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SCRUPLES AND MENTAL DISEASE

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NEW YORK, N. Y.

Not infrequently the Catholic psychiatrist is called on to deal with personality disorders in which scruples are an outstanding disturbing feature. A patient so afflicted is tortured by groundless fears that there is sin in desires, impulses, thoughts and actions, which when judged by the criteria laid down by moral theology, psycho-physiology and common sense, are actually blameless. He is continuously or intermittently unhappy because of feelings of guilt and sin.

Even the Confessional, to healthy minds a source of so much peace and happiness, may, to the scrupulous person, become an added stimulus to worry and suffering; for confession, in these cases, may generate new tensions and lead unreasonably to a sense of his having committed further sin. The scrupulous penitent may formulate various explanations to account for such an attitude. He may say that his repentance has been unworthy and insufficient; or that he forgot to confess what he now believes to have been sinful; or that he was insufficiently explicit in his confession, and so on. He may feel wholly unworthy to receive the Blessed Sacrament, or having received it, his tension and suffering may be augmented, again unreasonably and contrary to the teachings of his religion,

through his fear of having committed further sin.

Scrupulous persons who are evidently insane are at once referred to the psychiatrist. Persons having mild or moderate scruples are sometimes referred to the psychiatrist, but occasionally are found also among those who come to him because of other complaints. Some who have suffered over long periods of time from scruples may themselves seek the aid of a psychiatrist. A brief account of such a patient is given here as a case in point. A young man, 24 years old, was referred by a Catholic hospital to which he had telephoned to find out how to get in touch with a Catholic psychiatrist. A graduate of a Catholic college, he was intelligent, well-dressed and well-mannered. He gave a history of having suffered more or less from scruples since childhood. At certain periods during adolescence and later on, his scruples had been increased, but from their beginning he had never been entirely free from them. During the year before his visit to the writer, his trouble had been so severe that he found it difficult to continue his work as an engineer. Scruples and pathologic doubts, so long a disturbing factor in his mind, were becoming stronger. Though doing well the work assigned to him he felt that

he might not be earning his wages, and though in no way careless in his work, that some possible mistake or omission of his might lead to physical injury to other workers. When questioned during his early weekly visits as to whether or not his symptoms were increased or diminished, he found it difficult to make a positive reply. Invariably, interminable balancing of pros and cons, a process of ambivalence typical of his trouble, prevented him from reaching a positive decision.

The young man had been receiving the Sacraments weekly for about ten years, as he considered that his ailment was basically ethical and spiritual in its nature and genesis. Attending at Mass and receiving the Blessed Sacrament were occasions of further scruples. During Mass it was common for such thoughts to pass through his mind as that God did not exist, or that Christ was not really present in the Blessed Sacrament. Thereupon, he would always feel that he had committed fresh sin, and his worry and psychological strain were further increased. Moreover, fancies of sex passed through his mind frequently, especially while at prayer, increasing his feeling of sinfulness. At times he was unable to say even a short prayer through, as an Our Father, or a Hail Mary, for example, because of such distracting thoughts. As a matter of practical fact, he was in his habits and character an honest and virtuous young man

whose faith and morals were basically excellent.

A casual history of the case might suggest that his early scruples had resulted in considerable part from a misunderstanding of what is right and what is wrong regarding certain psycho-physiological aspects of the sex function. He professed, in effect, to have believed that the mere possession of sex or any subjective or physiological manifestation of it was sinful and degrading, therefore that he had tried for years to suppress not only really sinful and immoral actions in relation to this function, but to suppress the very fact of sex itself. The prolonged mental suffering and mental tension which had grown out of his misunderstanding of the problem of sex in relation to moral principles; his consequent failure to come to terms sensibly with this objective feature of his human nature; his blind attempts at suppression of this fact entirely from his consciousness and his prolonged emotional strain and worry at his failure to do so—all these would seem on casual consideration to have brought on a neurosis in which obsessions of doubt and sin were prominent. The content of the obsessions was, in general, repetition of the mental material that he had been striving so long to suppress.

