

THE ANALYST AND THE CONFESSOR<sup>1</sup>

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WE are often assured by those who should know best that sacramental confession and psychological analysis<sup>2</sup> are very much the same thing. On this point at least there would seem to be a considerable measure of agreement between many Catholic spokesmen and many psychologists: if they differ it is only in the assertion of the superiority of their own respective wares. While the psychologists will tell us that sacramental confession is a sort of naïve and undeveloped, pre-scientific forerunner of a psychological analysis, it has become almost a commonplace among many Catholic apologists that analysis is a secularised and truncated form of sacramental confession.

The equation deserves somewhat more critical examination than it customarily receives. Doubtless there are certain superficial resemblances which might incline us to put them both into the same category, and it is probable that a more careful comparison of the two procedures may reveal still deeper affinities and connections between them than at first sight appear. But there are still more obvious and essential differences between them which cannot be overlooked without risk of great confusion both in theory and in practice. We have only to take a look at what actually takes place in the confessional and what actually takes place in the analyst's consulting room to see that the differences, even on the surface, are very marked; and a closer acquaintance with their respective aims and presuppositions will further widen the chasm that divides them. We shall soon learn that the analyst who plays the confessor will be as bad an analyst as the confessor who plays the analyst will be a bad confessor, and we shall be put on our guard against the dangerous type of apologetic which might be understood as offering the confessional as a substitute for psychotherapy: dangerous because of the disappointment it must arouse in those who know no better than to suppose it to be a cure for psychoneurosis, and the contempt it must arouse in those who do. Nothing but

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<sup>2</sup> I use this somewhat clumsy term rather than 'psycho-analysis' lest I be thought to have in mind only Freudian analysis, of which alone the term 'psycho-analysis' can strictly be used. By 'psychological analysis' I understand any psychotherapy which employs depth-analysis, whether Freudian, Jungian, or any other.

good, we believe, can come from a closer acquaintance by the analyst of the practice of the sacrament of penance, or by the confessor of the practice of analysis. But before we can hope to see how the one can illuminate, and perhaps subserve, the other, it is of the greatest importance to avoid all initial blurring of their basic differences. Here, as always, *distinguer pour unir* is the indispensable precondition for accurate thinking.

And the distinctions are indeed basic, as becomes evident so soon as we attempt to sort out and compare the constituent ingredients of sacramental confession with those of psychological analysis.

Few analysts, and those hardly the most trustworthy, would be prepared to present us with a formula which would cover all the component elements which go to make up an analysis. Just how an analysis will proceed, of what it will consist, what part in it will be taken by the analyst and what by the patient, what it will and will not achieve and what paths it will follow: none of these can be determined in advance. Its starting-point, its development, its procedure and its term will alike be determined by the material which emerges in the analysis itself, by the patient's response and the analyst's skill. It is an adventure of exploration in uncharted territory: there may be compasses, but there are no ready-made maps. It is a medicine, but one for which there is no uniform prescription. The ingredients of which it is to be made will differ widely in every case, and will be dictated by the material itself and not *à priori* preconceptions. Indeed its therapeutic success will depend on nothing so much as on the ability of both analyst and analysant to rid themselves of predetermined plans and prejudices.

In striking contrast, thanks to centuries of actual practice and theological reflection, the ingredients of the sacrament of penance are neatly and definitely sorted out, formulated and tabulated. These ingredients, with their technical names, are familiar to most Catholics from their very catechisms. The instructed Catholic 'going to confession' knows fairly exactly what will happen; what he has to do and what the confessor has to do. He is probably familiar with the traditional dissection of the sacrament of penance into its component parts: he knows that, like all the sacraments, it consists of certain definite 'matter' and certain definite 'form'. He may not appreciate the logical and metaphysical considerations which have established this matter-form analogy as a technical device whereby theologians analyse the sacraments into their components; but at least he knows the authoritative character of its results. And he knows that the constituent elements of the sacrament of penance are thus authoritatively classified under three

heads: (1) remote matter; (2) proximate matter; and (3) form. These may well serve us here as terms of comparison.

