

CHRISTIAN ESSAYS IN PSYCHIATRY

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IN
PSYCHIATRY

Edited by
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INTRODUCTION

FEW words of introduction to this symposium are needed. But it may well be of more use to the reader if he is told a little about the purpose that inspired it, how it has been written, and what it does not pretend to be.

The book was first proposed by a group of Christian doctors who thought that a considered statement on psychiatry from a Christian standpoint was called for. It was to be addressed primarily to physicians, pastors, teachers and others who have a practical interest in psychology and psychological treatment. Many of these workers are aware of problems that may arise when, in the light of a Christian conception of personality, one tries to apply to oneself or another principles of understanding and treatment derived from the modern sciences of the mind. There is also a wide and growing circle beyond this, of persons who may have less knowledge of the subject and no direct practical interest in it, but who view the advances of this science in so many spheres of life with a Christian concern.

A special group was formed accordingly, and met for discussion at intervals over a space of two years. Seven of the members were practising psychiatrists, and there were three theologians and an educationist with learning and experience in the subject. The Anglican, Roman Catholic and Methodist communions were represented, and one member, Christian in sympathy, owed allegiance to no particular Church.

It soon became clear that it would not be possible to produce a book that would unite, in one ordered and consistent survey, the different standpoints and experiences represented in the group. It is certain that churchmen are not at present in a position to form a comprehensive view of the principles that should inform a Christian use of psychological science. This is due less to the divergences in their own theological thinking

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than to the present state of the science in question, which is a field of largely conflicting interpretations of the new observations. Psychology shows no signs as yet of integration into a coherent body of knowledge such as could be claimed for some of the physical and biological sciences. Christians share a basic doctrine of man, which has its psychological implications, and with its help they avail themselves at need of such scientific findings as they find practically illuminating: they can, and do, also make some discoveries of their own; but in present circumstances Christians who are also psychologists must remain more or less divided in their work, as the scientific methods they study are separated.

The essays that follow are, therefore, individual statements; each writer is himself alone responsible for his contribution, and it will be noticed that in a few cases, views are expressed that are not wholly reconcilable. The essays represent widely different approaches to the practical work of dealing with sick, delinquent and perplexed human beings. It will be seen, for instance, that the chapter on 'The Constitutional Approach' presents a conception of the problem as a whole which it is hard to relate to the standpoint of the other contributors and which may be irreducibly opposed to theirs: most of them also felt that it would be too technical for the ordinary reader. But the group did not wish to risk misrepresenting the state of Christian studies in this field; nor their present attempt at a contribution to it, by excluding any consistent view that they could not assimilate. This remark applies in part to the chapter on 'The Religious Attitude in Children': this is an original piece of child-study, based upon direct observation from a Jungian standpoint, upon which the group wished to reserve judgment while including it as a very interesting example of 'field-study' in progress.

The book is nevertheless a product of personal collaboration. Every document presented was studied before and during the meetings; some were rejected, some re-written, and all but

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two have been modified slightly or extensively in response to criticisms and suggestions made in the course of discussion. These adjustments did not indeed 'iron out' deeper differences of understanding, nor were they meant to. They registered genuine, if small, gains in common understanding of certain points, clearly enough to show how useful and desirable further collaboration should be in this domain.

The thanks of the group are due to the Christian Frontier Council, which provided the necessary secretarial assistance, and to its Medical Group, by which the project was initiated and fostered. This does not imply, of course, that either of these bodies is answerable for anything in the present compilation. Thanks are also due to the Guild of Health for providing a place of meeting in Edward Wilson House.





I

THE NATURE OF THE PROBLEM

D. STAFFORD-CLARK

THE doctor and the priest are concerned, each in his own way, with man's needs. One of these is the need to believe. Man is not, and cannot be, content to accept life as meaningless. Even when stridently proclaiming a materialist philosophy which inexorably robs his existence of ultimate meaning or purpose, man continues, despite himself, to behave as though what he did mattered. Indeed, to proclaim a philosophy at all, or hold a point of view, inevitably implies an underlying assumption that there is a meaning in life.

Even the most base philosophies, the most degraded concepts of society, cannot entirely escape the necessity of postulating some sort of purpose for their justification. The priest is certain of the purpose, and when the doctor refuses to acknowledge a personal attitude towards it at all, he is merely taking refuge in an agnosticism which is not supported by his own study of the intensely purposeful nature of biological and physiological processes. In one sense both doctor and priest are bound to be confronted with this question of purpose, and perhaps the psychiatrist as a special kind of doctor has a particular contribution to make to this problem.

Psychiatry is one of the ways by which men seek to understand themselves; its special province is understanding the life of the mind, and particularly the sick mind; but it is bound to concern itself fundamentally with the basic needs and drives

which move through the mind, in health as well as in sickness.

Psychiatry therefore is confronted by a number of such basic needs and drives; and has tended in the past to accept some of them less critically than others.

The sexual instinct, the instinct of self-preservation, the drive towards power, and the need to love which, if thwarted, becomes the urge to hate—all these have been accepted in their own right; but somehow psychiatry has always had more difficulty in accepting the need to believe, as equally profound or important. Yet careful and objective study of man's life reveals him in search, not only of immediate physical satisfactions, but beyond these in search of some sort of point and purpose in living at all. This search may take many forms, and may be conscious or unconscious, constant or fluctuating, but it is an inescapable aspect of human existence. Blake and Kafka saw it as the ultimate quest, and almost certainly as the real reason for temporal existence itself.

There are at least some grounds for believing that this purpose is part of a design which can be recognized in the whole of existence, and at this point it must be frankly admitted that for some people this belief has the quality of knowledge. This knowledge can be called 'awareness', meaning by this awareness, not understanding of the real nature of existence, not insight or revelation into the true purpose and design referred to above, but simply acknowledgement that such purpose and design exist, and that all else exists only through and because of them. Such a postulate demands ultimately and inevitably a belief in God—without, however, necessarily illuminating much further the individual's idea of what God is like. So far only will logic and reason take man, but this is far enough indeed to awaken in him the fundamental need to seek further: to strive to discover the nature of this ultimate reality from which are derived the purpose and design of existence; to discover, moreover, if he can, his own relationship to this reality, and what it implies.

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The attitude of psychiatry towards this need tends to be dominated by the personal and emotional necessities of the particular psychiatrist, perhaps the best-known example being that of Freud himself.

Freud saw in the idea of God the illusion created by human beings to comfort them in the face of their helplessness when they had outgrown their parents. He ascribed their sense of guilt and shame to an original primitive act of murder or rejection when the sons of the tribe rebelled against the father. Despite this sudden excursion into imaginative mythology, he claimed and believed that this thesis provided a rational basis for the abandonment of religion, while at the same time, in the book in which he has explained these ideas in full, he concluded, frankly and reluctantly, that mankind was not yet strong enough to accept this rational liberation from belief, and that therefore the worship of God, and belief in an absolute system of values belonging to him, were a necessary fiction to preserve some semblance of law and order, until the human race advanced sufficiently in wisdom to do without any of the illusions to which it clung.

This has been described as the wish-fulfilment attitude to religion; believing because it is more comfortable to believe, because such a belief implies a promise of pie in the sky when you die. The popular version of this theory is a peculiarly superficial one. It entirely ignores the fact that the central idea of religion is not a projection of gratification, but a quest: a quest for the purpose of life, and for the individual's place in this purpose; a quest for a relationship in which men can give rather than receive. Worship, not reward, is the consistent feature of the great religions of the world.

Quite apart from particular attitudes of this kind, there has for long been the curiously naïve assumption on the part of many psychiatrists that it is somehow unscientific to acknowledge the reality of a need whose satisfaction cannot be completely explained or guaranteed by scientific methods. But this

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need is not only undeniable; the attempt to deny it inevitably leads to an even more violent assertion of the natural demand, most of all in the minds of those who have neither acknowledged it nor consciously sought its fulfilment.

What happens when men attempt to abolish the idea of God in a society for which they are responsible has been succinctly described by Rex Warner:

... The more successful the moral anarchists are, the greater is the feeling of uncertainty in the minds of everyone, including in the end the moral anarchists themselves . . . There is one way of escape for the leader, and that is by giving to the mass of the people, what they want—a system of ideas by which they can regulate and give meaning to their lives. (Indeed this is something which by this time, the leader needs himself.) But the old idols are smashed and to resuscitate them would be to admit failure. There is only one thing for it—after having rejected God to make himself God, and to cause it to be generally believed that those characteristics by which he won his first eminence—and perhaps these have been self assertion, violence, brutality, amongst others—are the characteristics of Godhead. The old faith, the old system of values, must have been very thoroughly disintegrated to make such a plan possible. . . .

The same idea can be traced in the approach of perhaps the most famous psychiatric philosopher of all: Jung. He has written:

The gods first lived in superhuman power and beauty on the top of snow clad mountains or in the darkness of caves, woods and seas. Later on they drew together into one God, and then that God became man. . . .

Jung goes on to observe what happens when man seeks to make a purely scientific approach to this problem:

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At first the materialistic error seems to be inevitable; since the throne of God cannot be discovered among the galactic systems, the inference is that God has never existed. The second inevitable mistake is psychologism. If God is anything He must be an illusion derived from certain motives, from fear for instance, from will to power, or from repressed sexuality. These arguments are not new. Similar things have already been said by the Christian missionaries who overthrew the idols of the pagan gods. But whereas the early missionaries were conscious of serving a new God by combatting the old ones, modern iconoclasts are unconscious of the one in whose name they are destroying the old values. . . .

If a man seeks to dispose of the idea of God, say Jung . . .

then he should find out at once where this considerable energy which was first invested in an existence as great as God, has disappeared to. It might re-appear under another name, it might call itself 'Wotan' or 'The State', or something ending with -ism, even atheism, of which people believe, hope, and expect, just as much as they formerly did of God.

. . . If dull people lose the idea of God nothing happens—at least not immediately and personally. But socially the masses begin to breed mental epidemics, of which we now have a fair number.

The psychological truth of this need to believe can be defended from many other sources, by no means all of them religious. But this need to believe carries with it its own inescapable difficulties; it confronts men with the need to make an act of faith in a God whose immediate Presence is not apparent.

God may be presented to men either as a religious concept, or as a direct experience, a mystical revelation of the nature of

God himself; an experience denied to many who none the less achieve their act of faith through the acceptance of a revealed religion. Such an act of faith is a step which some who encounter it are not prepared to take. Of these, a number simply shrink from acceptance and thereby condemn themselves to lives uninspired by any fundamental creed or philosophy at all; others, conscious of an overwhelming need to believe in something but unable to accept either the idea of God, or the uncompromising reality of spiritual values unalterable by expediency and transcending even the highest human endeavours, turn to dialectical materialism or the philosophical aspects of psychoanalysis for their consolation. They succeed in this way in satisfying their need to believe—at least for the time being. But to the Christian their respective creeds, as substitutes for a central awareness and acceptance of God, are disastrous illusions, as inevitably foredoomed to tragedy and failure as was the Tower of Babel. If God exists, there can be no substitute for him. If he does not, existence itself is without ultimate meaning.

This is not Christian propaganda. It is an inescapable fact. The modern version of existentialism starts from this as a premise, and being essentially atheist, is therefore inevitably pessimistic to the point of despair. Logical positivists have dealt with it simply by begging the entire question of the significance of the concept of ultimate meaning. But to deny significance to ideas because they are beyond the scope of logical proof or disproof is to ignore fundamental psychological considerations. As Jung pointed out, there is no greater idea in the mind of man than the idea of God, whatever form this idea takes, and to dismiss such a tremendous concept as meaningless is deliberately to side-step reality as presented to us in any study of man's behaviour.

Side-stepping of this kind is impossible for the Christian because he cannot remain unaware of man's emotional predicament. Man needs to believe, and it is just the inescapable

reality of this need which drives him to become an existentialist or a logical positivist, or a Communist, or a Christian.

Of the four examples selected, the Christian differs from the other three in this way; he acknowledges his need to believe as something implanted in him *from without*. Furthermore, he accepts the need as logical and inevitable in itself, since for him the ultimate object of belief is one with the source of all reality. The other three disciplines share a contrasting task: they have to invent the source of their own belief before they can accept it: and it always remains for them the product of their own invention, having no other source. If they are right, then the Christian is certainly wrong. But if they are right then rightness itself ceases to have any absolute meaning, being merely a convention of human thought. The passion with which they will defend this ultimately meaningless concept of their rightness is yet further vivid evidence of the emotional necessity of belief.¹

Man therefore has an overwhelming need, which a psychiatrist cannot afford to ignore but which he cannot pretend to be able to satisfy. Has psychiatry therefore nothing to contribute to this problem? In one sense it certainly has, because one of the essential tasks of psychiatry is to understand the patient's needs, and to open the way to his own understanding of them. In this way the patient can be enabled to solve his own problems, in the light of the insight into their nature which he has gained. And since the particular needs which psychiatry aims primarily to understand are mental rather than physical, it is especially concerned with those conditions in which human emotions, attitudes, and beliefs have been altered or disturbed by illness or adversity.

Minds, of course, can be as distorted by sickness as bodies, and their functions can suffer and become as crippled and as

¹ '... convinced materialists are ready to worship their own jerry-built creations as though they were the Absolute. . . .' Aldous Huxley, *The Devils of Loudun* (Chatto & Windus), p. 141.

painful. C. S. Lewis has given a most helpful analogy to illustrate this particular point. He has likened the mind and body to a radio set, itself a complicated, delicate, but highly vulnerable piece of mechanism, tuned to receive a programme broadcast from a long way off. In conventional terms the set, even in its most complex and 'intricate design, is essentially 'material'; the programme, on the other hand, is essentially 'immaterial'. Yet the programme provides the ultimate justification for the existence of the set, and it is to receive and give expression to this programme that the set has been designed and built. None the less if the set becomes damaged or decayed, it is quite likely to distort the programme even to the point at which interference renders it no longer recognizable at all. At this point the set needs attention, although it may appear to the superficial listener that it is the programme which has gone wrong.

I have developed this analogy in my own words, because it has a particular use for the thesis of this chapter. In this use the psychiatrist must assume the role of the radio technician, and may be able to restore the set to something like working order; and in this sense he is working in harmony with the general purpose implicit in the full reception and reproduction of the programme, but he is not necessarily in better touch with the programme or its source than anybody else. A radio technician who takes upon himself the status of programme director or critic, is clearly mistaking the limitations of his own capacity, at least in so far as these are bound up with his trade.

Modern psychiatry has learnt to consider mind and body as aspects of the same single phenomenon; this can be illustrated in innumerable ways, but recognition of the role of integration in the functioning of the endocrine, autonomic, and central nervous system connections, all of which serve to reflect the effects of emotions and bodily changes each upon the other, provides a most satisfactory method of exemplifying the fundamental nature of this relationship. Full acceptance of this

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relationship in turn makes easier acceptance of the wider and even more important integration between spirit, mind and body, which is demanded by an understanding of the true nature of man. This trinity of spirit, mind and body can be regarded from a religious standpoint as being a mysterious union which lasts for the physical lifetime of an individual.

During this lifetime, while spirit is the ultimate essence of man, the part of him which is immortal and which reflects the supernatural element in his being, mind provides the opportunity for awareness, and the means whereby he makes conscious contact with the everyday world around him, and the appearance of reality which this world represents; body is then the instrument whereby man makes physical contact with his environment, his stake in mortal existence, and the source of both the pleasure and the pain which are inseparable from human life.

Seen in this way, the concept of the whole man takes on a completeness which no other way of regarding human existence can provide. This concept is both scientifically and spiritually compatible with the observable evidence. But while it is helpful in reconciling our understanding of these varied aspects of man, it of itself does nothing to reconcile them to each other. That they need some sort of reconciliation seems undeniable.

One of the most constant observations of all the various schools of thought in modern psychology is that man is perpetually experiencing conflict at both conscious and unconscious levels. Examination of any human problem can indeed be profitably undertaken only if these various and potentially conflicting aspects of man are fully acknowledged. That they are interrelated, and that tension and stress at any level produce repercussions throughout all these aspects, is another undeniable aspect of human experience. It remains to be seen what are the possible contributions of psychiatry to

religion, and of religion to psychiatry, in these terms, and what are the pitfalls which both must avoid if they are not to mislead their followers into needless strife and antipathy.

We saw at the beginning of this chapter that the priest and the doctor are both concerned with man's needs. But they are not only concerned, they are pledged to minister to them, although in essentially different ways. These ways are however complementary, in just the same sort of way that the inter-relationship of spirit, mind and body is a complementary one.

The first task of the priest is to minister to man's spiritual needs—including the need to believe, and the need to love, already recognized by the psychiatrist—by helping to bridge the gap between seeing and believing, between the reality of God and the possibility of man's acceptance of him. He may do this by faith and works, precept and example, love and leadership in a thousand spheres: but barring miracles his opportunities will inevitably be influenced by the state of mind of the man whom he seeks to help and to win. A madman may be rigidly insusceptible—incapable of belief, or convinced that, for example, he is himself Jesus Christ. At a less spectacular level, the dependence and immaturity of a neurotic patient may lead him to demand from religion an idealized substitute for an all-indulgent parent, and then to reject God because his personal human problems are not immediately abolished by accepting the idea of him.

The task of the psychiatrist, as of any other doctor, is essentially to relieve suffering at the human level for as long as possible, to prevent it when it can be prevented, and to treat it by whatever means are available when it cannot. His immediate concern is with mental and physical anguish: but he will inevitably encounter spiritual conflict and distress, just as the priest will come to grips with sickness and pain.

How then can they, and must they, contribute to each other's

tasks? And what light does the answer to this question throw upon their relationship to one another as a whole?

Psychiatry can often cure or relieve insanity, no matter what form this takes; but quite apart from its function in the treatment of gross mental illness, it can help to clear the mind of emotional prejudices and conflict neither fully understood, acknowledged, nor consciously evaluated by the individual. By an extension of this process it can bring about a clarification and sharpening of man's approach to values and can sometimes increase his insight and awareness in dealing with controversial issues of all kinds—including religious problems. To return for a moment to the analogy of the radio set, the psychiatrist as a technician can immensely improve the clarity, sharpness, and definition of reception of the programme: that is, he can awaken and increase awareness and understanding, and so often improve the stability and flexibility of the individual mind.

Apart from this the therapeutic and humane exertions of psychiatry, like those of any other branch of medicine, can play a part in easing suffering. One might sum this up by saying that any success achieved by psychiatry in straightening out a tangled mind, in helping a man to think more clearly and honestly, must inevitably help him also to open his mind and his heart to God—if he so chooses.

The contribution which Christianity can make to problems arising out of the therapeutic situation is fundamental. It can reconcile the inevitable conflict between loving and hating which psychotherapy may bring up into consciousness. It is important to realize that psychiatry by itself cannot really do this; it is not *in itself* a source of inspiration nor can it provide a substitute for moral values or obligations, and it is only inviting trouble to pretend that it can. Nor in this context can we disregard the inevitable failure of psychiatry, comparable again to the inevitable failure of any other branch of medicine, finally to avert suffering, catastrophe, or death. There are

many situations in which human skill and even human compassion and concern are not enough to enable a patient to deal successfully with suffering. At this point the strictly natural levels of a man's being may be transcended.

Most important of all, Christianity can supply the ultimate purpose, the ultimate hope, and the ultimate standard of values for human society as a whole; it is the one answer to the human need to believe which both explains and justifies this need; and for medicine and psychiatry, particularly in their ethical aspects, Christian standards remain indispensable. Without such standards, there is the ever-present danger of purely technical interests or apparent expediency subordinating recognition of the essential worth and dignity of man. Examples of this are the experiments on human beings in the concentration camps of the last war, and the recurrent popular suggestion that 'incurable lunatics' should be 'painlessly put away'.

But despite their common ground and complementary goals, all too often there arise bitter conflicts between the priest and the psychiatrist, which, when they are not primarily personal, rest upon avoidable error, and are therefore unnecessary. There may be on the priest's part a dogmatic and misconceived opposition to certain aspects of psychiatry; for example to hypnosis, on grounds that it 'weakens the will'; or to psychoanalysis, because of the philosophical implications of the subject, which can in fact be entirely separated from its practice as a therapeutic technique, without any essential diminution in the latter's effectiveness. It is comparatively uncommon to see this separation in practice: but this is only because Christian analysts are themselves rare birds. Nevertheless, it remains true that the effectiveness of psychoanalysis in treatment depends essentially upon the nature and quality of the transference, and upon its skilful management. This is fundamentally an emotional relationship, and may be entirely independent of the theoretical views of the participants. Indeed, as we have already seen, in most of the basic personal problems uncovered

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by the procedure of psychoanalysis, the Christian ethic has a far more positive contribution to make than could conceivably be offered by Freud's own somewhat arid formulation. The importance of disinterested love in any form of psychotherapy is profound, and often incalculable. A better understanding of the nature of the various forms of psychiatric technique, an understanding which it is a duty of any Christian to acquire before he makes assertions about their moral aspects, would do much to prevent such conflict from arising.

Another and equally misconceived source of conflict arises when an attempt is made to equate the analytic couch with the confessional: this ignores the fact that whereas it is the function of confession to deal with conscious guilt about voluntary and deliberate wrongdoing, by asking God's forgiveness for admitted sins, the procedure of analysis is essentially concerned with bringing into awareness hitherto repressed and unconscious feelings, and with involuntary fantasies more often than with frank intentions or actual deeds. The two are therefore fundamentally different: and later chapters will show how false it is to argue as though conscious and unconscious mental life were strictly comparable.

An example of such falseness in action is the equation of impulse and intention: this is sometimes achieved by over-scrupulous Scholiasts in their interpretation of Matt. 5.28.

... Whosoever looketh on a woman to lust after her hath committed adultery with her already in his heart.

If this is taken to mean that the intention to commit adultery, unopposed by conscience, is scarcely less sinful than the commission of the act itself, the true sense of the passage is clear; but sometimes the argument is advanced that the mere experience of temptation in this direction is as bad as the act itself; people then are encouraged to feel guilty because they experience the normal temptations which are an inevitable part of the human situation. It is a strange and ironic paradox that, apart

from over-scrupulous priests and penitents, the only other source of this particular error is to be found in the general unconscious judgment of the Freudian super-ego, which it is the object of psychoanalysis to mitigate. To make this equation consciously, therefore, is to carry over into conscious thinking the primitive over-simplification characteristic of unconscious mental processes. It is in fact this very primitive and irrational quality of super-ego judgments which render them so demonstrably inadequate as a complete basis for conscience as a whole.

The ultimate source of morality, as of conscience, is spiritual and absolute—not merely the distilled or distorted relics of infantile experience and environment. Parental moral influence itself can only derive from the parents' own conscience in action, and the problem of its origin is shelved rather than solved by attributing the whole of our generation's morality to the conduct of their parents. We reflect what is in us as well as what has been done to us.

The opposite error to the application of unconscious primitive standards to conscious and complicated problems, is the attempt to apply the critical standards of every day conscious life to the products of unconscious mental activity: this happens when patients with obsessional illnesses are led by over-zealous but misguided priests into extreme scruples or interminably obsessional confessions: or when visions and ecstasies which are in fact symptoms of developing mental illness are accepted as supernatural manifestations.

The cardinal error of which the psychiatrist is apt to be guilty in his approach to Christianity is implicit in the cult of 'psychologism'—in the attempt to explain away both the idea of God and the idea of evil—already discussed a little while back. This error leads inevitably to the necessity of creating new standards in place of those which have been destroyed, and ultimately replacing the idea of God by theoretical and somewhat arid rationalist proposals, which in the end come to

rely upon the lowest elements in human conduct such as treachery, brutality, and ruthlessness, for their upholding.

Another red herring, which by this time has begun to wither a trifle, is the postulate that modern psychology rests upon a determinist and materialist basis and that therefore, if it is valid, it constitutes in itself an argument for a determinist and materialistic basis to human existence.

This proposition dates back to the pre-relativity period in physics, when determinism seemed empirically unassailable. Since absolute determinism has now everywhere been abandoned as a scientific hypothesis, modern psychology can no longer be said to rest upon it. For a detailed and vivid refutation of the entire materialist determinist attitude to the study of man the reader can turn to Professor C. S. Lewis, Professor V. H. Mottram, and Kenneth Walker,¹ among others.

Priest and psychiatrist, therefore, do not have to disagree: there is so much else for them to do. In our essentially fragmentary and imperfect view of life and living there is apparent through all the conflict and confusion a consistent theme and a transcendent mystery. It would seem that pain, guilt, failure, and ultimately death, are in some way inevitable aspects of the human situation. They may be mitigated by medicine, but man cannot completely escape from them, nor would he be the same creature, with the same opportunities, vision, and possibilities, if he could.

Atonement, forgiveness, love and redemption are similarly an essential part of the divine answer to the human predicament. They are the complementary aspects to the hopelessness of humanity by itself. There is in fact an inevitability of failure at the purely human level, balanced by an abiding possibility of redemption through love, at the divine level, which man

¹ C. S. Lewis, *Miracles* (Geoffrey Bles); V. H. Mottram, *The Physical Basis of Personality* (Penguin Books), Chapter IX; Kenneth Walker, *Meaning and Purpose* (Jonathan Cape).

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needs and which he is bound to seek. As I have already ventured to say in another place, there is nothing about a belief in psychiatry which makes impossible a belief in God; and nothing about a belief in God which makes impossible a belief in psychiatry. The part is not greater than the whole.

II

CURRENT CONCEPTS IN PSYCHIATRY

◆
DESMOND POND

IT is perhaps necessary to begin by outlining what is meant by mental illness at the present time. The obviously mad have always been recognized—that is to say, those who are incapable of taking care of themselves, or who are dangerous to others by reason of their actions being apparently beyond their control. In the past such people could receive only custodial care under conditions which were often revoltingly inhuman. There is much to be said about the proper treatment of patients who need to be in hospital by reason of the severity of their mental disorder. However, the present controversial issues raised by psychiatry lie more in the attitude it has towards the mental disorders of people still able to live in normal society. This chapter is intended to give a general outline of some of the ideas and practices current in psychiatry today.

HISTORICAL

During the course of the nineteenth century the study of mental diseases made great advances, *pari passu* with the revolutions that took place in general medicine. Moreover, the interests of psychiatrists were then understandably influenced by the current views of pathology in medicine; that is to say, the main aim of psychiatric research was the description of disease entities caused by abnormal tissues which could be seen

at *post mortem*. Much valuable work was therefore done in the realm of brain disease causing mental symptoms, but it became increasingly recognized that there were a great many mental disorders, even very serious and irrecoverable ones, which were not associated with any definite pathological changes at *post mortem*. The concept of a 'functional' mental disorder had, therefore, to be admitted, but usually with the expectation that some day something would be found in the brain. Throughout this time the influence of mind on the body, and especially of the emotions, was not regarded as a serious object of study, although lip service was always paid to it by the better physicians.

It is into such a mental atmosphere that Freud threw his contribution. For the first time concepts were employed which owed less to the terms used in the description of physiological functions, and more to those of psychology. His ideas are examined in detail in the next chapter and need not concern us here. For the first time many abnormal states came under fruitful study, and the less profound mental disorders, such as anxiety, hysteria, obsessions, perversions, and the like, which constitute the bulk of psychiatric practice, were no longer summarily dismissed in such terms as 'constitutional inferiority'. The most important factor stressed by Freud and his school was the influence of environment on the development of personality. Formerly only the physical environment, infections, injuries and the like, was conceded as causally significant, but the great merit of Freud and his followers was to recognize that the thoughts, feelings, emotions of parents and other adults had a far more important influence in moulding the later development of personality and mental illness than physical factors. In recent years there has been some rapprochement between this attitude and the older, more medically orientated school. In addition, academic psychology is making its contribution, particularly in providing scientific tests for the investigation of such mental functions as intelligence. This drawing

together is still mainly in the realm of theory only, and there are all-too-wide gaps between the practices of psychiatrists trained predominantly in one or the other school. The different views will probably be best harmonized when they are seen as contributions to the study of the development of the adult human personality in all its richness and variety.

The two world wars have greatly widened the scope of psychiatry, because here could be seen *en masse* the influence of acute emotional disturbances to a degree not possible in civilian practice. Moreover, the experiences of psychiatrists in observing the change of behaviour that can occur in people thrown into totally different surroundings, have led them to an interest in the social factors affecting mental disorder. A liaison has also been effected with social anthropologists who have data on the influence of culture on personality. There is thus an increasing and fruitful cross-fertilization of facts and ideas drawn from many different ways of observing human nature. Mental disease is no longer looked on solely from a 'neurological' angle, but seen in the broader context of disturbances between society and individual.

THE SCOPE OF PSYCHIATRY

Psychiatry is a highly individualistic branch of medicine, and the interpretations of the origins of mental conditions vary very widely from psychiatrist to psychiatrist. It would, however, be true to say that there is agreement in regarding much mental disorder in terms of development of the patient's personality. The signs and symptoms shown by a patient, of which he complains or which are complained about by others, arise out of his whole life pattern. Except in the comparatively rare cases of physical disease causing mental symptoms, e.g. syphilis of the brain, no sharp boundary can be made between normal and abnormal. Many people go through life disturbed by thoughts or actions which would be unquestionably

regarded as abnormal and signs of mental disease if these people were examined by a psychiatrist. If, however, such people do not complain about them, and they are able to live a life more or less satisfying to themselves and without causing too much disturbance to those around them, they would never come into the psychiatrist's consulting-room. It follows, therefore, that the selection of material on which psychiatrists work is brought about by almost random factors. He sees the people that society has learned to think are those he can deal with, rather than because of any fundamental psychopathological change within the subjects themselves. This is especially clear in child-guidance work. Children do not ask to be seen by the doctor for their disturbances of behaviour. The people in contact with such children, especially their parents, have come to regard some forms of behaviour disorder as evidence of mental disturbance to change which psychiatry seems to offer more than old-fashioned discipline or other methods of dealing with essentially undesirable behaviour. The same point is seen in the impact of psychiatry on the treatment of criminals, both within and outside prison.

The consideration of the many kinds of work that psychiatrists do gives one an indication of the way in which psychiatry is not so much a branch of medicine as a new way of looking at many old problems, for better or worse. So diffuse has their work become that it is most important for psychiatrists not to forget that they are in the first place doctors concerned with individual patients. This is what their training fits them for, and it is as a result of these experiences that their particular contribution to other problems may come to appear of more general significance.

The fundamental psychiatric attitude, if it may be so called, is best illustrated by the way in which a psychiatrist sets about a particular problem presented to him. Most patients come to him complaining of symptoms; sometimes they are brought to him by relations or representatives of society, such as

probation officers, complaining about their behaviour. As in general medicine, the history of the trouble is by far the most important thing, but in psychiatry the history means something more than it does in general medicine, for reasons already mentioned. A complaint, for example, such as feelings of anxiety on crossing the street, has to be seen in its context of the life-long development of personality. Such a symptom may have appeared to have come on quite suddenly in early adult life after some apparently trivial emotional upset, or perhaps, to judge from the first interview, without apparent cause. Such a symptom is usually only the top of the iceberg. Underneath it there may be another nine times as much emotional disturbance, of which the patient may be hardly aware. Before such a symptom develops there is usually a history of a personality already predisposed to anxiety, and that in turn arises in a family setting of overt anxiety or other symptoms in one or more parents. What matters is not the physical effects of the environment, poverty and the like, but the emotional relationships which the patient has been able to establish with the parents, brothers and sisters with whom as a child he came into contact in his earliest years.

The hereditary constitution is unquestionably important, but the difficulties of human genetics are such that at the present time the inheritance of mental factors can only be described in very general terms. That they are important is shown most clearly by a few classical works on the mental characteristics of identical twins, but the inherited factors are in constant interaction with the environment, particularly that of the early childhood years. It cannot be too greatly stressed that human beings vary as much (or more) in their personality structure as in their physique. We all recognize that some are born stupid and some at the level of genius, but it is not so readily understood that the proneness to anxiety, to irritability, moodiness and many other personality traits also varies widely. The prognosis of a mental illness—i.e. the future outlook or

chance of cure—depends a great deal on the strength and resources of the personality prior to the development of symptoms. The strongest minds will break down under sufficiently prolonged mental strain, but they usually get over it if the strain is removed. Other more frail people find difficulty in adjusting to the most sheltered existence.

