

## MORAL REFLECTIONS ON PSYCHIATRIC ABREACTION

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IN THE course of psychotherapeutic treatment a phenomenon occurs which at first glance gives the moralist pause. I refer to abreaction. Charles Baudouin, in his remarkable essay, *De l'instinct à l'esprit*, has determined five essential movements in any psychoanalytic therapy: (1) the analyst's understanding of the phenomena of the unconscious in the patient; (2) the patient's understanding of these same phenomena; (3) the emotional discharge, or catharsis, or abreaction, allowing the patient to release what has been repressed; (4) the assimilation by the ego of the elements recaptured from the unconscious in stages 2 and 3; and (5) a re-education of the channels destined to shatter the old automatisms and to establish a new form of adaptation to the real.<sup>1</sup>

### I

It is the third movement that will occupy us. It is well known, of course, that abreaction is not enfeoffed to Freudian psychoanalysis. It occurs in the course of all kinds of treatments which aim at depth analysis. It is a discharge of blocked emotions, a discharge apparently caused by the recall to memory and the relived experience of a personal situation in the past that has been traumatic for the subject. Given a well-defined emotional relationship between patient and psychiatrist, it happens that, in the reviviscence of a personal experience of the patient's past, the subject reaches a sort of emotional paroxysm, even to the point where he expresses by gestures the situation he is reliving, and at the same time releases his psychic anxiety.

It is worth noting that, to reach abreaction, it is not enough to recall some images to the memory. A quite different matter is at issue. The essential thing is the special relationship that obtains between patient and psychiatrist. In this relationship the patient feels accepted as he is, and is given confidence. This confidence is some-

<sup>1</sup> Charles Baudouin, *De l'instinct à l'esprit* (Etudes carmélitaines; Paris: Desclée de Brouwer, 1950).

thing distinctive. It cannot be compared even to friendship; it is far more technical. It makes the patient relax the taut reins of his psyche. In this relationship he acquires the courage to confront the emotional risk of a situation, forgotten no doubt, but never accepted for what it was and consequently never met successfully.

Usually there is even more than a sheer relationship of confidence between psychiatrist and patient. Actually the patient is passing through the phase conventionally called "transference." Although at the moment we have no intention of considering the specific moral relevance of this phenomenon, still we should say a word about transference here. Transference is a well-defined emotional relationship between patient and psychiatrist, in which the latter temporarily takes the place, from an emotional standpoint, of the person to whom the patient was emotionally related at the moment of the situation which he is reliving in the treatment. If we suppose that in the analysis we are in the scenes of infancy, which the psychiatrist is making the patient relive, the psychiatrist will be the emotional surrogate, in this phase of the treatment, for the father or mother of the patient. The aggressiveness or the libido which these relived scenes summon up will be transferred to the analyst, without the patient being consciously aware that it is the analyst he has in view.

Charles Baudouin, in the book cited above, speaks also of a "lateral transference." It takes place, he says, when it is no longer the person of the analyst that is the catalytic agent of the emotional discharge, but one of the patient's familiars, with whom consequently the patient has normal social relations. This lateral transference obviously provokes strange eddies in these relations; occasionally it creates quite bizarre situations. People who suspect nothing, who are utterly ignorant of the psychological condition of the patient under treatment, awake to find themselves the target of an aggressiveness which is basically not directed against them and does not fit into the genre of their social relations. We can imagine the situation when the patient becomes enamored of a person whom in reality he does not love in any shape or form.

Looking at the thing more closely, however, we may wonder if all this is really so extraordinary. Are these phenomena of emotional discharge so different from what we verify in daily life? Better still,

is it a question merely of more complicated forms of the same reality? Is there anyone who has not wept and in this way released his emotion? And our visit to a friend who understands us and to whom we have truthfully been able to tell everything, in whose company we could express our disaffection with respect to everything that irritates us, our fury against those who annoy us—is not this a form of abreaction? At times this is the only means at our disposal to make social intercourse possible with those individuals whom we consign to perdition in intimate conversation with our friend. Then, too, some temperaments are easily excited and from time to time need to release their ill-humor in a family setting—a thing the intimate circle has come to understand. Is not this an abreaction? Has the moralist, therefore, any special objection to voice here? If the problem concerns merely an emotional release without further significance, without untoward consequences, without scandal to the neighbor, without harm to others, even the most severe Scholastic moralist will be able to see nothing more than venial sin: a failure to control one's emotional life integrally. But if the scene or conversation happens to have a deeper meaning and is the expression of a genuine rancor (purely internal, but still willed), of a true hatred, of an immoral desire, then Christian morality takes a serious view of the situation. In point of fact, it is not merely the external act that must be regulated; it is first and foremost the intention, the desire, the internal thought. Did not Christ say that a man who looks with lust at a woman has already committed adultery with her in his heart? As soon as the individual surrenders himself effectively to the object of desire, he is responsible for this commitment.

