
Menninger: Whatever Became of Sin?

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Recommended Citation

Ralph Slovenko, *Menninger: Whatever Became of Sin?*, 23 DePaul L. Rev. 1437 (1974)
Available at: <https://via.library.depaul.edu/law-review/vol23/iss4/5>

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BOOK CRITIQUES

WHATEVER BECAME OF SIN? by KARL MENNINGER. New York: Hawthorn. Notes; index. 1973. Pp. viii+238. \$7.95 cloth.

*Ralph Slovenko**

Those who have followed Dr. Karl Menninger's work through the years may be surprised by his most recent publication, *Whatever Became of Sin?* As a staff colleague during 1965-1967, when I held a joint appointment at the Menninger Foundation and the University of Kansas School of Law, I often listened to Dr. Karl (as he is affectionately known) criticize the processes by which the criminal law is implemented. He railed against the fault-blame system. He considered it "a ludicrous endeavor to be determining whether or not a person is 'worthy' of blame."¹

Has Dr. Karl, at 80, changed his mind? Dr. Karl foresaw what would be said about this book. Speaking as a hypothetical critic, he says:

Listen, if you will, to that! Comes now Karl Menninger himself, long on the firing line in defense of psychoanalysis, behavior sciences and motivation research, and pointing to symptoms labeled crimes, and attacking the inhumanity and stupidity of "treating" people with prisons and punishment. Comes now this doctor to lend aid and comfort to the enemy, the moral hard hats, the "punishment and vengeance" people, the prudes and

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1. Dr. Karl has long believed that rather silly questions were asked in the courtroom: "Whether a man knew left from right, whether he knew right from wrong, whether he knew where he was, and that sort of thing." No one was ever asked: "What went wrong in this man's life that he is here instead of out on the road? How is it that he is in trouble with his people, his city, and his government? What is different about him from the rest of us? What do we do about his present predicament—and ours?" He was never asked questions that had anything to do with changing the erring individual but only some technical questions regarding his so-called responsibility. See K. MENNINGER, SPARKS (L. Freeman ed. 1973) [hereinafter cited as SPARKS]. This work contains a selection from 50 years of Dr. Karl's occasional writings, speeches, lectures, but mainly consisting of excerpts from his column, *Reading Notes*, which has appeared for many years in the BULLETIN OF THE MENNINGER CLINIC, and recently also in *Psychiatric News*, the bi-weekly newspaper of the American Psychiatric Association. SPARKS has chapters that range from personal history, through the history of psychiatry, particularly in America, to chapters which reveal the evolving of WHATEVER BECAME OF SIN? and the previous book, THE CRIME OF PUNISHMENT (1968). A celebration issue of the BULLETIN OF THE MENNINGER CLINIC honoring Dr. Karl on his 80th birthday, containing a selection of his previously unpublished papers and a bibliography of his writings (1919-1973), appears in 37 BULL. MENNINGER CLINIC 201 (1973).

the religiously superstitious. Is he a turncoat? Is he conceding the opponents a point? After fifty years of persistent effort by many of us to annihilate the "sin" concept, which was used to justify terrible punishments for derelictions, would he go over to the enemy?²

Sleepless nights, to be sure. He needed reassurance to go forward on this book, and he solicited it from old friends. Here is the advice he received from Dr. Lawrence S. Kubie, a leader in the psychoanalytic movement:

The concept of Sin has fallen into disrepute precisely because it has failed to help people to change and by failing has betrayed human aspirations and culture. Few people realize that the incidence of delinquencies among the "faithful" is at least as high as, if not higher than, its incidence among non-believers. We need you to make it clear that although the concept of illness is often misused as an excuse and as a device for escaping responsibility, such misuse does not destroy its potential values.

The legal concept of the "irresistible impulse" is not invalid merely because it, too, can be misused. Surely no one need remind us (but perhaps we need to remind the public) that antibiotics or aspirin can also be misused. We do not for this reason attack them. We surely agree that just because the concept of illness has been misused does not mean that it has no value for a deeper understanding of Sinning. Similarly because the concept of Sin has so often been misused as an excuse for brutality and vengeance (masquerading as righteous punishment) does not mean that it has no value, if and when properly used.