PHYSICAL METHODS OF TREATMENT IN PSYCHIATRY

Treatment does not, unfortunately, have as clear a rationale in psychiatry as in general medicine. (The special position of psychotherapy is considered in Chapter VII.) We do not as yet know how to tackle hereditary aspects of disease in any fundamental way, since we are ignorant of what functions of the brain are affected in this way. There are, of course, a few specific physical diseases which have their appropriate treatment as in general medicine, but the most common forms of physical treatment have an entirely empirical basis. This term is customarily taken to refer to diverse methods. The use of drugs to produce mental changes is, of course, very ancient. At the present time there are a number of drugs which produce sleep and reduce the patient's tensions, and some which tend to act in the opposite direction by making the subjects more lively. Such drugs have a limited place in the management of minor mental symptoms. The most important physical treatments are, however, of recent introduction, and include electric convulsive treatment, insulin coma treatment, and the brain operation usually known as leucotomy. A few words are perhaps necessary on these, as there has been some controversy about them in the non-medical as well as the medical literature.

The history of electric convulsive treatment may be epitomized as a very good example of false deduction from wrong facts, leading to a treatment which turns out to be more

successful for a quite different sort of disease from that for which it was originally introduced. It consists in the induction of an epileptic fit by the passage of a current across the head for a brief time. Instantaneous unconsciousness is produced and there is usually a loss of memory for the few seconds so that the treatment is painless, and not unpleasant. The hazards to life by its use are now less than those of an ordinary anaesthetic, and although some patients complain of some difficulty in memory following a course of treatment, this clears up after some weeks in the vast majority of cases. The indications for its use are now fairly clearly defined, and there is little doubt that, as a treatment in psychiatry, it has come to stay. Insulin coma treatment is used for a group of diseases (schizophrenia) of much more serious outlook. Insulin is, of course, well known as the substance used to control the blood sugar in diabetes. In the treatment of schizophrenia much more is given, so that the blood-sugar level is so drastically reduced that coma results. This is maintained for a while, and then normal brain activity is restored by the giving of glucose. Insulin has much less success than electric shock treatment in the conditions for which it is appropriate, but *faute de mieux* it will remain. The rationale of both these methods of treatment is quite unclear, in spite of much intensive research, and it would be profitless to discuss them further.

The third common physical treatment of operations on the brain is rather better understood, though we are still far from being able to be certain what effects will be produced in every single case. Leucotomy or lobotomy is a relatively simple operation on the brain, recommended by responsible psychiatrists only for conditions in which, without it, only partial, if any, recovery is ever to be expected. The way in which the operation is done is being increasingly refined, and the unpleasant side-effects which are often quoted against the operation are now fairly rare. If all goes well, the operation is simple and easy to do, and moreover it produces much less change in

CHRISTIAN ESSAYS IN PSYCHIATRY

the brain and usually in the personality than most of its critics realize. It is well recognized by psychiatrists that the operation does not 'cure' anything. Its most important effect seems to be in reducing the patient's reaction to his mental disease, so that the unpleasant symptoms which formerly incapacitated him no longer do so, and over a period of time following the operation patients are able slowly to reconstitute themselves on a new basis. It is important to realize that the operation must be followed by a long process of rehabilitation. Such patients require as much social and psychological care as those who have not had an operation. But this type of treatment is discussed elsewhere and need only be briefly mentioned here.

TRAINING IN PSYCHIATRY

At the present time systematic training in psychiatry is still in an unsatisfactory condition. In particular, the exact place of training by some form of psychological analysis, whether Freudian, Jungian or other type, is still a matter of dispute, and is discussed further in Chapter III. The practice of psychotherapy certainly does require a good deal of specialized training, whether this includes personal analysis or not, and it tends to become the province of doctors who call themselves psychotherapists. There is also a place for 'lay' psychotherapists, i.e. for those who have not had a medical qualification before their specialized training in psychotherapy. This is a rather controversial matter, since some psychiatrists are opposed to such lay workers being recognized at all. This opposition in fact nearly always turns out to be really against all forms of psychotherapy, and it would seem better to acknowledge the existence of useful 'lay' helpers, as they will always be in practice, whether we like them or not. The required personal qualities are often rather different from those which fit doctors to be general psychiatrists skilled in the arts of making diagnoses, organizing physical treatment and in the custodial and

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social care of many patients. It is unfortunate that this is so, since in the majority of cases of serious mental disorder, a combined approach is necessary. It is a sad reflection that in the present state of psychiatry the treatment a patient will receive very often depends upon which doctor he goes to in the first place, for at the present time treatment in psychiatry depends on the training and experience of the doctor managing the case and the facilities to which he has access at his hospital or clinic.

THE AIM OF TREATMENT IN PSYCHIATRY

It follows from what has been said about the origin of mental disorder that the boundary between normal and abnormal is uncertain. The patient comes to the doctor with symptoms from which he expects to be cured, and the end of treatment is dictated not so much by the doctor's skill and by the general body of knowledge of psychopathology, as by, first, the resources and assets within the personality of the particular patient in question; and, secondly, by the standard of 'normality' which the patient wishes to attain. It is not often realized how limited are the ends which psychiatry can reach. There are some personalities so inadequate that no psychiatrist, however gifted, can inspire them with energy, courage and loyalty. In general, the longer-standing the disorder and the older the patient, the less likely is the trouble to be curable. It must also be frankly admitted that psychiatry has no practical answer to the problem of delinquency, especially if chronic, although it has been fairly clearly shown that its roots lie far back in the early development of personality. The possibility of its prevention, though not its cure, is thus in sight, but the implementation of our present knowledge would involve large-scale social changes for which people are not yet ready. Another limitation of treatment is that the patient is at liberty to break it off whenever he likes, provided that he is not a danger to society, or to his own life, and he may bring

it to an end long before the doctor feels that all that might be done has been done. Some of the more profound problems of the nature of mental health and the ethical difficulties they may raise will be discussed in the later chapters.

THE CONCEPT OF THE UNCONSCIOUS

Much of the rest of this book will be discussing the place of unconscious mental events, a concept not so far mentioned in this chapter. It will be advisable, therefore, to end with a short discussion of its place in contemporary psychiatric theory. The works of Freud and Jung particularly gave substance to the idea of unconscious mental activity, by which they referred to thoughts and emotions of which the patient was not normally aware unless some special means were adopted to render them accessible. It can scarcely be denied that there are events going on in the person which are not accessible to introspection, but which are more simply and more accurately described in psychological than physiological terms. The arguments revolve round the nature of this unconscious mental activity and how far it can be regarded as *causally* important in the production of mental disorder. The nature of the unconscious can be inferred only indirectly (see, for example, Freud's brilliant but early essay, *The Psychopathology of Everyday Life*). Many psychiatrists, mainly of academic persuasion, or under the influence of the Continental schools, deny the importance of the unconscious. Since introspection is notoriously unreliable, is not the unconscious *a fortiori* suspect? Nevertheless, it is true that no psychotherapist works without some idea of the nature and importance of unconscious activity; but unfortunately the content of unconscious activity appears to depend almost as much on the psychiatrist's theories as on the patient's mind. This does not invalidate the concept as much as it might seem to, because the psychiatrist's theories are a clothing in words of emotions of the patients too primitive to verbalize accurately.

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Much of the content dates, in its character if not actually chronologically, from the child's *pre-verbal* experiences. A distorted attempt at its expression can be seen in many of the utterances of very abnormal psychotic patients who produce material unbiased by, because impervious to, the psychiatrist's point of view and often interpretable in more than one way. How this material may be dealt with is the subject of another chapter. Enough has been said here to indicate that, at the present time, it is safe to say that psychiatry neglects the unconscious mind only at the peril of becoming sterile and unrealistic in its theory, and impotent to help many patients in practice.

III

PRESUPPOSITIONS OF PSYCHOLOGICAL ANALYSIS

◆
PHILIP MAIRET

THE realm of feeling and emotion, which is the central interest of psychology, lies midway, as it were, between the body as an object in the world, and the conscious mind. It is in a real sense our living experience of the unity of body and mind. We know very well that the mind can rejoice with the body and the body with the mind, and that they can also be in painful opposition which, if not resolved, can menace either physical or mental health or both.

The task of psychiatry is the resolution of such discords or oppositions; and its primary difficulty is that the harmony of mind and body cannot be known, it can only be lived. For our scientific consciousness is such that it cannot define the exact relation between mind and body. No scientific genius has ever been able to discover the connection between the red colour of an object and his own sensation of redness nor between the decaying of a tooth and the pain that it gives him. Objects and our impressions of them belong to two realms of experience, which certainly are connected and may be one in the mind of God; but to our minds they are so totally distinct that no one can even imagine where to look for the link between them. However, their interaction being indubitable, the medical treatment of the mind sometimes has to be carried on partly or wholly by physical methods, some of which are discussed in the other sections of this book.

PSYCHOLOGICAL PRESUPPOSITIONS

In the present chapter we are concerned with the treatment of the mind by the mind. No one doubts, in practice, that this is possible: everyone at least sometimes makes efforts to dismiss unwanted thoughts, or conjures up thoughts in order to change a mood or to induce or suppress a feeling; indeed, every moral effort is primarily an action of thought upon thought, or a battle within the mind. (Let us say rather, within the psyche, a word which is better for our purpose, since it stands for the whole inner life of knowing, willing and feeling in the individual person). As we read in St Paul, the most psychological of the early apostles, such is the condition of man that he continually suffers from division within himself. Either the aspirations are warring against the weaknesses, or the inclinations are trying to suppress the aspirations; or a mixture of motives on one side are at feud with a mixture on the other. This inner strife, in which the personality as a whole is gaining or losing ground as the case may be, is at times more intense and perturbing than the subject can well bear; and the person in such a predicament may appeal to some one else for aid—to a friend, a priest or a doctor. These are the cases which psychiatry has to deal with, and it is from their treatment that psychology has derived new and revolutionary conceptions of the working of the healthy as well as of the pathological psyche. The psychiatrists gradually came to the conclusion that, underlying the conflicts and resolutions of the conscious mind, there is an *unconscious* psyche, of unknown depth, perhaps unfathomable.

THE UNCONSCIOUS

It is this conception of what is often called simply 'the unconscious'—a realm of psychic being in which willing and a kind of thinking go on more or less independently of waking consciousness, but powerfully influencing both the 'state of mind' and the outward behaviour—which has transformed psychiatry.

It has also set some new problems for the theological understanding of human nature, or at least revived old and forgotten problems in novel forms.

To anyone who asks the meaning of this term 'unconscious' the simplest answer is a reference to certain common experiences, such as that of forgetting whether one has performed some accustomed action—for instance, locking a door before going to bed. One may worry about this ('Surely I must have done it? No, I can't remember doing it') until one has to rise and go to make sure, and find the door safely locked after all. How could we have so quickly forgotten what was, perhaps, not an entirely simple operation? The obvious answer, that one's conscious mind was occupied with some absorbing train of thought, implies that the forgotten action was performed in a sub-conscious state of mind, and that the two kinds of mental activity can operate disconnectedly.

But remembering, no less than forgetting, may demonstrate the presence of unconscious mental activity. How often does one ask oneself, 'I wonder what brought so-and-so into my mind?' What caused the daffodils of Wordsworth's sonnet to 'flash upon that inward eye which is the bliss of solitude'? Indeed, except when one is consciously thinking out a problem, or responding to the demands of objective life or to the written or spoken words of others, do we know why any idea or image floats into consciousness rather than another? And the idea, images and memories that thus occur to us may be very important in starting or deflecting a train of thought. Whence and why do they come? The psychologist thinks they arise from an underlying pattern in each individual, of motives, feelings and attitudes to life, interwoven with memories of which the most potent are often those that have been suppressed from consciousness but are still influencing us unawares. That is what a psychiatrist calls the unconscious. What justification is there for treating this as an entity and ascribing any coherence or unity to it?

PSYCHOLOGICAL PRESUPPOSITIONS

The idea of 'the unconscious' originated with certain nineteenth-century philosophers; but it was first used as a scientific principle of explanation by Freud and his followers, who illustrated it with a wealth of clinical observation. Freud had begun by using the method of hypnotism to find out what was going on at the unconscious levels of a patient's mind: when a person is hypnotized his waking consciousness goes out of action, but he will respond to questions and suggestions, and often discloses opinions, ideas and desires of which his conscious ego has no notion, and which he may strongly repudiate. But Freud's great contribution to psychology began when he gave up hypnotism as unnecessary, after having invented a technique of psychological analysis which yielded the same or better information about the unconscious. This was the 'free association' of ideas. He taught his patients to relax their minds and bodies, and then freely to express whatever happened to come into their minds. No one is at first quite able to do this, even when the necessary trust in the doctor has been established, but it becomes gradually rather easier with practice; and then there ensues a rambling stream of discourse, broken by sudden stoppages, blank intervals or switchings-off to other and apparently irrelevant topics; which, however, is soon found to return again and again to a few dominant personal 'complexes'—that is, tangles of emotionally-toned ideas—which are evidently determining a great deal, if not all, of the person's life and behaviour. These can be recorded and systematically studied.

This deep undercurrent flowing on beneath the conscious awareness of every one of us (it is not, in itself, a pathological condition) is what a psychologist now means when he speaks of 'the unconscious'. Two things seem to be definitely proved about it. The unconscious 'thinks' in a way that is different from conscious thinking; its ideas are expressed in images, symbols and snatches of dramatic presentation more than in words. Secondly, the 'complexes' around which much of the

psychic energy is always revolving express vital problems of the person's adaptation to life. Dreams, for instance, express over and over again the principal tensions, and conflicts of the present, and often do this in terms (or images) derived from the most unbearable memories of the past, which have to be suppressed from one's daylight consciousness. A dream is often a very clear artistic creation, expressive of what is most deeply worrying to the dreamer, who may, however, remember the dream when he is awake without any recognition of its meaning, unless he has learnt something about the interpretation of dreams. This is also true of prophetic dreams which reveal the essence of some conflict of a supra-personal nature (a number of examples of which can be read in the Bible) as well as of our ordinary dreams which are concerned with personal problems. In Old Testament times the conception of a wise man was, above all, that of one who could explain the meaning of dreams.

In our epoch of scientific culture dreams used to be dismissed as meaningless psychic phenomena until Freud produced a method for using them as sources of diagnostic information. Since then the study of dreams has been industriously pursued as 'the royal road to the unconscious', and psychologists have endeavoured, not without some success, to conduct dream analysis upon principles as rational and scientific as those applied to any other natural phenomena; they have elaborated techniques by means of which the inferences drawn from different dreams can be checked against one another and against other observations of the subject's individual behaviour. Innumerable instances could be given of the way in which dreams illustrate the meaning and purpose underlying a person's behaviour, but we will content ourselves with one clear and simple example.

A friend of the psychiatrist Frink¹ dreamt one night that he

¹ Author of *Morbid Fears and Compulsions*. The case in point is recounted in R. Dalbiez' *Psychoanalytical Method and the Doctrine of Freud* (Longmans).

was kicking a skunk and that, instead of producing its characteristic stench, the animal was emitting a perfume of Parma violets. A dream more superficially senseless would be hard to imagine. But let us look at its associations in the mind of the dreamer, to whom Frink gives the name of Taylor. The mention of the perfume in question reminded him that at the time of this dream he was the employee at a pharmacy. This was followed by disclosure of the following incident. A customer came in one day for sixpennyworth of chenopodium. As this product is not listed as 'poisonous', Taylor sold it to him without asking for any explanations, and the customer, who had a wildly erroneous notion of its medicinal properties, went home and administered a spoonful to his six-year-old son. The child brought up the first dose, his father made him take another and the unfortunate little fellow died. The father, in order to exonerate himself, tried to lay all the blame on Taylor, giving a very inaccurate version of the incident to the neighbours, and very soon all the talk of the little town was about the scandalous blunder of the unhappy chemist's assistant. Taylor faced the storm: to every customer who came into the shop he told the story in its corrected form; until at last his employer became irritated. Calling his assistant to him, he said: 'Look here, Taylor, I want you to stop gossiping over that tale. It is doing us no good. The more you kick a skunk the worse it stinks.' On the following night Taylor had the dream related above.

In this dream the purpose is fairly transparent. To clear his character of manslaughter is a matter of vital interest to Taylor, but so is the keeping of his situation, for if he offends his employer and has to leave the neighbourhood he will lose the only platform from which he can proclaim his innocence. In the dream, therefore, he resolves the conflict by a demonstration of the baselessness of his employer's opinion (the more this skunk is kicked the sweeter it smells). The fact that the dream occurred in the night after the problem arose indicates, by the

way, one of the functions of the dream, which is to pacify the subject and enable him to sleep by representing his troubles as though they were resolved in his favour.

There are also, as we know, bad dreams which wake people up; but in these cases the immediate problem is such that the attempt to resolve it arouses deeper questions which the subject cannot face, and these are invariably important moral dilemmas. Taylor's conflict was not a moral one. The grave conflicts in the unconscious are those that are produced by long-standing or repeated evasion of moral issues, where the patient has refused, for some irrational reason, to come clear about the alternatives. When such an issue has been thoroughly repressed into the unconscious it ceases, of course, to be a moral problem—but often at the cost of becoming a medical one. These are the unhappy people who 'fall into the hands of the physician'—that is, of the psychiatrist, who can sometimes, by the analytic method of free association of ideas, enable the sufferer to bring the repressed material to consciousness, and make a fresh start at dealing with it. Enough said, for the moment, about the important ethical aspect of analysis. As we see, the reading of the symbolic imagery of dreams plays a considerable part in the analytic process itself.

The conception of the unconscious made the human psyche appear more in the light of an objective entity which could be approached by scientific method. But for such an approach the scientist needed a clue that would enable him to relate all the symptoms, dreams, sub-conscious and conscious manifestations of the psyche in an intelligible whole. Freud the psychiatrist needed some idea of the relation between all these things, comparable to the notion which occurred to Newton the physicist under the apple-tree. Newton's idea, as we know, enabled him to 'make sense' of a mass of observations of the heavenly bodies, the relations between which had been obscure. Every valuable advance in science is of this character; it is a conception which makes hitherto unrelated observations of nature

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fall into an order, a pattern of coherence; it also enables the scientist to foresee and explain in advance some other observations that will be made in the future. Could there be such a clue to the phenomena of the unconscious? Two such ideas were soon forthcoming, which we will now consider. A third idea, which goes beyond science and merges into the realm of religion, we shall have to deal with later.

But first we shall do well to remind ourselves that no scientific conception, however brilliantly successful, gives us a grasp of actual reality: the *real* universe, multiverse or whatever it may be, is just as inscrutable a mystery for man as is God himself. A scientific conception or formula enables us, by its detection of certain recurrences in the order of the temporal creation, to do certain things and get certain 'results'. A different formula, applied to another aspect of the same kind of physical happenings, may be needed to make further sense of them and give other results. A scientific concept is an intellectual instrument, effectual for certain defined purposes, not a revelation of reality; and it is especially desirable to bear this in mind when considering a conception of the psyche—for here the scientist is the very same kind of reality that he is studying. And by the fact of making it the object of study, he treats it as something outside himself—that is, he removes it from its reality.

THE FREUDIAN PRINCIPLE

Since the unconscious phenomena seem always to express a tension, an urgency or a striving towards something or away from something, the required principle of explanation had to be dynamic. Now, the images, emotions, etc., that floated up into the consciousness of the subject, under Freud's analytic technique were predominantly concerned with the sexual life and family relationships; he soon suspected that all the phenomena, if fully understood, would be found to be of this nature.

Thence he arrived eventually at his famous key to the understanding of the unconscious—the ‘Oedipus complex’, which he called the ‘central ganglion of all the complexes’. The Freudian regards this as the definitive formula for understanding the psyche, in much the same way as a physicist may take Einstein’s final formula as a key to the understanding of the universe of physics.

The logical justification for Freud’s formula resides in the facts of biology. The individual person is but a transitory specimen of the human *species*—that is, of a stream of organic beings arising millions of years ago and flowing on towards an indefinitely far future. All biological experience shows us that nature is immeasurably more careful of the species than of the individual. From the point of view of the species the individual is indispensably important only as a link in the chain of successive lives, for however valuable the individual may be as a temporary realization of the species, that value is far transcended by the innumerable other realizations in the future which he may or may not bring about. Their existence and their quality depend upon his fulfilment of his procreative function, and of that in the fullest sense, in both quantity and quality. Should we not therefore expect to find something within the human person, deeper than all the wide-awake thinking by which the mind regulates its moment-to-moment relations with the world—something continually at work, dreaming and imagining with this supra-personal function in view; something that to a certain extent overrules the conscious life, by its promptings and inhibitions, and is always steering the individual obscurely towards the best possible fulfilment of its being in an unlimited series of lives beyond its own? The best, observe, not the mere fulfilment. For the higher a species in the scale of being the greater the difficulty of giving its progeny an adequate start in life; the more, therefore, depends upon the *quality* of the parent-to-parent and parent-child relationships. And in fact Freud’s psychiatric

experience showed that nearly all the ruminations of the unconscious psyche were concerned with this aspect of human life; everything seemed to revolve around the relations of father, mother and child, and their effects upon the subsequent love-life of the individual, which were shown to be profound and enduring.

In this disclosure of the individual's unconscious as a realm of subhuman impulses and superhuman strivings, all more or less related to his procreative mission, there is a sublimity that is not to be discounted by whatever abuses may have been made of Freudian doctrines by a faithless and adulterous generation. The publishing, to any and everyone, of ideas which are piercing but partial insights into unfathomable things, is admittedly dangerous when the subject is—for example—atomic fission, and not less so when it is the divisions in the human soul. Unfortunately, Freud pursued his researches with an eagerness in which scientific enthusiasm was mixed with an anti-religious animus of both personal and educational origins. Without this, he would never have lit upon his principle of explanation. But because of it, he was unable to see that what he had detected was no less than an aspect of the God of his fathers 'who trieth the hearts and the reins', reflected as it were upside down in the sublunary abyss. No one but a Jew with scores of generations of Old Testament religion behind him could have perceived things as Freud did; a man steeped in the Jewish familial discipline (Freud was a devoted lover and a very fine family man), who was at the same time in bitter intellectual opposition to his religious traditions and bent on proving them mere delusions. Certainly, what was essential in his findings could have been better elucidated by motives from his Hebrew scriptures: but he turned to the Gentiles instead; presented his doctrine as the solution of the riddle of Oedipus.

The pictures of the family complex that Freud collected from his practice were necessarily obtained from people in

states of more or less severe psychic unbalance. None the less they pointed to a distorting factor which is rooted in the nature of man as he is—the man of ‘the fall’—and is present in the ‘normal’ as well as the neurotic personality, although differently manifested. Essentially, it is a rejection (or loss) of the disciplinary influence of the father and a failure to outgrow dependence upon the fostering love of the mother. In the light of this generalization Freud was enabled to interpret the Greek myth of Oedipus. Oedipus is a foundling child who, when he grows up, kills his father and marries his mother unawares, by which he becomes king; and later, when the anger of the gods brings disaster upon his people, he feels compelled to investigate the mystery of his birth and discovers it, to his complete disaster. In this story we find, magnified to the proportions of a tragic myth, a common human complex of infantile origin, rooted in the infant’s closer relation to the mother and jealousies of the father and also the sins of fathers against children—for Oedipus had been criminally abandoned by his father, Laius. It is amazing to see how many of the disorders of the human psyche Freud is also able to trace, often unexpectedly, to this primordial pattern of human instability. Its elucidation revolutionized psychology. Yet, how strange it is, considered as the outcome of an authentically scientific investigation—a formula which is itself modelled upon a product of the unconscious, upon a classic myth!

But no one myth can give more than an aspect of the nature of man’s unconscious, any more than a mathematical formula can express the whole reality of a physical entity. Doubtless for this reason, the Freudian method proved far more effectual for diagnosis than for cure. What the Oedipus complex expresses is something so primordial, so biological, that it still belongs more to man’s prehuman than to his human condition. It was this limitation that made Freud’s later adventures into the study of anthropology and religion so unsatisfactory and regrettable: steeped in the scientific positivism of his epoch, he

was always trying to explain the higher manifestations of the unconscious self as simply 'sublimations' of animal instinct—committing the old philosophic fallacy of trying to explain the higher categories in terms of the lower. If only the family complex, which he was the first to delineate fully in the structure of the psyche (albeit from a 'worm's-eye' point of view) could have been revealed to him in terms of the Jewish Akedah and the Holy Family, what a different story it would have been! But this was not to be. What he has left us is, in the words of his brilliant expositor and critic Roland Dalbiez, 'the most profound analysis that history has ever known, of the less human elements in human nature.'

ADLER AND THE PRINCIPLE OF COMPENSATION

One of Freud's chief colleagues who became one of his chief opponents, Alfred Adler, produced a radically different formula for the interpretation of man's unconscious conflicts—one that is, however, quite as well confirmed by observation and experience in psycho-therapy. Adler's notion was also derived from biology, but he was interested less in the generative problems of the organism than in its growth and structure, and most of all in the marvellous principle of compensation by which the living organism strives to 'make good' any defect or lesion in its structure, or any disadvantage in its position relative to others; the way in which, for example, if one kidney is removed the other will grow larger in order to do the work of two; or the way in which tissue which is not nerve-tissue, sometimes modifies itself in order to 'take over' as much as it can of the function of a severed nerve.¹ But Adler saw this, not simply as the regulative principle of the

¹ The philosopher Eduard von Hartmann had discussed many vital phenomena of this kind in his *Philosophy of the Unconscious*, a work which was widely read and discussed long before the psychologies of the unconscious were formulated.

internal economy of an organism; he surmised that it was also the primary urge of the vital intelligence adjusting the organism as a whole to its environment. Thus the organic instinctive 'thinking' of man's unconscious life is motivated by its 'feelings of inferiority' and concomitant desire to overcome the conditions or obstacles which it sees as their cause.

The key of the life-style of the individual person is, therefore, this compensatory striving, and whether it is healthy or morbid, successful or futile, depends less upon the nature of the actual inferiority than the character of the reaction to it, which is determined by personal values as much unconscious as conscious—the person's individual interpretation of the meaning of life. Adler affirmed that many if not most of the best individual adaptations to life can be traced to a consistent striving to overcome what had been felt as an inferiority in early childhood; they are cases in which a compensatory activity has been successfully pursued with what he called 'social courage'. Many a disadvantage is then turned to great advantage; the point of inferiority provides a point of concentration for the life energy. Thus the child who suffered from an acute sense of inferiority during an early period of life may develop some other kind of physical, even athletic, prowess: the blind child may concentrate upon hearing and become a musician; a surprising number of colour-blind people become artists, and a child who has suffered early from death in the family and the dread of it may determine to become a doctor. Adler is often said to be the psychologist of the will to power—a rather misleading label for his doctrine, for when he used that phrase he was nearly always referring to some more or less pathogenic—that is, disease-breeding—*over-compensation*. Normal or healthy compensation for an inferiority proceeds, it is true, from a will to overcome it, often to make up for it by demonstrating superiority in another direction; but 'over-compensation', in Adler's sense, is always recognisable by its being sought 'on the useless side of life';

the person wants to excel, to shine or to triumph, not by any valuable attainment, performance or service, but simply for the sake of changing the feeling of his being lower in worth than others into the feeling that he is above them. This always goes with a will to power in the sense that the person seeks to obtain any kind of ascendancy over friends and intimates, clings to any claim upon them, that he may feel is possible or actual. The prevalence of this kind of striving in social relations is so well known to us (though better recognized, as a rule, in others than in ourselves) as to be a commonplace observation; but Adler was the first to see its full significance as a focussing-point for psychiatric diagnosis. In itself, the will to power, though always psychologically interpretable in relation to the individual's deepest striving 'from below to above', may find a perfectly sound social and personal expression in, for instance, a political career or in many another position of responsible authority. Power may be a healthy aim if you know what you want it for. Indeed, every effective contribution to cultural and social life is in its degree an exercise of power, in the sense that it affords some authentic self-affirmation through its visible effect upon others. Thus, there are socially valid 'compensations'. But wherever we find an illegitimate, unproductive striving on the part of an individual to make others the instruments of his own will, there is some excessive feeling of inferiority and an unrealistic striving to overcome it. Such at least, was Adler's conviction and experience. He was, incidentally, fully as interested as Freud in the psychology of family relations, though his original contribution to what he called the 'family constellation' was far less concerned with sex and more with the relations between the individual and his or her brothers and sisters. Adler distrusted the Freudians' concentration upon sexuality; he insisted that it was just as important in practice to investigate a patient's attitude to society (towards all other people) and towards work (specialization for gaining a livelihood) as to discover his real attitude to

sex. If Adler's works seem to minimize the sexual factor more than they really do, it is because of his polemics against what he thought was Freud's obsession with it.

Adler's influence has declined since his death in 1937 and his work is in danger of being undervalued—regrettably so, for in many ways his views constitute a necessary antithesis and correction to Freud's, and are as indispensable for the understanding of the psycho-analytic movement as a whole. C. G. Jung once said, in the course of an enlightening comparison between his two great colleagues, that very many dreams and psychopathological cases can be just as convincingly explained on the principles of the one system as of the other. Adler had indeed less than Freud's incomparable analytic finesse; but he had a genius for summing-up, for seeing the person as a whole in function with his environment. He could not match Freud's vast erudition, but had more natural talent for philosophy; he knew well enough what were the philosophic assumptions he was relying upon, and who were the very few philosophers to whom he owed them. Another point about Adler, of more importance for our present purpose, and one which may have already occurred to the percipient reader, is that the Adlerian insights into human nature are assimilable to a Christian moral theology, which is less easily said for those of the Freudians. A Christian pastor or spiritual adviser in his cure of souls can readily avail himself of Adler's psychology. The moral theologian too, if he is adequately to show why pride is the deepest-rooted, most protean in form and subtly insinuating of the deadly sins, and why, nevertheless, it appeals to our deepest charity, positively needs to know what the Adlerians have disclosed about it—unless he has already discovered it by practice and intuition, which is, of course, possible, but neither easy or common.

Adler's fundamental quarrel with Freud was about the causal question. Freud sought the causes of the present psychic condition in the individual's past, so that in his treatments he

raked up more and more of the submerged memories of his subjects; while, in Adler's view the really important causes were those operating in the present, determined by 'final' causes—that is, by the person's aims or purposes. From this 'finalist' point of view, every person's psychic behaviour, or 'style of life' is governed by the way he looks at reality, and in this everything is modified and coloured by his 'goal'—that is, by what he is trying to be, to become or to attain, more unconsciously than consciously—and neurotically if, as is often the case, his goal is inherently self-contradictory.

All psychic disorder is accompanied by more or less marked incapacity for personal love, by an inability to make contact with or even, finally, to take an interest in, anything outside oneself. Restoration of the ability to love is the fundamental condition of cure; that is a point on which all the different schools agree; but whereas the Freudians always expect to find the renewal of love in some relation with the sexual life, the Adlerians look first for its reappearance in what they call the 'social feeling' or 'social courage'. The sense of community, of being at home with other people, was for Adler an inseparable concomitant of psychic health, although not a few of his contemporary critics wanted to reject his concept of social feeling as a merely mystical idea. To him it was not only as legitimate as any other general definition in psychology but stood for a psychic reality corresponding to the fact of membership of a family and of the human race: by certain manifestations it could be detected as still present, however repressed, in the neurotic or even in the criminal. We were bound to take man's implicit sense of belonging to society, the spontaneity of his social responses, as a criterion of psychic health.

For the sound personal development of any individual from childhood to maturity, everything therefore depends upon whether his goal of superiority is pursued in harmony with his communal feeling; or outside of and detached from it, or, at worst, in deliberate contradiction to it. The sick souls are those

who cannot follow their inner sense of community: they have convinced themselves that they cannot bear the responsibilities that would devolve on them, and are too discouraged to try. Their difficulties are often by no means without objective reality in existing social conditions: nevertheless, these people have made their situation worse by seeking to compensate for their feelings of inferiority by some goal of superiority 'on the useless side of life'.¹

The psychoanalytic discoveries, although we owe them to the insight of great physicians, are founded upon observation of patients able to co-operate more or less intelligently with the investigator. The study of the unconscious upon scientific principles could not have been begun either with people normally adjusted to life or with those actually insane. But the knowledge gained within this intermediate territory of the ailments called 'neurotic' has shed a good deal of light both ways, upon the operations of the normal mind and upon the mental diseases. Of the troubles now studied in every country by psychological doctors, nearly all used to be regarded in earlier days as merely symptomatic of organic disorders, either real or suspected. We now believe that there are purely 'psychogenic' illnesses—i.e. disabilities arising out of injury to, or misuse of, the psyche as such. Obviously, our notion of the way to cure these complaints will depend upon whether we regard injury or misuse as the more important—what has happened to a person or what he is doing.

