

## PSYCHOTHERAPY AND ETHICS\*

The whole question of the moral aspect of psychotherapy is, it seems to me, a vast and intricate one, and one which has as yet been given little serious and thoroughgoing consideration. This is due in part to the fact that contemporary psychotherapeutic theory and practice is in so variegated, amorphous and contradictory a state that few generalisations about it are possible, let alone any critical examination of it as a whole in the light of any body of ethical principles. It is possible, indeed, to take the written works of a given writer on psychological theory and methods and to subject them to ethical scrutiny, and a certain amount of work of varying merit has been done in this direction; work which is itself, perhaps, by no means impervious to serious criticism. But even such work as this, within its own inevitable limitations, is not always very practically helpful. The theoretical expositions of psychologists and the accounts which they give of their methods are not infrequently both better and worse than their actual practice; and in any case do not afford very adequate material for judgment and discussion on the part of those who themselves lack either active or passive psychotherapeutic experience.

But the practical urgency of the problem is too acute to allow us to wait indefinitely for some decisive and all-inclusive ethico-psychotherapeutical synthesis. The problem is brought home to most of us in its most challenging and concrete form when the question arises of committing ourselves or others to psychological treatment. Do we not, in doing so, risk the undermining of our moral principles, perhaps of our religion and our faith? Rumours have reached us, perhaps, of alleged psychotherapists who, after long and costly weeks of treatment, prescribe some such homely old palliatives as a dose of fornication, divorce, cutting loose from hearth and home, or some other form of uncleanness, injustice or impiety. We have heard vaguely that one whole and important school of psychological analysis regards the elimination of God and conscience, thinly disguised as a super-ego, as the chief desideratum in any successful analysis. Ugly rumours have reached us too of dark doings in the treatment itself: of conditioning to certain patterns of behaviour under compulsions induced by hypnosis or drugs; of confessions of dark secrets and immoral abreactions compelled by drugs or shock; of analysts who conceive it to be their first task to induce their patients to fall in love with them and

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\* A paper read to the Oxford branch of the Newman Association. It is published as a small tribute to Professor C. G. Jung on occasion of his seventieth birthday, July 26th, 1945.

whose whole treatment consists in holding morbid and pornographic conversations. Even if we do not credit such rumours, there remains a fundamental misgiving not lightly to be set aside. Are we not in any case, in submitting to psychological treatment, subjecting our minds to the direction, perhaps to the domination, of another mind, and one whose moral and religious standards may be fundamentally unsound and are in any case fallible? Even if we could be assured on that, must it not inevitably be that the whole end and aim of any psychologist who knows his business is to fashion the mind of his patient to his own standard of "normality", and must not the "normal" inevitably be in accordance with the standard of the majority of men, i.e. in accordance with the standard of conformity to this wicked world? Will he not inevitably filch from us our religion and whatever ethical standards we may have which are not those of the world around us?

To these and suchlike misgivings a number of answers are commonly offered. Perhaps the most common—and in my opinion the most specious and dangerous—is that which will spirit away our misgivings with the magic name of "science". Psychotherapy, we shall be told, is a respectable branch of medicine; it is the employment of purely scientific methods for the curing of purely mental disorder. It has nothing whatever to do with religion or with morality; and mental disorder (it is further implied) has nothing to do with spiritual or moral disorder; neither with a man's religious convictions, nor with virtue or vice. Psychoneurosis is a disease as cancer is a disease; the methods of curing it are parallel, and are neither affected by, nor do they affect, the religion or the morals of either practitioner or patient. Cure can and should be achieved without its tampering with the patient's religion or his morality in the slightest. The genuine psychotherapist will be solely concerned, as is the medical man, with correct diagnosis, discovering the neurological or psychological cause of the complaint, and applying the appropriate remedy. The concern of the truly scientific psychotherapist is with an autonomous psychological sphere and with scientific remedies as ethically neutral as a bottle of physic or the surgeon's knife. Indeed, should religious or moral issues arise, he will in his own interests and that of the cure respect his patient's convictions and keep carefully off the grass. There is really nothing whatever to fear; and the priest and the moralist will kindly mind their own business and not meddle in a scientific world which they cannot expect to understand. It may be true that, for instance, the philosophy of a Freud may be materialistic and atheistic, and that the tendency among some of his disciples falls short of traditional ethical standards. But the philosophy, the

*Weltanschauung*, the moral principles of these men, can and must always be distinguished from their science and from their scientific therapeutic technique.

