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THE IMPUTABILITY OF THE MENTAL PATIENT

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WITHOUT special training it is not easy for a well organized person to appreciate the difficulty, even the impossibility, for some humans to conform to a moral code, even if it is reduced to its simplest form of the natural law.

Such a person uses many of his mental faculties practically without being aware. He supplies his minor deficiencies with a bit of will power here, the acquisition of a good habit there, a gift of imitation, and perhaps a good prayer elsewhere. He is very remote from the suspicion that the person who sincerely says, "I can't, Father" . . . "Honestly, doctor, I can't" . . . "Why do I think of such things" . . . "What makes me do such things" . . . "It seems ridiculous, doesn't it?"—suffers perhaps of complete lack of a faculty which he, himself, has always enjoyed.

The physician or priest will be rather inclined to suspect the sincerity of this person, and anyone who defends him against his false accusations for fear that one of his moral principles or perhaps his authority will be put in doubt. "You can, if you will", will he say; "You are intelligent enough." He may even advocate the omnipotence of the will and intelligence. The grace of God even is limited to the disposition of the subject.

Need one be surprised that the average mental patient brought to the specialist is so sick and has been for so long that he wonders how it could have escaped notice?

More distressing is the fact that the patient has been subjected to the "home remedies" and some of the coarser methods of coercion and has been made far worse than his original ailment. "We have tried everything until he got this bad." Fears—some pure fables—have been hurled at him. Unattainable promises, arguments till far in the night in desperate attempts to make him conform, have confused the patient, and made him feel his inadequacy often more than is warranted. Little wonder that he may feel "doomed."

Many well-meaning persons labor under the assumption that if they make the patient feel guilty, ashamed, inadequate enough he will start

on the road to improvement. They seem intent to draw endlessly on a depleted capacity. The good pastor and the family doctor, who have known (perhaps for many years) the family of the presumed delinquent find themselves hard put to be of help without feeling that they must either throw overboard the principles of morality or acknowledge the responsibility of the accused.

A good professor of pathology said once, "I never saw a medical student who knew histology (microanatomy) well until he studied pathology." It seems that a structure must be hypertrophied, atrophied, or otherwise distorted to make him realize its presence. Hence, it might be good to realize:

1. The main principles upon which Catholic moral theology is founded;
2. The faculties which a human being puts into play in performing a free, imputable moral act.

The latter is far easier to conceive if representatives of the large groups of mental diseases are reviewed, the limits of this paper allowing no more extensive study.

St. Alphonsus, as most theologians do, delimits the field of morals thus:

Only a human act is moral and imputable.

A human act is that act which proceeds from man's *deliberate will*.

A human act is a *free* act inasmuch as it proceeds from a free will.

An act is voluntary when it proceeds from an intrinsic principle with the *knowledge of its end*.

Freedom is immunity from subjection or servitude.

However, freedom from "coercion" (coactio) or spontaneity is immunity from all external violence against the inclination of one's will.

The freedom required for a moral act is technically called freedom from "necessity" or freedom of election. This excludes all necessity or coercion. In this sense a person is called free when it is in his power to act or not to act, to choose one means instead of another.

Contrariwise: An act of man (actus hominis) is the act which proceeds from natural impetus without deliberation. Such are acts committed while distracted or in some way destitute of the use of reason.

Hence, responsibility or imputability requires that: The person be capable of deliberation; be capable of knowledge of the end or aim of

his action; enjoy freedom from compelling violence or reasonable fear, enjoy the use of reason. Conscience is a judgment or a dictate of reason which shows what is to be done as good and avoided as evil.

In such a short study as this, it is impossible to review the more intricate subdivisions and applications of these principles. A reminder of these, however, seems in order. We must of necessity confine ourselves to those patients conventionally described as suffering from "inorganic reaction type psychosis."

The mental patient who is devoid of the use of intellect is easily recognized and the "ignorance excuses" principle can be readily applied to him. Evaluation of this patient's responsibility becomes difficult if one is unaware that all his faculties besides intelligence may be suffering in the same degree; also that he may be retarded and will perhaps develop. Human beings develop in spurts, not in a continuous curve. One may have long ago decided his incapacity. No demands were made upon him while he grew. He just grew on without being re-examined.