Upon this point also, the Freudian and Adlerian methods converge from opposite starting-points. Freudians are more interested in discovering any circumstance or shock in early life that may have blocked the normal course of a patient's development, while Adlerians, though they take account of a

¹ In his sense of the *predicament* of man in the modern world, Adler's psychology should have been a gift to the Existential schools of philosophy. Yet although every Existential writer seems well-read in Freudian literature, none of them ever mentions Adler.

person's previous history and memories, look first for the present misuse of the psyche and what the subject imagines he is *gaining* by it.

For their assiduity in probing into the past of their patients the Freudians have this strong reason—that it was the practice to which psychoanalysis owed its first and most impressive successes. Cases of grave neurosis have been startlingly relieved when the subject has been enabled at last to remember some excessively painful shock suffered in earlier life, the intolerable memory of which had been repressed. Repression is a process accomplished by means we all employ at one time or another, to drive unwelcome thoughts out of the mind and, in early life at least, such methods can succeed in covering up an unwanted memory until it is quite forgotten and unconscious. But for a psychic shock of this extreme character (called a *trauma*) the unconscious *itself* takes part in the act of repression, which is much more thorough. There remains only a sensitive spot as it were, or rather a complex of vague memories, ideas, sensibilities, etc., which have some association with the original event and when any of these is encountered there is a tightening of the repression, lest the imprisoned recollection should be let loose, which is felt as a more or less acute emotional pain. Just as a plumber, tapping the plaster, can tell by the sound when his hammer-head is getting nearer to a water-pipe buried in the wall, so the analyst, guiding his patient's mental associations nearer to the submerged memory, can tell by changes in the emotional state of his patient when he is getting closer to the repressed complex. Gradually he prepares his subject for the moment when he will face the shock, bear the pain and 'have it out'. For this, however, it is absolutely necessary that the recovery of the lost material should be spontaneous, arising out of the patient's own reconnection of disassociated memories, impressions and ideas. An account of the forgotten circumstances given him by someone else who knew about them would be of

no avail; the patient's own memory has to pierce through the crust of repression, subterfuge and self-deception under which he has buried it, so that, in a real sense, the noxious experience is lived over again, with much of the emotion that originally accompanied it. Relief of the neurotic symptoms, which may be of long standing, is then immediate and may be lasting.

Such moments of emotional recollection, which are called 'abreactions' are of great psychological significance, and the investigation of them did much to determine the course taken by psychological practice. But they have played a decreasing part in later expositions of analytic theory, for a rather simple reason. The vast majority of cases that a psychiatrist has to treat are not reducible to anything so simple as the classic examples of emotional trauma. Usually there is no one crisis to be found, no single root of disastrous memory which can be extirpated and then the whole morbid growth will wither away. Instead, the patient has had a succession of critical experiences, none of quite dominant importance and the only factor common to them all is some weakness or error in the subject's attitude to what occurred. From the first it was this factor—the attitude or orientation of the subject—which Adler sought to elucidate, not any particular experience, not the obstruction of any one instinctive drive. For this attitude of the subject he did indeed find causes, both in the bodily constitution and in the childhood of the individual, which it might be important to know. But even here things would usually have had different consequences but for the patient's purely individual response. The present ailment is not only the after-effect of given conditions or reactions in the past, but is the product of a continuing cause, of a present disposition and a way of life; and a cure is possible only if the person can become more conscious of what he is doing and thinking and modify his attitude to life. In practice, therefore, any conscientious psychiatrist using analytic method is also applying such wisdom as he has to re-educating his patient.

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But here there is an important difference between the two schools, for Adler's interest in the diagnosis of the 'style of life' of each individual necessarily implied a therapy of re-education. He brought the subject's scheme of living to his consciousness in order to prompt him to deal with it, to modify it by re-valuing his own values; while Freudians proceeded rather as though the patient would come to satisfactory terms with his unconscious simply by knowing enough about its contents. They often belittled the Adlerian doctors for neglecting scientific system and resorting to psycho-pedagogy or even ethics; and it is true that Adler and his colleagues were avowedly interested in child guidance and pedagogy. Much of their most valuable work was done in the psycho-pedagogic clinics which they initiated and staffed in the municipal schools in poor quarters of Vienna during the economic crises between the wars. (Most of them happened to be Socialist in politics.) But it was not true that they differed from the Freudians in their attitude to science: they had a different conception of the human being. In their philosophic presuppositions, this was due to their emphasis on 'final' rather than antecedent causes; and in practice it meant that they took a more positive view of that psychic reality known as conscience. Everyone knows that the conscience is apt to be distorted when a person is psychically unbalanced, and no one seriously denies that it remains nevertheless a vital factor in sound conscious orientation, but Freudians treated it always with more distrust, Adlerians still appealed to it with more hope and confidence; and this was because the former equated conscience with what they called 'super-ego' and the Adlerians thought of it as 'social feeling'. This must not be misunderstood: the Freudian theoretical position does not at all necessarily make its practical therapy less 'moral'. Conceiving all grave psychic conflict as essentially a kind of deadlock between instinctive urges and moral inhibitions, the practitioner's hope is that the instinct will become 'sublimated' into some higher form of desire or

interest, acceptable to his own super-ego and to society. But he has no idea how or why this should happen: he knows that the sudden bringing of a past unresolved conflict to light (the kind of 'abreaction' we described just now) may immensely relieve a patient's state of mind, but this may be only because the old trouble is realized as unimportant once it has been seen in the light of day by a person who has grown more mature since it occurred. If such probings into the past fail to yield the expected benefit, the Freudian either goes beyond his book and tries to re-educate, or he goes on to deeper and deeper analysis—perhaps until he has reached that queer kind of pacification of a tortured person which comes when both his instinctive and his moral fixations are reduced to elements in the past which do not interest him.

Adlerians never liked that procedure; such indefinite extension of enquiry into past causes is alien to Adler's entire conception of psychotherapy. Instead, he always used a subject's dreams, earliest childhood memories and other material from the unconscious, to direct attention to a unity deeper than the conflicts they had disclosed. The individual person is centred in a striving towards some *value*, as he understands it; his style of life is the product of his will to 'validate' himself, somehow to 'make good' and balance his life's account. The sick souls have not really given up this aim; it has only become more and more private, disconnected from the real tasks of life, unavowable and finally obscure even to themselves. It is 'unconscious' and they are badly discouraged. The analytic and therapeutic task is to elicit this goal of a person's striving to bring it to his own attention and criticism, to encourage him in the outgrowing and rejecting of what is useless and vicious in it. But it is also to perceive and encourage whatever is valid in the goal of superiority to which he aspires—that is, whatever can be attained in and through his fulfilment of the three great tasks of life, and in the given community of which he is a member.

JUNG AND THE COLLECTIVE UNCONSCIOUS

The psychology of C. G. Jung, to which we now turn, also belongs to the movement of thought of which Freud was the chief initiator, and to which the Adlerians were the constructive reaction. In Jung's work this movement is, in a theoretical sense, summed up and transformed into something else: we tried to express this, on an earlier page by saying that with Jung the psychology of the unconscious merges into the realm of religion; we must now endeavour to explain what that means.

The distinction of the whole psychological movement in question is, as we saw, that for the first time it took the unconscious seriously as an object of scientific investigation.¹ Adler, indeed, preferred not to draw too strict a distinction between conscious and unconscious; while recognizing the importance of the fact that dreams, fantasies, involuntary decisions and so forth came from the unconscious side of the human being, he always kept an eye on the mutual interpenetration of conscious and unconscious and deprecated any attitude towards the latter that seemed to make the individual *divisible*. But Freud, too, regarded the unconscious as individual,² for he took it to be a repository of all the desires, ideas and memories rejected and repressed by the conscious personality; it consisted of these repudiated factors which had been, and could again become, conscious. Jung, however, came early to the conclusion that there was much more in the unconscious than these personal elements. They are of course of the first and most direct practical importance, for the curative aim of an

¹ Not for the first time if we take into account the previous experiments of the spiritualists and hypnotists: but the hypotheses they brought to the explanation of the phenomena they studied had little relation to the notion of the unconscious that was elaborated by the medical psychologists, the latter owed something to the hypnotist's facts but not to theories.

² Except in some later speculative writing on *paranormal* phenomena.

analysis is to bring about a rearrangement, as it were, of the elements and dynamics of the personal unconscious, but in the course of this arduous endeavour a deeper layer of the unconscious is often stirred into activity, to which Jung gave special attention, and his study of its manifestations became the basis of his psychological theory and practice. In practice, the stage of an analysis at which deep unconscious phenomena appear is terminated as soon as possible, for the psychic forces which appear are not of a kind that can safely be taken up into the conscious personality; but their observation and the meaning Jung puts upon them alter the whole conception of the nature and structure of the psyche. The manifestations in question surge up from a realm of the unconscious which Jung could not believe was personal at all: they exhibit striking resemblances to the material of folk-lore, mythology and religion. People who are certainly innocent of any knowledge of such things are invaded by images and phantasies similar to myths and legends of which variants are known to scholars from every continent and from every age of the past. Jung believes that the psychic phenomena come from depths of the psyche that contain the living records of man's racial memory; from what he calls the 'collective' unconscious.

What reason is there, it may be asked, for ascribing supra-personal or 'collective' meaning to these manifestations? There is no scientific reason why we should not. To regard the imagery of the deep unconscious as expressive of collective human experience from past ages, would be an absurdity only if Locke's idea were true; that is, if the mind of each individual were a *tabula rasa*, a perfect blank until the records of individual experience and instruction are imprinted upon it; but nobody believes that now. There must be such a thing as biological memory, or how could the bird build its nest, never having seen such a thing done before? Or how could the little elvers find their own ways from the West Indies to grow up into eels in our rivers and ponds before going back again to their

spawning grounds? A human person is worth many elvers, and its store of racial memory, though very different in kind, is not likely to be of inferior importance. We might well expect it to be of the character it has in the Jungian descriptions—to consist, that is, of symbols of 'archetypal' human experience, of those experiences which we know must have been the most recurrently critical, the most enduring and the most deeply impressed upon man's self-consciousness, throughout all we know of his past. And if these 'archetypal' memories, normally active at the deepest and quietest level, shaping man's apprehension of life quite abstractly and all unawares—if these should from time to time and for whatever reasons be projected on the plane of conscious imagination, the forms they would take would surely be such as Jung described, i.e. images and symbols of nature worship, mythology, primordial poetry and religion. This is a conception that brings psychology to the frontiers of religion if not beyond them. For one thing, the images and ideas thrown up from the unconscious are seen as best interpretable in religious terms; and for another, they are invested with a kind and a degree of reality they cannot have if they are regarded only as personal products. Jung claims that his position is still that of a strict empiricist, but of one who ascribes full reality to the psychic; psychic phenomena are just as real as physical phenomena; that is, just as much facts of experience with definite meanings, however difficult these may be to discover.

It is true that modern religious teaching in general avoids reference to the unconscious: certain obvious difficulties arise for theology if unconscious phenomena are regarded as sources of religious information. But this has never been excluded. It is not only in primitive or pagan religion that we find dreams, signs and visions presented as recognized channels of spiritual revelation: such cases are numerous in the Bible and recur frequently throughout Christian history, though their authenticity is more reluctantly admitted after the

Reformation. As Jung wrote: 'The remarkable fact that the dream is a divine voice and message on the one hand and an unending source of trouble on the other does not disturb the primitive mind. We find perceptible traces of this primitive fact in the psychology of the Hebrew prophets. Often they hesitated to hearken to the voice. And admittedly it was a hard thing for a pious man like Hosea to marry a harlot in order to obey the Lord's command.'¹

In biblical and Christian tradition generally, a dream or vision of a revelatory import is almost always accompanied by fear, even when its significance is beneficent: according to Catholic theology this is one of the marks of authenticity in a religious vision. We must not lightly compare religious visions with what happens in Jungian analysis, but the emergence of the 'archetypal' elements is often overwhelmingly impressive.

The psychiatric task, as we said is that of personal reintegration, a matter of reconciling the subject with rejected and insurgent elements in his personal unconscious. But when this succeeds, in the Jungian sense, the accompanying dream-imagery contains archetypal elements: an indwelling power from the deep unconscious co-operates with the healing or regenerative process. This is a mysterious event; the best analysts are the least likely to take credit to their own skill for the happy denouement; there is something quite unexpected, an uncovenanted blessing, in the change which finally extricates the sufferer from the bog of his complexes. It may be ascribed simply to a gain in consciousness; one may say that the patient, helped by the wisdom and friendship of the physician, has become able to face certain facts about himself and that this self-understanding is *ipso facto* the clearer consciousness which is able to keep his subjective and objective life in harmony. No doubt this is so, but it is hardly an explanation of an event that the subject experiences not as a result of his own efforts of willing or

¹ Hans Schaer, *Religion and the Cure of Souls in Jung's Psychology* (Routledge), p. 63.

thinking, strenuous as they may have been, but as something that simply happens within him. To show how he connects this apparent miracle with the archetypes of the unconscious, Jung cites the case of a woman patient who had been bereaved of a beloved father, and was unable to accept marriage or to find fulfilment in her work as a student of philosophy. The treatment of this rather typical case of a father-complex led to the not unusual situation of an attachment to the analyst as her father-substitute, and a consequent inability to live without indefinitely prolonging the treatment. There followed an intensive study of her dreams, all of which revolved around the figures of the father and the physician, separately or in combination. But these dreams showed a gradual development in the unconscious; there was a tendency of this dual image to merge into an idea of something very different, that of a man who was very old, of mythological proportions. He was also 'linked up with nature', as in the following dream. 'Her father (who was really rather a small man) stood beside her on a hill that was covered with wheat-fields. She was quite tiny beside him for he appeared a huge giant. He raised her from the ground and held her in his arms like a little child. The wind swept over the wheat-fields, and as the corn swayed in the wind, he rocked her in his arms!'¹

This curiously beautiful dream signaled a peaceful and complete liberation from the inhibiting fixation, with a return to life and a new friendship. It contains a striking combination of archetypal symbols. Father and doctor have dissolved into the figure of the All-father, surrounded by the wheat, symbol of the divine goodness, while the wind, which is one of the most universal symbols of spirit, pervades the whole vision. Jung gives sufficient reason for not regarding this as merely an infantile image; but as a form of the primitive divine image. It should be said, by the way, that the patient did not relate it to

¹ C. G. Jung, *Two Essays on Analytical Psychology* (Baillière, Tyndall and Cox), p. 131.

the image of God which she had acquired in her Christian childhood and since rejected. At this point it would have been unwise to identify that image with her own present experience; it might only have reactivated a religious repression that could otherwise be left to dissolve away.

Analytic treatment as Jung conducts it does not tend to discredit Christian symbols and dogma. On the contrary, where these are, or have been, living forces in the soul, the analysis may dispel other elements which are repressing them. A number of patients have attained or resumed allegiance to the Church, though this is apparently less likely to happen to those who have lapsed from Protestant communities. The way in which Jung sees the difference between Catholicism and Protestantism is helpful to the understanding of his work as a whole, especially so from our point of view in the present enquiry. He regards the historic Catholicism of Rome as the greatest system of symbols of the collective unconscious that man has ever known in the West—or perhaps anywhere.

By the Catholic system, founded upon the gospel drama and the hagiology of the Church, all the archetypes of primordial experience were objectified, given a local habitation and a name in the real, external world of past history and of present communal worship. As forces in the unconscious, they were therefore much less able to divide man against himself. Everyone, for example, is liable to have dangerously perturbing experiences of evil within himself or in the world without: but the medieval Catholic was better protected internally against these perturbations; evil could be projected upon the images of Satan and his legions of devils. Similarly, the archetypes of father and mother, of brotherhood, marriage, kingship, priesthood and so forth were all arranged outside one's own ego in an architectonic order of spiritual powers, so that the human soul lived in a psychic cosmos. The person who can live with unquestioning faith under this hierarchy of symbols, fully expressive as it is of the vital realities in our normal

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being, avoids all serious inner conflict with his unconscious. In this respect mediaeval man, whose material lot was in many respects so harsh and meagre compared with ours today, was at an immense psychic advantage. Yet the Protestant revolution,¹ which attacked this religious imagery with fanatical zeal, was not caused by malevolent scepticism, it was a development in the collective psyche which made people less able to direct their unconscious experience outwards into the existing system of symbology. It was an effort to reach the experience behind the symbol, to uncover the faith behind the shrine, to give an intellectual account of the matter, which led Protestantism upon the path of iconoclasm and ends in a conscious effort altogether to 'demythologize' the Christian faith. But all this was part and parcel of a still more comprehensive change in the psychic orientation of Western man, and a corresponding alteration in his condition. External nature became more and more intelligible and manageable to him; his own, inner nature less and less understandable or predictable. Instead of feeling himself to be an inhabitant of a universe of psychic reality equally subjective and objective, man felt as though he were now surrounded by an intellectually-ordered cosmos, but that within himself everything grew more and more incalculable, even chaotic.

Protestant man is not really less religious: he is in fact less liable than the Catholic to turn atheist. But, impoverished by his lack of symbols, he grows gradually less able to use even the Scriptures with symbolic insight as the language of spiritual experience. He cannot help but reduce the Scriptures to history, which on the whole removes them further from present reality. Hence the fissiparous and sectarian tendency of Protestantism; its dependence upon individual religious experience. And the individual quest for authentic spiritual experience—the demand (for such it amounts to) for a personal revelation—leads

¹ For a full description of Jung's view of the psychological meaning of the Reformation, see Schaer, *op. cit.*

inevitably 'through personal crisis' to the predicament of the solitary soul struggling to save his aspiration to God from the dark waters of the unconscious, without any help from the elaborate soul-saving apparatus of Catholicism. Jung's own position, he tells us, is that of the extreme Protestant. He speaks to the spiritual condition of the Western man who, having spent his religious inheritance, must now work out his own salvation. Jung believes, it is true, that at last, after fully realizing and confessing his poverty of spirit, such a man may yet find, or rather be restored to, a way of life far better and richer than that which he was struggling to preserve; but to do this he has first to pass through that underworld where the primordial images of human experience may reappear in their archaic forms. But still there is a clue to the maze, in the irreducible reality of God as a psychological fact—that is, as the supreme archetypal experience of man, the Saviour of his individual being from engulfment in the collective unconscious.

There is, of course, infinitely more in Jung and the other great psychologists of the unconscious than it is possible to suggest in a brief and summary outline. Jung himself is not only a psychiatrist, but one of the most productive geniuses of the last half-century, whose studies in anthropology, alchemy, mysticism, Oriental and comparative religion have all been significant in themselves and mutually illuminating. But our present aim is only to estimate, as best we may, what the psychologies of the unconscious signify for the Christian who, in one way or another, may come into contact with them and feel that they challenge his judgment, either upon doctrinal or practical grounds.

It is only with Jung that the doctrinal issue is likely to assume importance. Freud being avowedly opposed to religion, no one need look to him for anything but medical science nor follow him in his philosophical speculations. Adler's psychology, both in its diagnostic and its therapeutic principles, is readily

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assimilable to the Christian doctrine of man and richly suggestive for pastoral practice.¹ But the Jungian practitioner, bringing all his resources of philology, symbology and mythology to the 'hermeneutic' interpretation of his subject's intimate life of dreams, cannot help building up a psychology of the unconscious which is also a kind of 'natural' theology. A person who undergoes such an analysis, or even a Christian reader who likes and reads much of the literature of Jungian psychology for information, is profoundly influenced in his thinking about man as a religious being. Of the increasing number of people who have adopted the master of Zurich as their chief spiritual guide and interpreter, the majority is probably alienated from any Church, and has adopted Jungianism as a way of life *extra ecclesiam*. It is true that Jung is always warning people that he is an empirical thinker; that psychology is essentially different from religion; for it cannot claim to dispense the means of grace; and that all his works proceed from his own subjective point of view which must be taken into account. Nor does he fail to warn people that the 'integration of the personality' through deep analysis is an ordeal which no one should enter upon unless there is no alternative. All this does not save him from being regarded, by not a few of the professing Christians who know his work, as a gnostic and heresiarch whose teaching is a danger to the faith.

The old heresiarchs however lived in days when the religious symbolical way of understanding life was universal and they were condemned for producing unacceptable variants of it. In our own age of scientific and historical thinking Jung's essential insights into the unconscious represent a rediscovery of the validity of religious symbology from this modern standpoint, and cannot be called schismatic. But when he develops his theological speculations he makes many heretical statements.

¹ For a catholic study of this, see Rudolf Allers, *The Psychology of Character* (Sheed and Ward).

The literature of psychoanalysis is not recommended reading for the vast majority of practising Christians, nor are many of them likely to be attracted to, or to have time for, it. To the instructed theologian, however, its explanations of the unconscious have brought new knowledge of the natural man and a rich rediscovery of the psychic aspects of natural religion.

The distinction between the natural and that which transcends nature is fundamental for the religious evaluation of psychological knowledge. For the aim of psychiatry can be neither more nor less than the restoration of mental and psychic health according to the subject's own nature; whereas the Christian religion subordinates the claims of the individual's nature to his sanctification,¹ that is to the realization, perhaps at great cost to the natural, of his integrity in the faith, of his conscious sacrifice of personal ends for the love of Christ and the service of the Church. Between these two conceptions of personal realization there is no reconciliation in theory. When the psychiatrist urges the claims of the natural man against those of his transcendent destiny, he may however be justified by this—that modern Western man seems to have acquired his inventive genius at the cost of an alienation from nature deeper than that which he inherits from Adam, and provoking graver reactions of nature. There is all too much reason to think so, and to suspect that Christian, *qua* modern Western, man, may not have escaped infection, even in his theological thinking, by the spirit that dares to domineer over nature—something very different from the spirit that would subordinate the natural creation to its Creator.

That is a question beyond our present purpose or our competence. No one can tell how much of the new intellectual insight into man and natural religion is destined to prove serviceable and be taken up into moral and pastoral theology. It may be much. We have already noted the value of Adler's

¹ This is a point made in Chapter VIII by Dr Strauss, who therefore prefers to subordinate analysis to the typological approach.

analysis of 'over-compensation' for the theological elucidation of pride. One is also tempted to say that any spiritual director might profit by an understanding of Jung's explanation of the relations between the four cardinal functions of the psyche—which is pure, if advanced, psychology and need not raise any doctrinal questions whatever.

The practical problem, as it may occur in any Christian congregation, is simple to state though not easy to solve. Membership of a worshipping community, and even zeal in its service, do not always ensure immunity against psychic illness, and when this occurs the sufferer is, with increasing frequency, advised, or may desire, to seek psychiatric treatment. Not much treatment of the analytical kind is available within the fold in this country, though more is to be had among German and Scandinavian Protestants (as Jung's observations, quoted above, would lead one to expect). There are, of course, other treatments by psychiatry besides the analysis of the unconscious, as the reader of this symposium will see; but the number of Christian psychiatrists who use systematic analysis is very small. There are also many cases in which no such treatment is advisable or necessary, cases where the burden could well be borne in the community, and the subject's difficulties would abate, if those in the environment took a little more trouble with a little more wisdom. There is every reason, therefore, why those Christians who have talent or a vocation for psychology should co-operate to improve their knowledge and make it available for first aid in the troubles which must always arise from the inevitable strains of life both in the Church and in the world.

Deep and prolonged analytic treatment is quite another matter; for, at its best, it is necessarily intended to restore the patient to himself, not to the Church, and will nearly always present his religious allegiance in a new light. In theory, no doubt, this should make possible a sounder decision from a more mature standpoint; a person may have become ill partly

because his religious affiliation was inwardly unsound. But if so, and assuming that the treatment is successful, he will think he has found elsewhere the spring of new life that was missing in the Church, unless he has an analyst who keeps him wary of drawing oversimplified conclusions.

Thus the psychiatrist, too, needs more knowledge of that very great 'archetype' which corresponds to the Church; that is, if we consider his work in the Jungian sense, as a way of initiation into natural religion, and therefore as a kind of religious mission to those for whom the Church has become inaccessible, or seemingly ineffectual. Whatever his school of thought, the analyst knows that when a suffering soul has won its way to a new interest in living by means of the analytical relation, the great question is how to resolve that relation in a wider and deeper interest in the whole human community. His implicit and ultimately imperative need is to feel that he is at home, and has a significance, in the timeless society into which one is born, to which one is dedicated, where love, marriage and work find their fulfilment, and where self-denial and death itself consummate and consecrate the eternal meaning of one's having been given a life to lead. But this is only a Platonic idea, unless it means concrete membership in an actual community which in aspiration and co-operative endeavour is, and is constantly becoming, that redeemed society.

In this sense at least the Church is a cardinal presupposition of psychic synthesis.

IV

THE RELIGIOUS DEVELOPMENT OF THE INDIVIDUAL

Vocatus atque non vocatus deus aderit

ANTHONY STORR

RELIGIOUS beliefs and practices spring up spontaneously wherever man is to be found: and though we may dispute the formula of Tertullian, '*Anima naturaliter Christiana*', the view that man is naturally religious would have been denied only during a few periods of the world's history, of which our own time is one example. The forms which religious belief and practice have taken are extremely varied, but, discounting modern prejudice for the moment, it is surely reasonable to assume that there is in man a basic need for religion.

That this view would be disputed by many intelligent people today I take to be an accident of our time: we live not only in the age of anxiety, but also in an age in which every traditional belief is questioned, and in which the sense of historical continuity has been lost.

If man is in reality naturally religious, one would as a psychologist expect that religious phenomena would appear spontaneously during the course of an individual's development: and, moreover, that such phenomena would manifest themselves irrespective of the conscious views or wishes of the individual. Modern psychology has amply demonstrated the truth that if you expel Nature with a pitchfork she always returns, even though her form may be somewhat distorted.

We know very little about the development of religious

experiences in individuals, although a great deal has been written about the maturation of religious expression in societies; as, for example, the development of monotheism from polytheism. If the religious development of the individual is in line with his development in other respects, one would expect to find that he would have various experiences in childhood and adolescence which could be called religious, although the forms that these experiences would take might differ widely from mature religious experience: and the individual himself might well not recognize them as religious. One is therefore compelled to seek possible analogies in other psychological fields in the hope that they may throw some light on the unknown.

Freud made an extensive and valuable study of what he called infantile sexuality. He showed, at any rate in the male, how various apparently disconnected strands of emotional experience in the child, by no means obviously or directly connected with adult sexuality, came together in the course of development to issue in the mature experience of genital union with the female. He also showed that certain individuals stopped short of the mature experience, and remained, with varying degrees of discontent, unable to express their sexuality except in an immature form. Those who were particularly discontented sought help in their distress, and were called psycho-neurotic: it was found that many of them could be aided by psychoanalysis. It was less well recognized that many others were constitutionally incapable of reaching the mature experience and must rest content with whatever degree of maturity they had managed to achieve.

It seems not unlikely that the religious development of the individual may be analogous to his sexual development: that it may be possible to recognize immature forms of religious experience in childhood and adolescence, and that the various strands of immature experience might unite and issue in something which could be called a mature religious experience. If

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this is so, one would expect to find that certain individuals had stopped short of the mature experience and that these people would fall into two main groups: those who were incapable of progressing further because of some inadequacy in their constitution, and those who wished or needed to progress, but were unable to do so because of conflicts within their own personality.

If this analogy holds good, we are faced with the very difficult question of what constitutes a mature religious experience. The theologian is clearly the person who should define this, and I am no theologian. I can only attempt to definition in psychological terms, and a very tentative definition at that.

It seems to me that if a man possesses a living religious faith, it must be his dearest possession: that if he acknowledges religious experience, it must be his greatest experience: that if he has values at all, his religion must contain his supreme value.

So far as I understand it, the living religious experience of maturity includes the sense that there is a power in the universe which is greater than the individual: that the experience of this power is of supreme value to the person concerned: that through this experience life acquires a new meaning, although the experience itself is non-rational and cannot be arrived at by the operation of reason.

This, I take it, is something like the bare bones of religion; and very dry bones it will seem to those whose faith has long since been clothed in the creeds and practices of an established Church. Obviously, many religious people will be dissatisfied with this definition, but it has the advantage for our purposes in studying the development of religion in that it does seem to apply to almost any experience which could conceivably be called religious. It makes no mention of God: but one does not have to name God although one may experience him, and, as I shall hope to show, many experiences are essentially religious which are not consciously recognized as such. Anything that

is said about the early development of religious feelings is bound to be tentative, for we know very little about such feelings in small children: but pursuing our analogy with sexuality, we shall press on where angels fear to tread.

In mature religious experience, there is an intuition of a power greater than the individual: this power is usually conceived of as being that of a spiritual being, whom men call God. In the small child, it seems probable that the being concerned is not spiritual but human, and that the supreme value is found in the parents. Freud attempted to show in *The Future of an Illusion* that the idea of God was nothing but an infantile picture of the father. He forgot that the father might also be for the child the carrier of the projection of the God image. Which way one looks at this problem depends on many factors, but especially on whether one regards all experiences in childhood or infancy as being derived from the material environment or not. There is a good deal of evidence that the psyche of the child is not a *tabula rasa* as some psychoanalysts would have us believe: that not all experience is derived from the material environment: and that children 'know' things which they could not possibly have been taught.

It seems likely, and indeed is a fact of experience, that the small child finds his supreme irrational value in the parents, and that the first person to bear this value is the mother. To the child's eyes, she appears not as a fallible human being, but as the *magna mater*: her presence is necessary to the child, not only materially, but also spiritually: without her he wilts, even though his bodily necessities may be provided for. She may in reality be dissolute and weak; to the child she is a sure shield against danger and a strong support in adversity. The child is in fact regarding her as a goddess, and not as a human being at all. The worship of the *magna mater* once extended throughout Western Asia: it still exists today, not only in children, but in the hearts of countless men and women who have not freed themselves from her enchantment. She is, however, a goddess

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who is both cruel and kind: she offers comfort and security, but demands in exchange the sacrifice of all the finest possibilities of human achievement. If the mother remains the carrier of the supreme value for too long in the life-history of the individual, his development is crippled and his achievement in life curtailed. It is perhaps significant that the youngest nation of Western civilization is also the one where traces of mother-worship can most easily be detected: Mother's Day is something more than a device of modern advertising.

In a similar way, the father can become the focusing point for the developing religious experience, and not only the father himself, but all that he stands for in the shape of masculine achievement. To the child the father is *the* authority, the arbiter of right and wrong: he is also the person who goes out into the world to conquer it, the powerful doer and creator. If the real father is inadequate, a youth will often attach himself to an older man who manifests for him the divine spark of masculinity that he needs: and this may be a valuable aid to his development. But if he lingers too long in this situation, he may never pass beyond the homosexual stage, with all the frustration that this entails. The search for paternal authority is another aspect of this problem. Many men pursue this throughout life, and are too often successful in finding it, either in other persons, or in some infantile system of thought. A distinguished psychiatrist said recently in a somewhat different context: 'We have got too many people who know all the answers, who have found the key to the universe': He might have added that such people are usually only too willing to act as authorities towards others, thus preventing them from finding keys of their own.

It may be objected at this point that I have taken over Freud's ideas of infantile development, and have merely substituted the word 'religion' for the word 'sex'. In one sense this is true: and I am convinced that much of what Freud said about the sexual tie of the child to the parents is true, provided one

can accept his terminology. But, as many critics have pointed out, Freud read (or projected) into the word sex a very great deal indeed. It seems to me fairly clear from his writings that he attributed the supreme value to sex, and that his followers do likewise. I shall hope to show later how this strange state of affairs came about.