Some such line as this to allay our misgivings is taken by many who should, in my opinion, know better. It is, roughly speaking, the line taken by quite a few Catholic psychologists and their friends. These will indeed be found to allow that religion may be a useful adjunct in the effecting of the cure, but only, it would seem, as something purely adventitious and extraneous to the therapeutic process. Some will further admit a negative rôle to the moralist, inasmuch as it belongs to him to decide what is permissible and not permissible in the treatment and the remedy. The idea that the Freudian technique may be safely applied without subscribing to the Freudian philosophy has been argued by Roland Dalbiez, and his position has been supported by Maritain. Among non-Catholics, Dr. William Brown is noteworthy as accepting in the main Freudian "science" and "technique", but repudiating Freudian "philosophy" and "irreligion". This is not the place to enter into a discussion of this very special question: we must ask in more general terms whether an answer on the lines suggested is really adequate to allay our misgivings.

Personally, I do not find it so: indeed I find it the very reverse of reassuring, and all the more dangerous because it is a half-truth which disregards the real point at issue, and suggests that our would-be comforter, if he be himself a psychotherapist, is blind to what he is actually doing when he plies his craft. It suggests that he is, if sincere, dangerously unconscious of the real nature of his relationship to his patient, be he himself neurologist, psychiatrist or analyst—but more especially if he be analyst.

Now it is perfectly true that psychotherapy is, or should strive to be, rigorously scientific. By this I mean that, at a very minimum, it should be based solely upon observation and experience of psychological fact and phenomena and on no a-priori theory; and that it should not, as such, invoke postulates, hypotheses and theories beyond such as are demanded and verifiable by the factual evidence. We need not, at this stage, press our would-be comforters to too precise a definition of what *they* understand by "scientific", or to state what range they would give to the term "psychological data", or inquire whether they are prepared to take a comprehensive view of *all* the data or limit them solely to such facts or aspects of facts as will fit into the categories of mechanical and historical causation. It may also be allowed that psychotherapy is a branch of medicine in the historical sense that all forms of

contemporary psychotherapeutic practice, even depth analysis, have their origin, directly or indirectly, in the medical clinic. We need not, at this stage, inquire whether this fact has been altogether to their advantage. We may, however, inquire whether this idea of psychotherapy as a specialised branch of medicine does not pre-suppose a purely materialistic conception of the function of medicine itself which is now very much less self-evident than it was for our fathers, and which seems to be being abandoned largely owing to the impetus of psychology itself: it is with dubious propriety that psychotherapy can hide behind medicine from the challenge of moral and spiritual factors when these are being increasingly recognised by hard bitten surgeons and neurologists in the aetiology of functional and even organic health and disease. But we need not enter into these somewhat intricate and recondite matters in order to question the equation between the cure of cancer and the cure of a psychoneurosis. The plain fact is that the latter is directly concerned with the patient's mental outlook on life, and with patterns and principles of behaviour, with the whole order of values, motives and duties, in a sense in which the former is not. If psychological treatment does not issue in the change of a man's mentality, his outlook, his manner of conduct, his attitude to the world and his own place in the world, it surely fails entirely in its own set purpose. And, however we may choose to define ethics, or for that matter religion, surely we must agree that they are both concerned with precisely these very things. I do not therefore see how we can possibly agree to such a distinction between mental and spiritual or moral disorder as is sometimes suggested; nor do I see how a responsible and conscientious psychotherapist can disclaim any concern with his patient's religion and morals, and treat these as an untouchable sphere which is no concern of his. Is it not self-evident that if religion is concerned with a man's ultimate values and motives, if it precisely constellates and gives unity and direction to a man's interior attitudes and external behaviour, then, if a man is suffering from any form of conflict, or is at the mercy of fears and compulsions which inhibit that unification and orientation, then there is something wrong with that man's religion and that his religion is itself involved in his disorder? To suppose that such a man can be brought to achieve anything like a change of outlook and behaviour while his religion remains unaffected seems like trying to make him achieve a self-contradiction. And experience would seem to confirm that, in the case of patients who consciously subscribe to, or have been brought up in, some religious belief or practice, their religion or ethical code is not only an element in their problem, but also appears quite