Much ado has been made over the existence or non-existence of the "moral imbecile." A major of the Salvation Army, visiting a mental hospital, was very disturbed for theological reasons, said he, that the clinical director had labeled a patient as such. This he felt was tantamount to a condemnation to "Eternal Doom." He felt that the Almighty never had let a human live who was devoid of the necessary means of leading a good life.

Another approach was made by authors in examining some delinquent boys, so labeled by a court, finding that the intellect of these boys was also defective. Hence, they should have been labeled "imbecile."

Whatever may be abhorrent about the concept, we deal here with a matter of fact. Nowadays they are included in the term Constitutional Psychopathic Inferior. That some psychiatrists may have so diagnosed a patient on the grounds of repeated delinquencies is possible. The standards of evaluation, however, require two findings: (1) The inability to learn from experience; and (2) the incapacity to foresee the future consequences of an act.

Such patients, according to many psychiatrists, including the author, do exist, unfortunately in large numbers, as testify the records of the Army and Navy.

A young engineer, because of his outstanding ability, was hired by an aircraft corporation in wartime, notwithstanding his repeated offenses. At the end of two weeks he was to get his first check for three hundred dollars. Two days before payday he forged a check for sixty dollars. It was difficult to

make this otherwise intelligent man realize his loss. After his dismissal and subsequent arrest, he quite agreed that he had made a blunder. But three hundred dollars in two days meant nothing to him.

Many repeated probationers as a reward for good behavior in jail belong to this variety. The jail situation substitutes for the missing faculties or no demand is made on them. One can expect them to behave properly in jail.

There is no other explanation for the boy, twenty-two, who spent fourteen years of his short life in reform school, or in a house of correction, and had been on probation eight times for very short periods only.

There is a type of patient who deserves the utmost consideration because commonly found, much discussed in oldest theological literature, universally maltreated, though often incurable even by sound therapy. This profound ailment is often described by one of its presenting symptoms, "scrupulosity." The psychiatric nomenclature designates it as "obsessive compulsive", which is more inclusive than the term scrupulosity.

St. Alphonsus describes such a patient well. He declares him incurable if he is unable to obey, and prescribes remedies which go so far as not holding him to the observance of Commandments of the Church. However, such a patient is found among Catholic or non-Catholics, alike, ethically reared or not. Among them can be found varieties of alcoholics, addicts, masturbators, as well as upright citizens, children and old people.

If he is ill enough, it seems that all treatment in the name of his religion is doomed to failure. The old term of "perplexed conscience" can often be applied. He is often completely incapable of decision, as his mind simultaneously runs on two divergent tracks.

The term "ambivalent" describes him well. No sooner does he develop a desire, than the opposite is equally desirable. Whatever repulsion is experienced seems to elicit a desire. He craves punishment as well as satisfaction, feels guilt as well as approval. He will go to great pains to prove himself guilty. These opposite forces bring him to a neutral state where he is unable to act. Many of his acts are substitutes endowed with symbolic value, unknown to him, which fill him with as much anxiety, and a sense of danger which compels him to do or avoid things, and in a certain manner. His life may become entirely occupied with "ruminations" and "rituals."

Many of his mental acts center around habits of cleanliness, elimination, feeding mannerisms, and numbers. His discomfort may be as great for doubting that he brushed his teeth only three times that day as for

suspecting that he said four Our Father's for penance instead of five. He may no more be able to decide whether he is clean enough than that he is free from guilt.

Many bring the exercise of this unfortunate state into their practice of religion where they can devise rituals, which permit repetitive actions inclusive of sacred acts, nine times, seven, five or three times. Unfortunately at the same time, they may wonder about their attention, intention and manner of performance, and feel tortured in this way. Many are intelligent otherwise and are aggravated by their performances, calling them ridiculous. Some will go as far as laughing at them, describing themselves in cartoon fashion. None of this helps, however. Under skilled treatment their anxiety may be relieved, sometimes leaving them with a few tolerable mannerisms.