And yet, is it so certain that the abreactions of daily life are of the same category as those of analytic treatment? In daily life we meet with actions consciously placed by the socially integrated individual, expressing himself in a framework of accepted social relations—even in the category of friendship. In analytic abreaction, on the contrary, we are dealing with the release of an emotion wormed out of the unconscious life. It takes place within the framework of a social structure as exceptional as it is artificial. I mean the therapeutic relationship between patient and analyst. The point will be better understood if we reflect on the multiple forms of relationship that can be insti-

tuted between men. Each of these forms has its own category of truth, its own sincerity. Ought we not say, too, that each form of relationship has its own mode of commitment for the individual? With these few remarks we can enter now into the heart of the matter: abreaction as it occurs in therapeutic treatment.

Let us begin with an example. In the course of therapeutic treatment an anxious young girl is brought (say, by Desoille's method of the resuscitated dream) to a very pronounced emotional attitude. At a given moment the horrid-stepmother image is evoked. The analyst tells the young girl not to be afraid of the vision, but to rid herself energetically of her emotional reaction to the stepmother-complex. At that moment the girl realizes that they are dealing with the real woman who is her own mother. In great anxiety she relives a scene in which she rebels against her mother. In the boldness of the rebellion she feels relieved. Now it happens that after this interview with the analyst her relations with her circle and especially with her mother are better adjusted to her age and basically more deferential to the individuals. Note, however, that it would not be enough simply to release the emotion. If we desire lasting results, the young girl must also integrate into her personality the data of consciousness revealed in her former infantile attitude.

The moral theologian will ask himself at this point if it is permissible for the young girl to place herself in a situation in which she will express feelings for her mother that are so unkindly.

Again, how shall we judge of lateral abreaction, which takes place not in a doctor's office but in situations that have all the characteristics of genuinely social relations? It is the case of the patient who in the course of treatment expresses his aggressiveness against his children, makes life quite difficult for his wife, breaks out in reproaches against his staff, or becomes enamored of a person he does not really love. An office manager under analysis began to exasperate the stenographers, though of old he had been exceptionally kind and gentle. No one could understand what was happening. One fine day, in a fit of anger, he left the office, slamming the doors, to look for another job.

## II

Let us first examine to what extent a human being can be held accountable for actions, gestures, words, and thoughts which he re-

lives in psychotherapy. Some general principles of moral theology must be recalled: to begin with, the doctrine of material sin and formal sin. There is formal sin whenever there is deliberate commitment of the person in opposition to what he recognizes as proper observance of the moral order and the will of God. Sin is merely material whenever one transgresses the objective norm of morality but without willing it either directly or indirectly. Material sin assumes several forms. The subject can place an objectively evil act without having the slightest notion of its immorality. (All moralists know how baffling good faith can be.) Again, there is material sin when the subject is 'compelled to place an act which he knows to be positively evil. Thus far there is no difficulty. Before going any further, let us see what the principles of moral theology are that govern this doctrine of formal and material sin.

It is agreed that formal sin must be avoided at all costs. That is why there is also a formal duty to avoid dangerous occasions in which one foresees such sin. Nevertheless we can, by way of exception, confront perilous situations in the measure in which we have a guarantee that by extraordinary effort or by external or internal helps formal sin will actually be avoided. We must form our conscience prudently by taking stock of (1) the gravity of the eventual sin, (2) our subjective dispositions, (3) the extraordinary means for safeguarding our resolutions, and (4) the advantage offered by the intrinsically good act posited in the dangerous circumstances.

Material sin, too, ought to be avoided, as far as is reasonably possible. When I intend an act which will involve material sin, or which will create the danger of material sin, I should ask myself (1) if this action is permissible in itself, (2) if it is permissible with reference to my intention, and (3) if it is of sufficient importance for me to adopt a permissive attitude in regard of its consequences.