It is probably natural and necessary that the small child's religious experience should be bound up with the parents: but if development proceeds normally, his projections on to them are gradually withdrawn, with the result that they become less and less divine to him, and more and more human. In primitive societies, there are available certain rites to aid in the parents' descent from Olympus. A boy may be required to have ritual sexual intercourse with his mother: this is to ensure that he treats her no longer as a goddess, but as an ordinary human woman. Other initiation rites are designed to help the boy take his place as his father's equal, with the result that he gains possession of his own masculinity, hitherto experienced only in projection on the older man.

In civilized societies various gods replace the father and mother gods of childhood. We shall have space enough to comment only upon a few of them. In the psychiatric consulting-room, one is usually confronted by an individual who has remained in a state of immaturity. It is valuable to ask oneself where this patient's god is to be found; what is his supreme irrational value, and what experiences does he have which are or might be precursors of mature religious experience. If religious experience is unavoidable as part of the human condition, then the question to be asked is not whether or not a man is religious, but in what his religion consists. Modern intellectuals commonly deny that they have any religious experience, but this denial seldom holds water and in discovering the various guises in which religion manifests itself, one can learn much about the adolescent and later stages of religious development.

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Phallic worship is one of the oldest religions, and to many people today sex remains their only contact with the divine. The sexual experience is paradoxical; it is both intensely personal, and yet is also impersonal and collective. It is felt as being both individual and supra-individual. It is probably for this reason that so many mystics have described their meeting with the divine in sexual language. It is quite natural that in adolescence and youth, in much of the first half of life, sex should be regarded as the supreme value by many people. It may even be a necessary stage in development; for sex is the only force strong enough to drive a wedge between the developing adolescent and the parents, and force him out into the world to seek a mate. But those who continue to look for the supreme value in sex in the second half of life are apt to be disappointed; and to continue for long to over-value it is evidence of immaturity. There are few more pitiful spectacles than the middle-aged Don Juan, constantly seeking the supreme experience where it can no longer be found. It is noteworthy that one of the most influential schools of psychology, psychoanalysis, has specialized in the treatment of youth; but has been conspicuously less successful with those of middle age. When psychoanalysts reduce a complicated symptom to its origin in infantile sexuality, they may be logically correct; one observes also that in performing this manoeuvre, they get a feeling of certainty and assurance at having reached the 'real thing', the thing that really matters, and to which they attach the supreme value—namely, sexuality. Freud himself called this process 'striking oil', and oil is not without value in the modern world. One would expect, therefore, that psychoanalysis would make a special appeal to those whose supreme value was still contained in sexuality; and such people are for the most part in the first half of life.

By far the most unsatisfactory aspect of psychoanalysis as a theory is its implication that spiritual (and aesthetic) values are 'nothing but' substitutes for infantile sexuality. This is however

an inevitable development if sex is regarded as the supreme value: for the supreme value permeates the life of the individual, and everything is ultimately bound to be seen in terms of it. In exactly the same way, power is treated as the supreme value in Adler's psychology, and so naturally he finds in the drive for power the satisfactory explanation for all human endeavour.

It would be an amusing and instructive exercise to invent other psychologies in terms of other values; for instance, it would be perfectly possible to construct a psychology in which money was treated as the supreme value, and it would certainly be a psychology which would apply to many people.

Sex, then, can become a god, and often does so; and a great deal of psychotherapeutic work with people of middle age is concerned with the withdrawal of the projection of the god image from sexuality.

What other immature forms of religion are there? As I see it, their name is legion, and all the books in the world could not contain an adequate description of them. But one or two of the more common varieties merit description.

The goddess of reason was enthroned in Notre Dame during the Revolution; she still has many adherents. Vast numbers of intelligent people still find their supreme value in the intellect, and have an irrational belief in the powers of reason. One of the striking phenomena of our times is the number of scientists who subscribe to infantile theories of reforming the world by the operation of the intellect alone. This is true only of the less distinguished minds; Eddington, in his Gifford Lectures of 1927, disposed of the view that the world conformed to any pattern projected on to it by the physicists, and admitted that a deterministic scheme in which events in the physical world could be predicted according to strict causality could no longer be maintained. Nevertheless, the belief that reason alone can solve the problems, not only of the physical world, but also of the human condition, dies hard. That forlorn cry 'If only

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people behaved rationally' still echoes round the squares of Bloomsbury, although its reverberation seems rather fainter during recent years.

If the intellect is exalted to supreme heights the individual may suffer from an access of unreason in the shape of neurotic symptoms. A highly intellectual individual, because of compulsive thoughts which he could not dispel, found to his horror that he entertained the idea that he was possessed of a devil. This was a good description of his clinical condition, for he lived in fear that he might let slip aggressive remarks on unsuitable occasions, and the idea that a devilish personality other than his own was responsible was quite a natural one in the circumstances.

It is, perhaps, poetic justice that worshippers of the intellect should fall victim to compulsive thoughts and childish theories; these things compel them to acknowledge not only another side of themselves, but also that the irrational has its part in the scheme of things.

It must be obvious from the two examples given above of the worship of sex and the worship of reason that the varieties of immature religious experience are numerous. As I see it, religion consists partly in finding a supreme irrational value in something or someone who is exterior to the individual. If this value is found in a spiritual being, called God, we have what is ordinarily called religion. If this value is found elsewhere, we have what I call an immature religion. That it should be possible to find this value elsewhere is easily understood by anyone having a slight acquaintance with modern psychology; the projection of subjective values by the individual into unsuitable objects is extremely common. Almost anything can come to have the significance of a religion, from stamp-collecting to music, and from wine to incunabula. It seems to me that if the religious experience is found in something less than God the individual tends to be crippled in his development, for he is then tied to something earthly which is probably

ephemeral; and, on a more mundane plane, to something which may not be always available. The virtues of non-attachment have been pointed out by all the great religious teachers; and this has been well described by Aldous Huxley. But what has not been so often described is the finding that most men do in fact have a religion of some sort, even though they do not recognise it. In the development of the individual we can begin to see how the various projections of the supreme value are withdrawn, first from the parents, later from the many things in life which may seem to people to contain this value. It is as if the many scattered parts came together to form a whole; as if the gods became God, and as if, in this process of coalescence, the individual finds himself, at the same time as he reaches religious maturity.

V

THE DEVELOPMENT OF THE RELIGIOUS ATTITUDE IN CHILDREN

◆

EVE LEWIS

At various periods in the history of the world, and particularly in the present century, the belief that man is naturally religious has been denied, despite the fact that he can be shown spontaneously to have developed religious forms of expression in every age and every place. C. G. Jung has said that whoever cannot see this aspect of the psyche is blind. And those people who have been admitted into the hidden world of childhood are indeed blind if they do not perceive religious attitudes and ideas developing therein by natural impulse. These phenomena appear irrespective of the teaching that the children may have had, and usually without their being at all conscious of the import of their words and deeds. The following pages will discuss these psychological happenings. It is, however, necessary to point out that the picture which emerges will only be relative, since the observations have all been made amongst children who had as their background the western cultural pattern, with its two thousand years of Christian belief and instruction. At the same time, it will be suggested that, at certain stages of growth, children appear to think, feel and act much as did their most archaic and pagan ancestors. They spontaneously

develop beliefs and practices akin to those which we know to be for primitive man, in no matter how simple a sense, religious. The methods of investigation have varied between observation of play and attempts to amplify its content by questioning: the recording of questions and expressions of opinion by many children; and the setting of definite questionnaires to be answered anonymously. Side by side with this aspect of the work has gone the effort to note influences which would seem either to foster or to injure, in children, the growth of a sentiment that will, at last and in truth, become religious. It will be understood that the majority of the experiences discussed would not be apprehended by the children themselves, nor by adult observers, as being religious. They are indeed no more than evidence that the child is naturally religious in the same way as primitive man is. But it does appear that these experiences are the raw material from which, if circumstances are favourable, a spiritual religion is gradually formed.

Jean Piaget has convincingly shown us that the child, when he first begins to think about the outside world, like primitive man endows the objects he observes with souls or spirits.¹ Like him, he gradually sees these objects as benevolent or baneful and, like him, seeks to control or propitiate them for his own practical ends. More recently we have become aware of the fact that children have archetypal experiences which, to a considerable extent, influence the course of their lives—for good if they can contain them, for the worse, if they cannot.² These facts are probably true for all children, whatever the cultural background. It is probably also true to say that, in those cultures where the family unit is strongly established, the child's earliest concepts of the nature of those spirits which he envisages will reflect attributes projected from himself, and from his idea of his parents. His experiences with his mother

¹ Jean Piaget, *The Child's Concept of the World*, Part II, p. 169.

² Michael Fordham, *The Life of Childhood* (Routledge), p. 26.

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and father will strongly affect the mythological substratum of his psyche, those depths through which he has to find his way and from which he has to separate himself in all his personal relations. In this connection, we must note a most important fact. There are mythological or archetypal aspects of both parents which the child apperceives as divine; if he has a satisfactory experience in such circumstances, then a foundation has been laid for him to establish a valid conception of God; for he has experienced those supra-personal aspects of the psyche which, at all times, relate mankind to the divine. And, as he develops, he will be able to take that increasingly active and conscious attitude to those forces which ultimately enables him to find a mature religious attitude within himself.¹ The home, the school, and the church are those elements in the life of the child which must help him, in the middle years of childhood, to withdraw his projections from the objects and persons of his environment on the one hand and, on the other, to come to creative terms with the divine aspects of the archetypes. This demands that he should be provided with a containing ritual, appropriate to his stage of development. Within this, the dynamics of the psyche will impel him, in human relationships, in fantasy and in play, to experience and develop an inner awareness that can ultimately comprehend and assimilate the spiritual teaching of his Church. It is therefore the duty of society to serve and conserve the impulses of the natural religion as it manifests itself in childhood.

STAGES OF DEVELOPMENT OF THE RELIGIOUS ATTITUDE

The growth of the religious attitude coincides with the three main stages of development through which the child passes before full physical maturity is reached. Since the mental processes involved lie almost entirely in the unconscious, each stage

¹ Schaer, *op. cit.*, p. 100.

presents particular problems and responsibilities for the child's guardians and teachers. In a society which is religious, adults probably deal intuitively with these problems as they arise. But, in this century when so many are denying the ancient and long held belief that man is naturally religious, this does not happen. It is perhaps not improper to assert that we are therefore sinning against the child today, because we do not recognise his need for a container, and for guidance to his developing spirituality. It is not enough to say that he must be left to make up his mind for himself on religious matters, when he reaches years of discretion. He will have no mind to make up—in this respect at all events—for he will have no foundation of experience, awareness, and requisite information upon which to build.

INFANCY

The first, and probably the greatest and most far-reaching responsibility for guarding the child's primary religious attitude rests with the mother. Throughout infancy—roughly speaking, from birth to the beginning of the eighth year—the child seeks in her a relationship which is, in many ways, that which the mature adult strives for towards Almighty God. Since the opposites are not yet split the child has unity; he trusts his mother and has absolute faith in her and in her mercy towards him; he believes in good. Even if she is in actual fact weak and bad he does not consciously know it, and still turns to her in an instinctive certainty that she will love and protect him. The first great stumbling-block in the way of his later being able to realize that he will indeed find all these qualities—and infinitely more—in God comes for the child, if this trust is fundamentally betrayed. Happily there are few women who betray in a manner which early forces upon the infant the image of an all-powerful being who is entirely cold, cruel, and indifferent to his absolute need for her. But there is another

and more insidious form of betrayal which comes about if the mother is possessive, and has lost touch with her natural maternal impulse to help her child to grow, and to grow away from his dependence upon her. In this connection we recall that, in all early religio-social cultures where the Earth Mother was the goddess venerated, the greatest withdrawal of her favour was from the regressive worshipper.¹ The intuition of primitive man was well aware of the fact that the person who is not allowed or not able to sacrifice his dependence upon comfort and security will not, in later life, have the capacity to make those psychic sacrifices which alone can help him to mature in his relationship with God and his fellows. Every clergyman, teacher and psychotherapist knows those petulant adolescents or adults who have 'lost faith in God' in the face of hardship or of 'unanswered prayer'. They are almost always the children of possessive and over-indulgent parents who have denied them nothing—excepting their right to separate from them.

Thus we see that, in infancy, the foundation of the religious sentiment is laid, if the child can keep his simple faith in good; and if he finds in his mother a reflection of the image of one who expects and tenderly fosters growth.

MIDDLE CHILDHOOD

Probably this stage of development is one in which the capacity to establish the religious sentiment is most easily lost. It is a highly egocentric period; and one in which the moral impulses are far less feeling than they were in infancy, when they were shaped by the desire to please the mother. Normally the bond with her is loosened as the child passes through his eighth year, and embarks upon the great task of making a fuller separation from her than that which he was earlier forced to

¹ Ian D. Suttie, *The Origins of Love and Hate* (Routledge), pp. 128 *et seq.*

make, under the edict of the incest prohibition. Now he must set out to find himself as an individual through association with his equals in the 'gang', which is the most characteristic feature of middle childhood. Everyone has observed this natural impulse on the part of children to come together in groups. The tendency begins during the eighth year, continues up to adolescence, and is of the greatest psychic importance. It is therefore necessary to say something of the way in which the gang selects itself and organizes play. The boys' gang usually consists of from six to ten children and is a fairly closely-knit association. The girls' is looser and more changeable in its make-up: two or three children normally form the nucleus, others coming and going according to the mood of the moment. But both associations have much in common. Each has a leader, generally an extroverted child, and is composed—not of all similar—but of dissimilar psychological types, containing a mixture of extroverts and introverts, who can again be seen to represent, in embryo, the different function types as distinguished by Jung. One of the most striking features of the gang is that each seems to have its medium—usually an intuitive child who, though not ordinarily the leader, at times initiates the play, when the children have reached a point at which it is dictated by deeply unconscious motives. Association with his fellows in a gang is as important a factor in the child's development during the middle years as is his relationship with adults. It is, indeed, largely over against other children that he sets out, in the service of ego development, to establish his best attitude and function; to develop his special skills and aptitudes; to acquire a workable set of moral ideas and to become a social being. By the end of the period he has passed from the state of knowing no real inner conflict to awareness of tension between the opposites. Amongst the many aspects of the child's life during this stage of growth, two are of particular importance with regard to the growth of the religious attitude. One is that the opposites have now drawn apart. The child has lost

something of his unity. But unless he has fallen psychologically ill he is not split between good and evil, though he normally recognises in a very conventional and uncritical way the difference between right and wrong. The other factor is his immense desire for power. If this latter is not both served and contained during these years, he will have great difficulty in sacrificing it, at the onset of adolescence, to the conception of a Being higher than himself, because he will not have been able to strengthen his will sufficiently. The sacrifice will be the more difficult if, though he may be apparently heedless of what is said, he is not often reminded of the love and mercy of Almighty God, and of his own childish duty to him.

In his search for himself during the middle years, the child desires above all experience—and particularly the experience of being able to affect people and things. Also at this stage, in his secret thoughts and among his trusted gang associates, he is possessed by a strong belief in the power of thought. He is a magician and, like primitive man, subscribes to the idea of mana. Out of the many incidents that have been told me by normal children, I select the following—both from children of very superior intelligence—as being very characteristic of the age in this respect. The first is the experience of a girl of ten, whose younger brother was gravely ill. She overheard the physicians telling her parents that they saw no hope of the child's recovery; stole away and began to pray. 'But,' she said to me, 'that didn't seem any good. So I clenched my fists and just said, over and over again; "He shan't die! I won't let him!"' At last I went to sleep and dreamed that I saw Peter lying dead. Everyone was crying. Then he suddenly sat up, and I knew that *I* had saved him.' She believed this for several years, as her brother began to recover from that actual night. The other incident is that of a boy of eleven whose mother had died and whom he saw lying in her coffin. Though he was overwhelmed with grief, he kept saying to himself: 'This shall

never happen to me. *I won't let it! I will make myself live for ever.*¹

I first became fully aware of this tremendous desire for power and belief in a personal magical omnipotence when, in 1924, I put the following question to be answered anonymously and in writing, to 2,150 children of both sexes, between the ages of eight and eighteen years old:

What person whom you have ever known, or of whom you have ever heard or read, would you most wish to resemble? Give a list of the reasons which make you choose this person.¹

In all the papers written by children who were between the ninth and thirteenth birthdays it was evident that, whoever was selected as an ideal character, the overmastering consideration was the person's supposed powerfulness. It was also evident that the children still believed in magic and desired either to work or to experience miracles. They ignored, or took only the most perfunctory notice of, the moral and spiritual qualities of their heroes. Often—obviously in the face of a very different presentation of the character by parents or teachers—they ascribed to them wealth or strengths which they did not in fact possess. The following papers are well representative of the 800 odd scripts received from this age range:

Boy (9 years 10 months). When I grow up I shall be a policeman and try to be strong, just like the other policemen what goes about, and people would steal things and if

¹ Eve Macaulay, 'Some Social, Age and Sex Differences Shown in Children's Choice of Ideal Characters', *Forum of Education*, Vol. III, 1925. As a check, the same question was put, in 1952, to a random selection of 100 boys and 100 girls in the middle childhood age range. The characters chosen were often very different; but the reasons for choice had not changed at all in nearly thirty years.

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I caught them I would take them to the police station and they would be hunged. And when traffic has a bashup I would go over and help them, and if boys and girls quarrels I would stop them and make them play all together. If boys swears I would take them to the Reformatry and men would fight and I would put them in prison and they would be killed.

Girl (10 years 2 months). The Sleeping Beauty. She had fairy godmothers and they gave her good wishes. She had a royal nurse girl. Her father had golden plates made for her and her mother gave her a little boy playmate. And when she grew up she married a very rich prince.

One of the most striking aspects of the papers was that, in the middle childhood age range, the thirty-five children who chose our Lord as their ideal chose him for the same kind of reason, and not for his goodness. Thus they selected the Christ because: He could do miracles. He could walk on water without sinking. He was very powerful. He was the King of Kings and Lord of Lords. He could feed five thousand people from nothing. He died to be the Hero of the whole world. He could make water into wine. Everything belongs to him. The cattle on a thousand hills are his. He knew everything that was going to happen beforehand. He had God for his Father. He was God's only son. He could go anywhere and was very popular. He was all-powerful, etc. Several of the girls ended their papers by saying that he was good and kind; but a power choice had always come first. To make a contrast, here are two equally characteristic papers from outside the age range under discussion:

Boy (7 years 3 months). Jesus becors he was good to his mummy.

Girl (15 years 4 months). I choose to be like Christ because he gave his life for us and no-one can do more for anyone. He

could resist temptation, was good, kind and loved His enemies. He cured the sick and never complained about the vastness of the multitude which wanted Him at all times. He returned good for evil, was humble and had a sense of humour which was shown in his parables.

In group play the same themes of desire for power and a relatively conscious secret belief in magic are present. Out of again many examples, I instance the play of numerous boys' gangs in which—like the alchemists of old, working with baser metals and believing they could transmute them to gold—the children mix all kinds of innocuous materials together, in the ardent belief that they will one day bring about an explosion. A similar sense of being magically powerful is shown in the play of a girl's gang. They decided to grow an 'orange grove' and, although they had been told that the climate and the ground were too cold, nevertheless planted their orange pips. Instead of watering them, they ceremonially spat on the earth each day for about a week. The reason they gave for trying this expedient was that the saliva was warmer than rain. But in the unconscious may well have been the idea of saliva as a seminal equivalent and thus a fertilizing agent,¹ with the help of which they could outwit the climate.

It is here necessary to point out a fact, dealt with at length elsewhere.² This is that adults see very little of the kinds of play instanced above. The children guard it carefully from interference and possible ridicule, only letting us see the more usual 'cowboys and Indians', 'schools', 'hospital nursing' and other forms of imitative group activity. In this also the power striving is apparent, though the magic is missing. At the same

¹ Ernest Jones, *Essays on Applied Psycho-Analysis* (Hogarth Press), p. 155.

² Eve Lewis, 'The Function of Group Play during Middle Childhood in Developing the Ego Complex', *British Journal of Medical Psychology*, XXVII, 1 and 2.

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time this kind of play is particularly important to those who wish to know how the mind of the child is thinking, for it is in this more conscious and planned activity that they reveal their conceptions of right and wrong, as they contend among themselves, and work out their group relationships. Children have, of course, knowledge of much that is considered right or wrong by adults long before they reach middle childhood, and they establish adequate rules of conduct towards one another as group play develops. But, up to the beginning of the tenth year, their moral code is entirely personal and most conventional and it is probable that very few children can be said to have anything resembling moral convictions. This was borne out by an investigation made into the development of moral conceptions in children, some years ago.¹ From this it appeared that, by the time he is eight years old, the average child can list all the small personal offences that he must not commit, and knows that murder is a sin. The picture is narrow, and is related entirely to his immediate environment. But by the time the tenth year is reached it is very different. The child has learned to generalize, and the many small offences listed earlier give place to the conceptions stealing, fighting, killing, etc. But the most important fact is that he has, by now, become aware of a much wider range of anti-social deeds and writes of piracy, burglary, smuggling, being a highwayman, idolatry, train-wrecking, bombing and so forth, not in condemnation, but with the most obvious enjoyment. By the time they are thirteen, boys and girls of average intelligence and upwards know, by name at least, nearly all the legally punishable offences that man can commit. But they do not write about what may be called the sins of the spirit other than selfishness. And they are still, on the whole, conventional and uncompromising in their moral judgments upon those

¹ Eve Macaulay and Stanley H. Watkins, 'An Investigation into the Development of Moral Conceptions of Children', *Forum of Education*, Vol. IV.

wrong-doings which have a personal significance for themselves and their fellows. We do not always realize how limited is the child's conception of such offences, until almost the end of the middle years, nor how dependent he is upon good example and sustained, appropriate religious and moral instruction, if he is to be able to observe his own small moral code. This alone can contain him in the later years of middle childhood, when, as the appearance of the more violent anti-social acts mentioned above shows, the power striving takes a new turn.

If circumstances have been propitious, the child has by now a coherent ego complex and a fairly clear picture of himself. Therefore he is free to focus attention upon the ever-widening panorama of the outside world. For the first time he sees it in all its manifold aspects as the field of his own future activities. And his main desire is for adventure and freedom in this field. Girls, experiencing at this period the masculine protest, appear to feel much the same as do boys. Again, in seeking an ideal or in contemplating crime and sin, they see only how and what they need. If they may truly express their opinions, they find little difference between the life of a knight questing the Holy Grail and that of 'a jolly pirate on the Spanish Main'. Both are adventurers, winning fame or ill-fame—at heart the child does not really care which—by their exploits. It is very necessary to recognize that there is a creative and integrative psychic purpose underlying this apparently amoral stage of development. The child is fast approaching the time when he must experience the state of being at variance with himself. Hitherto, as Jung has pointed out, he has had few or no problems of his own; and if external circumstances have frustrated him, he has either submitted or circumvented them.¹ Now, soon, he will experience the tension of the opposites, and will be concerned with problems of good and evil. But in this preliminary amoral attitude he can

¹ C. G. Jung, *Modern Man in Search of a Soul* (Routledge), p. 114.

keep the opposites excitingly together and experience them both in fantasy, before he must face them in reality. There can be no doubt that the ego is enriched, differentiated and strengthened by what the child undergoes and does in such play, and by his contemplation of the powerful, lawless hero. He is fighting to maintain the 'unsplittness' that he is soon to lose; and ensuring that he may be better equipped to face tension when it comes with adolescence.

It will not be irrelevant in describing examples of this kind of play to introduce the problem of its passing over into delinquent behaviour, a tendency which is increasing since the end of the war. Many factors are certainly present—the general lowering of moral standards; the weakening of home discipline; the possibility that a strong member of a gang may be delinquent; the appearance of a chance temptation that fits into the play. But I advance the suggestion that a very great cause is the lack of a suitable and sufficiently private setting for the children to stage and play out these games which are of such great psychic and integrative value to them. The fact that juvenile delinquency is lower, relative to the child population, in rural and semi-urban areas than it is in towns and cities must, in part, be attributed to the greater possibilities open to country children for unrestricted and unsupervised play. Some years ago I had many opportunities to see a gang of boys playing pirates on a quiet country stream, with a tree trunk for their ship and a collection of old tins for treasure. The game, in which the most brutal and horrifying deeds were enacted, continued for a whole summer holiday, without the farmer who had permitted it on his land suffering any damage to stock, crops, gates or fence. During the same holiday a very similar gang in a neighbouring town was also playing pirates. In the course of one game they broke into a private yacht, anchored at a city wharf, and destroyed more than £100 worth of instruments and stores. One of them afterwards told me that it had been 'lovely—just like real pirates'. He was again

completely carried away as he recalled and described his exploits to me. We cannot too often remind ourselves that the child of this age still has not the experience nor the judgment really to evaluate either the good or the bad deeds that he admires. At the same time, if circumstances have enabled him to form a personal moral code appropriate to his years, the average child playing unhampered in suitable surroundings can, in the last resort, realize that his actions must remain part of his play only, and not pass over into anti-social behaviour. But we must guard against being too severe with those who cannot make this distinction. A split induced by a harsh, uncomprehending attitude to them may have disastrous consequences in later life where their religious development is concerned. Strongly expressed disapproval of the play or the causing of a deep sense of guilt and sin over the excesses to which it has led, may split the child before the ego is strong enough to bear it. Since the offence will have originated in some piece of natural behaviour, there is danger of libido being repressed or cut off—possibly to the permanent impairment of the personality, or possibly to return crude and unredeemed, in after years. If the sense of sin has been closely associated with the idea of a vengeful and angry God, this may later lead to a complete turning away from religion, or to an impoverished and placatory attitude to a dread image of God. An equally dangerous situation is created by a rigid and narrow religious pattern being enforced upon the child. The following incident illustrates one girl's unconscious response in the course of a play therapy session to such danger; and it can certainly be assumed that she spoke for many children in a similar position.

Ruth, aged nine, went weekly to a very rigid Sunday school. Three days before her treatment she had called her gang together, suggesting that they should 'pretend not to like God any more'. The other children—also members of the Sunday school—were profoundly shocked. They refused to play with

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her for the rest of the day, threatened to tell their teacher, and said that God would surely kill her for being so wicked. As a result she went home in tears and terrified at the prospect of God's unappeasable anger over her sin. Her mother wisely made little of the incident, and said that she was certain he would know that she was only playing and would not punish her. At her next therapeutic session Ruth unconsciously symbolized her psychic position. She began by making two horses draw a cart decorously round the sand tray. Then she suddenly improvised a small wooden cross, stuck it upright in the sand, and brought the horses 'to say their prayers to it'. But they soon broke away, galloped uproariously about the sand tray, upset the cart and finally bolted off without it. Quite plainly she was saying, in regard to the religious teaching presented to her: 'Not yet! My nature is not ready to be compelled by a symbol that it cannot comprehend. I shall kick over the traces. Wreckage and flight will follow.' At the time that Ruth did this she appeared to be quite reassured by her mother's attitude to the school episode; I did not yet know about it; and I am quite certain that she did not in any way relate the play to herself—far less to this particular event. It was a statement direct from the unconscious, just as the original proposition must have been. It is probable that the latter had been made possible by her psychological treatment, though we had never discussed her Sunday school—nor, indeed, any aspect of religion. She was attending the clinic because a motor accident in which she had been involved had brought about an anxiety state. Her relationship with both parents was good, though there was much repressed guilt in connection with jealousy of her brother, and this had been intensified by the Sunday school atmosphere.

It is quite obvious that she and her gang had there been given an image of God based upon a narrow and uninformed approach to the Old Testament. We have already seen, in discussing the children's choice of ideal characters, that during the

middle childhood years they concentrate upon his omnipotence; and we observe that the rigidity of their personal moral code and general habit is very much in the tradition of the Old Testament. Indeed, this is, increasingly from the ninth year on, the period of the masculine principle—almost entirely for the average boy, and very considerably for the girl. The children wish to be active, effective and self-sufficient within their gang. They desire attention and enjoy acting. In their play they are ritualistic and on the whole, until they are between the ages of eleven and twelve, regard rules as being absolute and unalterable. There can be few people in reception areas during the last war, who do not remember the fierce arguments that broke out between local and evacuated children as they shouted down each other's ideas of how marbles, hopscotch and so forth should be played. Middle childhood is an age of thinking and organizing. Infancy and adolescence in contrast are periods of feeling. Above all, the middle years are the period of the masculine or male-seeming hero. All this, together with the impulse to form gangs, has to be given careful consideration when we are studying how best to guide the emergent religious sentiment. The very appropriate harnessing of these impulses in Scout, Guide, Life Boy and other forms of group activity needs no mention; though many opportunities of linking this activity with spiritual ideals are missed when the work is not closely associated with a religious institution. We often overlook the fact, in support of which there is much evidence, that children like church-going during these years, if the parents go also; and if the church gives them value as child members by occasionally providing special parts for them to play in acts of worship. Choirboys, altar-servers, colour parties bringing their flags to the Sanctuary or Communion table, Roman Catholic children strewing flowers in the path of the Blessed Sacrament are all doing something that fits in with their natural inclinations. At the same time they are hearing teaching and being presented with symbols which the collective

unconscious apprehends, though they may pass consciousness by.

It will be evident from all that has been said of the middle childhood years, especially in connection with its being the period of the masculine principle, that the responsibility of the father or of the father surrogate now becomes very great. To a considerable extent the child's image of God the Father will be constellated by him. Possessed by a tremendous sense of his own 'godlikeness', the child needs the corrective of a figure which can command respect and be admirable; for it is probable that at no time in his life is he more in need of containment. This figure, in addition to gaining respect, must also show those qualities of love, understanding and mercy which, as an infant, the child sought in his mother. He cannot yet find them in himself—middle childhood is a singularly pitiless period—but he urgently needs them to be extended towards his blindness and the lack of certainty which underlies his apparent dogmatism. During this period, and particularly from the tenth year on, children need a confidant, someone who shall be definite, thinking, rational and wise. They a little distrust their mother's formlessness. The father is the obvious alternative. If he fails or if, as sometimes happens, the child would prefer to talk to someone outside the family circle, the logical substitute would seem to be the clergyman. This is so because experience shows that the problems of which the child is conscious at this time are very often moral or religious. On the one hand there are certain questions of whether things are fair or unfair, right or wrong; on the other there is a quickened interest in the religious instruction that they are receiving. Children often discuss this amongst themselves, especially in the immediate prepubertal years. It is possible that the sense of the magical is dying out; it is unhappily true that many children now have enough knowledge to realize that they have been deceived in certain matters by adults. Unless religious instruction has been good, they may therefore regard it as

being just another fairy tale. I recall a boy of twelve who had a very long treatment with me. One day after swearing me to secrecy with unusual earnestness, he told me that his gang wanted to know if I 'believed in Jesus Christ, or was he something invented by the grown-ups to frighten children, like they made up Father Christmas to please them'. He listened very attentively whilst I tried to explain about the Redemption and said that the other boys 'would like to know about it'. The incident had a curious little sequel. This was not the first time that the gang had deputed him to get my opinion. But hitherto the questions had been of the 'fair or unfair' type and, though I had been to their school on various occasions during play-time, I had never seen any of his companions. But when I next went after the above conversation the gang gathered together, was introduced by my patient and escorted me with much friendly noise to the headmaster's room. Though nothing was said, I gained the impression that they had been relieved of some anxiety.

A clergyman with the authority of his Church behind him and knowledge of the children's mental processes must receive many such confidences, and can do much to help in closing the gap between natural and spiritual religion as the children move towards adolescence. He must especially realize how limited is their knowledge, and how uncertain they are on the questions of sin and punishment. The boy quoted above who wanted to be a policeman shows this; and the same theme is delightfully developed in Frank O'Connor's story *First Confession*.

A small boy goes to his confession in great apprehension because he will have to admit that he has long and secretly planned to kill a hated grandmother. The priest finds him crying.

" 'So you were coming to confession?'

'I was, Father.'

'A big fellow like you should have terrible sins. Is it your first?'

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“’Tis, Father.”

‘Oh, my. Worse and worse! Here. Sit down there and wait till I get rid of these ould ones. . . .’

With a feeling of importance Jackie waited. . . . A great feeling of relief was welling up in him. . . . Bad confession indeed! The priest expected, even demanded, terrible sins. Oh women! women! It was all women and girls and their silly talk. They had no real knowledge of the world.”