openly as one of its principal factors. Even in the case of patients who profess no religion, fundamental religious issues are found to emerge in depth-analysis as roots of the trouble, and also as the vehicles of its solution. C. G. Jung, as is well known, goes so far as to maintain that there can be no successful "cure" of adult psychoneurosis which does not involve the attainment of a new religious attitude and the abandonment of previous religious or irreligious attitudes: something, therefore, very like a conversion. We may ask, indeed, whether any word can better sum up what must be sought from psychotherapy than METANOIA—a change of mind and heart; and we may recall that the very word 'religio', like the Sanscrit 'yoga', means to bind back or together: it is that which should bind a man together by binding him to God—or whatever he may call his ultimate value and the last end of his life.

It does therefore seem to me unscientific to contend that, in the name of science, psychotherapy can and should disregard religious and moral issues. Even from the purely therapeutic standpoint it seems that a patient's religion and moral principles cannot be regarded by the practitioner as a tabu, a constant which can remain unchanged throughout the process. And I would further venture to contend that the psychotherapist who supposes otherwise is of all the most to be regarded with suspicion, for he is of all the most unconscious of his responsibilities, of the principal factors and of the inevitable outcome of any effective treatment he may give. Moreover, an analyst who is so minded will be unaware of, and so incapable of transforming, the religious and moral transferences which the patient will be all the more likely to project upon him.

Before turning to see if we can make some more constructive contribution to the solution of our problem, we must take a respectful glance at those who would go to the opposite extreme. There are many, otherwise of very different schools of thought, who would agree in the main with all we have said, but would deny that our problem of co-relating ethics with psychotherapy really exists. This they will do, though in very different and contradictory ways, by asserting more or less openly that they are really one and the same thing. It would take us too far away from our principal subject to discuss what may be called "pan-psychologism"—I mean the theory, more or less openly avowed, that religion, morality, indeed everything, is "nothing but" psychology, and which tends in practice to substitute psychological technique for religion. It may be mentioned, incidentally, that pan-psychologism has been frequently and formally repudiated by C. G. Jung, and that it can easily be shown that it goes far beyond what is warranted by his own data and scientific postulates if they be rightly

understood; but a certain tendency in this direction among some of his disciples, which can claim some measure of support from some of his own less careful writing, cannot be denied. But we are, most of us, more familiar with what may be called a crude "pan-religionism". This denies our problem by saying in effect that there is no room for psychotherapy because religion supplies all our needs. "Keep the faith; keep the commandments; go to the Sacraments; be resigned to the Will of God; say your prayers; consult a priest; read good books—and then you will be quite all right and won't want to get involved with psychologists". We are probably familiar with the cheery advice, and many a neurotic is perhaps dimly aware that, had he consistently followed it, he would have found therein an effective prophylactic against his present condition. But he has tried all these things, and his condition seems worse rather than better. And naturally so; for the very essence of any psychoneurotic condition lies in the inability of consciousness and conscious control to cope with or relate itself to some autonomous and automatic system, whose power is increased rather than lessened by reinforcement of the habitual conscious attitude and behaviour. His religion, it must be repeated, is precisely one of the elements or factors in the disorder: it is precisely failing to fulfil its function of integration and co-ordination. Not only does he experience fears or compulsions which are not wholly at the disposition of conscious will (for that is the lot of fallen humanity generally); he is at their mercy, their unwilling victim; with them he is precisely impotent to enter into any satisfactory relationship. It is not that his religion is objectively and in itself incapable of forming a bridge; but his personal religion is itself infected with the disorder. It is not to be denied that competent and understanding religious or moral instruction on the conscious level may, in some measure remove intellectual misunderstandings which foster the neurotic condition; but in the measure in which it is truly neurotic, it seems impossible for any mere revision of purely intellectual judgment to resolve the automatism of the complex and place it at the disposal of consciousness.

I cannot think, then, as is sometimes urged, that a priest, as such, is any satisfactory substitute for the analyst, any more than the analyst is a satisfactory substitute for the priest. Furthermore, I do not think that our problem would necessarily be satisfactorily solved if only we could find an analyst whose own religious beliefs and ethical principles were unexceptionable. It is not to the psychologist we should go if what we seek and need were merely theological or religious instruction: the psychologist is not, and ought not to be, any substitute for the religious or moral

teacher. But such a one, it may be urged, can at least be relied upon not to make us lose our faith or our morals; if, as Catholics (for instance) we seek treatment solely from a Catholic psychologist, we can at least be assured that his treatment will make us "good" and not make us "bad".