This consideration of the doctrine of formal and material sin is relevant to the question: to what extent is it morally permissible to involve another in an act which would represent merely material sin on his part? Take an example. A good man consults a doctor apropos of his fertility in marriage. Suppose that the doctor asks him to masturbate in order to provide a specimen of seminal secretion. The doctor justifies his request on the ground that the patient sees nothing

reprehensible in this act if it is involved in a medical examination. Beyond any doubt the doctor in question is doing wrong. Actually he is the deliberate, intentional cause of a transgression of the objective order. Suppose, however, that the doctor, knowing that his patient will act in good faith, asks of him something not intrinsically evil but reprehensible in the concrete. His intervention could be justified whenever he has a sufficiently serious reason for permitting this material contravention of the objective order. What is objectively evil can never be willed directly, either as final end of the action or as means properly so called. In some cases a merely permissive attitude can be justified. Consequently, it is never morally justifiable to directly advise a perverse relationship, e.g., for a homosexual who is in good faith, even to obtain a very important good, such as recovery from illness. Good reasons might well exist, however, for accepting a situation in which it is foreseen that eventually the homosexual will transgress objective morality in good faith.

Therefore, in what concerns the actions that affect our matter directly, we shall have to decline treatment which would lead necessarily to objectively reprehensible practices. If we suppose, then, that a therapeutic method demands, as necessary means to recovery, a form of abreaction in which objectively grave material sins are inevitable, a definite stand would be imperative from the viewpoint of morality and that particular method would have to be excluded, even if the situation did not involve formal sin on the patient's part.

### III

We can ask ourselves now if the acts placed by the subject during therapeutic abreaction are really formal acts. Since the usual forms of abreaction are expressions of love or hate, we ask if ultimately we are dealing here with internal sins, with thoughts which we ought to term evil. Take the young girl of whom we were speaking a moment ago, who experienced the surge of aggressiveness towards her mother. Did she really have thoughts of hate against her? An evil thought, like any evil act, supposes a commitment of the individual. An evil thought is present whenever I harbor thoughts of hate for an enemy and freely acquiesce in those sentiments. Now, what is it exactly that takes place in abreaction? As far as we can see, the girl does not acquiesce in this hatred for her mother during psychotherapy. In

point of fact, it is not the true personality of the girl that expresses itself in these sentiments. The analyst will actually have to act with extreme prudence in order not to arouse her conscious personality, for fear that she may try to repress this rising feeling by a conscious and willed love for her mother.

It is difficult to define the therapeutic situation precisely. A decidedly distinctive relationship is created between patient and analyst, a relationship which has very little in it of social contact. Here we have rather a sheerly emotional relation, in which the personality of the patient, relying on the analyst, feels so secure that he can achieve full surrender in order that the deeper instincts may realize release and spontaneous balance. The therapeutic situation seems to introduce a kind of dissociation into the inner life of the patient which, without eliminating his personality as happens in a dream, still keeps it from interfering for the time being. After the experience a psychic integration will be realized, resulting from a certain deep harmony attained in the pacifying discharge of emotion which has accumulated through repression.

It is the purpose of the therapeutic atmosphere to situate the patient in a simplified, relaxed, infantile, dreamy state. What other purpose is served by the analyst's office, the subdued light, the couch? What other end is envisioned by this attitude of calm, this absent presence of the analyst? What other intent is discoverable in this exclusion of all genuinely social contact between the analyst, his patient, and the latter's family? It is purely and simply to prevent contact with the real personality and to allow the inner dynamisms to express themselves outside the world of social relationships.

Nevertheless, there is no question here of a state of hypnosis. The real personality is always present; the patient remains conscious of external phenomena. But at the same time he feels so buoyed up with confidence and so much stronger in this attitude of protection that he no longer fears the phantoms of his unconscious life and dares to give them free play. The question may legitimately be asked, therefore, who it is that reacts on the couch, who it is that is in a rage, who is afraid, who is amorous or aggressive. Is it really someone? An analyzed individual told me that one lives again in childhood. It is the child within us, he said, who experiences this, and who acts, as far as there

is question of action. But let us see: is it really the child? After all, the child in us no longer exists; he is no longer part of our personality; consequently the present person can no longer place the acts of a child. Is it not rather an infantile structure, a way of reacting to fixed impressions, which has never been able to adapt itself adequately to the behavior imperative for an adult? It would not be the person, therefore, who acts in the therapeutic situation, but rather an encrusted psyche. In the course of treatment this psyche, freed from the constraint of the conscious person—which itself has been strengthened in the attitude of confidence and so dares to relax the inner reins, look itself in the face, set itself in order, soothe and calm itself—this psyche ends by being integrated afterwards into the higher personality which will take the reins once again.