In summing up this stage of the normal child's development we see that throughout the period the inner dynamic urges him to separate from his mother and to gain knowledge of the world. If the ego is to strengthen and develop sufficiently for him to weather the stress of adolescence, he must gradually move away from the family to find himself among his equals. We see the imagination and energy that he puts into his group games and are now in a position to recognize the motive force. It is libido, impelling him to win the world and to leave his mother, in a way appropriate to his stage of development; this being so the child is much absorbed by the world, struggling to be effective and self-sufficient in relation to it. He does not have to experience inner conflict because he is not psychically strong enough to bear it. For the same reason he is not called upon to comprehend purely spiritual matters, since this would split the instinct from the spirit too early. Nevertheless, natural primitive patterns, many of which are in an archaic sense religious, appear in play of boys' and girls' gangs. Again, despite this sense of being god-like, the children do also reach out to father figures which can command their admiration and respect. All this is developing an inner awareness which is the foundation for a spiritualized conception of religion. Middle childhood is therefore seen to be a period which asks much sacrifice and considerable growth of the child. It is because we have not recognized the fact that the energizing force is libido urging the children towards a non-incestuous love

object, that we have tended to call this the latency period; and have often failed to see the profound experience that children meet in the course of their hidden play.

It would seem that these many strivings and experiences can best be served, where the evolution of the religious sentiment is concerned, by the child's being kept closely in touch with the teachings and ceremonies of his Church. He may not understand much of what he hears. He will indeed misunderstand and misrepresent a great deal. But he will absorb that which has meaning for him. More important still, he is having an image of God kept steadily before his eyes. Our hope should be that, when the creative and feeling impulses of adolescence make themselves felt, this image and the religious knowledge that the child has been given may be transfused by the redeemed and transmuted energy of the natural religion.

PRE- AND EARLY ADOLESCENCE

The psychological picture of adolescence is so well known that there is no need to do more than outline its salient features in so far as they bear upon the religious experience of the child, during this stage of development. We have seen that, up to the twelfth year or so, he has been much concerned with achieving such independence from the parents as is psychically possible and right. But on the whole the separative striving has remained unconscious. Not until the changes of puberty come about is the ego consciously distinguished from the parents, as the child begins to pass from a measure of independence towards actual individuality. This is not an easy task in our modern western civilization, because there is no clear-cut break for him between childhood and adult life as there has always been for primitive man. Since children are still economically dependent upon their parents, often for years after the advent of physical maturity, we tend to forget that—once

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adolescence has begun—they must specially be helped to sacrifice the child in themselves and to become psychically adult. This again is difficult for the modern child. The adolescent of today cannot be given an exact and definite picture of his future place and duties in a small, closely-knit group, within which the limitations will still, to a considerable extent, be imposed from without by the custom of the group. He has instead to suffer conflict between many loyalties; and he must endure much tension because now obstacles to his instinctual striving are found to be internally decreed instead of being, as hitherto, externally imposed hindrances. All this causes the shock, upheaval, feelings of aggression and consequent mental suffering which are so characteristic of adolescence. To meet the changing situation the archetypes are strongly activated, and the young person is threatened with a great invasion from the unconscious, especially from the collective. The many stresses engendered may bring about regression of the libido in flight from the demands of life. But they may equally be stimuli to a greater effort to live, and may afford the developing child some indication of ways in which he may face his problem. It often comes about that the struggle with the parents and his increasing consciousness over against them are points of departure. One that is particularly important to those concerned with the adolescent's religious life is the fact that, quite suddenly, he seems able to apprehend the spiritual ideals and support offered him by religion. Indeed, nothing is more characteristic of this period than those intuitions which arise in the psyche of the existence of a Strength and a Wisdom which is infinitely above that of any human being. The appearance of these intuitions would seem to show that the sacrifice of the inflated ego of middle childhood has begun. Without this sacrifice there can be no capacity for humility and for reverence, no truly religious attitude.

Many indications of the inner willingness to attempt this sacrifice appear in the outpouring of fantasy and play from the

unconscious, which comes in the immediately pre-adolescent years. The general themes are those of rebirth and of putting away childish things, through the death of the child. And we find, in occasional introverted play, that the children show an inner awareness of archetypal situations in which castration and subsequent rebirth are symbolized.

This question of castration as a creative sacrifice needs further discussion, for I do not think we are sufficiently aware of the positive aspects. In the investigation already quoted into the development of moral conceptions in children, Dr. Watkins and I were much struck by the number of major crimes against the person which began to appear in the papers of both boys and girls, shortly after the thirteenth birthday. These reached a climax at the age of fifteen, and were presented in a way which showed that they were no longer considered as concomitants of adventure, but were recognized as being grave offences. Between the ages of fourteen and fifteen every child gave at least one of the following: breaking on the wheel, tearing limb from limb between wild horses, burning at the stake, burying alive, blinding, maiming—by cutting off nose, ears, eyelids, fingers or toes, tearing out eyes, tongue, finger or toe nails, strangling, garotting, scalping, beheading, breaking limbs, crucifying or stabbing or throwing vitriol.

Practically all of these offences, as Freud has pointed out, are symbolical of castration. I have also found that, during the immediate pre-adolescent years, children take pleasure in discussing and detailing tortures and violence against the person. But when one talks to them it is unusual to find a morbid or sadistic motive. The great majority of children are quite frank about their interest, do not show any sign of sexual excitation, and would certainly never contemplate practising or even looking at any of the horrors that they cheerfully envisage. Unconsciously they make it plain that the underlying preoccupation is with castration and the rebirth that follows such a

sacrifice of a purely instinctual, and often incestuous, striving.¹ This particular form of willingness to sacrifice that which is immature usually expresses itself in group fantasy and in discussion. It is more in group play that the sacrifice of the 'child within' is symbolized. Frequently the gang imports a younger child to act as the victim who is to be stoned, buried alive, burned at the stake, made to walk the plank and so forth. That this is in no sense bullying is evident from the fact that the victim rarely protests or shows fear, and that it is unusual for him or her to suffer any harm in the course of the game. On occasion, especially where fire is involved, the sacrifice is accompanied by some kind of pseudo-religious ceremonial. I have instanced in full elsewhere the play of a mixed gang which was suddenly constrained to worship 'the unknown God'. The children burned biscuits and chocolates, (childish things) to him, and spices which, in earlier years, they had used to 'embalm' dead birds, mice, lizards and so forth, in order that they 'might live for ever'. The play concluded with a procession and the repeated prostrating of themselves before the 'altar' on which the offerings were burned. In another piece of gang play I once saw boys light a fire, pass their hands and feet many times through the flames, and finally kindle pieces of wood to make torches. These they carried in procession round the fire, intoning a kind of wordless chant, and bowing their heads deeply as they walked.

It would seem that this kind of play, in some variation of which most gangs engage at least once in the pre-adolescent years, is based in a simple fashion upon the intuition that a mighty, unseen and therefore spiritual being exists somewhere, and must be shown due regard. It is very different from the godlike, king-of-the-castle play of earlier middle childhood. The magical is becoming the mystical; and power has now passed into the hands of the unseen. This play is almost always contemporaneous with the gang's discussions about their

¹ R. Money Kyrle, *The Meaning of Sacrifice* (Hogarth Press), pp. 161-2.

- religious instruction which I have already described. We must see that the supreme significance of what is now done lies in the fact that it shows the children to have become aware however dimly, of the existence of God, *before they have conscious need of him*. Their still naïve worship is untinged by anxiety fear and is, in effect, pure adoration. We realize that, up to now therefore, the child has largely lived by an inherited native pattern, as far as his religious impulses are concerned. His most important task has been that of strengthening and differentiating the ego, which has been protected during much experience in depth by the myths that he has found and lived in his play. It is as if the lines of his natural religion and of the Christian teaching that he has received have hitherto run parallel. Now they converge. This phase of early adolescence is particularly the time during which, if he has been kept constantly in touch with the beliefs and practices of his faith, the child begins to consider and review what he has been taught. He is ready for further instruction, and one finds that this is a period in which he can be helped to realize the glory of God and, a little, to understand the magnitude of his sacrifice for sinful man, and his compassion for the sinner. Such teaching can often save the child from the two great pitfalls of suffering adolescence. The one is that of only going to God when in need, expecting him to behave like an indulgent parent, and turning away from all religion when it is found that he does not do so. The other is that of becoming split between the natural and the spiritual, so that the child rejects his humanity, especially in its sensual and feeling aspects, believing that he can only live like a saint without them. It is now so well known that this split is caused by ignorant adult treatment of the child's sexual impulses, during the early years, that there is no need to discuss the matter further here. But the clergyman should be very aware of this latter danger, and must show that only a whole man is a truly adequate servant of God and of his neighbour. He must also be on his guard against unconsciously exploiting the

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tendency to conversion which so often comes with adolescence, especially if the child comes from an unreligious background. I remember a young woman of twenty who had been leading a most dissolute and dishonest life, saying to me: 'It all began after I got converted when I was sixteen. I was quite all right up till then, and I meant to be so good afterwards. Isn't it funny?' She was expressing the perplexity of many adolescents. They try to be religious and virtuous; for a time they succeed. Then expelled nature returns with a pitchfork and smashes the foundationless religious superstructure to atoms. The danger is all the greater if their environment has not afforded them constant opportunity to evolve a natural pattern of religious experience. For when intuitions of the existence of God arise at puberty, there is nothing to contain them and to give them form. This young woman's love of God had been real enough. But there was no stock upon which to graft it, and no awareness in her or in her instructor that this must first be found. So it withered away before the assault of the powers of darkness which attack every adolescent from the unconscious.

In conclusion, therefore, we may say that the guardians of the children must always be fully aware of the fact that this attack will come during puberty, causing disruption and suffering. They must also realize that no-one can, at any age, stand alone against the invasion, nor repel it only by what he consciously thinks for himself. The spiritual help which religion affords is always needed, if the whole personality is to survive and mature. The adolescent's ability to avail himself of this help, and to grow by it, depends upon many factors. In his earliest years the child needs the love, security and good images that are bestowed by good parents. During middle childhood his play must be respected and fostered, because through it he seeks and finds, amongst other strengths, a natural religious attitude—the only foundation upon which the spiritual can build. Side by side with this conserving of his

play, and satisfying the same impulses which create it, must go the constant effort to make him feel a valued member of his Church and so of the Kingdom of Heaven. By these means the way is prepared for the reception of the youth's first intuitions of the reality of Almighty God.

VI

THE PHASES OF PSYCHIC LIFE

*Relation between the religious attitude and psychological insight in
the successive periods of life*

ERASTUS EVANS

PSYCHOLOGY and religion are both concerned with the soul of man; many of the problems with which the psychiatrist deals have religious implications if they are thought about long enough, and religious dogmas and experiences are material for psychological as well as theological study. Any profound handling of the soul of man today must include both psychology and religion, indeed the growing point of the modern awareness of God and spiritual things seems to the present writer to lie precisely in the tension between psychology and religion, in their mutual criticism of each other, and in the widening of the individual consciousness of each as it takes cognizance of the sphere of the other. If religion supplies the word by which alone human life can be judged and made significant, psychology is vitally concerned with the 'flesh', that is, the nature of the humanity which the word must take on if it is to be effective. It would be a good thing if earnest scientific students of the soul, and those who with a modern scholarly approach to the New Testament are clarifying the essential message of the gospel, could say heartily of each other: 'They without us shall not be made perfect.' But even if, in our pessimistic moments, we see their contact with each other as productive of heat, tensions, and acrimonious sparks, the

energy so generated is of great creative value. A kind of psychology can emerge which is aware of the spiritual profundity of the human being, and a kind of religion whose dogmatic and conservative rigidity has been so vitalized that it can pass as a creative significance and spirit into the life of the modern individual. The word must become flesh in our situation and in a manner comprehensible to our generation. In my conviction, the tensions between psychology and religion should be viewed as labour pains by means of which something more intelligently Christian can be born.

All this is by no means a philosophical problem to be struggled with in some abstract depth of the human consciousness, it enters as a practical issue into the workaday life of the reflective parson. He is called to the publishing of the gospel and the administration of the sacraments, he is concerned with revealed truth which claims to meet the most important and ultimate needs of men and women. But these people are in various stages of life, they listen with ears conditioned by their life histories (which he can know but imperfectly), from amid the interests, emotions and problems of their period of growth. It is not merely the eminent reasonableness or the intuitive truth of his message that matters. He must speak to their condition. His speech must form a bridge to where they are. He must not only know the word of the gospel, he must know the human life cycle, as it were, from within, the basic problematics of each period of human growth and decline, so that his sweep is sure of touching a sympathetic string somewhere in each experience. This necessity cannot be met from the gospel side only, as though it were merely a matter of translating the word into such simple speech that it would be intelligible to any reasonable human being at any stage of development. By all means let us distribute our Moffat's translations and our New Testaments in Basic English, but the fundamental problem of our time is not merely that of re-translating the Christian gospel, it is to

re-experience it in our own psychological situation. 'No man can come unto me except the Father draw him.' The text teaches that there are more factors present in the acceptance of Christian truth than simply its presentation. There is also something at work within the human soul moving it to the angle from which it can see the truth. One of the great values of psychotherapy today is not simply that it meets the need of a neurotic generation, but also that it makes possible the reinterpretation of Christian things to Christianity itself, in terms of the need of the modern soul as it appears to the psychologist. This possibility must be realised and exploited by the Christian pastor and preacher.

It is not simply a matter of the careful differentiation of the fields of the Christian pastor and the psychotherapist, although this indeed is a practical necessity. Valuable metaphors have been put forward by Christian psychotherapists to make the distinction clear. The Swiss psychotherapist Maeder asks us to picture a puppet show in which all the puppets are attached to strings, but in which they are living beings, and in which the problem is to release them so that they can act their parts freely and voluntarily. This release, he believes, can be effected in two ways, or by a combination of both. They can receive a shock from outward reality that gives them such a start that, with a mighty effort, they wrench themselves free, or in cases where their strings are so entangled that this is impossible, a pair of fine scissors can be taken which probes the entanglement until the individual string is isolated and cut. But both methods are sometimes necessary. The outward shock may only have partially released the puppet and the scissors still be needed, or the scissors may have been used, but some kind of outward shock is still of value in enabling the puppet to pull entirely clear. Maeder likens the outward shock which produces a start in the puppet to the presentation of the Christian word which produces conversion, and which is sometimes quite sufficient to make the

individual free of his entanglements, but not always. Sometimes the work of the psychotherapist is necessary to probe the entanglement with his analytical scissors, but sometimes, on the other hand, when the therapist has completed his task, the facing of Christian truth with the resultant conversion is also necessary, if the individual is to be really freed. The picture may well give us food for thought, but its value to the parson should be that it reminds him that he should not only be concerned to present Christian truth in a manner that produces a moral and spiritual shock, but also remember that the folk he addresses are entangled in life, and that special consideration of the strings that bind them is also necessary. That is to say that what is basically needed in both parson and psychotherapist is a widening of consciousness which becomes aware of the field and work of the other, and that not merely for the purpose of carefully keeping out of the other's sphere (which is often a vital necessity) but in order that their spirit and work in their own region may be enriched.

The problem which thus presents itself in a modern setting is in reality as old as Christianity itself. That religion first appeared in the world proclaiming the Kingdom of God. Through the apocalyptic images of the time the absolute claim of the judgment and mercy of God was made known to man. Christianity was from the first an absolute eschatological religion. Because of his proclamation of the Kingdom of God, Jesus of Nazareth was able to address man from the Godward side. In spite therefore of the fact that his message was permeated by the expectations and the imagery of the time, it was essentially timeless. A claim, a judgment and a mercy of a qualitatively different kind entered history, but nevertheless history still went on. But the ancient idea of history had been cyclic. The proclamation of the Kingdom however drove home the conception of an absolute future, which prevented history from ever again being imprisoned within its own cycles. The life of man moved still in the cycle of birth and death, but here

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again the individual was confronted with an absolute future so that each period of his growth and decline was capable of an absolute significance. The genius of Christianity, which permeates its eschatological nature and apocalyptic imagery, is that it keeps the individual eternally open to God, to his judgment and mercy, and gives him a significance from outside the human life cycle in which he is caught by being born at all. The perennial problem of Christianity is the expression of this claim and significance in vital contact with the nature of each period of history and the life story and life cycle of each individual. The final significance of the Christian revelation was summed up in the word 'Incarnation'; absolute meaning was given to the life-story of an Individual, and the impulse of Christianity is towards incarnation, expression in life, the life of an epoch or of a person. It is in this relationship that the hybrid term 'psycho-religious problem' can carry a meaning. The various periods of human growth and decline have their own needs, emotional tones, and frustrations, and as such they are capable of psychological description and handling, but their significance is not merely contained within their own section of the life-cycle. They touch the question of the final worth of the person. They raise the matter of the absolute future, whether the individual is to be open to God or not. They come to the point where the final judgment and mercy of God are clearly relevant and they take their deepest significance from beyond the person's psychological condition, and become religious.

It certainly cannot be claimed that the Church has at all times and in all places shown awareness of the necessity of understanding the human life cycle. For example, it has largely regarded the religious needs of the child in terms of the experience of the adult. Our Lord set the child in the midst and saw in its openness and receptiveness the condition of mind necessary for the reception of the Kingdom, but the implications of this frank consideration of the child affected only

superficially the theological and ecclesiastical mind, for which the child remained simply a small adult. In the eighteenth century Charles Wesley wrote a hymn for Methodist parents. It begins by reflecting on the imminence of death and the possibility that it may call the child away at any moment, and then proceeds:

*But if Thou grant a longer date
With resolute wisdom us endue
To point him out his lost estate,
His dire apostasy to shew.
To time our every smile or frown
To mark the bounds of good and ill,
And beat the pride of nature down,
And subjugate his rising will.*

It can hardly be said that this kind of thing shows appreciation of the life impulse as it reveals itself in the child. 'Lost estate', 'dire apostasy', 'good and ill', 'pride of nature' and the need for dealing drastically with the 'rising will' are all products of adult theological reflection, and the child is simply fitted into their pattern without more ado. It is unfair to pillory Charles Wesley for something which expresses the general attitude of religious people to children throughout long generations, and the evangelical experience of the love of God probably produced in practice something far kinder and more understanding than the above grim theologizing would imply, but it should illustrate how the psychological understanding of the child which is abroad in our own age makes possible something more intelligently Christian and wiser in our approach to infancy.

We are thus in the field between psychology and religion, where the psychological needs and frustrations of each period of human growth and decline have religious implications and touch the question of the final worth and destiny of the person. It is obvious that adequate treatment of the issues raised would

require a large book, and that detailed consideration of problems cannot be achieved. But a sketch can be given, however rough, that expresses a spirit and attitude in the handling of these matters. To do this some kind of peg is necessary upon which to hang the observations that can be made. Jung has written on what he calls the 'stages of life'. He divides life into three periods, childhood, youth (which somewhat curiously he extends to the beginning of middle life, which he puts between the thirty-fifth and fortieth year) and a period of decline into old age and death. Of course, to give indications of time can be deceptive, as some outward event, such as the death of the father, or both parents, can telescope matters, as the long life of dominating parents can in some cases retard them. But since the writer requires something that has more definitely religious associations, he may be forgiven for referring to Jung's essay on the Trinity, which was published in his *Symbolik des Geistes* (1948), although superficially it may seem to be wide of the subject. In his psychological treatment of the doctrine of the Trinity, Jung is again brought to the consideration of the periods of the human life, and looking at them in terms of that doctrine he describes them thus. There is first of all the period of the *Father*, and this, when interpreted in a wide sense, means the time when the person is under parental control. It should be the period of protection and security. Looked at religiously, it is the period when the individual is nurtured in a particular religious outlook. Looked at culturally, it is the period when he is brought up in a certain tradition. Ideally, at the period considered, the person should be protected and nourished, and it should be possible for him to absorb what is best in the religion and tradition which he has inherited. It is a period of reception, when the child is not able to resist effectively the pressure of his environment and the training that is given to him. The power lies in the hands of the parental authorities, whether these be the actual physical parents, or the religion or culture in which he is brought up. But in the normal

growth the child enters upon youth, and the emphasis begins to fall upon him as an individual who has his own characteristics and purposes, and is not merely a reflection of the way of life of his parents, or of the accepted beliefs and traditions in which he has been trained. He must think for himself, and make his own way, and win his own experience. This can be achieved only by a breaking loose in some measure from the various parental authorities which are symbolized in the figure of the Father. This is the period of the *Son*, when the individual distinguishes himself from the Father, and makes his own contribution to life. He makes his own home, founds his own family, achieves his own success. He is very conscious of himself as an individual, and his creativity continues to grow. He pulls himself out, to a degree, from what he has inherited, and sets his own thing in motion. The Father recedes as it were, and interest is centred on the Son. Ideally, in this period, the individual should have found himself as a person, and found satisfaction in some work of creation. But at the height of this period the individual finds himself entering another. His peak of creativity in outward things has been passed, he becomes conscious that the common human lot is also his, and once again his thoughts turn to the past, and also to the consideration of his destiny as a human being. As he is declining in his assertiveness towards outward life, he should be able to assess his own experience with more and more detachment, so that a new wisdom can arise within him. It is not merely the wisdom he inherited from his race, religion, and environment, nor is it only the confidence in things which he learnt for himself through his own experience. His tradition and experience merge into one spirit of living. This is what Jung calls the period of the *Spirit*. To many this periodic division may appear fanciful, but the writer feels that it has indicative value. The essence of childhood lies in the protection of the Father, the essence of the middle period of life lies in individual assertion and achievement or the conquest of some new region of

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experience, the essence of old age lies in a wisdom that can penetrate to the origins of things. Perhaps the text is apposite: 'I write unto you, fathers, because you know him which is from the beginning. I write unto you, young men because ye have overcome the evil one, I have written unto you, little children, because ye know the Father', although the text probably needs more accurate exposition! At any rate, this division of the periods of human life has a certain convenience in that it keeps something psychological and religious before the mind at the same time by designating them with the terms *Father*, *Son*, and *Spirit*. It makes possible an ideal appraisal of each period. A complete humanity should somehow have absorbed the value of each. Halting in any period would retard the movement to completion. Using these terms prevents us from regarding human life as merely a necessary cycle turning from birth to death and helps us to see it as a progressively increasing possibility of openness to God, and growth in the experience of him.

Freud regarded the fatherhood of God as a projection of man. Christianity regards the fatherhood of man as a creation of God, 'from whom every family in heaven and earth is named'. The nurturing period is common to life. The Father period is one in which the individual should experience love and security, but this love and security are something far more than the satisfaction of an infantile need, for if they are withheld, or wrongly given, the results are by no means confined to childhood. They are ultimately a matter of keeping the child open to God. The child that has never been secure in his own home will find it difficult to feel and understand the security of the Kingdom of God. The child that has been deprived of love or had it wrongly given will not easily be open to the understanding of the love of God. Where love is withheld the child will become autoerotic or find satisfaction for his need of love in perverted ways. Where the love shown is not genuine in itself, but in some way the expression of the

selfishness or sensuality of either parent, crippling emotional bonds are fastened upon the child, which if not properly dealt with will remain throughout life, making real religion and real relationships, cruelly difficult. Nor is the name religion sufficient, nor religion itself as hard dogma or a rigid way of life. Such religion has been one of the worst offenders in the creation of psychological abnormality. There has been unfortunately genuine foundation for the psychoanalytical antipathy to religion. The analyst's acquaintance with religion has been confined to his clinical experiences. Rigidly religious homes have created in the child a demonic super ego which simply will not permit him to live in a manner that does justice to his real nature. The most illuminating commentary upon St Paul's rejection of the Law is not necessarily that of the theologian; it is the psychotherapist who can make it crystal clear to modern experience. The child should experience in his home a kind of love which gives him security of mind, a kind of love that sets him free to take the next step of his development, a kind of society which he will try to set up himself in the external world in his future home and community when the time comes, and which when he reflects, will convince him that it was due to something more than accident or natural good nature. It has often been pointed out by psychotherapists that when there is trouble of psychological nature in the child the cause is almost invariably in the parents. Pretence is of no avail; it makes little difference that matters have been 'covered up'; the child is terribly capable of feeling a real situation of which he can understand nothing. Fatherhood, parenthood, must be something more than the natural impulse of the natural man, if this kind of love is to be provided. Fatherhood must be experienced as the stewardship of something which belongs properly to God. But it is not enough to announce this clearly as a dogma. It can only be uttered by the man who is aware of the psychological importance of this kind of love, who is aware of the neuroses and perversions bred in its absence,

who can perceive the truth and judgment contained in the proposition that 'God is love' working themselves out in life. Nor is it enough to see the child as a bundle of psychological impulses that must be scientifically handled. The atmosphere in which the child should live is qualitatively different.

The factual truths of religion can, I suppose, only be passed on in dogmatic form, and it would be foolish to minimise this necessity, but the vital breath of religion is in faith, hope and love. In the *Father* period faith means that trust in the parents which continually renews the sense of security; hope takes its colour from the parental attitude to the child, and love is learned or not learned from the emotional tone of the household. Cusance, in his *Wisdom, Madness and Folly*, tells of an experience of passing through the Iron Curtain when it was not so rigid as it is today. He says that although he was well treated he was oppressed by an indefinable sense of something wrong in the atmosphere, and crossed the frontier back with a sense of immeasurable relief. Perhaps it seems unsatisfactory and vague to speak of true religion as a creator of the right atmosphere. A great many firmer things could of course be said about it. But there is an atmosphere from which pestilence is excluded and an atmosphere that breeds pestilence, and psychology acknowledges the reality of imponderables. The psychotherapist can indicate with modest scientific terms the attitude that is necessary, and the dangers to be avoided; it is the Christian Word that ultimately keeps love alive in the world. It is not ultimately a matter of the scientific handling of the problems of childhood, although the knowledge gained has been invaluable, it is a matter beyond childhood, of keeping a growing soul open to God's future. This will not come of itself through the creaking of Freudian analytical machinery, nor by the notion that fatherhood is just something biological, foisted fictitiously upon ultimate reality by cowards who dare not face life in their own knowledge and strength. It can come only by reverence for the nurturing

principle in life, in which human parents are allowed to share, and of which they must learn the true meaning. In some form it must be ultimately the acknowledgement of the 'Father from whom every family in heaven and earth is named'. Without some reflection of this in the home it is impossible to present religion meaningfully to childhood.

With the onset of adolescence the period of the *Son* begins. However satisfactory the *Father* environment may have been, it cannot be carried away *en bloc* by the growing life. Whatever the lasting value within it, the system in which we were nurtured cannot always protect us, nor can we continue always to see life from its angle without decisive loss. It is abnormal when the young person continues to claim the shelter of the *Father* without mustering courage to make a life of his own, and the refusal to do this is the source of many neurotic problems. Life moves of itself into a situation which calls for the *Son*. If faith, hope and love were values which, during the *Father* period, were conditioned by some parental authority, physical, religious or cultural, in the period of the *Son* they become highly individual. The young man must launch into life, and develop a trust in it which will carry him through his difficulties so that he knows what he believes; that is what faith means during this period. Hope is learned through the purpose he gives himself and the direction in which his energies are turned. Love is learned afresh through the awakening of the sexual impulse, and through relationship with a wider world of men. The growing man learns who he is first of all in contact with the outward world, through folk met and work done. Now he must learn responsibility and faith in himself. But obviously the period is full of danger. He is in a new region and exercising newly felt power. The period has again been denoted by a word (the *Son*) full of religious association. Something more is needed than a description which shows that the individual is entering the fulness of his biological and mental powers. A word must be used which keeps the period open to

God, which keeps the person serving something more than his surface self in the midst of his self-assertion.

Since, speaking from the point of view of religious development, most conversions take place at the beginning of this period, perhaps it may be well to look for a moment at this experience. There are types of religion which shout aloud the necessity of this. Here again the pastor who has gained some psychological insight will perhaps be more wary than one who evaluates conversion from the point of view of some theological conviction, or religious pattern of life. There is a kind of conversion which merely signifies a change in the pattern. The individual concerned abandons his first secular pattern and adopts a religious one. Beyond this however there is no radical change. He is fundamentally the same and still controlled by the old basic drives of human nature, although perhaps he is unaware of this. Every pastor knows folk who have been 'soundly converted' and yet know not of what spirit they are. Then there is a kind of conversion which really denotes a rebellion, or a swing from one extreme of the temperament to the other as when the libertine suddenly becomes an ascetic, but here again unconscious factors have often not been brought to light and dealt with, and they sometimes take curious forms in the new life. But this is not what the truly religious have understood by conversion. Behind the word *metanoete*, repent, think again, in the New Testament, lies the prophetic word 'return', return to God. The essence of conversion is not merely that a new pattern of life has been adopted, or that behaviour has swung from one temperamental extreme to the other, but that the individual has become truly God-conscious, open to God. In the case of the Christian youth who is genuinely converted, this means the acknowledgement of Christ, so that in the most assertive period of human existence he is not just superficially self-assertive, but serving One far deeper within himself, and is not merely ego-controlled.

- It is during this stage that the problem of love becomes acute, for it is through love that the individual establishes his relationship to the world of human beings, and has the opportunity of beginning to understand himself; for the material that is within the soul first makes itself known in projection upon others. It was Christianity that first profoundly clarified the nature of love. It is interesting to notice within the New Testament a struggle for the expression of the new insight which Christians had won through their experience of the crucifixion of Christ, and this is specially apparent in their choice of vocabulary. The word *eros* was rejected because of its sensual implications. The word *philos*, signifying *friend*, and the verb for friendly love are to be found, but Christians ultimately fastened on the word *agape*, with its verb, to express what they meant. In the current Greek, this word had the connotation of loving loyalty, but the Christian experience gave it a pathos and power that it had not possessed before. The word thus came to express a new notion of love, but it must be remembered that what really made this possible was a new experience which led through an utter disappointment in early expectations to a new realisation. It was the business of Christianity to place this experience and realization squarely in the world. But it is possible to define this new conception of love, as it were theologically, without much reference to the rough and tragic experience from which it grew. To understand the heart of love is a very different matter from being able to define it. There is a sense in which it must be re-experienced, and re-understood within each individual life, and by each person: to bring this about it is often necessary to go into the sorry and disappointing saga of his life, and work with the stuff that is presented there. In particular, the relationship between natural human love and the genuine spirit of love has to be clarified, and the distinction revealed. Possibly this may have been a simpler task in less sophisticated ages, but there is no doubt that as far as modern man is

concerned psychotherapy has done a great work in throwing light on this confused matter. In a certain aspect psychotherapy can be taken as a struggle to understand what healing love means. The therapist soon became acquainted with the natural *transference situation*: his patient often oscillated between love and hate as he dealt with him. The transference showed its positive and negative sides. The doctor had to win through to a healing attitude somehow. In the facing of this problem great light was thrown on emotional relationships. It can be said that healing love was re-experienced and relived in the consulting-room in a manner that is intelligible to modern man. The psychotherapist who is fulfilling his vocation is a pointer to the understanding of the Man who carried our griefs and bore our sorrows. It is interesting to observe the development of the method of dealing with transference from Freud to Jung. From an attempt to remain absolutely neutral to the transference, avoiding it as completely as possible, there has come finally an attitude, in which the real emphasis is placed on a process which is bigger than both doctor and patient, and from which both have much to learn. Thus there has come into the situation something comparable to the notion of the Between of Martin Buber, who emphasizes that in every human relationship there is something more than the two persons concerned; there is something between them which is greater than both, which must be served if anything of lasting value is to be achieved through their coming together. In this attitude there is something analogous to the Christian belief in the presence of Christ, or of the Holy Spirit. For the Christian it is clear that he has not merely to deal with the other person. There is always to be considered the relationship of both to Christ, which alone can give the bond permanent and healing value.

Thus psychology can throw much light on the nature of love, and help a person to self-understanding, and a proper relationship with others; it can help him to an attitude which

is fundamentally independent of the emotional whirl. In doing so it prevents the individual from being closed within his emotional experience, and maintains the possibility of being open to the Christian message which alone does justice to the depth of the nature of love.