The imputability of such patients is not to be presumed. It would have to be proven. Ambivalence of which some of these actions are examples, is in psychiatric parlance called "malignancy" and is feared as much as cancer is in other branches of medicine. It is common in schizophrenia. The symbolism which is mentioned as a phase of obsessive compulsive behavior has a much freer rein in schizophrenia (formerly called dementia praecox).

This brings us to consider the psychoses. Symbolism is the natural language of the psychoses. Delusions are their main feature. A delusion can be defined: "A false belief concerning the occurrence and significance of which the individual holding it is unable to accept proof such as would be commonly accepted." (Strecker)

The patient takes his delusion for granted, he cannot be persuaded of its falsity, it is to him a reality, commonly more real than reality. So are his hallucinations. He will derive from these according to his ailment much elation, equanimity or despair.

In the schizophrenic it can be his whole and constant preoccupation. How can the voice of conscience be heard in the din of auditory hallucinations of a schizophrenic who said: "Speak louder because I hear your voice in between three other voices, and they are much louder and clearer than yours?" He showed by his entire tense attention, his fast pulse, occasionally his impatience, that that is exactly what he felt.

Add to this the common finding that the voices contradict or forbid whatever the patient thinks or wishes to do. These seem to him an outside voice influencing him and which is trying to decide for him whether to follow or not, enjoy or not. They are "ambivalent" too. If there ever was a person accurately described as "distracted" or "destitute in some way of the use of reason", these instances would prove to be the worst.

Where is the possibility of deliberation and hence of imputability when the sense of reality is impaired, even non-existent?

Some of these patients are very intelligent, argue endlessly over what is right or wrong, in a rich vocabulary. However, they may be moved by far stronger impulses than those of the will. They commonly, when young, use vicariously the faculties of their mothers, relatives or friends, upon whom they have become typically and tenaciously dependent. They were praised for their perfection in school, church and home. Such submissive "goodness" has misled them into novitiates, seminaries or marriage. However, the day comes sooner or later when demands will be made of their *own* faculties. That is why such patients reveal themselves after the death of a mother, the jilting of a fiance, to be devoid of orientation, physically or psychologically and also morally. Their dependency is interpreted as moral conformity and their endless day-dreaming as a spirit of meditation or studiousness.

The view that such a patient has been devoid of responsibility during his whole life—long before the "break", so far as to consider him incompetent to give valid consent in marriage — would be quite defensible in some instances.

This brings to mind the truly witnessed conversation of the patient who gave some signs of schizophrenia to the psychiatrist. She did not want to speak about her future marriage. After one hour of examination, he asked: "Did you make any preparations for your wedding?" "Oh, yes, I got a license." "You got a license? I don't believe it. Who thought of that?" "My boy friend did." "But did you make any plans for your wedding?" "Oh, yes, I was going to commit suicide the day before. Yes, I had it all planned. I was going to pretend that I was baking a cake, after closing all the doors and windows . . . etc., etc."

What did marriage represent to her? What did death mean to her? A mere symbol which she would be at a loss to explain, or even to be aware of.

Are such persons' thoughts and actions imputable to their authors? To detect this ailment in its early beginning requires much practice. It is among these patients that one will encounter features which gives the lie to an unfounded assumption: That the one who thinks that he is insane is sure not to be. They are the kind who may walk into your office and state, "I am losing my mind", and they are right. Many others say the same, but are wrong.

The delusions of unworthiness of the manic-depressive depressed and involuntional melancholic are at times insidious, for here is a person who may have been for many years quite a responsible person, usually extro-

verted, often a public man endowed with great efficiency, a socially prominent hostess, the latter being inclined to being overcareful, minute and exacting in details. At the beginning of their ailment, they may be described as conscientious, later overconscientious, perhaps scrupulous. It becomes a passion of remorse, of self-fault-finding, or self-punishment, abysmal unworthiness.