Let us attempt a description, doubtless somewhat simplistic, of what takes place in the psyche during the phenomenon of abreaction. It is imperative in this matter to recall the significance of emotion in our life. An indication of the harmonious or unharmonious build-up of our feelings when confronted by an incident in our inner life, emotivity has basically nothing to do with the responsible commitment of the individual. That is why emotivity is not of itself subject to moral law. It is the vibration of something else, linked involuntarily to a lived experience. This latter can take place on different levels of our concrete personality and be integrated differently into the individual's commitment properly so called.

Suppose now that someone actualizes a situation on a level still strongly biological. Before the integrated personality has taken a stand in response to this situation, an emotion is already attached to it. Immediately afterwards the personality, integrated on the social and psychological plane, rejects or repudiates this experience, without however being able to revoke the expended emotion. The consequence is an exacerbated, imprisoned emotion which will doubtless seek escape in all sorts of analogous situations, yet will be incapable of total release save in the artificial reviviscence of the original situation. Let us imagine someone with a spontaneous impulse of hatred towards his enemy, such that the corresponding emotion is set in action. The socially integrated personality cannot acquiesce in such a feeling. It will voice reproaches and attempt self-composure, reflecting that self-



control is essential, that a man must dominate his instincts by a spirit of charity, that we must open our hearts to more disinterested feelings, etc. But if our friend has lost his self-assurance and is interiorly frightened at this impulse of hate, he may well reject the spontaneous emotion nervously and refuse to admit it even to himself. And yet this emotion, already experienced, will have to be resolved sooner or later, if the anxiety is to be permanently eradicated. We do not say that a healthy suppression is impossible; we merely insist that an ineffectual or nervous repression is undesirable. Observe that on the level on which the emotion took place, before and independently of any acceptance by the psychological personality, there was no sin involved in letting the emotion escape prudently. There was as yet no question of an immoral emotion because, once again, emotion as such, as a vibration of the psyche's inner equilibrium, is of itself morally indifferent. It has the moral character of that of which it is the vibration. As long as an inner impulse is not to be integrated into a deliberate attitude of the personality, no problem of morality arises.

What, then, does the analytic treatment do? It tries to summon up the original event that corresponds to the imprisoned emotion, in order to give the psyche an opportunity to do its part calmly. The special relationship that exists between the analyst and his patient—a relationship so different from the ordinary social relationship between two individuals in everyday life—soothes the patient when confronted with his deeper life. He can now, without anxiety, let the higher functions of integration slip into the background and so give the spontaneous, repressed emotions of the past an opportunity for release on the purely emotional level, where they no longer engage the personal life of the patient. Do we have here something immoral? To relate once more an emotion which does not belong to the moral order, to an actually experienced situation which itself was not of the moral order, in order to effect its release—and all that in a conscious state of slight disintegration of the personality, in order to free it for subsequent life and make possible a more harmonious integration—is this really evil? We do not think so. Moreover, it is usually a matter of situations experienced in tender childhood, in a pre-moral state, where the child could not yet realize the significance of his acts. It is fear of parents that then repressed the act whose emotion was kindled. The

treatment, creating an atmosphere of confidence, of acceptance, going more and more deeply (this is hardly a matter of course—one knows the difficult moments in treatment, the patient's fierce resistance), will revive the events of childhood without the psychological and social personality intervening or taking a stand, and so will bring the attached emotion to the surface and effect its release.

There does not seem to be any objection on principle to treatment of this kind, provided one acts with sufficient precaution to prevent the genuine, real personality from taking a stand. Whatever happens then, it will not involve formal human action. As a matter of fact, what is evoked falls outside any moral context. There is no commitment of the person, merely an inner harmonizing of the psyche in the deep disintegrated strata of the real personality.