I think that you would perform a great service by a critical exposition of the equal tendency to misuse both the concepts of sin and of illness in relation to errant behavior. From this basis you might then point the way towards wiser uses of both concepts.³

Thus encouraged, Dr. Karl pursues the task of reviving the use of the word "sin"—not for the word's sake, he says, but for the introduction of the concepts of guilt and moral responsibility. Freud, it may be recalled, had warned psychoanalysts never to pass judgment on their analysands, no matter what they revealed. Calling something a "sin" and dealing with it as such, however, Dr. Karl opines, may be a useful salvage or coping device. It does little good to repent a symptom, but it may do great harm not to repent a sin. Likewise, it does little good to merely psychoanalyze a sin, and sometimes great harm to ignore a symptom.

In *The Vital Balance*, published in 1963, shortly before undertaking *The Crime of Punishment*, Dr. Karl set forth his view of "mental illness," which may be summarized as the persistent failure to cope with internally or externally induced stresses. Every individual, constantly exchanging with his environment, tries to make the best bargain possible with it, considering its threats, demands, opportunities, and dangers. To end a crisis, from birth trauma to an ingrown toenail, one needs an "anti-crisis" in order that one may "stay on his rocker," or, as Dr. Karl puts it, to maintain that vital balance. Overstresses may build beyond ordinary control and threaten to upset the internal balances. Sometimes an assist from one's family or friends, pastor, or physician may help reduce the tensions.

2. K. MENNINGER, *WHATEVER BECAME OF SIN?* 47 (1973) [hereinafter cited as MENNINGER].

3. MENNINGER at 47-48.

Sometimes the assistance takes the form of food or drugs. It is often purely happenstance what the manifestations of the imbalances are called and what type of help the individual receives—medical, legal, social, or pastoral.⁴

The medicalization of moral values—the labeling of “sins” as “illnesses”—has consequences. What one does about something depends on how one defines it. A person labeled as sick is exempted from some or all of his normal social-role responsibilities and from punishment, since it is believed that a sick person cannot help being ill, and cannot get well by an act of decision or will.⁵ (Eric Berne, in *Games People Play*, illustrates that “mental illness” may be a strategy, albeit unconscious, to gain that which might otherwise be refused.) In 1968, Dr. Karl wrote in *The Crime of Punishment*, “According to the prevalent understanding of the word, crime is not a disease. Neither is it an illness, although I think it should be!”

However, in *Whatever Became of Sin?* Dr. Karl seemingly joins the backlash against defining more and more deviant conditions as “health” problems. Dr. Karl says that he seeks the revival or reassertion of personal responsibility in all human acts, good and bad—not total responsibility, but not zero either. “There is always some environmental determination and always some individual determination,” he suggests, “and it is improper to exclude either.” Is this not, however, a basic assumption upon which the criminal law is bottomed? In exhortations to the jury, prosecutors argue, “a man must be held responsible for his actions,” although the criminal law does limit this proposition by requiring the existence of a “voluntary act” and “*mens rea*,” which Dr. Karl apparently ignores when he asserts that “in the courtroom, everyone is responsible, and elsewhere, almost no one seems to be.”⁶

4. For a review of *THE VITAL BALANCE*, see Engel, *Mental Illness: Vital Balance or Myth?*, 28 *BULL. MENNINGER CLINIC* 145 (1964).

