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Book Review

Fundamental Psychiatry

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DR. CAVANAGH, a practicing psychiatrist, and Father McGoldrick, a Jesuit priest and psychologist, have co-authored this text because of "a definite and pressing need for an organized presentation of psychiatric studies which is duly based on the full and adequate picture of human nature." Their "point of view established and maintained throughout this text is not the materialistic deification of the soma, it is not the Neo-platonic scorning of all matter; it is rather the middle course established long ago by the Aristotelico-Thomistic fusion of matter and spirit in man into one complete, bewildering, complex, dynamic reality, the human person."

The book is divided into seven parts; an introductory chapter details the extent of mental disorders, describes and attempts a definition of the normal personality. Part (2) considers the psychogenic nature and etiology of psychiatric disorders. Among the latter are intellectual habits, emotional factors, volition, heredity, occasions and conditions. Also included in this chapter is the authors' concept of marginal consciousness, as a substitute for the repressed unconscious of Freud. The psychiatric history and mental examination make up the elements of Part (3). There follows one chapter on the psychoneuroses and the general principles of their treatment; another on the psychoses, both functional and organic; and a final one on the borderlands of psychiatry, wherein the psychopathic personality, epilepsy, mental deficiency, disturbances of sex and homosexuality are considered. Part (7) the conclusion, depicts the relationship between psychiatry, philosophy and religion. A twelve page glossary containing explanations of 250 psychiatric terms is appended to the text. The book is well written and adequately edited.

In general, *Fundamental Psychiatry* has not achieved its basic purpose of an organized presentation of psychiatric studies based on the full and adequate picture of human nature as established by the Aristotelico-Thomistic fusion of matter and spirit in man into one complete, bewildering, complex, dynamic reality, the human person. Man is a unity, an unum *per se*, composed of matter and spirit, but primarily a unity, in essence, in nature, and in action. Psychiatry's fundamental interest is to understand and comprehend first man's unity in essence, nature and action, and secondly, the interaction of the various activated potentialities within that totality and unity. It is only by first understanding the unity of man in essence, nature and action that psychiatry will begin to comprehend this complete, complex, bewildering, dynamic reality known as man. But this unity of man can never be perceived clearly or fundamentally from the viewpoint of man's efficient causality but only from the viewpoint of his final causality or teleological orientation. The "dynamic" part of man ultimately lies not in an efficient force but rather in a purposeful direction. This is the basic reason for the present popularity of psychoanalysis. It presents man as a simple unity: acting through the influence of the instincts, considered both as teleological directors and causal effectors of all activity in man. Dr. Franz Alexander, director of the Chicago Psychoanalytic Institute, disclosed that it was psychoanalysis that brought teleology back to psychology. As Catholic philosophers, psychologists, and psychiatrists, we know that this psychoanalytic presentation is not enough but it does provide some sort of framework for the understanding of the basic personality of man, the genetic development of this personality, and its present dynamic status. It is true that the scholastic system of philosophy and psychology has in its possession the true and only wholly satisfying dynamic presentation of man, the unity in essence, nature and action, but this dynamic is only embryonically present in the scholastic system, and has never been *worked through* nor appeared in a book, neither in terms of its basic constituents nor in terms of man's development from the moment of conception until death. Only when we understand dynamically the "unity" can we ever hope to understand the interaction of the various elements of this unity. If we have no guiding "unity", we will have to resort to the questionable and time-consuming method suggested by the authors of analysing habits from a multiple point of view.