However well the person faces the problems of the period of the *Son*, there comes a moment when the peak of creativity is passed, and it is gradually borne in upon him that a new period of life is beginning. During the period of the *Father* the growing person was looking forward to life, but now he enters upon decline, and ultimately has nothing to look forward to, humanly speaking, but death. During the other periods mistakes and catastrophes could take place, but for the most part something could be done about them, but now a condition arises, which in a certain sense nothing can be done to rectify. There is no cure for growing old, and nothing can be done about the final certainty of death, which for the ageing person becomes the dominant fact. Thus a side of existence comes into view, which it may be, until now, has been almost totally obscured for the person, if he has enjoyed normal health and happiness. His friends are taken from him one by one, the securities which he has built for himself slip away in turn, and he is left alone with frailty and illness, and he begins to know the burden of the mystery. His sphere becomes increasingly restricted, it is no longer a matter of exercising faith, hope and love in relation to outward activity, he is steadily forced into a situation where his experience must become more and more inward. The thoughts of a young person are taken up with what he will do with life, the thoughts of an old person are concerned increasingly with death. Indeed it must be so if the person is to remain psychologically and spiritually healthy, for the same neurotic tendency which manifests itself in the young as a fear of life, reveals itself in the old as a fear of death, and unless the certainty of death is taken clearly into consciousness and faced squarely, it is impossible for the old person to live

the last years of life with peace and dignity. Diversions from this realization are, as far as he is concerned, merely palliatives, and the only satisfactory way through is to make the rest of his days a meaningful preparation for death. The old person must learn that he is subject to the common human lot, and he must relearn to understand himself, and to find his religion, his faith, and hope and love, at a far deeper level. Medicine and psychology decrease in their effectiveness to help, and the therapeutic power comes more and more into the hands of religion.

It is a mistake to assume that the ageing person will find his way through this experience, being taught as it were simply by nature, although there is, it is true, something in the natural process that will help him if he accepts it. We are like children in the presence of each new period of life, and growing old must be learned like everything else. Jung has said that, in the first half of life, man is concerned with achieving some kind of place in it, and mastery over it, but in the second half the question of meaning becomes more and more oppressive, in the presence of decay and transience; to find something which is of lasting value becomes a terrible necessity. Also with the ceasing of outward activity, the inward life becomes more and more active, and many aged persons become problems to themselves, and have to face elements within themselves of which they were hardly aware while the outward world took up most of their thought. The second half of life is the period when the person can come to know himself profoundly, and deal with his own character. It is the time when he must come to know a meaning for himself which is not dependent on any of the ordinary securities.

It is not sufficient to make these last years as painless and as pleasant as possible, it is also necessary to convince the person that he has a permanent value and security. This is why Jung comments on the therapeutic power of the belief in immortality, declaring that no one can live in peace in a house that he knows is shortly to tumble about his ears.

There are compensations in this period of life. What the individual has learned from his tradition and from his own struggle, can merge at this time into one spirit of living. He can be very much a person and very wise.

As in every other period of life the great concern is to keep the person open to God's future. Whatever can be said about the therapeutic value of getting an aged person to believe in a life beyond the grave, the real crux is whether this belief is true. There is no cure for our condition in the presence of death except the acceptance of the Christian word of the forgiveness of sins and the life everlasting.

VII

INDIVIDUAL TREATMENT IN PSYCHIATRY

GILBERT RUSSELL

WHILE many forms of psychiatric treatment raise problems for the moral theologian, it is analysis of the unconscious—popularly known as ‘psychoanalysis’, though this term is properly applied only to the Freudian method—and the aims, procedures and consequences known or believed to be involved, that lie at the heart of the discussion. Much of the criticism directed against analysis applies also to short-term, or ‘supportive’ treatment, in which the patient is helped with his problems without a profound or prolonged exploration of the unconscious reaches of his psyche; but for our present purpose it is unnecessary to deal with this separately.

Analysis is a new technique for dealing with human souls. It is not a development of some older method, but the discovery of one not hitherto dreamed of. It was found when it became necessary, because of the disintegration of living religious faith, and the withdrawal of projections. So long as men can cast the burden of the darkness within them at the feet of the gods, or on to the outside world, they do not find it more than they can bear. The divine will has ordered things so; or else they can fight against evil in the guise of demons, witches and ghosts, or the forces of nature, or their human rivals and enemies. What is unconscious is projected. The inferiorities, the passions, the errors and the desires which we

do not know in ourselves, though they are there, we see and attack in others. Only when we turn round and face the unknown in ourselves are we freed from this necessity. To become conscious: that is the task, in a sense the only task; and an entirely new technique, which owes more to the genius of Freud than to anything else, has been evolved to meet it. This is the capital distinction between analysis on the one hand and spiritual direction on the other. The latter deals with the troubles, problems and sins that lie within consciousness—the consciousness of the penitent and of the pastor; the former with what is as yet unknown. The distinction is illustrated by the following case. A woman in middle life consulted an analyst on account of fatigue, agitation, insomnia and depression, and an inability to get on with her job which amounted at last to breakdown. She was the daughter of a well-known professional man who, she said, was notorious for his marital infidelities. After many years of abuse and humiliation his wife, the patient's mother, broke down under the strain and was taken to hospital, where she stayed for many months. The daughter was at this time fourteen years old. While she and her father were living alone in the house (so her story went), he seduced her, and for the whole period of her mother's absence she slept in her father's bed. (This may have been fact or fantasy: in this connection, it matters little which.) Her mother returned in due course to her home and husband, but soon became worse and died. The girl's distress and misery were beyond description. It seemed to her that she could not forgive her father for such a betrayal. She was consumed by hate. She went to one confessor after another, seeking relief and pardon—a search that continued for the next thirty years. The advice she received from them all was in substance the same: it was not for her to pass judgment upon her father, outrageous though his conduct had certainly been; she must strive to forgive him, however impossible it seemed. In spite—or because—of this counsel, and determined efforts to apply it, her anxiety

increased. In the end she resolved to consult a psychiatrist. Asked if she had any dreams, she replied that one dream, which terrified her, recurred again and again. In it she and her father were walking together, each with a dog on a lead. She was making frantic attempts to get away from her father, but whenever she started to leave him he whistled to her dog, to which she was so much attached (by affection as well as the lead) that she could not abandon it; when the dog turned back to her father, she must needs go too.

The dream revealed in a moment what thirty years of spiritual counselling had not—that her problem was not to forgive a father she hated, but to forgive herself for still loving him. No pastoral help could avail until there was first laid bare the incestuous bond which held her. She was still in love with her father, and burdened with the guilt of that unnatural relationship. The dream showed what her real problem was, and psychotherapy helped her to deal with it. Until we are brought face to face with the actual cause of our symptoms and conflicts, on the level where they exist and not on the level where we expect to find them, we are in the hopeless position of a man exploring the roof for a burglar at work in the cellar.

Not only the clergy are misled in this fashion. The following history could be matched many times over in every psychiatrist's records. A married woman, forty-four years of age, complained of incessant ringing or buzzing noises in her left ear, which (she said) 'were driving her nearly crazy'. She consulted a number of physicians, including some very distinguished otolaryngologists. She attended the Ear, Nose and Throat Departments of two London hospitals, and finally a clinic for nervous diseases. In every case she was given the same advice: her symptom could only be due to some physical change in the ear; but it was quite impossible to detect any such change. She was given sedatives; she was sent away for a holiday; she was told she would one day get used to the noise,

and meanwhile must try to be patient. She herself, in despair, suggested that a psychiatrist might be asked to see her. This, she was assured, would be futile. Her complaint was obviously physical, and only physical treatment would be appropriate: it was unfortunate that it had, so far, had no effect.

The tinnitus (or 'ringing' in the ear) had started after an injury to the side of her head which she dismissed quite casually by saying that 'a friend' who was with her at the time accidentally slipped, and caught her face with one hand as he tried to regain his balance. She insisted that it was a very slight jar—'not nearly enough to cause this dreadful noise in my ear'. Only after a great deal of careful questioning did she confess that the 'accidental' contact with her 'friend's' hand was in fact a blow from her husband which knocked her down. It had come as the climax of mounting tension between them, of growing suspicion and misery on her part and, on his, of infidelities which in the end he hardly troubled to hide. The blow had, in effect, shattered the marriage beyond all hope of repair; but this she could not face. The 'ringing' in her ear had taken its place as the one preoccupation of all her waking hours. She said that she 'wasn't worried now' about her husband's behaviour: she had just stopped thinking about it. All her attention was focused upon her symptom, and 'her mind couldn't get on to anything else'.

A second important *differentia* of analysis, when compared with the work of a priest or minister, is that the therapist does not set out to cure the patient, or even to help him. If he is over-anxious to help, to ease the burden, to make the patient feel 'better', he actually hinders progress. Of course, he must understand the patient's desire for such help and comfort, and on occasion may feel it right to offer them. But his main interest throughout, to which he must hold in the face of every attempt (unconscious as well as conscious) of the patient to wean him from it, is that the patient shall be *more conscious*—

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that his consciousness of himself shall expand and deepen. The patient will very likely assert that it is his symptom (fatigue, insomnia, bad temper, impotence, or whatever has brought him to treatment) that demands attention; it is *this* the doctor must cure. The invert wants his sexual problem solved, but the rest of his life-pattern not to be tampered with. This is a common difficulty with theological students, not a few of whom turn towards ordination because of a homosexual fixation, which may or may not be conscious. To 'cure' the homosexuality is to remove what, in their case, was one of the deepest (albeit unconscious) motives for priesthood. This is naturally not understood by principals of theological colleges, who 'only ask' to have their students returned to them minus their homosexuality—as if this were a psychological tumour to be removed *en masse*. So it is with marriage problems. Very often a husband or wife will come for treatment because the marriage has reached a crisis; and finds it hard to accept that the therapist is not primarily concerned with the fate of the marriage. Of course, the particular tensions in the relationship will be fully discussed—not to permit the doctor to give advice about meeting them, but chiefly because they may reveal to the patient something about himself which he did not, and needs to, know. At any rate, that is the proper emphasis. While no one can say with assurance why, during analysis, the analysand gets better, i.e. 'what works the cure', it is clearly related to growth in the field of consciousness. The analyst therefore is right to avoid the traps set by his patient's problems and the effort to solve them. What the patient must do is to learn to live with his problems instead of refusing, through fear, to have any dealings with them. If he does so, the problems themselves—like all living things—change and grow old and die. In any event, to say at the start of treatment what, for this or that patient, constitutes 'cure' is impossible; and at the end, irrelevant.

Consciousness of what? Of 'the other'—of what is not yet

conscious. 'The soul of every man', writes Jung, 'is a woman; and of every woman, a man.' Analysis leads to knowledge of the opposite, the unknown, in exactly that biblical sense in which it is said that Adam 'knew' Eve. It is a *conjunctio* issuing in new life—the birth of a personality no longer nourished only by those attitudes and assumptions which have ruled the conscious psyche. A neurosis is the result of, as it is the escape from, this one-sided development. With middle-aged patients especially (as Jung has often affirmed) it is common to find that no particular symptom, no specific problem, has prompted them to seek treatment, but a feeling of 'being stuck'. The function most strongly bound up with consciousness has been driven as far as it will go, and is now exhausted. Many of these patients are intelligent, capable and successful men and women; but in the forties and fifties they find, to their growing distress, that they no longer put their hearts into activities and relationships which used to have meaning for them. Their first response to this discovery is, as a rule, to upbraid themselves for weakness of will; and their second, to try harder. But this becomes increasingly like pressing against a door which, the more it is pushed, becomes the more firmly closed. The direction of effort is wrong. Energy which can find no further outlet in the external world of professional work and social relationships must be withdrawn, in order to be directed *into the soul*. There, and there only, are hidden the germs of new growth, of powers which must now be awakened if the personality, too much involved with the world of men and affairs, is to come to its natural fulfilment. It is not surprising that, as with the mystical writers, sexual imagery is used as the best available in which to convey the form of this encounter and dynamic exchange with 'the other' within; nor that the process itself is apt to be projected on to patient and analyst, who may be so much entangled in each other's unconsciousness as to suppose that they are involved in a merely erotic relationship.

The *transference*, though not important or even apparent in every analysis, is generally both. Indeed, in a great many cases, the Freudian view—that analysis is in effect but a transference and its subsequent resolution—is the manifest truth. There are projected upon the analyst feelings of love and hate, of fear and anger, of hope and desire,—feelings which were repressed as a consequence of earlier (usually infantile) experiences which inhibited their overt display. The classical transference is of affect derived from the patient's relationship with his parents, but which remained unconscious, and is now transferred to, or projected upon, the analyst—who is 'loved' and/or 'hated' as Father could not be consciously loved or hated. These emotions were not expressed in the past on account of the fear attached to them; and therefore they cannot at first be *felt* in the analysis, but appear in disguise. Repressed aggression, for instance, will show itself not, to begin with, in open hatred vented upon the doctor, but in covert manifestations such as scepticism about the value of treatment, a failure to come on time or to pay fees promptly; or else by over-compensatory devices which have the unconscious purpose of masking aggression, e.g. exemplary good manners in the consulting-room (often coupled with outbursts of temper when safely away from it), anxiety not to outstay the hour of treatment, or to make sure that the fees demanded are at the full rate. The analyst's business is to bring this hate into the open, and not allow it to go on masquerading in 'safe', i.e. indirect and ambiguous, fashion. The patient must become conscious of it *as hate*; and that means *feeling he hates* the doctor instead of loving him.

It is not surprising that such an intention on the analyst's part should be misunderstood by those who, as Christians, believe that hatred is wrong and ought to be conquered by love. The analyst does not at all dissent from this view; he too regards hate as destructive of human relationships, and is therefore 'against' it. But he knows that aggression, resentment and

anger which have been repressed, and work like a slow poison within the soul, cannot be dealt with while they remain unconscious. They can only lead to guilt-laden, anxiety-ridden relationships, precarious just because they are threatened all the time by the repressed emotions. To bring aggression and hatred into the open is also to bring them to bay. For the patient is now free, as he was not before, to shape fresh attitudes towards those who have hitherto been doomed, as it were, to oppose or antagonize him. The analyst, insofar as he may be said to 'encourage' hatred and anger, does so with the intent that, like armies no longer needed, they may be discharged. Every clergyman knows that, in this matter, pastoral methods are often of no avail. People may be distressed because they feel bitter; but that does not cure their bitterness. The fact is that all such feelings remain at work so long as there seems to the subject to be some reason for them. If the 'reason' is an *unconscious* grudge or grievance, it is bound to cause the distressing reaction until it is brought to light. Only then can it be appraised at its current value, and cease to bedevil the present with ghosts of the past.

This indispensable attitude, which the therapist must maintain against all provocation to change it if he is not to fail his patient—an unwavering interest in, but no moral judgment upon, what the patient hates and desires, why he feels afraid, where he is weak and inferior—may be tolerated, perhaps, so long as it only applies to states of mind. But when this 'amoral' outlook extends to conduct, and appears to condone acts which are plainly wrong if judged by the standards which govern everyday life, it is not surprising that it should be attacked by some whose sincerity and intelligence are beyond dispute. They can understand the psychiatrist not being shocked by opinions which any Christian man or decent citizen ought to condemn. But he does not seek to restrain his patient from conduct which they both must know is immoral; at best

he connives in, at worst he encourages it. Psychiatrists are not to be trusted as one trusts an ordinary doctor. They are implicitly on the side of all those aggressive impulses and sexual drives which decent men and women do their best to control. They are, in effect, saboteurs of everything that we mean by civilization.

The objection cannot be met except by seeing the situation from the patient's point of view. (The younger patient is here chiefly in mind, since it is in his case that the objection is pressed most strongly.) The principal aim of therapy, at any rate to begin with, is to reduce his *fear* of the repressed impulses. He may have become ill because he already judges himself by a false standard, e.g. a standard by which *all* sexual desires, or aggressive drives, or the like, are condemned: they cannot be squared with the ego-ideal his parental-cultural environment has fastened upon him. Before he can 'do anything' with or about these instinctual forces within him, he must be brought into conscious relationship with them. Until this happens, he is like a man pursued in the dark by a devil he dare not face, which he feels may at any moment fall upon him from behind. To be able to bring the devil into the daylight is, first, to be better able to deal with whatever is 'devilish' in him; and, second, to find (as not uncommonly happens) that he is not in fact all 'devil', but contains a number of qualities which do not appear in the patient's conscious attitude and would, if appropriated, very greatly enrich it. A married woman who came for treatment on account of acute anxiety, with frigidity as a prominent symptom, dreamed that into her bedroom came an extremely attractive girl who, in front of herself and her husband, undressed, put on a charming chiffon nightgown, and got into bed. The dreamer's husband, who had watched the performance with mounting excitement, went to the bed and began to make love to the fair intruder. The wife, humiliated and angry, walked out of the room and found herself in the arms of an elderly maiden aunt! The dream showed the cause

of her anxiety. Her repressed femininity was something she feared because, if accepted, it could make her stoop to seduction. At the same time it was clearly this buried side of her nature that could win her husband's enthusiastic approval. She was in effect faced with a simple choice: to remain a frigid wife, or become a mature woman and accept the risk that her awakened sexuality might lead her into an extra-marital *affaire*. Of course the risk was not absent while she remained neurotic, for it underlay her anxiety; but it was not conscious, and she therefore took no responsibility for it. Every increase in consciousness means increased responsibility; and this may be so unwelcome that we prefer neurosis. Over and over again, during analysis, a step towards maturity can only be taken if the patient will face the risk which such a step involves. That is the price of his freedom. Like Abraham with his knife raised above Isaac, we must be prepared to sacrifice something most precious to us—a value, an attitude, a relationship which guarantees our security—before a new possibility can emerge to change the whole situation. It may be that if we are *willing* to lose the cherished possession with which we are so closely identified, the sacrifice may not be asked of us; but that we can only discover afterwards, never before.

The therapist can enable the patient to face his 'darker' side only if he (the doctor) has done so himself. Otherwise he is bound to project his own unconscious conflicts on to the patient, who is made to carry the burden for both of them. But if the doctor has really accepted himself as he is, with all his weakness and immaturity as well as his knowledge and love, the patient will (unconsciously) be encouraged to do the same. 'Acceptance' is perhaps an ill-chosen word: the infantile drives and fixations are not brought into consciousness in order to be approved of, in any complacent fashion. But *they are to be brought into consciousness*; for until that happens the patient is under their sway, and no acts of will alone, no resolution, no

moral courage, will abolish it. Yet it is this very region within the psyche, where the primitive-infantile forces are encountered, that can become the nursery of the new personality, rounded, balanced and full. To ask a man of forty to (as it seems) 'go back on' the intellectual achievements of twenty-five years on which he sets such store, and discover how infantile he is in his emotional life and relationships, is to make a heavy moral demand upon him. But to go back is to find the only way forward again. A professional man of fifty, intellectual, able, conscientious to a fault, but in despair about his relationship with his wife, tried to commit suicide. He dreamed when he came to analysis that he was leaving the book-shop where he had worked for years, and 'returning' to Kew Gardens where (it seemed in his dream) he was employed as a boy. His completely one-sided development had left him high and dry, without a single human contact of any significance. He had to turn from the intellectual approach to life in which he was petrified, and go back to the place where things could be made to grow.

'The patient', writes C. G. Jung, 'does not feel himself accepted unless the very worst in him is accepted too. No one can bring this about by mere words; it comes only through the doctor's sincerity, and through his attitude towards himself and his own evil side. If the doctor wants to offer guidance to another, or even accompany him a step of the way, he must be in touch with this other person's psychic life. He is never in touch when he passes judgment. Whether he puts his judgments into words, or keeps them to himself, makes not the slightest difference. To take the opposite position, and to agree with the patient off-hand, is also of no use, but estranges him as much as condemnation. We can get into touch with another person only by an attitude of unprejudiced objectivity . . . a kind of deep respect for facts and events, and for the person who suffers from them.' Jung concludes: 'The truly religious person has this attitude.'

The analyst is concerned with the patient's development as a human being. A neurosis is a disorder of the capacity for relationships with others, arising from a disordered relationship with oneself—the affirmation of one side of one's nature, and the rejection of the rest. If the patient has remained chaste (for example) because of a deep fear of his sexuality, or a dread of becoming involved with another person, a love-affair which by any conventional standard must be called immoral may be also a sign of growth for this individual—of a greater capacity for loving relationship than he knew before. The analyst's business is not to promote immorality; but if the awakened capacity is expressed in this way, it is, for the analyst, more important that the awakening has come than that it was so 'acted'. If the patient asks his advice—should he or should he not enter on this affair?—the analyst will not answer with 'Yes' or 'No'. He will discuss it as comprehensively as his patient desires. He may point to the motives at work, to possible consequences, the probable gains and losses. What he will not do is take responsibility for the patient's choice. That would be to accept a father—or mother—rôle, and implicitly to reject the analyst's function. He can hardly avoid, on occasion, supporting one line of action against another; but even then he will do so by helping the patient to see what motives impel him one way, what another; why this course, not that, attracts him; and what the outcome of each is likely to be. When the patient has finally chosen what he will do, the analyst neither approves nor disapproves: he waits to see what happens. He works all the time for that larger consciousness in his patient which means, among other things, greater responsibility—and for nothing else.

If the analyst must not allow himself to be drawn into making judgments, he must beware of the patient's attempts to compel him to do so. The patient projects his own judgments, e.g. his guilty conscience, upon the therapist, and 'feels' condemned. He must be helped to withdraw the projection,

to recognize the source of the condemnation in his own psyche, and then decide whether or not it is warranted. Only by doing so can he establish a seat of authority, a standard of conduct, within his soul, one which is independent of other people's prejudices and opinions and therefore truly his own. If the analyst lectures the patient on his 'immoral' conduct, or shows in any way his disapproval, he forces him back into infantile dependence upon, or rebellion against, a merely paternal authority: in either case a regression. The analyst's aim is not goodness (at any rate in the sense of moral virtue) but integration, wholeness, maturity, and the truly responsible action which flows from these. It is better for a man to take the full measure of the evil within him, and learn what wicked deeds he is capable of, than to go on 'living' in the false and precarious security of a conscious attitude which 'could not' stoop so low. For either he will have to give an increasing amount of his psychic energy to the task of keeping 'dark' (i.e. unconscious) these potentialities, and be in danger of reaching the standstill we call a nervous breakdown; or the repressed impulses will overcome the resistance massed against them, and drive the man into conduct which astonishes all who know him, not least himself.

This objectivity, however, whether stigmatized as amoral or not, is certainly not the same as aloof detachment. The therapist is from the first involved with his patient in a relationship which will call for, and test, all the resources of mind and heart which the pair of them can muster. The patient is to be weaned from an outlook and attitude with which he is now identified, because he can trust no other. His life has become lop-sided, and so unlivable, for just this reason. He has—unconsciously—developed such strong defences against his inferior side that he does not know how to withdraw from them. They are a 'Maginot Line', the parade of strength to cover the weakness behind it, the defence which must not fail simply because there

is no other to turn to. A woman in middle age who for twenty years had been an admired and successful public figure, discovered to her dismay that she could no longer make speeches, preside at committee meetings, or even manage her home as she used to do. Her marriage, she said, was 'perfect'. It had never been (it was true) satisfactory sexually; but this she brushed aside as a trivial fault; in every other respect it could not be better. She displayed the greatest resistance in the early weeks of analysis, cancelling her appointments on the slightest pretext, affirming that it was all a waste of time and money, and was 'doing her no good'. Then she dreamed that a noble and charming lady, celebrated alike for her public services and for her private virtues, was having a sordid and clandestine affair with a man universally reviled as ruthless, greedy, lustful, ambitious and vain. Such a dream, coming to such a woman at such an age, may be thought to contra-indicate further analysis. To face her 'other side' would have been, for this patient, hardly less painful than for the noble lady she dreamed of to face the scandal which must follow such a liaison, should it become known. A neurosis which represents almost a lifetime of one-sided development is sometimes best left alone; but every such case underlines the importance of facing as early as possible the tendencies which, because they do not match the *persona* we show to the world and with which we become identified, are thrust deeper and deeper into the unconscious and 'lost' in the darkness; and feared because they are 'dark'.

It is hardly less difficult for an educated and successful professional man to turn from the intellectual and rational line along which his life has developed, and assign some value to the 'other', unconscious, side. It seems such a foolish and pointless occupation. To clear half an hour each day—half an hour in which one could read an important book, or write letters, or deal with business affairs—and spend it alone, in silence, inactive and unproductive save for some daubs of paint

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on a sheet of paper or an imaginary conversation with some figure out of one's dreams: this must seem the height of absurdity. There is nothing to show for it—or nothing to show one's friends or family or professional colleagues: nothing one would not be ashamed to show them. And that is half the point. It is a half-hour utterly withdrawn from one's daily life and all outward preoccupation, and contributes nothing to them. The relaxation of tension, the first dawn of a new spontaneity, the feeling that life might after all be more than a hard grind, a constant labour to keep everything going, not to let people down, to secure at all costs that they have no cause to complain (whether they complain or not is another matter), to satisfy the unseen but inexorable examiners on as many counts as possible—to begin to let all this go is an intensely personal and, at first, secret experience. It can hardly be put into words. A wind begins to blow—softly and, at the start, almost imperceptibly; but (and this is the point) 'where it listeth'. The *direction* of the new current within the man's life is not fixed in advance. It is all a question of something moving, stirring, melting, coming to birth. The man who has been identified with his rational consciousness is, from the point of view of a total life, of any fulfilled and rounded personality, in much the same state as those biological species which, in the course of evolution, have adapted themselves so closely to their environment that they cannot survive in any other. Like the stick-insects, they have sought safety in the most extreme differentiation imaginable and have thereby forfeited all possibility of adapting in any degree to altered surroundings. The future has always belonged to the undifferentiated, the adaptable, to those ready and 'willing' to change—and therefore chiefly to man, who can exist in the Arctic snows and the tropical forests, who can survive on the floor of the ocean and fly in the stratosphere. So in our psychic life: and the more we cling to a developed, 'safe' and (as we judge) superior attitude, the more precarious our state and the more anxiety it evokes.

- We are 'out on a limb', on which we can be 'cut off' and fall to the ground with a crash.

Giving the proper attention to our undeveloped capacities may be compared to the time which a father spends playing at night with his children. Naturally, most of his day is passed at his office or business; but unless he spends some part of it in the nursery he will lose all touch with his family, and the children become increasingly ill-at-ease, unhappy, rebellious, starved of love and the precious security of knowing themselves to be loved. A man who has been cut off from the instinctual and emotional roots of his being might do worse than think of them as his neglected and anxious children, and of the renewal of the relationship as the act which, more than anything else, will bring fresh life and hope to himself and them.

The analytical relationship is then a truly personal one, of the 'I-thou' order and not of the 'I-it'. It has therefore less in common with ordinary medical practice than with, for instance, an absorbing piece of research undertaken by two people hitherto strangers, one of whom is in effect the leader most of the way. Even this analogy has to be qualified; for the analyst cannot guide his patient further along the road of integration than he himself has gone. A point may be reached at which the patient finds that he has more to contribute than the doctor, and takes over the lead. A relationship in which such a shift of potential is even a possibility is not well described as 'treatment'. It is a mutual enterprise, an exploration in which, to start with at any rate, the analyst has the advantage of knowing what sort of country they are to traverse together, and is not afraid of it. Even so, he has no map, no clearly defined route marked out beforehand. Nor, if he is wise, will he think in terms of a 'therapeutic campaign'. When he sits down with his patient at the start of their first session, he has no *a priori* assumptions as to what they are going to find. He is entering into partnership with a unique individual; and both of them

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will be changed by it. If the analyst is not willing to be involved in this way, perhaps to the depths of his being, he had better not start at all. It is easy to misunderstand this point of view. To be involved must not mean, for the analyst, identification with his patient's problems and fears: that can only lead to further frustration and, in the end, despair. He must somehow combine commitment and objectivity. If he ever shows his love for his patient, by embrace or gesture, then he can only do so—without endangering the analysis—if the act is a simple gift to one in need of it, not an act in which he too desires to take part. Such acts will in any event be rare; but to say they are always wrong, or always mistaken, would be to deny the spirit which ought to inform the analysis.

CONCLUSION

A neurosis is the womb of a new life. The patient who took refuge within his illness must return to the world of reality by the way he retreated from it. He must be born again; and born, this time, with those very potentialities for lack of which his former life was unlivable. He learns to bestow on every part of his nature the love which will make it thrive. He learns to accept his specific inferiorities, the injuries he has suffered, the wounds which he has inflicted upon both himself and others, and not to defend himself all the time against their realization. He is also compelled to criticize and appraise each side of his personality, and assume more complete direction over the whole of it. This he can do because the repressed tendencies have, as they came into consciousness, lost the terror they held for him. It is true that if the analysand is required to choose, to decide, to act or restrain action on a wider front than before, there is also more of evil as well as of good lying within his power. The wheat and tares grow together within his soul; because there is more of the one there is bound to be more of

the other, for often they are but two sides of the same thing. The development of the individual resembles, in this at least, the rise of cultures. A terrifying ambivalence stands over each fresh advance. Is atomic power to transform the world we know, or to destroy it? So with the new energies released in the psyche: there is no guarantee that they will be used creatively. Literature and mythology abound in warnings upon this very theme. The *fact* is an increase of power—for good or evil. The conditions which make the wheat grow are precisely the same conditions in which tares also flourish: the only certain way to prevent tares growing will also destroy the wheat—to impose, through fear, sterility and stagnation. The access of power is itself a neutral event: it awaits the infusion of meaning, purpose and will, which flow not from but into the new possibility.

Yet the man who by way of analysis has reached and awakened these powers in the depths of his soul, is aware of a sanction laid on them which is also an integral part of his new self-knowledge. He is joined to his fellow-men by an understanding, a sympathy and love which never possessed him before. He is 'one' with them, because he no longer needs to defend himself against them. They no longer bear the projection of his own evil. He can truly love his neighbour because he now loves himself. He is 'no longer captive in a petty and personally sensitive ego-world but participant in a wider, in the world of objects. This broader and deeper consciousness is also no more that sensitive egoistic bundle of personal ambitions, wishes, fears and hopes that must be compensated or perhaps corrected by unconscious personal counter-tendencies, but it is a function of reference connected with the object, the outer world, placing the individual in unconditional, binding and indissoluble community with it.' If this transformed individual 'has recognized himself as "God's likeness" in the deepest sense of obligation', then he will be no arrogant

superman, but 'on the one hand excellent in knowledge, on the other excellent in will'.¹

What is the cause of this change? Why does the sick one get better—until he can no more remember, perhaps, why he first came for treatment? To ascribe it to growing consciousness is certainly accurate, but is merely descriptive. What enables the patient to tolerate consciousness of just those things in himself which he could not bear? No technique alone, no therapeutic adroitness, not even the moral authority of the analyst, will account for this. There must be something more truly personal, more profoundly humane.

'The physician's love', said Ferenczi, 'heals the patient.' Even where the technical approach which the therapist favours requires a completely detached and impersonal attitude, he nevertheless intends his patient to trust him—for instance, with manifestations of rage and fear, of aggression and sexuality, with which the analysand could not trust himself. The analyst is from the first committed to accept his patient as he is—to accept and not to reject him. If the patient finds that the worst he can do to the analyst does not break the relationship; that he is not despised on account of fears and desires which made him despise himself; that throughout this bitter process of self-revelation the analyst's attitude towards him remains unaltered—it is hardly surprising if this is interpreted as love. The doctor has taken the weight of all the pent-up aggression, the guilt-ridden sexuality, the wretched inferiority, and has not turned against the patient for these 'misdeeds'. The eternal principles of substitution, coinherence and exchange which give life to all truly human relationships are at work here too. The analyst is wounded afresh with each of his patients' sufferings—not because he identifies himself with the sufferer but because he too has suffered the same pain; and is healed again with his patient. In this sense, too, analysis, like the individuation process it serves, is an *opus contra naturam*. It demands the sort of love

¹ C. G. Jung, *Two Essays*, pp. 189, 264.

- which 'suffereth long, and is kind; vaunteth not itself, is not puffed up; seeketh not her own; is not easily provoked; rejoiceth not in iniquity but rejoiceth in the truth; beareth all things, believeth all things, hopeth all things, endureth all things'.