Now it is just here, I would submit, that the real crux of our problem confronts us. For, it seems to me, the real question at issue is not merely the risk that the psychologist will make us bad, but that he will *make* us anything. Have we any right to be made anything, even to be made good? Are we not merely delivering ourselves from one compulsive automatism to another? Is an imposed and compulsive goodness really goodness at all? Is the scientific employment of psychological knowledge, even for our alleged good, and whether on the mass-scale of the State propaganda-machine or for the individual in the consulting room, a thing which is ethically tolerable—or even, for matter of that, therapeutically successful? Are we really paragons of virtue—or even psychologically healthy—if we are so conditioned by external means that we cannot very well help ourselves? The problem narrows itself down to what seems at first sight to be an insoluble dilemma between freedom and determinism. Though of all the various schools of psychology the Behaviourist would alone seem to be explicitly committed to absolute determinism, it seems that any psychology which claims to be scientific, in the sense of being bound by the principles of mechanistic causality or sequence must to that extent be deterministic; and any psychotherapy which claims to be rigidly scientific must be likewise committed to determinism. Whatever means it employs, whether physical or not, it is bound by the laws of mechanical causation. This means that, in diagnosis, it must exclude moral choice as a factor in the origin of the complaint and regard any sense of guilt as a morbid delusion. What is more serious and to the point, it must in its curative methods work on the sole assumption that the positing of a certain cause will produce a certain effect, and the whole task of the physician will consist in finding and positing the appropriate stimulus to induce a preconceived and desired response. And if it is indeed true that by "scientific" we are to understand solely that which can be dealt with in terms and categories of historical and mechanical causation, then I can myself see no way out of this dilemma. The psychotherapist, the more he claims to be in this sense a detached and rigid scientist, the more he is in fact a magician who employs an esoteric and superior knowledge whereby he gains power over other people's minds and hearts and fashions them in accord with his own preconceived idea of "normality"; and whether he be a

black magician or a white magician is of considerably less importance from the religious and ethical standpoint than the fact that he is a magician at all.

My own very limited reading and experience of contemporary psychology compels me to record the opinion that by far the greater bulk of it seems to presuppose, openly or covertly, these exclusively mechanistic assumptions and to be conditioned by their limitations. The more it claims to be respectable and scientific and to eschew all quackery, and the more it aspires to the condition of an exact science in the traditional sense, the more will a psychotherapy based exclusively upon it be unacceptable to the primary claims of human freedom and responsibility. Fortunately, in practice, instinct and commonsense admit the surreptitious introduction of factors which cannot, in this narrow sense, be regarded as "scientific". But there is, to my knowledge, only one school of psychotherapy which openly, consistently and methodically repudiates the sufficiency and primacy of the principles of mechanistic and historical causality in psychotherapeutic practice.

C. G. Jung, as is well known, broke with Freud on the issue of the all-sufficiency of infantile sexuality, the Oedipus complex, and repression to provide the aetiology of every mental disorder. But, specialising in the treatment of dementia praecox, or introversion neurosis as he prefers to call it, he was led to discover that Freud's preoccupation with historical causation was apt only to confirm the patient in his regression and in his morbid shirking of personal responsibility. Jung was not concerned with formal morals as such, but as an empirical and practical therapist he was very much concerned to help his patients to get better. He was driven to the conclusion that the concepts of historical and mechanical causation, with their exclusive reference to the historical past, were inappropriate and inadequate to handle a practical therapy which was of its nature concerned with the patient's present and future. Furthermore, they failed as adequate vehicles to exhaust the latent content of his patient's dream-material, which he found to have a present and prognostic reference as well as a retrospective one. The practice, of course, preceded the theory, as the theory was later to provide a valuable working hypothesis for the improvement of the practice; but Jung was soon led, by way of his substitution of undifferentiated "energy" or "libido" for Freud's "sexuality", to contend that, however valuable the employment of causal concepts might be, the decisive ones to be employed in psychotherapy were energetic rather than causal. Just as a physical event, as is recognised by the physicists, can be regarded both causally and energetically, so could a psychic event; and so by the



psychotherapist it should be. He thus stated his basic postulates, postulates which involve a break, not only with Freud, but with the assumptions that to this day lie behind by far the greater part of psychotherapeutic theory and practice:—

“It is a generally recognised truth that physical events can be looked at in two ways, that is from the mechanistic and from the energetic standpoint. The mechanistic view is purely causal; from this standpoint an event is conceived as the result of a cause . . . The energetic viewpoint on the other hand is in essence final; the event is traced from effect to cause on the assumption that energy forms the essential basis of changes in phenomena, that it maintains itself as a constant throughout these changes, and finally leads to an entropy, a condition of general equilibrium.