5. Should drunkenness be dealt with primarily as a criminal offense or a medical-social problem? How far should society deal with juvenile delinquency as a social-educational problem outside the criminal justice system? Why is it that debtors, often owing considerable sums, are dealt with by the civil court, while petty thieves are dealt with by the criminal law? Should the taking of drugs continue to be regarded as a criminal offense, or is it rather a matter for the attention of the medical services? Should the petty recidivist of low intelligence be dealt with by the penal system, or is there a point at which he should be regarded as a socially inadequate person—incapable of looking after himself and given a disability pension and guidance under the welfare services? Shoplifting may, in some cases, stem out of depression or melancholia, according to psychiatric evidence. Should a diagnosis of mental illness become a mandate to the patient to help himself to merchandise from any shop he pleases? R. SLOVENKO, *PSYCHIATRY AND LAW* 127 (1973); Evans, *Point When a Crime Ceases to be Criminal*, *London Times*, Mar. 15, 1974, at 16; *Shoplifting, A Medical and A Legal Problem*, *London Times*, Oct. 17, 1973, at 4. Pretrial diversion from the criminal process has been described as a “practice in search of a theory.” Comment, *Pretrial Diversion from the Criminal Process*, 83 *YALE L.J.* 827 (1974).

6. MENNINGER at 179.

Is Dr. Karl actually joining the moralistic bully-boys? Dr. Karl's response is a ringing "NO!" (the capitalization is Dr. Karl's). The bully-boys are not concerned with morality, Dr. Karl posits, only with legality and vengeance.⁷ Responsibility, yes—he urges; punishment, no. He is, however, not opposed to "penalty."⁸

Locking up people at state expense and turning them out more criminal is not productive, but is a manageable process from a bureaucratic vantage point. Dealing with each offender individually, which Dr. Karl urges, takes imagination and flexibility.⁹ In *The Crime of Punishment*, which was in preparation when I was a staff colleague, Dr. Karl set out and elaborated his lifelong view that "all the crimes committed by the jailed criminals do not equal in total social damage that of the crimes committed against them." He decried the shame of our prisons until his very prose grew hoarse.

Through the years Dr. Karl has been criticized on the ground that he either ignores individual responsibility or seeks to subvert the rule of law. "He doesn't want to punish any one." "He wants to let all the criminals out on the street." "He wants to keep people secluded for an indeterminate time." Those charges bewildered him. He could not understand why Edward de Grazia,¹⁰ Jerome Hall,¹¹ and other criminal law theorists made those accusations. In fact, Dr. Karl urged that everyone be held responsible for his acts, even though he may be epileptic or delusional. As Dr. Karl would put it, "It was *his* act; who else's? It was not mine." He thought the law is confused in requiring a "voluntary act" and "*mens rea*." He has always advocated that *everyone* be held accountable for his

7. MENNINGER at 47.

8. Is Dr. Karl merely playing with labels? What's the difference between "punishment" and "penalty"? Dr. Karl explains:

If punishment is taken as identical with penalty, a fine for running against a red light is punishment. That isn't my notion of it. I distinguish punishment as that excess of penalty which causes "backlash" instead of correction. A slap on the wrist might be called punishment and a pilfering child might be corrected by it, but a blow with a steel bar or a slash across the wrist with a sharp knife is a different kind of "penalty," a kind—or degree—which I call punishment.

SPARKS, *supra* note 1, at 232.

Penalties are needed for deterrents and public protection and even for a part of the morality play of the whole business, but whenever the penalty is too great, and produces a backlash of bitterness and retaliation, it does far more harm than good.

Personal correspondence of Mar. 12, 1971.

9. The whole business of sentencing should be changed, says Dr. Karl. There is no mathematical formula for a penalty. "Offenders should be sent to a diagnostic center and studied. Those who can be treated should be given treatment. Those who cannot be treated and are dangerous to society should be put where they cannot do any more harm nor be harmed." SPARKS, *supra* note 1, at 221.

10. de Grazia, *Crime Without Punishment: A Psychiatric Conundrum*, 52 COLUM. L. REV. 746 (1952).

11. Hall, *Psychiatry and the Law*, 38 IOWA L. REV. 687 (1953).

behavior, but that the disposition be tailored to the individual case, just as in medicine.