VIII

THE CONSTITUTIONAL APPROACH

E. B. STRAUSS

So far in this book, man has been regarded largely as a creature endowed with instincts; and the various ways—some morally and socially acceptable, others anomalous—in which his instinct-derived dispositions can be realized and canalized have been considered. Freud, as we have seen, is mainly concerned with pleasure-pain-derived impulses which in the last analysis originate from our sexual potentialities. Adler's main preoccupation is with the way in which man organizes his self-assertive drives in relation to the needs of the community. Jung is chiefly interested in the harmony and balance which exist or can be made to obtain between the four dynamically-infused faculties.

There is a possible assumption behind all these *closed* psychological schemata, namely that, once a human being can be helped to satisfy, sublimate or, in certain circumstances only deny his dynamic drives, a standardized abstraction which some people might be tempted to equate with 'the norm' automatically emerges. The normal man presumably cannot exhibit delinquency, cowardice, psychosis or psychoneurosis: in all the circumstances of life he displays a nice balance between extraversion and introversion, between predominance of thinking and predominance of feeling, between sensory capacity and intuitive endowment.

In point of fact, the notion of 'normalcy' (to use the Americanism) is infinitely more abstract and incapable of realization in actuality than the Christian conception of sanctity.

All the above-mentioned systems are based on faulty notions of the principles arising out of the concept of causality, and prefer to deal with imaginary constants whilst leaving out of account the great variable, i.e. the will.

These unsatisfactory conceptions of causality arise out of the almost compulsive search for efficient causes, with disregard for the other equally significant factors in the causal pattern.

Moreover, in so far as these systems directly affect psychiatric theory and practice, they violate the all-important principle of multiple aetiology, according to which all disorders whatsoever are related in a causal sense to (a) somatic, (b) psychic, (c) constitutional and genetic and (d) social antecedents.

It may be argued that Jung who divided mankind into various psychological 'types' was sufficiently aware of natural differentiation. On the other hand, these *differentiae* are in theory apt to become blurred in the final product of a successful Jungian analysis—the 'fully integrated and individuated man'.

A clinical psychiatrist, however, realizes the immense importance not only of genetic factors but of the extent to which the pattern of culture which conditions a man's early life governs his thinking, feeling and actions. He knows, for instance, that if a person harbours a particular gene he will inevitably, provided that he lives long enough, develop Huntingdon's chorea. A certain genetic equipment *must* lead to mental defect. The strains and stresses of every day life will, in the constitutionally predisposed persons, ineluctably bring about a fragmentation of the personality-structure of the kind that we call schizophrenic. A strong inherited infusion of cyclophrenic characteristics is sooner or later bound to be realized in manic or depressive reaction-patterns. And so on.

The Christian psychiatrist would therefore realistically maintain that all these inequalities can in the last instance be ironed out only at the supernatural level. In other words, man's goal on earth is not in the direction of adult libidinal organization in the Freudian sense, nor towards a working balance between the will-to-power and the will-to-community à la Adler nor even towards Jungian individuation and integration. Man's striving should rather be directed towards sanctification in accordance with his inherited equipment and the way in which it has been worked upon by his cultural environment. That surely provides a possible meaning of the parable of the talents. In my opinion, it is certain that there have been saints (some of them canonized) who have been feeble-minded, psychoneurotic or even psychotic. The late Father Thurston, for example, in his *Physical Phenomena of Mysticism* maintains that many of the 'servants of God' who have exhibited the stigmata have shown evidence of a pathological tendency to hyper-suggestibility and hysterical dissociation.

Kretschmer's attempt to formulate a type-psychology and a type-psychiatry is not merely of academic interest, of its nature likely to degenerate into a kind of intellectual parlour-game. Its chief importance—at the philosophical level, at any rate—is that it boldly takes cognizance of the inherited and cultural inequalities of man which ostensibly appear to be inseparable from the Divine economy. This is a very much more realistic interpretation of the human situation than that demanded by either Freudian or Jungian theory.

According to Kretschmer, certain biogenetic correlations exist in nature, which enable one to discern and describe certain typical patterns of physique which are apt to be associated with corresponding types of normal temperament, certain psychopathic variants of that temperament and a predisposition (in the presence of certain genes) to correlated types of psychosis.

The three main types of physique which can be readily distinguished by inspection and measurement (and accurately

determined by certain mathematical indices) are, in Kretschmer's terminology, pycnosomatic, leptosomatic and athletosomatic.

The types of 'normal' temperament for which persons exhibiting these three types of physique show an affinity are respectively cyclothyme, schizothyme and collodethyme.

The corresponding types of biogenetically determined psychopathy are cycloid, schizoid and epileptoid. The correspondence between pycnosomatic physique and cycloid psychopathy, and between leptosomatic build and schizoid psychopathy is much more constant than the affinity shown by athletosomatics for the epileptoid type of psychopathy.

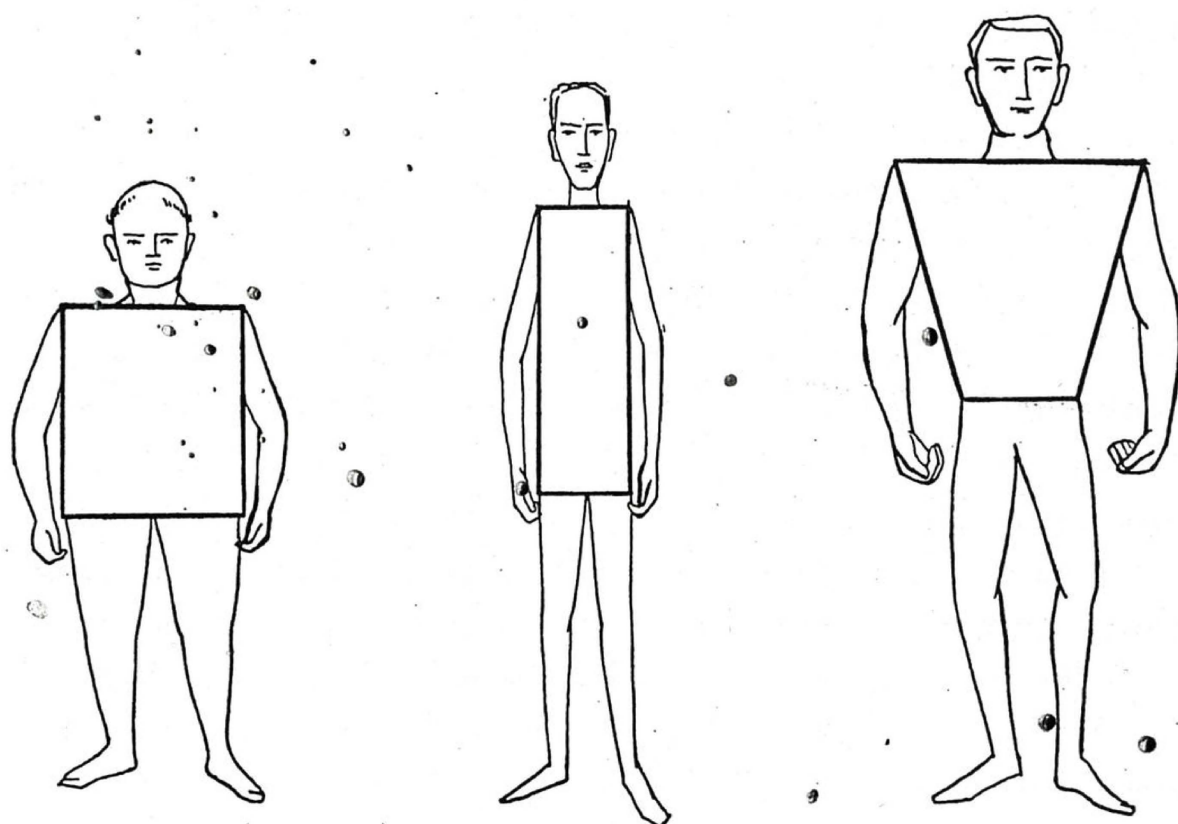
As Kretschmer's work is not so familiar to the educated reading public in this country as it is on the Continent, a very brief definition of these terms is called for. The interested reader can find detailed descriptions in Kretschmer's *Physique and Character* and in the same author's *Textbook of Medical Psychology*, a new English edition of which has been published by the Hogarth Press.

Pycnosomatics are thick-set, short and (in middle age) 'tubby' people. Leptosomatics are slender and more 'cylindrically' built. The extreme type of athletosomatic is perhaps best represented by the average person's idea of the heavyweight boxer. Picasso or any artist who abstracts the human form in simple geometrical terms might well portray the pycnosomatic as a square person, the leptosomatic as an oblong individual and the athletosomatic as trapezoidal.

The dynamic psychology of Kretschmer, then, must necessarily cover a much wider field than that envisaged by Freud, Jung or Adler, who are concerned mainly with instinct-derived dispositions, since certain reactions are conditioned by the personality-structure (which is a constant) rather than by aberrant forms of instinct-canalisation.

Such a viewpoint is bound to modify and enrich the therapeutic approach in psychological medicine and enable a

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THE TEMPERAMENTS

	<i>Cyclothymes</i>	<i>Schizothymes</i>	<i>Collodethymes</i>
<i>Psychaesthesia and moods</i>	Diathetic scale: between exalted (jolly) and depressed (sad)	Psychaesthetic scale: between hyperaesthetic (sensitive) and anaesthetic (cool)	Between explosive and phlegmatic
<i>Psychic tempo</i>	Oscillation between lively and 'comfortable'	Jerky temperamental curve: between desultory and tenacious, alternating between predominance of thinking and predominance of feeling	Tenacious temperamental curve
<i>Psychomotility</i>	Adequate responsiveness to stimuli, rounded natural, supple	Often inadequate responsiveness to stimuli; restraint, halting inhibited, stiff, etc.	Adequate responsiveness to stimuli; slow measured, lumbering, ponderous
<i>Correlated type of physique</i>	Pycnosomatic	Leptosomatic	Athletosomatic

psychiatrist to pay more than lip-service to the principle of multiple aetiology.

For example, as I put it in my introduction to Allers' *The Psychology of Character*, 'It is impossible by psychotherapy, or for that matter by any other means, to convert a schizothyme temperament into a cyclothyme variety; but skilful educational methods and re-educational psychotherapy, in accordance with the principles laid down in this book, can train the "will-to-community" in schizothyme individuals so that an essentially social character can develop in the soil of the schizothyme temperament'. Again, if I may be permitted to give another short quotation from the same source: 'It is useful and expedient to conduct an analytical investigation in the course of psychotherapy "down to the level of" a patient's temperamental make-up; by which time the patient will have acquired sufficient insight into his hidden aims and motives to adjust his individual self to the needs of reality.'

From these considerations it will be clear that in many cases psychotherapy should include a 'personality analysis', by which is meant, by going through his life-history, the patient should be enabled to acquire vivid insight into his natural—hence unavoidable—make-up, and be instructed how to make the best use of it in his own interests and in those of society.

Another inescapable inference is that the psychopathies, which are, perhaps, best regarded as 'psychic deficiency diseases', are not likely to respond to exclusively analytical methods.

In his *Textbook of Medical Psychology* and above all in his book, *The Psychology of Men of Genius*, Kretschmer indicates how physique and temperament influence the thought and output of leading men and women of all kinds—poets, scientists, political leaders and the like. The hagiographers and religious historians of the future should bear this truth in mind.

For example, Lutheranism could only have been the product

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of a thinker of predominantly cyclothyme temperament (Luther's habitus showed an admixture of pycno- and athletosomatic traits.) Calvinism owes its characteristic coloration to its author's leptosomatic-schizothymic make-up. Again, it would be impossible to picture Savonarola, the fiery, fanatical reformer, as a tubby little cyclothyme: he was, in fact, leptosomatic and schizothymic (probably, schizoid).

Other systems of type-psychology and biometric classification have been worked out, notably that of W. H. Sheldon of Harvard University; but it would unnecessarily complicate a short chapter of this kind to give an account of them. Sheldon's system, as Sheldon himself was the first to acknowledge, is a direct derivative of Kretschmer's studies.

I should like to conclude this chapter with a lengthy quotation from my translation of Kretschmer's lecture of May 8th 1951 on 'Psychosomatic Medicine and Psychotherapy': 'With regard to methods in psychotherapy, the classical, lengthy analyses which explore early infancy, as advocated by Freud, must nowadays be regarded as of limited application, if only because of the exorbitant expenditure of time and labour involved. They should be employed only in the treatment of certain "nuclear" psychoneuroses and perversions. As a rule, we are content to make a thorough all-embracing analysis of current conflicts; this is absolutely essential if we desire to bring about a firm cure of all the symptoms for which psychosomatic radiation is responsible, in so far as these symptoms are also complex-determined. As psychotherapists, we should not think solely in terms of psychoanalysis, as this method is by no means the only one, nor does it always provide the most efficient approach to psychosomatic problems. Quite apart from analytical psychotherapy, methods depending on psychosomatic training and re-education, such as I. H. Schultz's *Autogenes Training*, have made rapid progress. Active fractional hypnosis, as elaborated and practised in our Tübingen Clinic, is a derivative of this work. Schultz's pioneer method

is brilliantly conceived and worked out and provides us with a therapeutic instrument of great value. The method, which makes use of graduated exercises possessing biological meaning, can successfully tackle many psychic and somatic disorders.'

IX

GUILT: THEOLOGICAL AND PSYCHOLOGICAL

VICTOR WHITE, O.P.

A MATTER OF WORDS

OF the misunderstandings which may arise between psychotherapists and the clergy, C. G. Jung has remarked: 'One of the main difficulties lies in the fact that both appear to use the same language, but that this language calls up in their minds two totally different fields of association. Both can apparently use the same concept, and then are bound to acknowledge, to their amazement, that they are speaking two different things.'

There is probably no subject on which they may find themselves more bewilderingly at cross-purposes than that of guilt. Lawyers and moralists also have their own meanings for the word, which may increase rather than reduce the misunderstandings, but the concern of these will interest us here only to the extent that they may clarify the position between religion and psychology.

The 'fields of association' which the word 'guilt' can conjure up are indeed so different that it is no wonder that they can provoke perplexities which amount to mutual incomprehension. To the theologian—as well as the moralist and the lawyer—the word will at once suggest something reprehensible and blameworthy: indeed unpardonable except on strict conditions of repentance and amendment. To the psychologist it will suggest more often a pitiable affliction, probably a

delusion; a symptom of a disorder which causes intense suffering, inhibits life and joy in living, and which calls for as much sympathetic understanding and as little reproach as does physical sickness. Although the psychologist will not usually deny that there is such a thing as real culpability, calling for amendment and the sanctions of society, the attitudes towards guilt of the theologian, the moralist and the lawyer will often seem to him quite inhuman and immature; while to them, the attitude of the psychologist will often seem unrealistic, amoral, anarchic, perhaps dangerously sentimental. To this a Christian may be inclined to add that the psychologist's attitude betrays a deplorably frivolous attitude to sin and to its terrible consequences in time and eternity; a view which may only confirm the suspicion of some psychologists that religious teachings are compounded of ignorant fears which are a menace to public health and individual happiness. Each party may become so impatient with the other, that it does not occur to either to ask if they are talking about the same thing.

In the *Concise Oxford Dictionary* 'guilt' is defined as 'The having committed a specified or implied offence; criminality, culpability'. The theologian, the moralist and the lawyer will agree in accepting this as conveying the sense in which they are accustomed to use the word. For them it primarily describes an objective situation arising from the 'having committed' an offence of some sort; an offence for which the guilty one is in some measure responsible and blameworthy. Truly, the nature of the 'offence' will be differently regarded by these three parties. For the lawyer or the jurymen, it will be an offence against the established law accepted in the community. For the moralist it will be a failure to live up to whatever moral principles or standards he accepts, whether or not this failure is also illegal. For the theologian the offence may or may not be illegal or immoral by the standards of the lawyer or the moralist; but it will be with the offence as *sin* that he will regard it as his own concern. And 'sin', for him, belongs

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primarily neither to a legal nor to a moral, but to an essentially religious, category: he will call it an 'offence against God'. It will indeed be also illegal, at least in the wide sense in which St Augustine defined sin as 'a word, work or desire contrary to the eternal law', and also in the sense in which this eternal law or mind of God is, in part, embodied in human laws. It will also be immoral to the extent that right *mores* are also an expression of the divine mind and will for man, and that (as Aquinas expresses it) God commands and forbids man nothing except for his own good. But the sinfulness of sin lies directly neither in its illegality or its immorality, but in the fact that the sinner in effect sets aside God and his love as the supreme and all-embracing value and aim of his life. He is, from the theologian's standpoint, 'guilty' in so far as he persists, unrepentant, in this condition, and rejects available means of reconciliation and rehabilitation in divine grace. But, whatever the differences between the lawyer, the moralist and the theologian, they will agree in regarding guilt as an objective condition, arising from departure from some standard, norm or value which they account to be 'good', and for which the subject is responsible and blameworthy. Thus understood, blameworthiness (whether ascertainable or not) is for them of the very essence of guilt.

But it is not always in this sense that psychologists use the word. If we now turn to Drever's *Dictionary of Psychology*, we find this definition of 'guilt': 'Sense of wrong-doing, as an emotional attitude, generally involving emotional conflict, arising out of real or imagined contravention of moral or social standards, in act or thought.' This clearly describes, not an objective situation, but a subjective, emotional attitude. It should not be a matter either for surprise or reproach that psychologists are concerned with the psychological and subjective results of wrong-doing, whether real or supposed; but perhaps a good deal of misunderstanding could have been avoided had they consistently spoken of a 'guilt-sense' rather

than of plain 'guilt'. They can plead with justice that even their most ignorant patients often understand the word precisely as they do, and certainly it must be allowed that in current English it now quite regularly carries this meaning of an emotion-toned sense, real or imaginary, of having done wrong, as well as that of an objective situation of culpability.

These meanings should not be confused; for they are, in certain important respects, not only different but also opposite. The first describes a *malum culpae*—an evil which man does, willingly, or a resultant state of culpability in which he persists, no less willingly. The second, even though it may arise from the first, describes a *malum poenae*—a suffering, an evil which man *undergoes*, even contrary to his will and desires. However much they may in fact be intertwined, however much the guilt-sense may be the natural consequence of a real fault, the two meanings are quite distinct, and from the point of view of voluntariness, precisely opposed.¹

But matters are still further complicated both by the psychotherapist and the clergyman. Each has 'fields of association' which may further separate one from the other, and may extend the meaning which each attributes to the word 'guilt' beyond that of their respective dictionaries. The psychologist, and especially the psychiatrist and the psychotherapist, will be little occupied even with the *sense* of guilt as long as this is nothing more than a realistic consciousness of having committed an undoubted wrong, even when this consciousness is more or less heavily accompanied by regret or any other fitting emotion. But this is just the sort of guilt-sense which principally occupies the attention of the theologian and the pastor, and especially the confessor, when he talks (for instance) of repentance or contrition. A sense of guilt will, on the other

¹ For this distinction, see the present writer's 'The Analyst and the Confessor' in *God and the Unconscious* (Harvill Press), pp. 165ff. Also 'The Genesis of Guilt', by Thomas Gilby, O.P. (*International Conference on Medical Psychotherapy*, MP, 1/1), especially p. 5.

hand, seldom claim the attention of the psychologist unless it is in some way obsessive, inhibiting or otherwise morbid; and this he will usually find to mean that some factor in its genesis or composition—or anyway in its resolution—is at least partly unconscious. A psychologist will, moreover, not always assume that a sense of guilt must necessarily be traced back to some real, or even supposed, misdemeanour on the part of the subject: he will have discovered that a 'collective, inherited or introjected guilt-sense' are very powerful psychological realities. In this he may expect more understanding from the theologian than from the lawyer or the purely rational and individualistic moralist. For the theologian also knows of a 'guilt' which arises from no personal 'offence' committed by its subject. There is an 'original sin' whose guilt the individual inherits, but which he did not personally commit. Theologians differ in their attempts to explain how this comes about; but in the Old Testament there was already the experience that 'I was shapen in wickedness, and in sin hath my mother conceived me' (Ps. 50(51).5); and the inheritance of guilt from Adam becomes clearly taught in the Epistle to the Romans. Dogmatic formulas have indeed had less to say about 'solidarity in sin' and the individual's sense of sharing in the crimes of his family, group, nation or of the human race generally, even when he personally had no share in committing them. But the *corpus malorum* was well known to the Church Fathers and schoolmen, and the phenomenon of a sense of 'collective guilt' is one with which the pastor of today is increasingly confronted.

But the psychologist also extends his meaning of 'guilt' in ways very perplexing to the uninitiated. Freud goes so far as to write of 'a sense of guilt or consciousness of guilt' which is so called 'in disregard of the fact that the patient does not feel it and is not aware of it'.¹ A sense which is not felt, a consciousness which is not conscious, may well seem to the inexperienced

¹ Sigmund Freud, *Outline of Psycho-Analysis* (Hogarth Press), p. 55.

* reader—whether or not he be a theologian—the height of paradox. But Freud's words express the undoubted fact that psychological analysis often shows that the 'need to be ill', the whole neurotic structure, is a disguise or substitute for a sense of wrong-doing which the patient is unable or unwilling to acknowledge. The psychologist is familiar with the fact that a profound and unconscious sense of guilt may manifest itself in consciousness and behaviour as its very opposite—as an aggressive self-righteousness, as a projection upon others in constant fault-finding and moral censoriousness. A morbid sense of guilt may show itself not only in self-reproachful depression but no less in manic aggressiveness. Nor is this surprising once the tendency of unassimilated unconscious contents to be projected is understood.

This extension of the word 'guilt' and even a 'guilt-sense' to cover even unconscious processes has brought it about that they have been given an amplitude in psychological circles which they could never have either in courts of law or in the confessional. In conversation, if not also in their technical textbooks, psychologists may be found to speak of guilt, not only when they mean an emotion-toned sense of having done wrong, but also for almost any sense of inadequacy in a particular situation or for a sense of failure in meeting the demands of life generally, or for an inability to live up to certain ideals, however unrealistic and impractical. They will, as we have seen, on grounds of solid experience, speak of 'guilt' even when the subject and his more superficial acquaintances suspect nothing of the sort.

But when the theologian and the psychologist have sorted out the meanings and associations which the word 'guilt' respectively have for them, their task of mutual understanding and collaboration has not ended; it has only begun. Possibilities of serious misunderstandings may have been removed: but they should not conclude that they are each concerned with

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two totally different fields. For, unlike the juryman or the lawyer (and perhaps unlike the moralist also), the theologian, the pastor or the preacher is also very much concerned with the subjective and psychological sense of guilt. Indeed, it may be said that without such a sense, Christian faith and practice, the whole gospel message of salvation and the rites of the Church, would be completely meaningless. A comprehensive coverage of the whole subject is not possible in this brief essay; but some points of contact, where the interests of the psychologist and the theologian may converge, may not be entirely valueless.

SOME MATTERS OF FACT

For thorough treatment of the causation and constitution of the guilt-sense the reader must be referred to the psychological textbooks. He must be prepared to find that the various authors are inclined to account for the guilt-sense exclusively in the terminology and categories of their respective schools: Freudians in terms of the conflict between the super-ego and the id, Adlerians in those of the will to power, the inferiority complex, etc. Some would simplify the issue to the conflict between 'moral man and immoral society', while others focus attention on the amoral instincts of the individual as against the moral demands of society. More introvertedly orientated psychologies will tend to envisage the guilt-sense as arising wholly from the inner demands of individual psychological growth as against the demoralizing and collective influences of external environment; while more extroverted psychologies will look for it rather in failures of environmental adaptation. The latter (which still seem to represent the prevailing tendency) are rather particularly liable to miss the guilt-problems of Christians who have taken to heart the injunction to 'be not conformed to this world, but be transformed by the renewing of your mind' (Rom. 12.2).

The experienced analyst will find each of these conceptions to be useful working hypotheses which may or may not be of service in elucidating particular cases; but he will know them to be dangerous if used as *a priori* categories into which particular cases must willy-nilly be forced. Experience suggests that in no two cases are the origin and constitution of a morbid guilt-sense exactly alike. For our present purposes it may be better to avoid any general theory of the guilt-sense and, in the broadest possible terms, hazard the non-technical platitude that it will commonly be found to consist in the subject's sense of the irreconcilable disparity of what he supposes he *ought* to be (or do) with what he supposes he really is (or does). We find this expressed in its most elemental form in St Paul's 'the good that I would, I do not: but the evil which I would not, that I do. . . . O wretched man that I am, who shall deliver me from the body of this death?' (Rom. 7.20, 24.) The whole chapter should be read, for it draws startling attention to the manner in which the very light and perfection, as well as the severity, of a moral law engenders its opposite in an acute sense of failure and sin, in a vivid realization of the disparity between the reality and the ideal. St Paul himself insists that the problem is not to be solved by any minimizing or repression of the sense of guilt, nor can it be realistically projected on to others: 'You have no excuse, O man, whoever you are, when you judge another; for in passing judgment upon him you condemn yourself, because you who judge are doing the very same things' (Rom. 2.1). On the contrary the awareness of the conflict is to be heightened to the utmost. 'All men are under the power of sin' (Rom. 3.9); 'through the law comes knowledge of sin' (*ibid.*, 20). 'Law came in to increase the trespass' (Rom. 5.20). But 'where sin abounded, grace much more abounded' (*ibid.*). For the reconciliation between the evil that is and the good that ought to be is, for St Paul, to be found only in the merciful forgiveness of God shown 'in the free gift of righteousness through the one man Jesus Christ' (Rom. 5.17).

But disobedience to recognized, formulated law and moral patterns is by no means the only constitutive of the guilt-sense as it is observed in the psychologist's consulting-room. The factors which may enter into it are countless. The most familiar are those labelled as 'narcissism': an emotion-toned moral idealism which has perhaps been introjected from parents or teachers, but which, being largely unconscious, makes failure to live up to its demands intolerable. It is a common factor in that form of anxiety-neurosis which is known to confessors as 'scruples'. A young woman who had been for long a great affliction to herself and her confessors with her scrupulosity, dreamed she was in a barren, mountainous region, bathed in white light, and surrounded with stars. Associations led her to the realization that the scene of her dream was the moon; this in turn led to Murillo's picture of the Immaculate Conception; the 'woman clothed with the sun, with the moon under her feet, and surrounded with twelve stars'. Her inability to accept her own guilt was shown to be due to her own secret belief (introjected in part from her sentimentalizing mentors) in her own immaculate conception.¹ Matters cannot, however, always be reduced to any such one simple factor. The obsession of the scrupulous with their peccadilloes often proves to be an unconscious screen for a guiltiness of a much more rational and realistic character: as an experienced confessor once remarked, 'it is not their supposed vices but their supposed virtues which really stink'. But it is just of these that they are unconscious; and it is just here that depth-analysis can be of real assistance

¹ This may illustrate how dogma should function (but here did not) as what Jung calls the determination and safeguarding of the archetype. According to the dogma, an immaculate conception is the unique privilege of the Blessed Virgin alone; but it corresponds to a universal ideal or archetype of stainless perfection. The function of the dogma *should be* to prevent its projection upon favourite children by parents and teachers, as well as its introjection by the children themselves. Analysis often shows the strength of the 'paradise archetype', inculcated in childhood, in inhibiting an adult sense of responsibility and consequent guilt.

to them in revealing the truth about themselves and 'breaking down resistance to its recognition.

But the theologian and the confessor need to learn from the psychologist that it is not always conscious misdemeanours against recognized moral standards that engender the morbid sense of guilt. Indeed it may be said that conscious and deliberate flouting of accepted behaviour-patterns—'honest-to-God sins'—seldom result in pathological symptoms. The 'grave matter, full knowledge and full consent', which are the confessor's criterion in assessing 'mortal sin', seldom lead to the psychologist's consulting room. Far more often it is rather a lack of clear-eyed moral decision, weak, shady compromises, self-deception or self-justification in pursuing dubious projects, evasions of moral issues, that prove to underlie an obsessive sense of guilt. Indeed, it may happen that while external non-conformity with accepted morality brings no accompanying moral anxiety, external conformity with it may bring a serious breakdown with strong guilt-sense. We know of a young woman who had lived for some time with a married man, fully aware that what she was doing was morally wrong in the eyes of her Church and her parents, but with no psychopathological symptoms. Her parents came to hear of the liaison, brought strong pressure upon her to break it up, succeeded in doing so and in bringing her home to the parental roof. At once, obsessive guilt took hold of her, and she became quite incapacitated for life. Her sense of guilt was clearly to be attributed, not to her having lived with her lover, but to her having left him and submitted weakly to parental pressure and allowing herself to accept externally the parents' moral judgment in spite of her own convictions. Whatever the objective standards of right and wrong, she had 'sinned psychologically' into an infantile regression to dependence on the parents, in which she felt she had abdicated her adult autonomy and responsibilities. But we should note that here also the 'psychological sin' of infantile regression

was unconscious. The moral issue was shelved; the regression was unconscious, and disguised as the virtue of parental obedience.

This idea of 'unconscious sin' is often a difficult one for the moral theologian to grasp. Especially if he has been brought up in the traditions of post-Reformation Catholicism, he may find it particularly hard to square with his correct notions that mortal sin must be voluntary, performed with full knowledge and full consent. But it is a fact that the psyche is much less indulgent to unconscious breaches of its own laws and demands (which also are an expression of the 'eternal law' of God) than is the instructed confessor; it will revenge itself for their disregard no less than will the stomach for the consumption of indigestible foodstuffs, whether that consumption be conscious and deliberate or ignorant and compelled. For the psyche has its own pattern and laws of origin and growth, of functional compensation and order, which cannot long be flouted without producing psychopathological symptoms, of which the guilt-sense is the most common. It is at this point that traditional moral theology and psychology are most likely to misunderstand one another. But it is a fact, which the theologian should realize, that unconscious faults against the integrity of the psyche are more likely to produce the guilt-sense which concerns the psychologist than the conscious faults which are the primary concern of the confessor. This should not be surprising; nor should such 'guilt' be regarded as invariably delusional, unreal and irrational—as some theologians and even psychiatrists would have us suppose.¹ The deliberate sinner, who acts with 'full knowledge and full consent' is at least acting as a human being; to act otherwise, as an automaton under the pressure of projections and introjections, and without consciousness and responsibility, is to act infra-humanly; and, according to St Thomas Aquinas himself, so to

¹ cf. Vanderveldt and Odenwald, *Psychiatry and Catholicism* (McGraw Hill), pp. 187, 188.

act is rightly felt as particularly shameful.¹ It is perhaps unfortunate that this has not been emphasized in latter-day moral theology. It is true that only deliberate choice can separate us from the grace of God and bring about the final loss of God: and it is true that only such deliberate sin is 'necessary matter' for the sacrament of penance. But emphasis on this can too easily blind us to the full reality of sin, which, according to Aquinas and the older theologians, may occur not only from the informed consent of the will, but also when intelligence and will should intervene but do not do so.² The exclusive

¹ Much that the modern psychologist knows as 'guilt', Aquinas—and the ancients generally—knew as 'shame' (*verecundia*). This he described as a kind of emotion (*passio*), more specifically as a kind of dread (*timor*). In common with other forms of dread, its symptoms (*effectus*) are an emotional, and sometimes a physical, oppression or constriction (*facit contractionem*), inhibition of activity (*impedit operationem*), sometimes accompanied by somatic phenomena, such as trembling, coldness of the extremities, incontinence of urine and semen (*interdum solutio ventris et urinæ emissio et quandoque etiam seminis*): see *Summa Theologica*, I-II. 44 *passim*. All forms of dread were said to presuppose the love of something whose loss was feared (*ibid.*, 43); their intensity increases the more their object is perceived as surprising or sudden (*insolitum et repentinum*), the more they tend to become chronic (*diuturnitas vel etiam perpetuitas magis videntur facere ad augmentum mali*) and no remedy presents itself (*ibid.*, 42). More precisely, *verecundia* was understood to be a dread arising from having already done something disgusting (*de turpi iam facto*), especially in so far as it is offensive to self-esteem (*laedit opinionem*: *ibid.*, 41, 4). Unlike contrition, it is not concerned with the sinfulness of sin, in the moral or theological sense, but with the disgusting and humiliating characteristics which accompany certain sins, even though these be not intrinsically the more serious (II-II. 106. 2 *ad 2 et 3*). What is felt by human beings as more disgusting and humiliating is, all other things being equal, what is more remote from specifically human and rational behaviour, 'for the splendour of being human arises from rationality' (*Decor hominis est ex ratione*: *ibid.*). Hence sexual aberrations are felt to be particularly shameful, and the more so the less reason and will have intervened, though less carnal sins are in themselves more serious (*turpiora sunt peccata carnalia, quibus caro dominatur rationi, quamvis peccata spiritualia sint graviora quia procedunt ex maiori contemptu*: II-II. 106. 2 *ad 3*). It is for this reason that *verecundia*, though of itself neither a virtue nor a vice, is morally ambivalent in its results: it can both prevent and disguise genuine culpability (*cessat et celat culpam*).