The flow of energy has a definite direction or goal, in that it follows the fall of potential in a way that cannot be reversed”.<sup>(1)</sup>

This is not the place, even if I had the ability, to expound in detail Jung's application of the concepts and laws of quantum-physics and thermodynamics to psychological data. It is undoubtedly daring, and perhaps not beyond criticism; but I do not think that it can be denied that as a working hypothesis it has proved in practice immensely fruitful. For a detailed exposition of the theory and its elaborations I must refer you to Jung's own books and to such authoritative systematisers of his work as Dr. Jolan Jacobi<sup>(2)</sup> and Dr. Toni Wolff.<sup>(3)</sup> What is important to our present purpose is that the theory issues from and issues in a practice which, at the lowest estimate, offers a way out of our dilemma. The psyche and its phenomenal manifestations are no longer to be conceived purely or primarily in terms of determined cause and effect, but as a relatively closed self-regulating system possessing its own potentialities of recovery and renewal through the interplay of simultaneous co-efficient functions. Reductive analysis still has its part to play, but only as a subordinate means to the differentiation of functions; which functions are conceived as co-relative, mutually exclusive but compensating *quanta*. The concept of a preconceived “normality” as the goal of psychotherapy, gives place to that of “individuation” or “integration”; i.e. a conscious balance or equilibrium of differentiated and mutually-compensating functions whose qualitative content emerges in the analysis itself and can in no way be determined in advance.

(1) *Contributions to Analytical Psychology*, p. 1.

(2) J. Jacobi, *The Psychology of C. G. Jung*. (Kegan Paul).

(3) *The Guild of Pastoral Psychology Tutorial Reading Course*. Part VII. (2s. 6d. to non-members from 16, Hillside; S.W. 19).

We need not here discuss the later, and perhaps more familiar features of Jung's psychology—the irreducible four functions (Sensation and Intuition; Thought and Feeling) and their interrelation; the four irreducible "directions" of psychic energy (introversion and extraversion; progression and regression); the collective unconscious and its immense implications for the rôle of religious symbolism in the task of analysis; the concept of the symbol itself as the instrument of psychic transformation. It will be enough to say that all these elaborations have been rendered possible only by the emancipation of psychotherapy from the exclusive standpoint of predetermining causality. Dr. Jacobi expresses the matter admirably when she writes: "Sigmund Freud looks for the *causae efficientes*, the causes of later psychic disturbances. Alfred Adler considers and treats the initial situation with regard to a *causa finalis*, and both see in the drives the *causae materiales*. Jung, on the contrary, although he too naturally takes account of the *causae materiales* and likewise takes the *causae finales* as starting and end-points, adds to them something further in the *causae formales*, those formative forces that are represented above all through the symbol as mediators between the unconscious and consciousness or between all the pairs of psychic opposites . . . Freud employs a reductive method, Jung a *prospective* one."<sup>(4)</sup>

The practical consequences of all this for our present discussion are enormous. Dr. Jacobi continues, paraphrasing and quoting Jung himself: "Jung's method is therefore not only to this extent a 'dialectical procedure' in that it is a dialogue between two persons . . . it is also in itself dialectic, as a process which, by confronting the contents of consciousness with those of the unconscious, calls forth a reaction between these two psychic realities that aims toward and results in bridging over both with a *tertium quid*, a synthesis. It is accordingly, too, from the therapeutic standpoint a preliminary condition that the psychologist accept this dialectic principle equally as binding. He does not 'analyse' an object at a theoretical distance, but is quite as much in the analysis as the patient . . . But the patient alone determines the interpretation to be given to the material he brings. Only his individuality is decisive here; for he must have a vital feeling of assent, not a rational consent but a true experience. 'Whoever would avoid suggestion must therefore look upon a dream interpretation as invalid until the formula is found that wins the patient's agreement'. Otherwise the next dream or the next vision inevitably brings up the same problem and keeps bringing it