The 'remote matter' of the sacrament of penance—that is to say, 'what it is all about', the subject with which it is concerned, the material of which it is made and to which the 'form' gives a specific 'shape' or significance—is stated to be *the sins of the penitent committed since baptism*.

At once a striking contrast jumps to the eye when we turn to the counterpart of this 'remote matter' in psychological analysis. Sin, truly, is an evil; and psychotherapy is also concerned, as is every therapy, with an evil. Moreover, both the sacrament and the analysis are concerned to remedy the evil. But the evil with which each is concerned is essentially different, even mutually opposed. Sin is defined as an evil human act; that is, a human activity which lacks the goodness and rightness it should have in conformity with divine law. In theological language it is *malum culpae*—'the evil men do'. It is, of its very nature as a human act, in some measure voluntary: and a sin is sinful in the precise measure in which it is willed. A psychoneurosis, on the contrary, is a certain *malum poenae*—an 'evil men suffer' or 'undergo'. It is a sickness, and as such something essentially involuntary, and usually contrary to the sufferer's will, both in itself and in its symptoms and manifestations. It is something that *happens to us*, not something we *do*; though it may lead us to action, these actions are neurotic symptoms in the precise measure in which they are involuntary. We may say that while the sacrament of penance deals with certain evil results of human *freedom*, psychotherapy deals with certain results of human *compulsions*: with thoughts, feelings, emotions, conflicts, patterns of behaviour etc. which the patient 'cannot help', which are uncontrollable by his will and usually clean contrary to it. Confession presupposes the power to sin and to turn from sin and seek forgiveness; analysis usually presupposes necessity and impotence and seeks liberation and freedom. In short: the primary and direct concern of the sacrament is with wilful *misdeeds*; the primary and direct concern of analysis is with a certain kind of involuntary *misfortune*.

This difference is quite fundamental. Whatever resemblances may be found, we cannot overlook the essential difference in the material with which the sacrament of penance and any kind of psychotherapy are respectively concerned.

From this basic difference spring others which are hardly less striking. Sin, being essentially voluntary, is also essentially conscious, while it is of the very definition of any analytical psycho-

therapy that it is concerned, at least no less, with the unconscious. Sacramental confession, as we have already remarked, is concerned solely with actual sins committed after baptism: it is not concerned with inherited sin, whose remedy lies within the province of baptism itself. In contrast, psychotherapy cannot confine itself to factors acquired in the patient's own lifetime, still less limit itself to any definite date in the patient's history. It can on no account neglect inherited factors and dispositions; least of all can any depth-analysis which, under whatever name, recognises a 'collective unconscious' as an important factor in mental health and sickness.

The 'proximate matter' of the sacrament of penance is the three acts on the part of the penitent: confession, contrition and satisfaction. Here we have three definite and deliberate acts, interiorly performed and exteriorly expressed, required of the penitent as a *sine qua non* constituent of the sacrament. Each represents a pre-determined operation of mind or will in regard to the 'remote matter'. Confession implies conscious acknowledgment of that 'remote matter', and its expression in words. Contrition implies the turning of the will *from* the same, and its turning *to* God and the divine will. Satisfaction, the willing acceptance and performance of some task imposed as compensation and as a token of good faith and willingness to accept the penal consequences of sin.

It is presumably in the first of these—the act of confessing—that the resemblances between sacramental confession and psychological analysis are more particularly supposed to lie.

But the 'confession' required of the penitent and the 'confession' required of the analysant are two very different things; and the difference lies in the difference of 'remote matter' which we have already noted. What a penitent is expected to confess is very clearly defined and restricted to the sins committed since his baptism or his previous confession. No such limitation can bind the analysant. Though no analyst who knows his business will want to exclude such material, he will still less seek to limit his patient's 'confessions' to his real or alleged misdeeds. And he will be concerned with them not precisely as moral offences, but as causes or symptoms of neurosis, and as providing—together with the patient's conscious or unconscious attitudes to them—important elements in the total picture of the personality with which he has to do. The patient's 'good deeds' will interest him no less than his 'bad' ones (confessors are notoriously, and rightly, impatient with rehearsals of the penitent's virtues!) while dreams, free associations, spontaneous reactions and other manifestations of the unconscious will interest him still more. His business is less