Dr. Karl, along with Drs. Spock and Freud, has been blamed for the undisciplined behavior, the hooliganism, that is so prevalent in our society. But what Dr. Karl and the other accused have been opposed to is behavior that warps or kills the human spirit. Just about every juvenile delinquent got plenty of punishment as a child—not care and attention. All studies of juvenile behavior have pointed to the fact that most young criminals have been beaten and otherwise coldly or cruelly treated in their early years.¹² In any event, the condition of youth today cannot be attributed to permissive child rearing since most people have never practiced it. To suggest that people who do not have the capacity to cope because of the cruel circumstances of their lives need more punishment is beyond his apprehension.¹³

When Dr. Karl and his wife, Jeannette, were consultants some years ago to the editor of the home magazine, *Household*, a prize was offered for the best essay written by a parent on "How I Cured My Child" of such behavior as running away, playing truant, telling lies, stealing, or bedwetting. They were astonished by the large number of letters boasting of success based on cruel methods. Parents wrote, "We beat the hell out of him and that took care of it," or, "We beat some sense into him." These parents considered the affliction of pain to be effective. Dr. Karl thought it was not, and none of those letters were published.¹⁴

Dr. Karl's anti-punishment philosophy was expressed in other ways. He took the occasion each year at graduation exercises at the Menninger

12. "Children should be corrected, but clubbing them and belting them and other such cruelties are not correction. They are the seeds of crime." On the other hand, Dr. Karl is quick to add, too much permissiveness may be just as crippling to a child. Failure to impose any kind of structure results in the child being confused by emotions he cannot control.

One of the projects closest to Dr. Karl's heart is The Villages, a nonprofit organization founded in 1964 in Topeka for the purpose of providing permanent homes for homeless, neglected, deserted children between the ages of 8 and 16. The village is situated on 320 acres of land near Topeka where the children attend public schools and enjoy community activities. They live in cottage families of 12 with house parents. The hope of Dr. Karl and his associates is that The Villages will become a national, or even international, network of villages. SPARKS, *supra* note 1, at 273.

13. Punishment ideology, many say, is a symptom of closing one's eyes to the conditions of life. See Gagnon, *Insight and Outlook*, 34 PARTISAN REV. 400 (1967).

14. When does discipline become child abuse? That apparently is a question admitting of no satisfactory answer. Flaste, *Child-Rearing: A Return to Discipline, Without Forgetting Love*, N.Y. Times, Dec. 3, 1973, at 54. One authority in the problem of child abuse says that "this year 300,000 children will suffer permanent damage, both physical and emotional, from brutal mistreatment, and another 50,000 will die." V. FONTANA, *SOMEWHERE A CHILD IS CRYING* (1974). (Some patentees exhibit a benevolent attitude toward children: George Jorgenson in 1953 patented a paddle that would break if the child is spanked too hard; Dewey Gordon in 1971 patented a paddle, called "Mama's Little Helper," that has a padding on the underside that prevents injury to the child. S. JONES, *INVENTIONS NECESSITY IS NOT THE MOTHER OF*, at 11 (1973).)

Foundation to speak out against what he called the punitive "treatment" so widely practiced in the ostensibly merciful discipline of psychiatry. Electroshock has never been his choice of therapy, although he acknowledges that, for alleviating depression, it has occasional value. It is not the regular treatment at the Menninger Clinic; it is not used in China and many other countries.

The present world miasma, Dr. Karl says, is the result of our self-induced conviction that sin has ceased to be, and that only the neurotics need to be treated and the criminals punished. The rest may stand around and do their thing. The answer to the question put in Dr. Karl's most recent book, *Whatever Became of Sin?*, is that what has formerly been considered a sin has been turned into crime, symptom, or collective irresponsibility. Thus, some former sins have changed color, like a chameleon; others have disappeared.

A number of sins were turned into crime with the declining influence of religious beliefs and institutions toward the end of the seventeenth century, when there was a corresponding rise in power of secular thought and of the rulers of nation-states. The state enacted laws governing behavior that earlier had been left to religious bodies. (Many people are coming to the conclusion that the concept of the nation-state has done more harm than any human concept except possibly religion.)