The patient had no clear idea that he was now suffering from a disorder that was really psychiatric and medical in its nature, rather than ethical and religious.

He believed that only a more fervent practice of his religion could cure his disorder. The writer gave it as his opinion that the patient needed the full practice of his religion exactly as a normal man needs it, and for the same purpose, viz., as indispensable for his spiritual welfare, here and hereafter; but that religion was not the specific medicine needed to cure his mental illness since his present problem, being primarily a neurosis, was not basically spiritual in its nature or origin, but psychiatric. The fact that his long illness yielded so well to psychiatric treatment supported this theory. Several months after his last treatment he wrote a very appreciative letter saying that he was 95% cured, that he was most happy to be rid of his ailment and that he would return at once for further treatment should there be any evidence of its recurrence.

As usual, a considerable period of psychological strain antedated the development of scruples. There were difficulties in his home in relation to his father, an egocentric, self-opinionated, domineering man, given to periods when he used alcohol to excess. In addition, the boy was over-sensitive, unrealistic and unusually worrisome. In defense against his various difficulties he developed an inflated idea of his own perfection, with a scepticism as to the worth of the opinions and value of other people.

As a part of the inflated idea he had of his perfection, he incorporated, it would seem, fictitious

moral values by which he desired to be judged and by which in fact he preferred to judge himself in order to maintain this fiction. Hence, unreasonably, he considered as sinful various phases of his psycho-physiological sexual make-up, which the teaching of his Church expressly declares are normal and blameless. However, on account of his subjective defensive need for perfection, he held to these fictitious, pseudo-moral values tenaciously as a part of his false or neurotic self-evaluation.

These scruples were not the product of a normal conscience which is a dictate of practical reason deciding that a particular thing is right or wrong. They were a product of the imagination and charged with much emotional tension wholly contrary to the dictates of reason. They were a product of personality imbalance in the form of a neurosis, obsessive-compulsive in nature, and called *psychasthenia*.

The scruples were not the cause of the neurosis. They were an expression of it. Had his doubts concerned only such temporal matters as whether he had locked the door on retiring, and had they been so insistent as to induce him to leave his bed a half dozen times to assure himself that it was in fact locked, realizing in his deeper consciousness meanwhile that it really was, he would not have considered such doubting sinful. As a matter of fact, pathological doubts about common things are usual among psychasthenics, and

generally apply to such matters as turning off the gas, computing accounts correctly, making exact change in paying for articles, or in the performance of any ordinary tasks. In some cases doubts and scruples of compulsions concerning both moral and every-day matters exist in the same patient. When, as in this case, the obsessive products involve questions having an evident religious or moral phase, the sufferer often believes that he has committed sin because of them. This deepens his psychological tension which in turn tends, to that extent, to deepen and prolong his neurosis. Hence a vicious cycle becomes established.

The process may be summarized as follows: When neurosis, arising as usual from a prolonged psychological strain, takes the form of psychasthenia, pathological doubts, obsessive in form, are usual manifestations. When the doubts concern evident moral and religious matters, the sufferer feels that he has committed sin because of them. This leads to further strain which deepens the neurosis and results in still greater suffering and self-accusation. The sequence may be stated still more briefly and generally: Prolonged mental strain and worry—a resultant neurosis with obsessive mental processes, including in some patients a sense of guilt and sin—consequent added strain and deeper neurosis, and so on around.

