This is, of course, an unscientific attitude, a poor preparation for the acquisition of any science.

When I think of psychoanalysis, I am reminded of another attitude that should characterize the Catholic student. I call this the *Catholic* attitude. I can illustrate what I mean by pointing to one of the problems generated by the study of unconscious motivation.

The dynamic psychiatrist is so often confronted with what he considers the influence of unconscious motivation that he is apt to question the existence of real moral responsibility. For the unbelieving materialist this presents no problem. He simply denies free will and explains everything according to deterministic theories. The Catholic will not be trapped by such a crude conclusion; but he is apt to be deceived by a more subtle temptation which might be described in these words: "Of course, I believe we have free will. But it seems that we can never recognize in any individual act whether we are really acting freely, or at least with any notable degree of freedom."

It should be noted that this is just what I have called it, a temptation. For it leads to the denial, at least in practice, of

important truths of our faith. For instance, the doctrine of the necessity of confession, as it is taught and practiced by the Church, presupposes that many of us commit mortal sins and that we can be conscious of these sins. And the doctrine on the canonization of saints presupposes that at least those worthy of canonization practice conscious and deliberate acts of virtue frequently and to a heroic degree. And the asceticism of the Church, from the time of Christ, presupposes that the general run of the faithful can either practice a virtuous self-discipline or fall into sin, not just occasionally, but from day to day. These doctrines must be true. Any psychological theory which runs counter to them must be false.

As regards the study of psychoanalysis, the Catholic with the proper attitude approaches the various facts and theories with this conviction: "I cannot accept any theory or any interpretation of data which conflicts with Catholic doctrine. It may be hard to formulate the correct theory or to discover the correct interpretation; but anything which contradicts truths of faith must be wrong." And may I add that the necessity of having this conviction is not limited to those who study psychoanalysis? Every Catholic scholar needs it.

In my years of association with physicians, it has been my good fortune to deal mostly with Catholic physicians who possessed the Catholic attitude. But there have been a few disagreeable exceptions. I am particularly and painfully reminded of one occasion when I addressed a group of physicians among whom were several young Catholics who were skeptical almost to the point of hostility. For instance, these young men had evidently devoured the charges made by Mr. Blanchard against the Church but it had never occurred to them to read Doctor McGoldrick's forceful reply to this biased attack. At some point in their training they had developed the habit of picking flaws in the Church's teaching. This is certainly not a true Catholic attitude; and it is very unpleasant for a priest to be faced with it, especially in a public discussion.

### Emotions and Morals

The mysterious phenomena uncovered by the new psychologies are not the only things that pose problems concerning the indi-

vidual's moral responsibility. Even the normal emotions consciously experienced by normal people in everyday life create a problem. Catholic moralists have always been interested in this problem of the influence of emotions on deliberate action. But much of what they have written is buried in Latin tomes or only briefly synopsized in English manuals of ethics or moral theology.

Recently a more comprehensive treatment of the Scholastic teaching on the influence of emotions on moral responsibility has appeared in English. I refer to *Emotions and Morals*, by Rev. Patrick O'Brien, C.M. (New York, Grune and Stratton, 1950.) Father O'Brien gives first a general exposition of Scholastic teaching on the emotions, then specific chapters concerning such things as anger, fear, sex desire, and so forth. He is interested primarily in the normal individual and in the emotional reactions normally experienced. I recommend this book to all physicians, and I think that psychiatrists should consider it a professional duty to become acquainted with its contents.

### Keeping Patients Alive

Since I last published notes in this periodical the publicity given the Sander's case caused a great stir over euthanasia. Many Catholic journals printed excellent articles on the subject; and it was comforting to note the strong reaction against euthanasia in medical circles throughout the land.