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(4) J. Jacobi, *op.cit.* p. 66.

up until the patient has taken a new attitude as a result of his 'experience'. The often heard objection that the therapist could suggestively influence the patient with his interpretation could therefore only be made by one who does not know the nature of the unconscious; for 'the possibility and danger of prejudicing the patient is greatly over-estimated. The objective-psychic, the unconscious, is, as experience proves, in the highest degree independent. If this were not so it could not at all exercise its characteristic function, the compensation of consciousness. Consciousness can be trained like a parrot, but not the unconscious'.'(5)

My own limited experience strikingly confirms that it is indeed a fact that any attempt on the part of the analyst to interfere with the patient's endopsychic process and independence, whether consciously by trying to indoctrinate the patient with his own ideas, or unconsciously by involving the patient in his own projections, will invariably call forth a vigorous protest from the patient's unconscious—either by way of a dream which criticises the analyst, or by a strong negative transference which, if not speedily resolved will wreck the whole analysis, or at least by an acute recurrence of symptoms or a recurrence of dreams which represent the identical unresolved problem. "The patient is always right"—psychologically right—may be said to be the Golden Rule for a Jungian analyst; and perhaps no quality is more demanded of the analyst than the humility and the capacity for self-effacement and self-criticism which its observance requires. His task is solely that of mediator, translator; the patient's companion in the journey into his own depths. He is always to follow; never to lead. He may interpret, amplify—but interpret and amplify the patient's own material in a fashion that wins the patient's own assent. To do this, the reduction of effects to causes will be necessary; but the artificial positing of causes to produce effects, never. The analyst is in no sense the efficient cause of the patient's "cure" by the imposition of any agency *ab extra*; his task is solely to assist the *vis medicatrix naturae* within. As I have expressed it elsewhere: "Jung's is a therapy in which the practitioner makes no arrogant claim to 'suggest', still less to force, the patient into any preconceived mould of alleged 'normality', but, on the contrary, one in which his task is solely to assist in uncovering the sources which hinder the patient from fulfilling his individual destiny . . . enabling the patient himself to reconstruct his own life and to transform the unconscious sources of frustration and disintegration into con-

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(5) J. Jacobi, *op.cit.* p. 68. Quotations from Jung: *Modern Man in Search of a Soul*, p. 12 and *Integration of the Personality*, p. 101.

scious sources of life, power and integrity. A therapy, therefore, whose aim and effect is in no way to restrict the patient's freedom and responsibility, but on the contrary one which makes the fullest demands upon them as the decisive factors both in the process and the result," Its effect is precisely to *liberate* from the inevitability of the historical-causal sequence. Or, as Dr. Jacobi has expressed it, it is, as a "way to self-knowledge and self-control", precisely an activation of the ethical function"

The point could, did space permit, be elaborated with a wealth of concrete example; the proof of the pudding must always be in the eating and not in the cookery books. But I must draw to such a conclusion as the situation allows. I do not want to suggest that no conceivable theoretical hypotheses other than those of C. G. Jung can be ethically acceptable. I do not want to imply that no psychotherapist who does not claim discipleship of Jung is reliable, or that therapists of other schools may not attain equally admirable results because of (or in spite of) other theories; nor can I even say that every psychotherapist who wears a "Jungian" label on that account deserves our unqualified confidence; nor again do I think it possible to give unqualified assent to every word that Jung himself has written. But I do venture to submit that Jungian theory and practice at least offer possibilities of a way out from the dilemma with which this paper has been occupied.

I have not been able in this paper to do more than to attempt to get the real nature of the problem into focus, to submit that we should be on our guard against certain specious but spurious solutions, and finally to suggest that the work of C. G. Jung does provide us with sound foundations on which we can build. But I am far from believing that even fidelity to Jungian theory and practice will immediately solve all the difficulties which in practice may arise. The special case of the Catholic patient, and the collaboration of priest and therapist in his treatment, is by itself a vast, complex and practically untouched subject. I confess that I cannot see any existing, ready-made solution to our problem; the solution does not exist, it is a job yet to be done.