In contrast, a case of pathological perfectionism is here given

in which a sense of guilt and sin were absent. The patient was in early middle age; he was a contractor who had been unusually successful in his business. But for years he suffered compulsions of perfection in building and in the operation of his machinery. Frequently he would have his workmen perform tasks over and over in the interest of greater perfection. A painter, having finished painting a room, would be required to return perhaps a dozen times to repair some real or imaginary flaw. Construction floors would have to be kept immaculately clean. If a door was to be placed in a building, as many as twenty visits were often made in order to see the building in various lights and determine exact shades of coloring, etc., necessary to give a perfect effect. If he failed to carry out these compulsions he was subject to great anxiety. Moreover, the patient was proud of a marvelous memory. He could keep all the numerous and varied details of his building operations and materials and their costs in his mind without referring to records. He could call by name hundreds of people whom he employed or with whom he had dealings.

His business judgment was excellent: his business was unusually successful over many years. Yet he was forced by anxiety and distress engendered by his extreme and unreasonable drive for perfection to avoid more and more coming in contact with many of his business operations which he

was therefore gradually curtailing.

Here was a personality trait which by waste and delay was not only preventing the construction of perfect buildings, it was progressively preventing the construction of any building and thereby causing much financial loss. This was a mental process destructive in its effects and most imperious in its demands, operating under the drive of powerful emotional factors.

Successful therapy in such cases demands a notion of the causes of this inflated fiction or facade of perfection and what relation it might hold to the gradual crippling of an otherwise high-powered man. In psychotherapy, as in all forms of therapy, the cure of symptoms necessitates, as far as possible, the removal of their causes. Merely treating symptoms has little value for cure. To have told such a patient that his symptoms were unreasonable and "silly" would be to tell him something of which he was already fully aware and which he had indeed been telling himself over and over again for years.

The first therapeutic need was to discover the psychological *raison d'être* of these compulsions, and the next to lead the patient to see and admit it to himself in order to mobilize against it counteracting forces which were under his rational control. The writer expected to find a history of a difficult home situation in his youth. This was not found. There

were affection and understanding between the patient and his parents and siblings, and friendliness between him and the associates of his youth.

He left school at the age of fifteen to work with his father after completing only one year of high school. From that time on he has kept at work in construction of buildings. After his father's death he took leadership in the business in which, as noted, he was signally successful. However, there was one clearly evident fly in his psychological ointment. His brothers and associates all graduated from college. As time passed on he was made to feel, unwittingly on their part, that he was of lesser worth and quality because of his disadvantages in learning, culture and social experience. This he resented with much energy. He set out to prove to his former friends and himself that he could, without formal training, achieve a greater success than they could with it.

He made many adjustments to this end. He took no vacations. He worked Sundays and weekdays. He made great efforts to manage his business with a minimum of written data. He was proud of his success and rather scornful of those in the same business who had formal training in college.

In discussing such people he showed great emotional warmth and gave many illustrations to prove that by practical methods he arrived at results far superior to theirs. He had a similar scorn

also for lawyers. He would take revenge upon them if they could not answer immediately questions of law relating to his business, by openly belittling them. He would ask, "Why be a lawyer if you have to look up simple questions?" He professed to know more law in relation to his business than lawyers. On this subject of the incapacity of professionally trained engineers and lawyers, he was vigorously eloquent. In a word, he fostered not only an exalted notion of his own perfection as compared with those formally trained, he also vigorously deflated the latter ("sour grapes"), being actuated in both by strong emotional bias.

The motive force operating in this process was his need for a sense of personal worth and safety through an assumption of superiority. He had in the beginning achieved this sense by going to work at the age of fifteen, becoming his "father's right-hand man." Later, his sense of personal worth was deflated when his brothers and friends obtained the experience of college social life and college training. This put him on the defensive. Psychological fictions were elaborated and maintained, i.e., perfectionism of self, imperfectionism of others. At the beginning, the mental make-believe gave him a sense of security and personal worth and safety. However, the subjective necessity of living up to his own fictions became compulsive in an exaggerated manner and he was driven to

maintain them in order to prevent anxiety. As usual, emotionally determined groups of ideas or "complexes" tended to ramify ever further through his psychic life. The strain of long efforts to maintain, as valid, such fictions elaborated in the first instance to give a sense of personal value, provoked in time a disruptive, compulsive neurosis in the form of a severe psychasthenia.