Some former sins, as noted, have been reduced to illness or symptoms.¹⁵

15. Psychiatry is well on its way to replacing religion in the United States. Americans now place as much faith in psychiatric programs as they once devoted to "salvation" in traditional rescue missions. The public hears far more about human behavior from psychologists and psychiatrists than from clergymen. The psychiatrist's advice is much more popular. So many young people have turned from the study of religion to psychology that "mental-health workers" are sure to outnumber clergymen in a few years. The two fields were evenly matched as recently as 1961, when about 10,000 degrees each were given in psychology and in religious disciplines. In 1971, students received 44,000 psychology degrees and only 14,500 related to religion. Malloy, *It's the Old-Time Religion/Shrinks' Become Pastors to "Sick" Congregations*, National Observer, May 26, 1973, at 1. See also O.H. MOWRER, *CRISIS IN PSYCHIATRY AND RELIGION* (1961).

Peter DeVries, among others, says that psychoanalysis is telling an old story in a new way; that is, the traditional conflict between flesh and spirit, as viewed by the Christianity now supposedly outmoded, is no longer described by the notion of sin but by Ego and Superego riding herd on something called the Id. "It's the same keg of nails any way you open it." P. DE VRIES, *FOREVER PANTING* 3 (1973).

It seems that sin is best defined as estrangement from God and not deviation from rules. The psychiatric concept of the id, referring to the basic, unrefined biological impulses, does not differ to any great extent from that aspect of the theological doctrine of original sin, which refer to man's bondage to his primitive impulses, his rebellious nature, and his destructive tendencies.

J. KNIGHT, *A PSYCHIATRIST LOOKS AT RELIGION AND HEALTH* 88 (1964). See also E. TORREY, *THE MIND GAME-WITCHDOCTORS AND PSYCHIATRISTS* (1972); Eng, *The Significance of the Rhetorical Tradition for the Self-understanding of Psychotherapy*, 5 HUMAN CONTEXT 569 (1973). In some primitive societies, the responsibility both for the physical and for the moral well-being of the people is entrusted to a single profession—the profession of witch doctor or medicine man. In the Christian era, in keeping with the body-soul dichotomy of Christian theology, mental illness was

Beginning in the eighteenth century, for example, masturbation and homosexuality were characterized as diseases.¹⁶ The discovery was made in the criminal law that some behaviors were the "product" of illness (mental disease or defect). Behavior is not called criminal when it is a symptom of disease; treatment rather than punishment is to be the panacea. Alcoholism and drug addiction are examples. Today, though, there is a backlash against the medical model. Dr. Karl's view of the life process, although he may not admit it, has helped to take "mental disorder" out of the medical framework. From his book *The Vital Balance*, along with Eric Berne's *Games People Play* and Thomas Szasz's *The Myth of Mental Illness*, the word has spread that "mental illness" or "mental health" is a style of life, a role that an individual devises, often at great psychic expense, in order to cope with stresses.¹⁷ The departure from the medical model may soon prompt the question, "Whatever happened to symptom?"

Sin has also been made to disappear by collective irresponsibility. At about the turn of the twentieth century a new social philosophy and a seemingly new code of morality began to manifest themselves universally. How did it come about that people were able to do evil things routinely, bureaucratically, without feeling? The answer Hannah Arendt gave about Hitler's Germany was that the Nazis made evil commonplace, banal, so much a part of the social order that everyone incorporated it as a style of life.¹⁸ Something like that, Dr. Karl suggests, has now happened to us.

On page 113, and for the next forty pages, Dr. Karl gives us a catalogue of the old seven deadly sins (and some new ones)—the sin of pride, the sins of sexuality (lust, fornication, adultery, and pornography), the sins of