with what the patient does than why he does it. Only from this totally different standpoint may there be some overlapping, but never complete identity, between sacramental and analytical 'confession'. The psychological processes demanded by each differ correspondingly: the former requires a certain concentration of conscious memory, and the orderly recital of a selection of its contents; the second, contrariwise, a mental and physical relaxation which permits the free flow of uncontrolled phantasy and the suspension of regular 'directed' mental activity. The uncomfortable confessional box with its hard kneeler, and the couch or armchair of the analyst's consulting room, admirably express and promote the two very different kinds of 'confession' for which each is appointed.

Psychological analysis knows nothing of contrition or satisfaction as predetermined acts to be required of the patient: it would fail entirely of its purpose were it to lay down in advance the conscious attitude which the analysant was to adopt to his material. This can no more be pre-determined than can the material itself.

Still less is there any equivalent in psychological analysis to the *form* of the sacrament of penance. This 'form' is the words of forgiveness pronounced by the priest: it is the specifying and determining element which makes the sacrament of penance to be what it is; it is the efficacious sign of reconciliation with God, and so the very remedy for the evil which is the sacrament's 'remote matter'. Nothing of the sort is to be found in psychological analysis. Some very superficial resemblance might be suspected in certain cases in which reconciliation is effected with some *imago* projected upon the analyst; but there will be no 'remedy' except in so far as the transference is resolved, the projection withdrawn and assimilated to the patient's own conscious ego. There is still considerable disagreement among analysts as to what their own precise rôle in analysis should be. But few, even of those who most strongly advocate his 'active' intervention in the process, would maintain that the ultimate remedy comes from the analyst rather than the analysant and his own response to his own material. None certainly would claim divine power and authority to forgive sin.

So the differences between sacramental confession as understood and practised in the Catholic Church and psychological analysis as known and practised today are considerable and profound. Are we then to conclude that there are no connections between them, and that they are so wholly diverse that they can hardly be spoken of in the same breath?

To say this would, we think, be a grave mistake. We may not overlook either the psychological value of sacramental confession or

the 'religious' features of many an analysis and the close connections which may be found between them. Here is a subject which deserves much more careful exploration and consideration than has yet been given it, or is possible in this brief essay. But once the essential differences between the two have been understood, we may offer a few suggestions as to where such exploration might profitably be directed.

It should be remembered that although *malum culpae* and *malum poenae*, sin and misfortune, are essentially different, and even opposite in their voluntariness and involuntariness respectively, there is a close causal link between them. It is elementary Christian teaching (and not only Christian) that the first is the ultimate cause of the second. Sin results in temporal (as well as eternal) punishments and consequences, and Saint Thomas Aquinas explains how the disorder and disharmony of man's psychological powers and activities are, more especially, the automatic outcome of sin (cf. *Summa Theol.* I-II, 82, 3 and 85, 3). This must not be misunderstood in the sense of the cruel and unchristian assumption that all suffering, especially mental suffering, must be attributed to the sufferer's own personal and actual sins (such as constitute the 'matter' of the sacrament of penance): we are forbidden straightway to ascribe it to the sins of 'this man or his parents' (John 9, 2). But it is true that original sin is the ultimate cause (by removing the original grace which was the cause of man's psychological integrity and harmony) of all such disorder, and that its perversity can be enhanced by personal, actual sin. It should further be remembered that not all such disorder (being quite 'normal' in fallen human nature) can be characterised as pathological or neurotic. But psychology itself finds it increasingly difficult to eliminate moral disorder from the etiology of mental disorder. The materialistic and mechanistic belief that a neurosis could be diagnosed without consideration of the patient's ethical valuations or behaviour, and that it could be 'cured' without any moral response or alteration, is one few psychologists today could be found to accept.