When moral issues are woven into the subjective demand for perfection, scruples may result as this demand is extended to ethical fields as in the case first cited, although the moral issues assumed are really fictitious. When a normal person wishes to achieve greater spiritual perfection, he is guided by conscience which is an application of reason to the ethical and moral fields. When a neurotic person professes a wish to attain such perfection, he may do so by blaming himself for faults he does not possess, carefully refraining from assuming blame for his actual deficiencies. In fact, he makes every effort to keep his existing handicaps hidden and resists admitting them to himself or to the psychiatrist. Indeed, the fictitious faults seem to be admitted as a cover to protect his real personality shortcomings from being discovered. He assumes that his tender conscience makes him better than others. This is basically a make-believe to save face without coming to terms with his underlying subjective difficulties. He often makes a great, even dra-

matic, show of fighting his symptoms directly, a procedure of no curative value whatever. At the same time he shies away from dealing with their essential causes as such, or will say that he is unable to make serious efforts toward getting rid of the offending attitudes until his symptoms are first cleared up. In effect, this is saying that he can or will make the necessary efforts to get well only after he is already cured. This indicates his subjective need for his symptoms as a screen to hide his personality deficiencies.

Of course, the psychological strains that lead to neurosis differ among people, depending on their different drives and ambitions, the amount of their ability to achieve their aims, the amount of courage and vision to seek satisfaction in other real ways that may be open to them. Less vigorous and realistic persons may excuse themselves for defects by fictional poses which must be maintained at all hazards. Such a pose, say one of perfection, may lead to various symptoms, depending on the type of perfection assumed; if in ordinary affairs, obsessions and compulsions may result; if ethical fields are felt to be involved, scruples may follow. In both cases, the symptoms are used as a facade to cover and hide the real subjective difficulties.

It is probably true that children who are unaware of the real principles of morality in relation to self-control may become scrupulous, but if they have sound

mental balance, they would tend to self-correction as their minds develop.

A case was recounted to the writer of a teacher who said to her class of children, "I want to talk to you about immoral thoughts. Looking at the body brings on immoral thoughts. You must never look at yourself or let anyone else see any part of your body unclothed." The teacher added, "A wrong thought for the tiniest portion of a second is a positive mortal sin."

The child carried away the impression that even looking at or thinking of any part of her body was a grievous sin. She was greatly upset. She thought people should not take baths since it could not be done without looking at the body and therefore committing mortal sins. Once she had calculated that she had committed four hundred and fifty mortal sins by such thoughts. The fact of the matter was that the child had no real understanding of the actual possibility of sin which the teacher had in mind in advising her class.

After three months of suffering the child consulted her mother about her troubles, saying the more she tried to forget such thoughts the more they came into her mind. The mother told her that it was her fear of not forgetting these thoughts that kept them in her mind. She assured the child that one must give sufficient reflection and full consent of the will in a grave matter in order to

commit a mortal sin, and that these fancies, in her case, were in no way wrong. This assurance cured the scruples of the basically robust-minded child who, in a period of over thirty years, has had no more such trouble. These scruples were not of the compulsive or neurotic type since they disappeared at once when the faulty notions causing them were corrected. The child had no subjective need of such fictions as a means of maintaining a sense of personal worth or safety. It is theoretically possible that the prolonged mental strain of such scruples, based wholly on misunderstanding, might, if sufficiently prolonged, cause, in itself, a neurosis. However, it is the writer's experience that scrupulous persons are generally over-sensitive and unrealistic, with poor insight into their own problems and subjective difficulties. Misunderstanding in moral questions is probably a contributory cause of neurosis in persons with insecure personality organization.