regarded as the province of the priest, not of the physician, and was treated by exorcising devils. Dr. Richard L. Jenkins says that the distinction between those two systems for the control of human behavior—the moral (religious, ethical, legal) and the medical—in the last analysis is a spurious distinction in that both systems rely upon the same fundamental elements, and the difference is not one of kind, but merely one of emphasis. Jenkins, *Psychiatry and Morals*, 27 MENTAL HYGIENE 177 (1943). See also H. HARTMANN, *PSYCHOANALYSIS AND MORAL VALUES* (1960); M. LEVINE, *PSYCHIATRY AND ETHICS* (1973); *MORAL VALUES AND THE SUPEREGO CONCEPT IN PSYCHOANALYSIS* (S. Post ed. 1972); P. TILlich, *MORALITY AND BEYOND* (1963); A. WHEELIS, *THE MORALIST* (1973); Farber, *Psychoanalysis and Morality*, COMMENTARY, Nov. 1965, at 69. Publications on religion, psychiatry and morality indicate that while religion seems to be adopting much of psychiatry, the psychiatrists seem to be searching for a moral code. Rowley, *The Church and the Couch*, THE NATION, Feb. 22, 1965, at 203.

16. Benjamin Rush, a signer of the Declaration of Independence and undisputed father of American psychiatry, helped transform moral questions into medical problems. He wrote, in 1744: "Perhaps hereafter it may be as much the business of the physician as it is now the divine to acclaim mankind from vice." Letter from Benjamin Rush to Granville Sharp, July 9, 1744 in 1 AMERICAN STUDIES 20 (1967).

17. K. MENNINGER, *THE VITAL BALANCE* (1963); E. BERNE, *GAMES PEOPLE PLAY* (1964); T. SZASZ, *THE MYTH OF MENTAL ILLNESS* (1961).

18. H. ARENDT, *EICHMANN IN JERUSALEM: A REPORT ON THE BANALITY OF EVIL* (1963).

gluttony (foods, drinks, and drugs), the sin of sloth, the sins of envy, greed and avarice, the sin of affluence, the sin of waste, the sins of cheating and stealing, the sin of lying, and the sin of cruelty (to animals and children).¹⁹ The catalogue is neither innovative nor enlightening, but it may refresh the memory, as the lawyers say. After this depressing recital, which Dr. Karl himself recognizes it to be, the reader will surely ask, "So what?" Dr. Karl's averred purpose is to "increase sensitivity and arouse opposition to sin." It might be argued that the response would be quite the opposite since labeling something as sinful often seems to make it alluring.²⁰

Following the recital of sins, only a few pages remain to spell out the promise of a better world. When the book is almost finished, Dr. Karl forces us to ask why he wrote the book. Up to this point, to be frank, the book has not said much that is not familiar. Little is offered in the end, though, other than a sermon. Perhaps that is enough, but I doubt it.²¹ Like Dr. Karl's earlier effort, *The Crime of Punishment*, this book

19. Whereas Dr. Karl is optimistic and sees no apocalypse about to overwhelm us, Professor Konrad Lorenz of West Germany's Max Planck Institute for Behavioral Physiology sees sin as a sign of genetic decay. His new book, *CIVILIZED MAN'S EIGHT DEADLY SINS* (1973), is a kind of doomsday summary of the techniques and processes the human race is using to destroy itself. Lorenz talks about sin, dressed not in the robes of the priest, but in a white lab coat. The eight deadly sins referred to in the title are: overpopulation, pollution, uncontrolled growth, numbing of consciousness, genetic decay, breakdown of tradition, susceptibility to indoctrination, and nuclear weapons. *NEWSWEEK*, Aug. 6, 1973, at 58. Are these sins, or problems? See Sennett, *Surrender of the Will*, N.Y. REV. OF BOOKS, Apr. 18, 1974, at 28. Dante in his *DIVINE COMEDY* divided sins into three kinds: those of lust, those of violence, and those of fraud. The sins of lust—those we tend to take most seriously—were those that Dante thought most trivial. The sins of fraud were for Dante the worst of all. Nicolai Gogol, that masterful Russian writer who gave most perfect expression to the conflict between good and evil, said he knew people too well to be a dreamer. "The lessons I have learnt from them I shall never forget." The famous seven deadly sins are discussed with humor in the books by Fernando Diaz-Plaja: *LOS SIETE PECADOS CAPITALES EN ESTADOS UNIDOS* (1969), *EL FRANCÉS Y LOS SIETE PECADOS CAPITALES* (1969), *EL ITALIANO Y LOS SIETE PECADOS CAPITALES* (1970), published by Alianza Editorial, Madrid, Spain. One reviewer of Lorenz's book is reminded of a lecture delivered by the renowned Harvard sociologist Pitrim Sorokin. At the end of Sorokin's lecture, a young student asked if the professor could not find it in his heart to say something optimistic—anything. To this Sorokin replied, "Yes, we have not yet hit the bottom." *THE NEW YORKER*, Apr. 8, 1974, at 144.