So while sacramental confession (including contrition and amendment) does not deal directly with psychoneurosis, we need not be surprised to find cases in which it is indirectly therapeutic: indirectly in so far as it may remove one of its causes. But it is perhaps as prevention rather than cure that sacramental confession, especially if practised regularly and with frank and unflinching self-examination, may serve the ends, if not of psychotherapy, then at least of mental hygiene and prophylaxis. Analytic experience witnesses to the very great extent to which unconsciousness of the 'shadow' side of life

contributes to the formation and persistence of neurotic complexes. A patient's failure to meet consciously and deliberately the challenges ('temptations' or 'tests' in Catholic parlance) which life brings him, whether from his own character or his environment or their mutual impact; his shady compromises, never fully faced, with life's conflicting demands; a consequent narcissistic idealisation of ego and corresponding neglect of the less acceptable traits of his character: all these, notoriously, are a common breeding ground of neurosis. Frequent and honest self-examination, and the necessity of formulating its findings in the confessional, may alone do much to promote a more complete self-awareness, and to prevent these less pleasing features of a personality from sinking into unconsciousness, where alone they will generate neurotic symptoms. Hence, while sacramental confession is not ordained to cure, it may do much to prevent, the disorders with which psychotherapy is concerned. We say, 'it may'; indeed it *should*. But other factors, inherited or environmental, may enter in to prevent its exercising this particular efficacy: and indeed in certain cases (notably those known to Catholics by the tragic symptoms of 'scruples') it may be the occasion of an increase rather than of an amelioration of the virulence of the disease.

On the other hand, while psychological analysis is not ordained to forgive sin, it may do much to free the patient from those compulsions which make both sin and repentance from sin—and even any clear-eyed self-examination—impossible.

It should also be remarked that, although psychological analysis cannot demand contrition of the patient, it is seldom successful unless it brings about something which, at very least, is not unlike it: a radical change of the patient's conscious outlook, a *metanoia* or change of mind, and with it of his moral valuations and behaviour. It is a truism that if an analysis does not change the patient's outlook on life, his whole mentality in greater or less degree, it achieves nothing. The very enlargement of consciousness involves a shifting of his whole centre of awareness, and with it of his standard of values. This change, however, is not something that he brings to analysis, but something which emerges from the process and its material themselves. Numerous case histories show striking resemblances not only between the results of analysis with those of religious and moral conversions, but also in the very symbols which eventually emerge from unconscious sources to induce the transformation. We may here recall C. G. Jung's celebrated declaration made in 1932: 'During the past thirty years, people from all the civilised countries of the earth have consulted me. I have



treated many hundreds of patients, the larger number being Protestants, a small number of Jews, and not more than five or six believing Catholics. Among all my patients in the second half of life . . . there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill, because he had lost that which the living religions of every age had given to their followers, and none of them has been really healed who did not regain his religious outlook.' He added that 'This, of course, has nothing to do with a particular creed or membership of a church'; but he has also called constant attention to the parallels between dream processes and their healing symbolism with those of recorded religious initiations, conversions and illuminations. He has also remarked on the similarities, both in their mode and in their results, of the healing factors and experiences in analysis with what religious belief holds to be the effects of the operations of divine grace. That they are such in fact we can never have sufficient grounds to affirm with certitude; but neither can we *à priori* deny the possibility. The actual facts (unfortunately mostly locked away in case histories) certainly deserve thorough examination. While man is limited to the appointed channels of grace and forgiveness, God is not so limited; and there seems to be no foregone reason why the theologian can deny to dream-symbolism the *ex opere operantis* efficacy he must allow to the sacraments of the law of Nature, of the Old Law, the baptism of John, the sacramentals of the Church or—it may be added—the dream-symbols of the Scriptures. Though little can be affirmed or denied with certainty, the resemblances are sometimes too impressive to be totally ignored.

The most that can be said in summary is that although sacramental confession and psychological analysis are two wholly different things, pursuing two different but interrelated purposes, the purposes of the one may sometimes happen (*per accidens*) to be attained through the other. But when the prevention, or more rarely the cure, of psychoneurosis sometimes results from sacramental confession, this arises from the conscious human activities which it involves. If, however, divine grace and forgiveness are sometimes attained through the processes of psychological analysis, this can only be from the patient's response to God's uncovenanted mercies through the inner life of his soul.