I have asked a number of psychiatrists if, in their opinion, there are real internal acts in therapeutic abreaction. In each instance they first looked at me in amazement. Then they answered in the negative, without being able to offer a valid justification of their resolute reply. Usually they were confronted with a problem they had never considered. Prof. Allers, of Washington, D. C., explained to me that, to his mind, we are dealing with an act placed in a very special set of circumstances, clearly beyond the area of responsibility. Besides, the subject expresses only what he feels; he passes no judgment on the objective reality. Moreover, the subject speaks basically only of himself. Prof. Nuttin has answered my question in his noteworthy work on psychoanalysis and the spiritual conception of man.<sup>2</sup> With full justification the professor asks us to examine attentively what takes place before we bring in a verdict. To put oneself in the therapeutic situation is not the same thing as entering into social relationship with others. The issue here is the patient's behavior with respect to himself: he creates a situation which arouses reactions by which he changes something in himself.

Still, it seems to me that this proves merely that the patient's acts of abreaction are not of a social nature. We can grant that. As I see it, however, the author does not sufficiently prove that the tranquilizing acts are not really internal acts of the moral order for which he

<sup>2</sup> Joseph Nuttin, *Psychoanalyse et conception spiritualiste de l'homme* (Louvain: Publications universitaires, 1950).

is responsible. Only by showing that in the therapeutic situation we are living in a slight disintegration of the personality can we understand that there is no commitment here, not even an internal commitment in an act of abreaction. The subject simply releases the emotion of a situation experienced in a pre-moral state, without adopting a position. This can take place only in an artificial relationship between patient and doctor, in which the personality of the subject is so strengthened that he becomes psychically transparent to himself.

Besides, Prof. Nuttin is perhaps too categorical in denying all real social contact. The therapeutic situation constitutes a very special, original relationship, but a relationship all the same. A strict Freudian technique will reduce this human influence to a minimum, but even there the personality of the analyst undoubtedly plays an essential role—a fine proof that we are dealing with human influence. On the other hand, we should not insist unduly on the human influence, because there are all kinds of cathartic abreactions which can take place in a game atmosphere, without such personal influence.

This becomes still more intelligible if we consider some of the multiple forms of therapy attempted in these latter years: not only game therapy, but psychodramatics and group therapy. It is clear that in all these methods the psyche expresses itself and grows interiorly calm without the influence of the psychological personality. This latter is merely the carrier of a game atmosphere in which the inner conflict is resolved. There is a great distance between the discharges effected in the game atmosphere and the internal or external discharges that are fully responsible. When I am really angry at the neighbor who walks on my flower-beds, there is an emotional discharge which can itself be cathartic but for which I am still morally responsible. The curative value of such a release will, in point of fact, affect only a superficial excitement of recent origin. Between the discharge achieved in the game atmosphere and that realized in a real social relation, there are all sorts of cathartic possibilities—in conversation with a friend, e.g., with a man full of wisdom, or with an analyst, in reading a book, in going to the theatre, etc. With respect to the discharge artificially provoked by depth analysis, it seems to me that the really

responsible subject is sufficiently excluded and clearly withdrawn from what is thought or expressed.

It is interesting in this context to invoke the testimony of those who have experienced this analysis. They tell us that there is a moment of anxiety in abreaction, at the exact moment of surrender. I should think that it is not at all pleasant to express one's hatred or one's love like this; it demands a boldness which is not a sheer matter of course. Moreover, it is characteristic that no feeling of culpability is formed with respect to what has taken place in the abreaction. The individuals whom I have questioned on the matter of the morality of these phenomena have confirmed me on this point. Have we not here a further indication that in abreaction there is no commitment, direct or indirect, of the organized personality of the subject?

But, granted all that, is it not imprudent to surrender yourself to treatment, since over and above the purely abreactional acts you will allow yourself to be led easily to reprehensible acts? Much nonsense has been voiced on the subject of transference, that unique emotional relationship between the analyst and his patient. Doubtless it would be ridiculous to deny that this relationship can be abused. But is the danger so much greater than that which obtains in any relationship of a medical nature? In one sense, yes; because the emotional bond belongs directly and, it would seem, essentially to the treatment—obviously not true of every medical relationship, unless we espouse the psychosomatic view in medicine. On the other hand, we must insist strongly that the transference ought necessarily to be a temporary relation, which should be broken off if the recovery of the patient is ultimately to be realized. It is therefore essential for the treatment that it never degenerate into a relationship of a more socialized structure. The recovery of the patient depends on it. There are, of course, corrupt people who play at psychotherapy. Here we have a problem of deontology and human prudence which is not distinctive of psychotherapy.