The task before us is gigantic indeed; I can do no more than allude to what appear to me the most pressing needs. In the field of psychology itself there is, it seems to me, the urgent business of the delimitation and co-ordination of neurological, psychiatric and analytical methods. There is the crying need for more, and still more, reliable analysts; analysts who are not only technically experienced and equipped, but who are possessed of the moral and spiritual integrity, the intellectual and emotional discipline, the

humility, patience, and fearlessness—above all, the capacity for self-sacrificing and disinterested *love*—which fruitful analysis demands. Closely associated with this is the need for some method whereby both the training and the consulting of analysts can be made very much less financially prohibitive than they are at present.

Then, from the point of view of our special preoccupations as Catholics, there is the need for the theoretic co-ordination of psychology with theology; for consideration of the very special practical problems of the spiritual direction of analysants and their after-care: the peculiar needs of Catholic patients and of those many who, as an outcome of analysis, are brought to the threshold of the Church, but who, all too often, are sent empty away to find some spurious substitute in gnostic cults. Due consideration of each of these subjects would require a paper to itself.

Finally I would suggest that we cannot complacently suppose that all the work to be done lies only with the psychologists, and that religious and moral education among us is in so happy a state that we need do nothing about it. Aristotle said that ethical inquiry and teaching cannot be undertaken without a knowledge of the human *psyche*; and rightly so, for what is ethics but the pattern of habit and conduct with a view to the *telos*, the end and fulfillment, the balance and health, of the whole human soul and all its parts? This standpoint, which is that of St. Thomas, not to speak of the Fathers of the Church, seems to be virtually ignored in the kind of teaching which presents morality solely as an extrinsically imposed code of arbitrary regulations rather than as a *life of virtue*, of a "second nature" which responds to and integrates the innate needs and tendencies of the whole man. The morality of the complex "moral systems", which filters from some of our "moral theology" textbooks into our schools and homes, in effect substitutes an external and casuistic jurisprudence for the cultivation of an immanent Prudence; resistance to and suppression of, instinctive desire for its heightening and transformation by the disposition of Temperance *within the appetitus concupiscibilis* itself; cold, dutiful, anti-instinctual effort for the virtue of Fortitude *within the appetitus irascibilis*—the instinctive "will to power" All this is not only a repudiation of the traditional pre-Reformation Catholic moral theology, it is a veritable breeding ground of psychological conflict, frustration, psychoneurosis—and leakage. Can we say either that Christian *doctrine* is commonly presented among us in all its psychological relevance as the *Verbum salutis*, the Divine message and pattern of integral human health and wholeness? Each of these questions, in their turn, raises vast

issues which require, not a paper, but whole books to themselves. I cannot here do more than indicate some of the urgent questions which our problem of the religious and moral aspect of psychotherapy raises in my own mind, and some of the tasks with which it seems to me to confront us. For, I must repeat, I can see no complete and ready-made solution to our problem; only a challenge to an immense amount of work yet to be done.

VICTOR WHITE, O.P.

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## AN EXPERIMENT WITH YOUNG DELINQUENTS

The inner history of a social experiment, if told by a chief actor in it, is nearly always interesting to the reader, as well as being valuable to those working in the same field. And the whole subject of delinquency among children and adolescents has become an urgent one for many who, in this time of war, are looking ahead to the generation which will inherit our land afterwards.

An account<sup>(1)</sup> has been published of a venture made in treating "in a free environment on sympathetic and individual lines" boys and young men who had, in various ways and degrees, shown themselves "misfits", or as anti-social. Not all were law-breakers, and only exceptionally had a member of Hawkspur Camp been in prison; but many were rapidly qualifying for Borstal sentences, and all provided material for Mr. Will's intensive study, and the working out of his purpose when he accepted the post of Camp Chief.

He was backed by a little group of Quakers who were concerned with the problem of training maladjusted youth, and his staff was formed of a few men prepared, like himself, to tackle it by wholly unconventional methods. They started in May, 1936, with a very inadequate capital, of which £500 was spent in buying a site, and a group of tents until they could put up rough buildings, as bunk-houses, dayroom, etc., by their own labour. The first member to present himself had read about the new "Q Camps" in a paper and, thinking it was the sort of place he needed, had written to ask for admission. He was a typical waif, having been deserted by his parents in babyhood; and, at the age of twenty-three, he had never known security or understanding in his life. By 1940, when the war brought the experiment to an untimely end, about fifty members had been welcomed for varying periods; twenty being the

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(1) *The Hawkspur Experiment*. By W. David Wills. (Allen & Unwin; 1941).