With reference to specific topics treated in the text itself, the remarks that follow might take as their starting point the authors' discussion of the etiology of the neuroses. Perhaps nowhere else in the text do the authors approach more understandingly the emotional foundation

of mental disease than when they, in agreement with all psychiatrists, state the three pivotal points in the etiology of the neuroses: "1. the earliest days, weeks, months, and years (1-6) of the child's life are those in which the neuroses have their origin; 2. the pathological psychic habits of children are usually the result of anxious attempts to defend the ego against the inroads of insecurity and deflation; 3. adult neurotic symptoms take their tone, color, texture, and type from the early neurotic picture developed by the child." However, the authors themselves support their theory of the unconscious in the sense of marginal awareness or consciousness, as against the Freudian repressed unconscious, and add a fourth item: "Adult neuroses are built on the vague recollection of childhood traumatic experiences." It is extremely difficult to understand how an adult can vaguely recollect the traumatic experiences of the first few weeks of life, because of which the child established faulty reaction patterns. Moreover, when severely pressed, the authors push their unconscious so far out to the uttermost margin of consciousness that one feels one has jumped over to the repressed unconscious of Freud. It is particularly disconcerting to us to read about the variant Catholic opinions on the unconscious. The only point of agreement seems to be that unconscious acts of knowing are an open contradiction, and with this we would agree. But there are also such things as early emotional experiences, directive of basic patterns of perception and behavioral reaction which are quite apropos of the scholastic system, and, at the same time, truly unconscious mechanisms; it is timely for scholastic psychologists to get together, define an unconscious in the modern sense, and see where it fits into the scholastic system.

In the light of the same three pivotal points it is impossible to comprehend the authors' statement that all habits are initially free and deliberate, and that the individual at first willingly accepts the wrong devices, (i. e. defense mechanisms) of thinking, emoting, and acting. To say, as the authors do, that all habits are formed only through intelligent repetition is to beg the question. To say that the essential element in habit formation is not in the mere mechanical repetition of the act but in the assimilation of a value is true; i. e. we repeat an action because it has some value to us. But the value can be other than religious, moral, or intellectual, especially in early childhood; and the value need not be known intellectually nor is it. Aside from these difficulties, to admit the authors' statement about habit formation is to uphold the moral theory of neurosis and psychosis; it would mean that every neurotic and psychotic individual is responsible and hence to be blamed for his mental status.

In the light of the same three pivotal points, it is also difficult to comprehend why the authors state that emotions always contain a rational element. Both Dom Verner Moore and Rudolph Allers state that for an emotional experience one need not suppose any higher activity than the *vis cogitativa* of St. Thomas—and this is a sensory ability. Animals have emotions without a rational element; infants and young children have emotions without the proven presence of the rational component. It is precisely these very irrational elements that constitute the particular problem behind the faulty reaction patterns, that are the particular area of endeavor and labor for the psychiatrist. It is because of these irrational components, so strongly and deeply rooted in the mentally-ill neurotic and psychotic, that psychiatrists eschew, in great part, the intellectual approach in treatment upheld by the authors. Since the negative emotions have arisen early in a person's life, psychotherapy will be a long, drawn-out process if it is to achieve a basic reorientation and reorganization of the individual personality. It is true that in the case of a normal, mature, harmoniously developed individual, there is frequently found to be a rational component initiating his emotional experiences. That is why a normal mature person can be appealed to intellectually, can be stimulated by rational motives. On the other hand, common experience with neurotics and psychotics shows that this will not hold in their case.

The authors have gone into great detail on the subject of defense mechanisms. Their approach to encouraging the patient to express feelings of hostility is particularly helpful in the treatment of the rigid, inhibited, scrupulous Catholic patient who most frequently becomes laden with excessive guilt following even the weakest expression of hostile feelings, especially if the feelings center around those remote "remnants" of the experiencing man.

The concluding chapter on the relationship between psychiatry, philosophy, and religion is handled well, but we must ever remember that the suffering neurotic and psychotic is to be treated much like the suffering pagan. Our missionaries feed the pagans first, take care of their illnesses, then tell them of God; so our neurotics and psychotics—they are in dire need of kindness, understanding, acceptance, and patience which come from a human love in the first place, before they can rise to God their Maker and Greatest Benefactor.

Fundamental Psychiatry

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