At this point, a case of more severe or malignant scruples is described in which the etiology was entirely unrelated to questions of faith and morals. The patient was referred by his confessor. He had been suffering for over a year from scruples which embodied firm convictions of unworthiness and guilt. Through all of his waking hours he was deeply upset by such scruples. During Mass he was tortured because of them. He believed that he had an

insufficient love for God. He suffered anguish and bitterness of spirit because he felt that any love he could claim for Him was cold and indifferent, despite the fact that he had an intense desire to love Him with all his heart and strength. He was downcast, depressed and hopeless because he believed himself separated from the Heavenly Father by a chasm which never could be bridged. He had marked insomnia and various other symptoms.

He was troubled, e.g., by fantasies of sex which he considered sinful. In fact, he considered that a mere thought or impulse along this line was sinful, irrespective of his own mental attitude toward it. He believed that he never again would be happy or at peace with himself or with God. Impulses toward suicide not infrequently came to his mind as an escape. He was, however, able to control self-destructive impulses and to remain at work, but with not a little difficulty.

This patient was suffering from *manic-depressive psychosis* in a mild form, in fact in the mildest of the three grades of severity in which this disorder occurs, namely, hypomania. He had had two previous attacks of this mental disorder.

Although psychasthenia is considered to represent a deeper disturbance of the personality organization than the other forms of neurosis (hysteria, neurasthenia and anxiety states), yet even psychasthenia may be looked upon

as representing a relatively superficial upset of the mind as compared with manic-depressive psychosis. In psychasthenia the scruples are basically obsessional in form and represent mainly a disturbance of control at the sensuous level of the imagination. In manic-depressive psychosis the scruples are based on delusional thinking and feeling and impairment of the reason, the basic directive and critical element of the mental faculties. Persons suffering from manic-depressive psychosis are easily recognized by lay people as being insane. The profound suffering that comes from the delusions of unworthiness and sin in the depressive phase of this illness is most likely to drive the patient to suicide unless adequate custodial care is provided. It is in the relatively milder forms of this psychosis, as in the case here cited, that the sufferer may be able to conceal successfully, to a considerable extent, his affliction from his associates, though inwardly he is in a state of more or less emotional turmoil because of delusions giving rise to scruples, self-accusations and loss of hope on account of them.

Severe or malignant scruples are frequently found also in persons afflicted by *involutional psychosis*. This illness afflicts women more often than men. A person disturbed by the milder forms of this unhappy ailment may be able to conceal, and frequently does conceal, her trouble partly or wholly from her associates, and

reveals it only to her confessor or physician. However, she frequently is tortured by a sense of anxiety, hopelessness and sin. She also goes back over her life, gloomily, blaming herself often bitterly for real or imagined misbehavior, even since earliest childhood. In the severer forms of this grave disorder, the sufferers, like severe manic-depressives, are easily recognized as insane; consequently, they are apt to be given necessary custodial care, without which suicide is an ominous probability. Not infrequently, involuntional psychotics seek the Confessional over and over again, striving fruitlessly to get rid of a sense of sin and guilt that is basically delusional in its nature, whether advertent to real or imaginary past transgressions. They tend to incriminate themselves endlessly by self-accusations and declarations of guilt. This illness, like that of manic-depressive psychosis, represents a distortion of ideas and a disturbance of reason. Generally this disorder comes to the oversensitive, unrealistic, poorly-adjusted persons who, having for years been given to the waste of worry and psychological strain and over-tension, are limited in personality reserves, and are unable to carry the extra load imposed by the psycho-physiological changes incident to the involuntional period.

In some forms of *dementia praecox*, or schizophrenia, also, the afflicted persons have delusions of unworthiness and sin. Schizo-

phrenic persons, however, tend to project blame for their difficulties upon other persons or outside influences. The psychotic nature of the disturbance in severe schizophrenia is easily recognizable. But in the milder forms of the disorder, as in the milder forms of both manic-depressive and involuntional psychosis, scruples may, to some extent, exist in persons who may be looked upon as normal by their associates, or, at most, only peculiar.