20. The forbidden fruit has appeal. Students, for example, tend not to look at past examination questions when they are made available, but when they are not available, there is a great urge to obtain them. There is more appeal in devil food (e.g., deviled ham) than in angel food. A preacher who recently announced that there are 726 sins was besieged for copies of the list. All too often, sinful activity is the most readily available means of unfreezing emotions and of achieving social status while also demonstrating an adequate manhood in the absence of other validation.

21. Wherever he goes Dr. Karl inspires people. If psychiatry had not supplanted religion, Dr. Karl might very well have been a preacher, and he would have been a good one. "Put stars in your eyes," he would say, "and keep them there." The stars are there, when Dr. Karl is around, but when he is gone, they tend to

is an emotional expression of outrage against the present state of affairs. Whatever positive recommendations appear in *The Crime of Punishment* were included as afterthoughts. Dr. Karl, in that book, pointed to the disadvantages of the present criminal law system, but left his readers with a feeling of despair and helplessness. Readers found few, if any, constructive suggestions as to how matters could be changed. It is likely that readers will find the same to be true of his book on sin. But what will impress readers of both books is their emotional fervor, and that here is someone who really *cares* about his subject. *The Crime of Punishment* asked: "Why don't we care? And if we do care, some of us, why not more intelligently and effectively?"

Remember the old sermon: "It's up to *you*. Thine is the Kingdom and the Power and Glory." That, in sum, is Dr. Karl's sermon in *Whatever Became of Sin?* "Be concerned." "Care." "Relinquish the sin of indifference." "Renounce apathy and courageously face the responsibility for evil."²² Indifference is the touchstone, the Great Sin, the heart of all sin—the unforgivable sin is not to care.

THE INDIVIDUAL AND SOCIETY

But why is it that people in certain societies are indifferent, while in others they are concerned?²³ Dr. Karl does not concern himself with that question. He simply casts the responsibility on the individual to be concerned. But it is difficult to persuade a person to do something about

disappear. I have a strong feeling that if Dr. Karl would hear someone else make his own exhortation, though made in sincerity and honesty, he would look askance, for he has an uncanny ability to discern reality. On the road of life, it's fine to look up at the stars but also look behind and ahead of you. And for amusing cruelty, the lines of Voltaire may be remembered: "The ass will still remain an ass, though you may heap stars upon him."

Dr. Karl lectured this spring in my class at the Wayne State University Law School at the conclusion of which, for the first time in memory, a law class stood up and gave a long ovation. Some student comments were: "He has renewed my faith." "He's such a compassionate person." "He's so inspiring." "He gave me hope." "Thanks so much for bringing him here." In the course of his talk, Dr. Karl observed that lawyers could do far more than doctors or psychiatrists in improving the mental health of the people. That comment came across as particularly innervating. Lawyers, he would point out, deal with social conditions, and it's social conditions that make for mental health. Unfortunately, that theme is not developed in *WHATSOEVER BECAME OF SIN?* (One may wonder if Dr. Karl, when he says that lawyers deal with social conditions, really knows what lawyers do. The vast majority of them deal with individual clients, just as doctors deal with individual patients, and most of the time is spent filing stereotyped papers, which usually go unread. Freud had suggested that a new profession is needed to deal with social problems.)