#### IV

Thus far, therefore, we have seen that necessary formal sin is clearly excluded from abreaction. The danger of such sin remains during the treatment, but it is not very pronounced and is so little distinctive that we see no reason for condemning the treatment on this ground alone. A moral judgment is more delicate where abreaction

involves the concrete activity of the subject, and also in so-called lateral abreaction. In the former case the pertinent question is: are we justified in committing material sin? There seems to be more than that involved in the second case, seeing that the abreactional action is clothed in a real social action of the structured personality.

Consider, first, the case of an active abreaction in the doctor's study. What shall we moralists say to the sick person taking psychotherapeutic treatment, if he comes and tells us that he goes into frenzies of hate, or that he relives erotic scenes that lead to pollution in the presence of the doctor? (I do not say that this happens, but the specialists assure us that such a thing is possible. If our language is somewhat ugly, it is due simply to our desire to clarify the principles of our moral judgment.) Before giving a reply to the patient we shall put this question to ourselves: is the analyst an upright man who fulfils his duty conscientiously? If so, we will be reassured by the guarantee that these phenomena are accidental in the treatment, which is not directed to such acts. In this matter there will always be specific cases where it is imperative to know the personality of the patient. It can be a delicate thing, but is at times permissible, to tell the patient not to be troubled, not to concentrate on this aspect of the problem, to put his trust in the analytic treatment. This treatment, when in good hands, is so organized that of itself it produces the recovery and only the recovery, the purification of the sick person's psyche, the liberation of his free and personal being, the abreaction of his infantilisms. The disturbing acts in question are on the fringe, accidental, neither ends nor means. When the treatment is conducted well (and we suppose that), even the external acts are not acts that engage the individual. The hoped-for recovery of the sick man and the anticipated liberation of his personality are important enough to justify the permissive, undisturbed attitude of the patient. It may well be that he is not now in a condition to make a sound judgment about his commitment, because he is still obsessed by the emotion. Let him calm down, then, let him trust in the treatment, let him remain in contact with his director, somewhat as the scrupulous or the obsessive should do; for these too are incapable of judging of their commitment in act and thought.

We have said enough to settle the first case. The second case is more difficult. A neurotic is subjected to a treatment which can lead a man,

moved by unconscious motives more or less activated, to place a conscious and considered action that is unjustifiable. A neurotically anxious individual may without insolence abuse his freedom by committing acts which his conscience and any decent man should call evil. A young man who has lived unconsciously under his father's thumb realizes his emancipation, not so much with respect to his father as with reference to his God, by losing his so-called faith. Now it is possible for him to make decisions in this situation, irrevocable decisions. It is not, however, at the suggestion of the analyst that he does so; it may even be expressly contrary to the analyst's will, more or less felt by the patient, who takes advantage of this for psychological blackmail. A whole life can be ruined through lateral abreaction, marital fidelity can be destroyed, love or vocation lost. A crime can be committed, a social stigma incurred, which can never be undone.

Here we have the most delicate problem in abreaction and perhaps in all depth psychiatry, considered from the standpoint of morality. But is it here too that we see the structure of the acts placed by the sick person during treatment? Our manuals of moral theology teach us that man is responsible for those free acts in which his understanding is sufficiently illuminated and his will sufficiently set. But of itself the understanding takes into account only those elements of the act that are more or less conscious, and the will commits itself only according to those elements that are presented by the understanding. Everything that is clearly outside the field of vision of man's higher personality will be unable to base an act formally and integrally human.

In the case we are examining, the consciousness of the subject deliberates on a morally reprehensible act, e.g., the repudiation of the faith of childhood; the freedom of the subject commits itself in the same sense and consequently renders the will evil and culpable. And yet, under cover of this freedom, there are motives for the action which have utterly unconsciously influenced the subject's decision and are therefore uncontrollable directive drives.

Here precisely we have the great discovery of depth psychology. In the case presented was there sufficient freedom and sufficient moral commitment to render the subject responsible for his act? Or was there question, in the deliberation on the act, of rationalizing justifications in an unconscious attempt to mask an instinctive drive, resulting

in a pseudo-motivation? We know that ignorance of the elements of our act, the failure to realize the evil in our act, makes the sin merely material.