The judgment which in similar patients meant to appreciate good and evil in themselves weights the scale toward self-condemnation where it rests, the patient being at once the accuser, the victim and the executioner. Unfortunately, they *do* execute. Any good they did or may do is unreal—"I was a big fake when I did that"; "I would be putting on an act." Such a patient obviously cannot "deliberate", can only see evil consequences.

St. Ambrose writes: Too lax a conscience is to be avoided, as well as too strict a one. The first brings forth presumption; the second brings forth despair. The first saves what should be condemned; the second condemns what should be saved. One would be entitled to consider the depressives and conscientious as differing not only in degree but in kind.

Many theologians consider that penance is not a virtue distinct from charity. Sorrow for a misdeed, if it is conducive to love of God, of self and of one's neighbor, is a virtue. But the gruesome presentation of one's self which leads to incapacitation, despair and suicide cannot have the remotest connection with a virtue. Its very superficial resemblance to the love of God may lead the uninitiated to believe that he deals with a scrupulously virtuous person. These patients are usually beyond persuasion.

It is amazing to see how a good priest, who in the depth of his depression wanted to confess his sins as many times as a priest entered his room, called himself an embezzler to everyone, after three convulsive treatments within a week could not believe his former behavior: he laughed at it. Others remember only too well the gruesome experience and feel that it just came and went without further insight.

Another delusional condition is seen in the true paranoiac. This inadequate individual is self-righteous and above reproach, his whole mental efforts being directed at accusing someone else of the most fiendish designs. The someone may be an organization, a political party, a religion or a race. He weaves and re-weaves his persecutions. To make him realize his shortcomings, that while he is so busy at accumulating evidence of injustices, he neglects his family, is utterly useless to his community, is utterly futile.

He, too, may become the executioner of his deluded judgment, having argued himself into an undeniable state of self-defense.

Unfortunately, such a person may become so litigious and argumentative that he deludes well-meaning persons. Such a potential killer is

often at large, out of restraints. Those, however, who weave their accusations less skillfully are schizophrenics, whose sense of reality is impaired and they are poor convincers. Delusions reveal a poor contact with reality. They are poor attempts at compensation for missing or poorly developed faculties. Whatever reason their bearer has, although sometimes surprisingly skillful, it is confined to some limited areas.

The choice of compensation is not very large and is probably the reason why there are no new mental diseases. More striking are the patterns into which these patients fall. We may frequently run into similarities which are almost identical—a patient examined in Paris, another in London, another in New York, another again on the West Coast, may express himself, answer certain questions in the same sick manner. Their dreams may be identical. This strongly suggests a sort of determinism in which the patient is caught, and that he has lost the freedom of choice which is a necessary condition of imputability.

The office of the busy psychiatrist is occupied most of the time not with psychotics, who are called, in common parlance, the mental patient, but with the ones suffering from neuroses which reveal themselves by phobias or mostly by gastrointestinal, urinary, respiratory, circulatory or skin manifestations. Their treatment is time-consuming but has its reward. To discuss the imputability of these patients would require extensive treatment. These suffer no delusions—no more than an over-emphasis.

It is almost apodictic to say that it is impossible to have a neurosis without a conscience of some sort. It acts more like an unconscious brake applied to the impetus of unconscious drives. Of course, the problem as it is presented to the physician is conscious. Usually, however, it has little influence upon the autonomic nervous system which produces most of the discomfort. In psychiatry of the neuroses, more than in other branches of medicine, the chief complaint is often very remote from the real trouble. It should be called the "presenting complaint."

In an attempt to explain his symptoms, the patient makes a theory where he may accuse anything that is not "just right" in his life or surroundings of causing his suffering.

How much is this patient responsible for impulses which are to say the least, distracting? To expect a person so afflicted to be aware of the origin of what in distorted fashion is expressed by his nervous system is asking too much. What of all the conditioned reflexes accumulated prior to the assumed "age of reason?" It is outside the limits of moral responsibility.

To evaluate the imputability of the individual mental patient we would need a yardstick which we do not possess in this world. Only Divine Judgment on the Last Day — in which every Catholic believes — can separate the sheep from the goats.