Cases of *paranoia*, the only major form of "psychogenic" psychosis not previously mentioned in this paper, are rare. These are usually readily recognizable as psychotic excepting in the milder forms. However, by the psychological process of projection, they invariably place blame upon others for their difficulties, and are, therefore, not self-accusatory and scrupulous.

Thus of the four main forms of the "functional" or "psychogenic" psychosis, viz., manic-depressive, involuntional melancholia, dementia praecox (schizophrenia) and paranoia, scruples are limited largely to the first two in the order here mentioned. Moreover, the scruples are malignant in form, representing a malfunction at the deepest psychological levels. In the milder forms of manic-depressive and involuntional psychosis, the affected persons may, to the casual observer, pass for sane, responsible members of the social body. Their mental illness may be revealed fully only to the confes-

sor or the physician.

There is a rather large class of persons who are considered *constitutionally inferior* on account of physical, intellectual, emotional or instinctive defects occurring early in life on inherited, congenital or acquired basis. In these cases there may be associated psycho-neurotic or psychotic tendencies or actual occurrences. The group includes many who are unstable, scattered and undependable; or over-sensitive, over-emotional and complaining; or those who are suspicious and fearful, as well as others who are unduly self-assertive and independent. Space is lacking here for a discussion of scruples in relation to this varied and divergent group; and also of scruples in relation to the organic or toxic psychotic groups, which can usually be recognized by neurological and medical study.

It is the writer's opinion that the greater number of persons afflicted by persistent scruples should be classed as neurotic, a smaller number as psychotic. Some cases of scruples depend upon faulty ideas of what is right and wrong in the moral sphere. If these are not neurotic in character, they clear up at once with correct information. Scruples which persist after the truth has been made clear on moral questions indicate a neurosis (psychasthenia). Unless the underlying strains causing this neurosis are found, and the patient is led to make such adjustments as will al-

leviate them, the disorder will persist. The writer believes that the cause is always chronic psychological strain. The source of the strain will be different in different cases, depending in each case on the type and structure of the personality. What will lead to mental tension in one person will not disturb another, since the pursuit of aims and the maintenance of attitudes that are thought to be indispensable to assure the sense of personal worth and safety of individuals differ.

Neurotics, like normal people, can feel guilty for wrong-doing. Their self-accusations as to scruples, however, are fictitious in origin and are adapted to hide their real personality weakness. When they find that their self-accusations are accepted as given, they tend to go on the defensive. The strain giving rise to psychasthenia frequently grows out of fruitless striving to maintain unreal and untenable attitudes, differing in different cases.

A correct understanding of the teachings of the Church, not only in major morals, but in minor

morals as well, is a powerful preventive of neurosis, including the type, psychasthenia, in which scruples are prominent. If the neurosis arises, for example, as a result of chronic mental strain involved in the struggle to maintain the dual fictions, personal and social, growing out of the self-inflation of perfectionism, real humility would be an effective remedy; or, if the neurosis grows out of the chronic strain arising from a losing effort to obtain fulfilment of undue demands on others with a sense of grievance when thwarted, a correct understanding of justice and prudence would be an excellent corrective. Immoderate and prolonged grief at serious losses does not occur to provoke neurosis in those who orient their lives to the will of God.

The principles of the new psychology, as far as they are true, are generally to be found in the teachings of the old religion. These truths as applied realistically to life's difficulties are the best possible form of mental hygiene and the best guarantee of mental health.

Suggestions: Those of us who enter the armed forces should ever be on the alert to do all we can to further the practices and principles of our holy religion.

Each of our members who is assigned to troops should make it a point to be on the alert—by observation and questioning of the applicant—in order to elicit or observe any mental or nervous disorder, so as to weed out this type of selectee, preventing thereby liabilities for our government through useless members of the armed forces.

Finally, let us all cooperate in order that our Guilds may become more numerous in the years to come.—WALTER J. OTIS, M.D.