But it is one thing to kill a patient; it is another to let him die. That there is, or at least can be, a difference between these things may be simply illustrated by an example that has nothing to do with medicine. Suppose, for instance, that a friend of mine is floundering in the water and about to drown. I certainly do not kill him by simply letting him drown. However, I might have an obligation to save him; and the conscious failure to fulfill this obligation would be sinful. This obligation would be present if I had a reasonable hope of saving my friend without bringing serious harm to myself. But it would obviously not exist if I had no hope of saving him (e.g. because I am a poor swimmer) or if I could save him only by seriously harming myself (e.g. if I have a weak heart).

This distinction between killing and letting die is applicable to the field of medicine. A physician may never kill a patient. And there is a certain minimum of care that must be given to every patient. But beyond this minimum, the obligation depends on the circumstances of each case. It is easy to state these general rules, but very difficult to make them more specific, especially as regards the use of artificial means of saving or sustaining life. Some have tried to simplify the matter for the medical profession by saying that the physician's obligation is coextensive with that of his patient: in other words, the physician is obliged to do for his patient what the patient would be obliged to do for himself. This is oversimplification. Generally speaking, the physician's duty to his patient includes not only what the patient would be obliged to do, but also what the patient reasonably wishes, or would wish, to be done. Moreover, the physician has a duty to his profession, as well as to his patient. In determining the use of such things as oxygen, blood transfusions, intravenous feeding, and so forth, the physician must have regard for the reasonable ideals of his profession, and he must avoid any policy which would create a danger of euthanasia.

Perhaps what I have just said is too vague. I have developed this same theme in an article entitled "The Duty of Using Artificial Means of Preserving Life," in the June, 1950, number of *Theological Studies*. The article is too long and too complicated to be digested here. Moreover, it was written mainly to stimulate discussion. I should appreciate it if physicians interested in this problem would read the article and would send me the fruit of their reflections and discussions.

About the same time as my article appeared the newspapers were making much of a suggestion made by a Belgian scientist, Dr. Jacques Roskam, to the effect that physicians should let aged incurables die under certain circumstances. A definite case cited by Doctor Roskam concerned a woman of 70, incurably ill, who had been kept alive in a coma for about a year and a half. He recommended that, in a case like this, intravenous feeding be withdrawn and the patient be permitted to die.

I would agree with Doctor Roskam that in a case like this the withdrawal of intravenous feeding cannot reasonably be likened to euthanasia. And, as I said in my article in *Theological Studies*, I

think that, generally speaking, the duty of using artificial means of sustaining life in a terminal coma is very dubious. Nevertheless, the reasonable determination of the borderline between what must and what need not be done cannot be the product of mere abstract thinking; it must be made according to the prudent judgment of conscientious men. I encourage physicians to give some thought to this problem and to discuss it with moralists.

### Hormones and the Sex Impulse

Some months ago I received a communication from a doctor asking me to discuss in this column the morality of using certain hormone treatments that stimulate the sex impulse. Unfortunately, as I write the present notes, I do not have at hand all the details of the physician's letter.

Nevertheless, I think I can state very briefly the principle that should be followed when various hormone treatments are used. It is the same principle that is clearly stated on page 7 of *Ethical and Religious Directives for Catholic Hospitals*: "Any procedure harmful to the patient is morally justified only in so far as it is designed to produce a proportionate good".

Certainly it is morally justifiable to use hormone treatment with the reasonable hope of effecting great physical good even though the evil result of the treatment might be a temporarily heightened sex impulse. It is true that this may involve strong temptations against chastity for the patient, but since these are unintentional they may be justified according to the principle of the double effect. On the other hand, apart from very special circumstances, I see no moral justification for the use of hormone treatments when the good to be obtained is highly problematical and the resultant sex stimulation may induce mental torture and the occasion of frequent sins. I have seen cases in which the use of hormones for menopausal troubles brought about such persistent sexual disturbances that one might well doubt the value of the treatments even on a purely medical basis.

I realize that this problem has many facets, and that in some instances the hormone treatments bring about sexual calm rather than excitement. For this reason I have simply given the principle and some rather obvious examples. Communications referring to more specific problems will be welcomed.