² *Summa Theologica*, I-II. 74. 3, etc.

emphasis of later theologians on 'full knowledge and consent' can have the unfortunate result of putting a certain premium on unconsciousness, irresponsibility and infantilism.

But the theologian should not be surprised that the psychologist, on the contrary, is more preoccupied with 'unconscious sin': for it is precisely this and its devastating results that more often come under his observation. It is doubtless for this reason that Jung is so fond of quoting the saying attributed to Christ in the Codex Bezae of St Luke's Gospel: 'If thou knowest what thou art doing thou art blest; but if thou knowest not what thou art doing thou art accursed.' It contrasts strikingly with John 9.41: 'If you were blind you would have no guilt; but now that you say, "We see," your guilt remaineth.' But the contradiction is only apparent. The coming of Christ, the revelation of perfect humanity and full moral consciousness, renders 'ignorant innocence' itself particularly shameful.

But it should not be supposed that the guilt-sense is always traceable to unrealistic idealism on the one hand, or to actual personal misdemeanours, conscious or unconscious, on the other. Jung has rendered a great service in pointing out the role of collective, inherited or other archetypal factors in the genesis of the sense of moral evil. We have already suggested how the archetypal figures of immaculate conception or paradisaical bliss, irresponsibility and innocence, can become identified with the individual ego, and conflict with its experience of the facts of responsible, sin-laden life. The archetype of the 'self'—of integrated human personality—can, more or less unconsciously, produce severe tensions with the ego's self-consciousness. The evidence appears strong that this archetype of completeness and perfection is powerfully operative in us all, and can act as a 'categorical imperative' which produces by contrast an intense sense of guilt in the very incomplete and imperfect ego. Its demands are by no means purely regressive; it cannot be contained in any one attitude or function. The

traditional *mythos* and dogma kept these archetypes in their place; they insisted that an angel with a flaming sword forbids any return to Eden, that human perfection or completeness is not to be realized in this vale of tears, that the human *telos* awaits us only in a life to come. But where the *mythos* and the dogma have been forgotten or ignored, the ego may easily be overwhelmed with these archetypes, and, becoming identified with them, unable to come to conscious terms with them, or reconcile their tension with life as actually experienced and lived.

A word should perhaps be added about the 'existential anxiety' of which much has been made by the Austrian 'existential analysts' in recent years. Its importance in psychopathology has perhaps been greatly exaggerated; the idea that 'pathological anxiety' is always a substitute for, or an evasion of, the dread and solitude involved in awareness of individual existence may itself become an evasion of the hard work demanded by discovering the causes and cures of pathological anxiety and guilt in the concrete. But, in the sense in which the later schoolmen could call finite existence itself—implying as it does the privation of infinite existence—a 'metaphysical evil', consciousness of one's individual existence (and consciousness is always individual) may well give rise to an anxiety akin to that for real or supposed moral evil. In this sense, Kierkegaard was profoundly right when he wrote: 'With every increase in the degree of consciousness, and in proportion to that increase, the intensity of despair increases. This is everywhere to be seen, most clearly in the maximum and minimum of despair.'¹ The fact was well known to the mystics in their introverted attempts to enter into mystical union with God. Having withdrawn himself from all awareness of external objects, and even of himself, the author of the medieval work, *The Cloud of Unknowing*, finds himself 'all forsobbed and forsaken in sorrow. This is true sorrow; this is perfect sorrow. . . .

¹ *Sickness unto Death.*

GUILT, THEOLOGICAL AND PSYCHOLOGICAL

All men have matter of sorrow; but most especially he feeleth matter of sorrow that knoweth and feeleth that he *is*. All other sorrows in comparison with this be but as it were game to earnest. For he may make sorrow earnestly that knoweth and feeleth not only what he is, but *that* he is.¹ That unconsciousness is, at least in some measure, a repression or evasion of full consciousness is indeed presupposed in psychoanalysis and depth-psychology generally; Freud's critique of religion consists mainly in regarding it as a phantasy-substitute for consciousness of the reality of our helplessness and solitude in an unfriendly or unconscious universe. It would perhaps be well if psychologists were to acknowledge frankly that in the very fact of making us more conscious they may increase rather than decrease the 'intensity of despair'; that in introducing us to greater knowledge of what we are, they are likely to bring to us the greater sorrow of awareness *that* we are. There is reason to suppose that the secret dread of such consciousness is not the least source of resistance to becoming conscious in analysis, and it cannot be left out of account. The 'fear of freedom' is, as Fromm has shown, a potent source of resistance to advance in consciousness; the discovery of oneself as 'projected' into existence in a hostile, unconscious and godless universe is indeed a fearsome undertaking. The theologian and the philosopher may counter that such a consciousness is itself an illusion, an abstraction from the total situation in which man finds himself as the child of a loving God and a brother of his fellow-men. But it would seem that psychology alone² has no resources with which to overcome the inevitable resistance to its own programme of enlarging consciousness. It can no more eliminate 'metaphysical evil' than it can forgive personal or inherited guilt. It can increase awareness, but not eliminate all

¹ *The Cloud of Unknowing*, Chapter 44.

² We speak of psychology as a science or technique; we can set no *a priori* limits to the possibilities (under the grace of God) of the unconscious depths and heights of the psyche.

CHRISTIAN ESSAYS IN PSYCHIATRY

anxiety, or annihilate all rational and realistic grounds for anxiety. In increasing self-awareness it may well add to awareness of the individual's predicament; though also of available resources to deal with it.

CHRISTIANITY AND GUILT

Psychologists will be found to differ widely, superficially at least, in their correlation of Christianity and guilt. It should not be altogether surprising that psychiatrists and therapists who have had to wrestle with the agonies of guilt-sense suffered by patients with a narrow and repressive religious upbringing are inclined to take a pessimistic view; though analysis often reveals deep emotional disturbances which have no religious origin, but have been merely transferred to religion. It must, however, be recognized that faulty, one-sided or ill-timed religious teaching can be a real factor in obsessive guilt. A theologian may contend that the bizarre ideas of some Protestant sectaries, 'scrupulous' Catholics and other-worldly idealists have no just title to the name of authentic and integral Christianity. But such is the *de facto*, the psychologically *real*, Christianity which psychologists commonly meet in the consulting room; and it would be rash to suppose that patients have always gravely distorted what they have been told by their accredited pastors and masters.¹ Empirical psychologists will naturally form their estimate of the psychological effects of Christianity from the concrete Christianity which they encounter in their patients, not from the refined versions they may find in the writings of theologians and mystics. If there is a wide disparity between them, the blame is not to be laid at the door of the psychologists, nor, usually, of the patients.

¹ See Gallus Jud, *Zur Psychologie der Skrupulanten* (Freiburg, Switzerland).

GUILT, THEOLOGICAL AND PSYCHOLOGICAL

But the eminent pastor-psycho-analyst, Oscar Pfister, has argued that Christianity has 'reduced' the sense of guilt;¹ and by methods similar to those employed by psychoanalysis. It is possible to object that his conception of psychotherapy is dogmatically and exclusively Freudian, and that his conception of Christianity is that of the enlightened, educated liberal rather than that of the ordinary Christian of any denomination, or of most orthodox Catholic or Evangelical theologians. But the parallels he draws are impressive. S. J. F. Philpott² also has argued for Christianity's 'reduction' of guilt from the orthodox Freudian standpoint. 'Putting together the ideas of Freud and Philpott on this subject', observes Flugel, 'we may say that Moses had himself forbidden the only effective means of atoning for his own murder and hence condemned his people to an unrelieved tension of their guilt, which found unsatisfactory expression in endless petty restrictions and observances. Christianity relieved the tension by consummating the sacrifice, at the same time indicating that this was the will of the Father.'³ Pfister contends that Christianity also (although less

¹ O. Pfister, *Neutestamentliche Seelsorge und Psychoanalytische Therapie* (Imago Press, 1934). A good critical summary will be found in Flugel, *Man, Morals and Society* (Duckworth), pp. 272 ff.

² 'Unconscious Mechanisms in Religion', *British Journal of Medical Psychology*, p. 142, quoted and critically appraised by Flugel, *op. et loc. cit.*

³ It is significant that Freud, notwithstanding his 'repression' theory of the unconscious, came quite early to postulate a phylogenesis as well as an ontogenesis of psychological 'guilt'—an 'original sin' whose guilt the individual inherits. It need hardly be said that there is no Scriptural or historic warrant for the myth of the murder of Moses whereby he accounts for the guilt-sense of the Jewish race; but this postulate of the murderer of the Lawgiver may not unreasonably be interpreted as a symbolic expression of disobedience to the Mosaic Law. Freud's myth of a primeval parricide, in which the brothers slew the Father, usurped his power and took his wives, may be read as a weird secularization of the Genesis story. For here the collective Man (Adam) indeed slays his Father, in the sense that he kills the divine life of the God within him, usurps his power ('ye shall be as God') and takes possession of his own soul—the *anima* which God has made to be his companion.

satisfactorily) introduced a 'kindlier, more tolerant mother-imago' in the shape at least of a 'left-wing pattern of matriarchal brotherhood movements'.

For once, in passing from Freud to Jung, we seem to pass from myth and phantasy to plain common sense when we read the latter on the subject. In his later works since *Psychology and Alchemy*, and especially in his *Aion* and *Answer to Job*, Jung has made it his special business to point out that, on the contrary, Christianity has immensely intensified Western man's sense of moral evil, and with it his sense of guilt. The enormous advance which Christ's teaching marks in moral consciousness and obligation produces its own intense shadow; the psychological law of enantiodromia ensures that, as the New Testament itself foretold, the coming of Christ heralds the reign of Antichrist. This view is, however less agreeable, the more realistic: it is more satisfactory in explaining the dilemmas of the post-Christian world and the more conformable to an unprejudiced reading of the New Testament itself. We have already seen how St Paul, so far from belittling man's guilt, does his utmost to intensify his awareness of his wrong-doing and wrong-being. But the like approach will be found in the Gospels and in the New Testament writers generally. The Johannine writings are particularly emphatic that the coming of Christ, his life, death and teaching, involve by way of contrast, an immense intensification of the consciousness of sin: 'If I had not come and spoken to them, they would not have sin: but now they have no excuse for their sin . . . If I had not done among them the works which no one else did, they would not have sin' (John 15.22, 24). The especial task of the 'Comforter' is, paradoxically enough, 'to convince the world of sin' (John 16.8). This is so because he is the 'Spirit of Truth', and 'If we say we have no sin, we deceive ourselves and the truth is not in us . . . we make him [God] a liar' (I John 1.8, 10). The divine standard for human living is revealed in Christ's rightness: and only in the recognition of our wrongness does his

saving work become meaningful. According to the Gospels, his anger was shown on none so much as on those who relied on their own good deeds and accounted themselves as righteous.

But the contradiction between Jung's view of Christianity's effects in increasing the problem of human guilt, and that of Pfister and Philpott as 'reducing' it, is perhaps only apparent. The former concentrates on the immediate psychological effects of Christianity in arousing the problem of moral evil in its most acute and chronic form; the latter are more concerned with its end-result, in the overcoming of guilt by love and sacrifice. Jung too recognizes that Christianity not only brought the problem into conscious focus, but also provided for believing and practising Christians the 'reconciling symbols' whereby the tension is transcended. Depth-psychologists generally will recognize that guilt must not, initially, be belittled or repressed, but on the contrary be brought into the fullest possible consciousness. But Jung is surely right in attributing the epidemic guilt-sense of our times to the fact that, while the person of Christ remains the 'culture-hero' of Western man, and Christian ethics and deals are theoretically and emotionally retained, faith in the living symbols of the 'God in Christ reconciling the world to himself' (II Cor. 5.19), and in the Church's 'ministry of reconciliation' (*ibid.*, 18) have been widely lost. Theologians will agree that while the 'intolerable burdens' of the Old Law, of which St Peter and St Paul complained, were humanly difficult, the life of grace and love required in the New Law is humanly quite impossible without the special help of God imparted through Christ. It is doubtless for this reason that Pharisaism still holds its powerful attraction, even for the devout. The exact and meticulous regulations of Leviticus, or the punctilious observance of casuistical and ritualistic 'traditions of men' (Matt. 15.2) can (as every psychopathologist knows) be a welcome substitute for the Sermon on the Mount, Christlike charity and adult responsibility.

In conclusion, we may recall briefly how the Christian Church has dealt with the guilt problems which her Lord and she herself have activated; the resources which she still offers for their understanding and solution.

The Church's teaching has consistently inculcated the need for the *consciousness* of guilt; and this, not only in the general terms already described, but also in encouraging the maximum of awareness of our personal sins and evil inclinations in particular. This acknowledgement or consciousness of sins (the New Testament word is 'homologesis', and implies both consciousness and assent to the facts of our sinfulness) is proclaimed as the very condition of forgiveness and the removal of the guilt: 'If we acknowledge our sins, God is faithful and just to forgive us our sins and cleanse us from all unrighteousness' (I John 1.9). The Catholic Church has consistently required that this acknowledgement should be particularized and specific: a mere generalized recognition that we are sinners, without acknowledgement of the manner and motives of our sinning is insufficient. Aquinas explains this necessity by pointing out that repentance and conversion (*metanoia*—change of mind) imply not only a turning to God, but also a turning *from* the actual state in which we are.¹ Without a realistic recognition of the latter, the turning to God will be equally unrealistic, a vague and indeterminate wish or phantasy which will be quite ineffective. The Church has also insisted that this conscious recognition in our minds is not sufficient: secrecy as well as unconsciousness renders the guilt-sense poisonous and deleterious to spiritual health. Hence, from the earliest times, we find the requirement to 'confess your sins to one another . . . that you may be healed' (Jas. 5.16). Just because the Church is the fellowship of believers, it is the fellowship of sinners, and, what is more important, of those who know they are sinners. For faith itself inculcates that the full acknowledgement of personal sins is the precondition of forgiveness, healing and atonement.

¹ *Summa Theologica*, III. 85. 2, etc.

But this acknowledgement, important as it is as a preventive of unconscious, secretive, and hence neurotic, guilt, is not an end in itself. While the sinner must assent to the facts of his sinfulness this is only with a view to changing his attitude (*metanoia*) towards them, a step to contrition or repentance, which in turn brings about divine forgiveness. This contrition or repentance is the very reverse of obsessive remorse.¹ It is not the product of a 'false love unto oneself', but a God-given response to God's love shown in Christ and imparted by his Spirit. The mature Christian, just because he fully acknowledges his guiltiness, is preserved from narcissism and the fascination of ego-idealization. He is also preserved from the liability to project his 'shadow' side, and he is made to understand that avoidance of this also is the condition of divine forgiveness:

Forgive us our trespasses, as we forgive them that trespass against us. . . . For if you forgive men their trespasses, your heavenly Father will forgive you; but if you do not forgive men their trespasses neither will your Father forgive you your trespasses. . . . Judge not, and you shall not be judged. (Matt. 6.12, 14, 15, 7.1-5.)

We may also note how the Church's teaching keeps distinct, in the consciousness of her members, these personal sins from inherited and original guilt, thus safeguarding her members from that confusion of archetypal and collective factors with personal guilt and responsibility which, as we have seen, can be a serious ingredient in neurotic anxiety. Baptism, she teaches, remits the guiltiness of original sin, and restores the recipient to divine grace; but the disorder of desires which is the result of original sin remains. The way of forgiveness, reconciliation and reintegration lies for the Christian, not in any fantastic escape to original innocence and irresponsibility, but, together with Christ, in the full acceptance of sin's consequences.

¹ *Summa Theologica*, III. 85. 1 and 2.

A whole book might be written in examining in detail the Church's ritual, from the ceremonies of salting and oiling which in the ancient Catholic rites, precede baptism, to the last unction and the 'commendation of a departing soul', and show how they are all concerned in various ways with treating of human guilt, both in the theologian's and the psychologist's sense of the word. But it must suffice us here to recall in conclusion how clearly this teaching of the ritual recognizes that, as Shakespeare puts it:

*... no man well of such a salve can speak
That heals the wound and cures not the disgrace.*
(Sonnet 34.)

The acceptance of free and gracious forgiveness is not enough to relieve us of the sense of guilt: it must be paid for. The need to atone for real or supposed guilt is endemic in human nature: the sacrifice of the Cross, which the Church re-presents daily in the celebration of the Eucharist, meets a deep emotional as well as a rational need, without which full atonement is impossible. In returning the sacrificed victim as divine food and drink for the faithful, the Church offers them daily the only life and power which is adequate to deal with that sense of guilt, anxiety and frustration which is the price of a mature sense of human responsibility before God and neighbour.

X

RELIGIOUS SYMPTOMS IN MENTAL DISEASES

DENIS V. MARTIN

MUCH has been written in other chapters of this volume to demonstrate the influence that personal relationships have upon the emotional development of the individual throughout his progress from infancy to adult maturity. It has been shown that the most important influence is that of the parents, or parent substitutes, in the early years of the life of the child. Where these relationships are unsatisfactory, the full and free development of the emotional life, and of adult attitudes, may be seriously arrested, or distorted, with impairment of the capacity for a truly mature religious experience. In this way an individual brought up by a harsh, strict father may have great difficulty in accepting the love and forgiveness of God, being driven by a compulsive need to appease the angry father. Again, abnormal dependence upon the mother may determine the relatively common tendency to use the fellowship of the Church as a way of escape from the hard tasks and duties of life. In many ways a knowledge and experience of the light that modern psychiatry throws upon the problems of emotional development and personal relationships can help us, not only more clearly to understand religious development, but also to guide those who have religious problems. It is not intended to consider this aspect of the psychopathology of religion further in this chapter, but rather to say something of those more bizarre religious manifestations which are less easily understood in terms of emotional development, and

which are more commonly associated with severe mental disorder.

The religious problems associated with the neuroses are, on the whole, different only in degree from those of the average stable personality. When, however, we consider the psychoses we at once encounter religious expressions and experiences which often seem to have little relationship with normal experience. These phenomena are relatively rare, but they are important for three reasons. First, they are spectacular, attract attention and are not uncommonly cited in an attempt to reduce all religious experience to the level of mental pathology. Secondly, since they most commonly occur in a setting of mental illness, relatives and friends of the patient may have genuine anxieties regarding the way in which the psychiatrist views them and attempts to treat them. Thirdly, wrong management of these problems may have serious results, of which suicide is the most important.

In order to assess these more unusual religious phenomena, it is necessary first to define the term 'psychosis' in a simple form which will provide a working formula for those who have no expert knowledge of mental disease. Whilst there is no clear dividing line between neurotic and psychotic illness, nevertheless clinically there are certain basic criteria required before a diagnosis of psychosis is made. There are many different types of psychosis, but it is only necessary here to note two main classes into which they are divided, namely organic and functional. In the organic group there is some demonstrable physical disease such as hardening of the arteries, a tumour of the brain or some physical poison, constituting the main cause of the illness. In the functional group, which includes such conditions as schizophrenia and states of depression and elation, no physical cause has yet been demonstrated, either during life, or *post mortem*.

Four main characteristics of the psychoses will be considered here.

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THE PATIENT IS OUT OF TOUCH WITH THE OUTSIDE WORLD

The extent to which the patient is out of touch varies greatly even within the same diagnostic group. A patient suffering from the form of psychosis known as paranoia may believe that his wife is plotting to poison him. On this one point he will be entirely beyond the reach of reason, persuasion and logic. In all other matters he may be perfectly reasonable and unless the subject of his delusion is raised, the untrained observer would certainly never suspect that he was mentally ill. In another form of schizophrenia the patient may have many delusions, perform all sorts of absurd actions in response to 'voices' that he hears, and be quite incapable of holding a rational conversation for five minutes at a time. Indeed, he may be so withdrawn into his own world of phantasy that he does not respond to other people at all.

THE PATIENT HAS NO INSIGHT INTO HIS CONDITION

The neurotic patient suffering from an obsessional illness which compels him to turn round three times before he gets into bed, might well seem to be insane, but he realizes the absurdity of his action by all normal standards, is very distressed by it and regards it as a condition for which he needs treatment. Things are very different with the psychotic patient; as a rule he does not consider that he is ill; he feels that his actions are the only reasonable ones under the circumstances, and he often resists all efforts to help him.

THERE IS A CHANGE IN OR EXAGGERATION OF THE NORMAL PERSONALITY

Particularly in the organic psychoses, the first thing that the

relatives may notice is that the patient is gradually changing from a well-mannered, considerate and conscientious man into one who neglects his appearance, is argumentative and unreasonable, forgets his table manners and lets his friends down. In the functional psychoses, the change is more often an exaggeration, or caricature, of the normal personality. Thus someone who has always had a rather pessimistic outlook may respond to some relatively minor disaster with an attack of depression in which he is suicidal, loses weight, refuses food and blames himself personally for the chaotic state of politics. This is the picture of psychotic depression. In the case of schizophrenia, a rather shy, reserved person withdraws more and more into his day dreams until he becomes completely absorbed in them.

THE DEVELOPMENT OF SECONDARY SYMPTOMS IS USUAL

Under the heading of secondary symptoms are included delusions and hallucinations. These are referred to as secondary symptoms because psychoses can occur without them, but in greater or lesser degree they usually appear in the majority of such conditions. A delusion is a belief that has no basis in fact, that cannot be corrected by an appeal to the reason of the person entertaining it, and that is out of harmony with the individual's education and surroundings. It is necessary to be very careful in the evaluation of delusions. Clearly, if a humble labouring man believes himself to be the prime minister we have no difficulty in naming this belief a delusion. If, however, a man about whose family life we know little states that his wife is being unfaithful to him, great care is necessary in enquiring into the facts before we can call this a delusion. Hallucinations are sensory experiences occurring without external stimulus. Thus a man may declare that he hears the voice of the King commanding him to refuse to

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work. Hallucinations may occur in connection with any of the senses, auditory and visual hallucinations being the most common.

It is unnecessary to enlarge further on the nature of the psychoses except to state that whilst we know little of the fundamental cause of the functional psychoses, there is strong evidence that many factors are involved, of which heredity, basic constitution and environmental pressures are probably the most important.

This outline of the nature of the psychoses has been given because, from the psychiatric point of view, in order to evaluate the religious experiences with which the rest of this chapter is concerned, it is necessary to know whether they occur in a setting of average normal personality, or of mental illness. The facts already stated regarding the psychoses are intended to demonstrate that, on the whole, mental illness is not just a matter of opinion, but is based upon principles of diagnosis which are reasonably objective, and upon symptoms readily recognizable by the trained observer, even though the pathology may not be demonstrable by laboratory tests, as is the case with much physical disease.

Patients suffering from the psychoses are often preoccupied with religious thoughts and ideas and, indeed, these may dominate the clinical picture. This fact is in no way surprising, since it is known that the content of the patient's thought in psychotic illness is closely related to the previous personality of the patient. If, therefore, religion played any considerable part in the experience of the patient before he became ill, then it is to be expected that a religious colouring will enter into the psychosis. Furthermore, since in psychotic illness the mental processes are disordered, it is to be expected that a previously normal religious experience will be expressed in a disordered way in the illness. This is in no way peculiar to religious experience, but applies to any aspect of the individual's previous experience and thought, the more so if it

concerns a subject about which he has thought and felt deeply. Perhaps the clearest example of how ignorance of these facts can lead to popular misconceptions in the lay mind is the common belief that there is a specific mental illness known as 'religious mania'. It is sometimes thought that this condition is caused by over-indulgence in religious practices. The psychiatrist does not recognize religious mania as a separate illness, but sees it as the form that mania may take in a religious person. Mania is one phase of the illness known as the manic-depressive psychosis, it is thought to be largely an hereditary and constitutional condition, and the fact that it takes a religious form in a religious person is quite incidental to the basic illness. If a keen business man develops mania, his whole talk and thought may be concerned with extravagant business projects, but 'business mania' is never spoken of as a separate illness. Many of the problems concerning the religious ideas expressed in the psychoses can be understood as the disordered expression, as a result of illness, of a previously normal experience. When the patient recovers, his religious life settles down to the normal pattern again, and in many cases he recognizes how abnormal were the experiences and thoughts of his illness.

Turning now to the religious problems of delusions and hallucinations, we may often experience real difficulty in assessing the nature of the phenomena. In the grosser forms of this problem the pathological nature of the experience is so clear that it presents little difficulty. A patient who was normally a devout Christian developed schizophrenia very acutely. He was admitted to hospital with severe lacerations of his head which were the result of thrusting his head forcibly several times through a window which he shattered into pieces. He explained this strange behaviour by saying that the voice of God commanded him to do this for his sins, and he could do no other than obey. Again, there are few psychiatrists who have not dealt with patients who believe that they are God or Christ. These experiences are so grossly abnormal that we

recognize them immediately as the accompaniments of mental disorder and do not feel that they raise a religious problem as such.

Real difficulty arises when the patient makes such a statement as that God has guided him to sell his house, or his business, or claims to have had a vision which differs little in content from some with which we are familiar in the lives of the Saints. There is every reason to believe that normal people have been guided by God to do things which seem absurd to their fellow-men, but subsequent events have established the true nature of this guidance. How is the psychiatrist to assess these experiences in the individual patient? It was to help elucidate this problem that the basic characteristics of a psychosis were presented at the beginning of this chapter. The psychiatrist assesses these border-line experiences from a consideration of the setting within which they appear and from the subsequent course of events. If experiences of the type referred to above occur in a setting of psychotic illness as already described, then the psychiatrist will regard them as symptoms of that illness. It is important to understand clearly that psychotic illness is not diagnosed on the evidence of one isolated and doubtful symptom, but on a well-established and recognizable clinical picture. If, on the other hand, such experiences occur in a setting of average normality, judgment will be reserved until subsequent events make the true position clearer. If the experience is the first isolated symptom of a psychosis, then in the course of time other symptoms will appear and make a diagnosis possible.

The writer recalls a case of this doubtful nature in which a young man brought up in a very evangelical tradition was accustomed to using the phrase 'God spoke to me' to describe any religious guidance or intuition that came to him in the course of his normal devotions. One day he told his parents that he thought God wanted him to move to another town, but he could not be sure whether this was the voice of God or the

voice of the Devil. In the course of a day or two he became very agitated and upset. His parents tried to help him with spiritual counsel but without success. It was not long before he began to develop other signs of schizophrenia and it became clear that he was hallucinated. This example shows how a religious experience within the limits of average normality was gradually altered with the onset of mental illness, and the final diagnosis rested upon the total clinical picture, and not upon the isolated symptom of inability to differentiate between the voice of God and that of the Devil.

There are those who would claim that all religious visions and voices are hallucinatory experiences in the psychotic sense of that term, the production of a disordered mind. All, however, that psychiatry can claim is that such experiences in the setting of mental illness must be regarded as symptoms of the illness. It is not within the sphere of psychiatry to offer an authoritative opinion as to whether or not God may choose to reveal himself through experiences which appear superficially to be psychotic, in people who show no other sign of mental illness. Indeed, we can go further and say that even in those who show all the signs and symptoms of mental disease, the psychiatrist can only state that such experiences form part of his total picture of the mental illness; he is in no way qualified, as psychiatrist, to pass judgment upon their possible religious significance. Jung claims that beyond the personal conscious and unconscious mental life of the individual lies what he terms the collective unconscious, and he certainly sees continuity, if not identity, of this realm with that which the religious man calls the spiritual realm. According to the Jungian view, psychosis can be understood as the overwhelming of the ego by forces issuing in part from the collective unconscious. The experience of those many people who claim that God has revealed himself directly to them through visions or voices has, on account of the subsequent course of their lives, at least as strong a claim to our attention and respect as

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the purely theoretical opinions of the psychiatrist who makes no claim to religious experience. The reasonable course for the average man, who shares the experience of neither of these groups of people, would seem to be to avoid hasty judgments until the whole setting of the experience is known.

There is one particular group of psychotic illnesses which merits special attention in any consideration of the religious problems of the psychoses—namely, the depressive states. This group includes the depressive phase of manic-depressive illness already mentioned, and involutional melancholia, the depression associated with the change of life in women and which also has its counterpart in men. These states of depression differ profoundly from the common moods of depression into which we all fall temporarily from time to time, but which clear up when the cause passes. Psychotic depression is a definite mental illness of a severe kind, which may be fatal since it commonly leads to suicidal attempts. In view of its serious nature, and the fact that it commonly presents a religious symptomatology, it is important that some of the basic facts should be understood.

Briefly stated, the clinical picture of psychotic depression is as follows. The patient is usually obviously depressed and unhappy, he has lost interest in life, he blames himself entirely for his state, he has ideas of unworthiness and is hopeless of recovery. His sleep and appetite are disturbed, and he loses weight. It is commonly in a religious context that the patient expresses two of these characteristic symptoms—namely, ideas of unworthiness and self-blame. Such patients declare that they are the most wicked sinners, and will often be convinced that they have committed the sin against the Holy Ghost. They frequently state that God has given them up to the Devil and that he could not possibly forgive anyone so wicked. No amount of reasoning or persuasion will shake this conviction. Many such patients are constantly preoccupied with such religious ideas to the exclusion of all else.

The majority of cases of psychotic depression respond rapidly to electro-convulsive therapy without any form of psychological treatment, although the latter has an important place during convalescence. Psychological treatment in the acute stages of the condition tends to increase the patient's suffering and the risk of suicide by making him feel more guilty and unworthy than before. The same increase in suffering is likely to occur if attempts are made to help such patients by spiritual counsel. Once again, it is the total setting in which the religious ideas are expressed that leads the psychiatrist to a diagnosis of mental illness and the institution of appropriate treatment.

Another symptom formation which may give rise to difficulties in the religious life is presented by obsessional patients. This is a clear example of how mental illness may show itself in an exaggeration of certain aspects of the normal personality. Patients who develop obsessional symptoms are drawn most commonly from the rather scrupulous, over-conscientious, normal personality type. When the rigid orderliness of their life is upset they become subject to doubts and anxiety. In mental illness, they are a prey to constant doubting over relatively trivial matters, and to rituals which must be scrupulously carried out to avoid anxiety and depression. In the religious sphere, these symptoms may show themselves in the form of constant morbid preoccupation with minor deviations from the ideal of Christian behaviour. At confession they may return again and again to a recital of these preoccupations, obtaining only very temporary relief at each confession. Another common religious form is that of constant doubt as to whether they are forgiven by God, or concerning the truth of some relatively minor theological issue. Obsessional symptoms may occur in a number of different mental illnesses and the outlook in regard to treatment is correspondingly variable. One of the important tasks of the psychiatrist is to differentiate between these various conditions and institute the appropriate treatment.

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The study of religious literature and biography reveals how varied is the expression of religious thought and experience, and it is impossible to draw any definite dividing line between 'normal' and 'abnormal' forms. The psychiatrist makes no claim to be able to draw such a line, nor is he qualified to do so from a religious point of view. However, if he is presented with an individual who expresses the content of his thought in religious terms, the psychiatrist must be able to come to a conclusion regarding that individual's mental state. In this chapter an attempt has been made to show that it is never the religious expression as such that leads to the diagnosis of mental illness, but rather an assessment of the total setting within which that expression arises, and this assessment is based upon well-established and relatively objective diagnostic criteria. There is, therefore, little risk that a man will be subjected to treatment within a mental hospital merely because he undergoes an unusual religious experience, unless this is accompanied by other evidence of recognizable mental illness. It has already been pointed out that the psychiatrist can offer no authoritative opinion as to the religious significance of psychotic experiences, but many patients have, after recovery, stated their conviction of the spiritual value of the experience through which they have passed.

Finally, it is important that those who are in any way concerned with the pastoral care of souls should be aware that, whatever its spiritual significance, mental illness may present a predominantly religious symptomatology. Such awareness may save people from much unnecessary suffering by the early institution of treatment, or avoid the tragedy of suicide by adequate custodial care.

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