The fact, too, of external or internal compulsion of itself makes the act sheerly material. But what must we say of necessary impulses to action disguised by all manner of motivation, whose purpose is to mask a real unconscious impulse? Imagine a hypnotized individual who emerges from a séance and produces a situation in which the hypnotic suggestion is necessarily realized. He feels impelled, e.g., to open the window, and will look for all the world as if he is opening it freely. In our treatment, too, we can have an analogous situation. It can happen that an unconscious impulse, activated by the treatment, works in the patient in a more or less determining fashion. Here the suggestion does not come from the hypnotizer but from the patient's unconscious. Externally it would seem that this impulse, entirely unconscious and more or less determining, is assumed by the free personality and invested with his free action: he rejects the faith of his childhood deliberately. But when will we know whether we have a determining impulse with a mere justificatory masquerade, as in the case of the hypnotic, or simply a suggestion that does no more than offer an occasion for a genuine, fully responsible moral judgment, i.e., the quite responsible repudiation of one's faith?

Here we are touching upon a difficult and at times insoluble problem: when can the individual trust his subjective conscience, and to what extent must we judge a man sheerly on the motives which he assigns for his action? The description and the problematic of abreaction have already committed us to raise these questions in each specific case before passing judgment: who is it that is actually acting, and what in reality is he doing? One and the same external act can, in fact, signify several different actions. It can be the expression of a determining impulse, but it could just as well be the expression of a personal commitment taking advantage of an unconscious impulse. Thus, even in lateral abreaction unconscious motivations impel the subject and bring him into situations from which his conscious life will extract justifying "motives." In the concrete we find ourselves faced with an act which has all the characteristics of a free act and is nevertheless inspired by unconscious impulses. What is "done" is not

merely the external act as it appears to the conscience, but at the same time (perhaps even exclusively—though not often in simple neuroses) an expression revealing an unrecognized impulse of the psyche. To what extent are the motives purely justificatory and the act uniquely based on pseudo-motivation?

All of us have a tendency to hold man responsible for the acts which he weighs with a clear conscience and freely accepts. Is this still the case when he does nothing but ratify a determinism, when he makes his own the object of his necessitating impulse? Is this still true when he is deluding himself with all kinds of false motives? Should we not rather say that responsibility supposes adequate comprehension of one's act, and motivation that is more or less sincere? For example, when the scrupulous individual adroitly selects the elements of the act which he intends, so well in fact that he caricatures reality and transforms an objectively wise action into a culpable absurdity, do we not say that his mind is no longer in a condition to form a judgment and that his commitment is not sufficiently grounded to render him responsible? Ought we not say somewhat the same thing of lateral abreaction when it takes the conscious forms of a sinful act?

We are constantly driven back to the same problems: "who" acts in the given instance, and what does the real personality do? As a matter of fact, the real personality may well remain withdrawn during treatment, not only for the period of consultation with the analyst but occasionally even beyond that. And it is then that sheerly abreactional actions can take place. In certain cases of lateral abreaction, however, it would still be possible for the psyche to act and liberate itself through an action freely accepted by the structured personality. We must, therefore, pose the question in each instance: is it the entirely integrated personality that is acting? The genuinely human and fully responsible act is the act placed by the integrated person. In a certain sense, therefore, we can still speak of material sin when there are unconscious drives acting on the clear conscience of the subject to such a degree that the subject has not committed his balanced personality to the act he places. It is only when we know who is at work in a given act that we can pass judgment. The external, conscious act of a man is ultimately only the instrument of his personal commitment.

After all that has been said it is evident that great prudence will



still be necessary before entering ourselves, or sending someone else, into treatment which can result in consequences with the gravity of an externally conscious act for which the individual is still not responsible. In any event, we could not "desire" lateral abreactions, which surely are too dangerous. When the patient is on the point of committing himself to an unconsciously abreactional action evolving in a social setting, the analyst will have to follow his development very closely and restrain him from subsequent reprehensible acts that are difficult to undo, even at the cost of regression in his treatment. It is only fair that the doctor, who by his therapeutic relationship is more or less the cause of what is taking place, should do everything in his power to avert the evil consequences of his intervention.

On the other hand, we moralists are much impressed by the external structure of the act and less accustomed to look for its inner meaning. And yet, if we wish to plumb more deeply and to surpass a sociological or juridical ethic, we shall have to settle down to the study of the concrete personality as it expresses its dynamic complexity. Perhaps it will be difficult for a while to form a judgment about the responsibility of a man. Perhaps we shall have to leave more to the merciful judgment of a good God. Perhaps our attitudes of legalist and moralist will diverge for a time, like those of moralist and spiritual guide, of spiritual guide and confessor. But as long as we are drawing closer to the essence of things, and above all to the heart of man, we are drawing closer to the heart of God, who loved man and became man in His Son.