22. MENNINGER at 189.

23. Compare one country: a man had suffocated a young girl, and nearly everyone in the town left their work or other activity to search for him. In the United States, on the other hand, such concern and watchfulness by the citizenry would be actually denounced as vigilantism. Needless to say, where such a vigil prevails, there is little or no crime.

crime, for example, though it is overwhelmingly the major concern of every citizen. The ordinary citizen feels impotent or paralyzed with fear to do anything about it. Is it fair to chastise him as apathetic?

The conditions of society determine whether or not its citizens will act responsibly. A person is not an entity divorced from his environs; he lives and gains support and direction within his interpersonal, social, and cultural settings. In different epochs and in different social environments a man loves, hates, and hopes in different ways. As, through its roots, a tree feeds its blossoms and its fruit from the earth's substance, so the human being finds nourishment for his feelings and his thoughts in his society.

Aggression and hostility are so clearly defensive and protective maneuvers that it is difficult to understand how psychoanalytic theory has, at times, connected them with an inborn "death instinct" or self-destructive instinct. At one time behavior was attributed to inheritance. In the early nineteenth century, when phrenology reigned, a noted bumpologist even designated one area of the head "murder." (In nineteenth century novels heroes have large heads and high foreheads while villains have narrow heads and beetling brows.) Job applicants were often requested to bring in phrenological analyses—much like today's aptitude and psychological testing. Horace Greeley even suggested that trainmen be hired according to the shape of their heads in order to prevent accidents.²⁴ Subsequently, emphasis was shifted from nature to early nurturance. The focus of psychoanalysis for many years was upon infantile sexuality and it was thus unable to include the findings of other sciences. Some psychoanalysts continue to look only at the head or the penis.²⁵

Dr. Karl also—in this book although not at other times—takes no notice of the inevitable interaction of a personality with the culture in which it develops and lives, ignoring the reciprocal relationship between societal and personality variables.²⁶ Freud largely disregarded the environment,

24. Shafer, *Phrenology's Golden Years*, AM. HIST. ILLUS., Feb. 1974, at 36.

25. By concentrating on the individual, the scope of external causal factors tends to narrow to those discrete stimuli acting directly on the individual, and the larger outlines of the social structure are bracketed. The appeal of the model should be obvious: it lends itself to a technology for changing individuals rather than society, thus making it politically and pragmatically feasible. It leads toward the assumption that violence is, after all, an individual phenomenon whose "cure" lies within the person, and it offers a technology of behavior control to effect the cure. Put most simply, this model says that all experience is mediated through the brain, behavior is initiated by the brain, and therefore behavior can be explained by knowledge of the brain's structure and functions and the various inputs to it. Thus we see that much of the recent literature on psychosurgery attempts to specify the relation between brain "malfunction" and violent behavior. Meister, *Violence and the Safe Society*, 4 HASTINGS CENTER REPORT 4 (Apr. 1974). See R. BENEDICT, *PATTERNS OF CULTURE* (1934); T. LIDZ, *THE PERSON: HIS DEVELOPMENT THROUGHOUT THE LIFE CYCLE* (1968).

26. See, e.g., H. DICKS, *LICENSED MASS MURDER: A SOCIO-PSYCHOLOGICAL STUDY OF SOME S.S. KILLERS* (1973); W. LANGER, *THE MIND OF ADOLF HITLER* (1972); C. TURNBULL, *THE MOUNTAIN PEOPLE* (1972).

and Dr. Karl here does likewise.²⁷ It would seem to be obvious that behavior and environment, individual and social action, go hand-in-glove. The individual exercise of initiative or responsibility in an atmosphere where it is not the thing to do would seem freaky, like a nudist walking down Main Street, or a waitress wearing an apron in a nudist camp.

Let me illustrate the importance of society's support by an incident fresh in mind. On a bus, nearly fully occupied, an adult male started to insult and assault a young woman, a stranger to him. Apparently she had refused his advances. She ran to the front of the bus, and he followed her, continuing the assault. Everyone on the bus was frozen with fear. Each and every person wanted to intervene, I am sure, but they were all frightened. All of them, like myself, wondered whether the assailant had a knife or a gun. Why take the risk?

I got off the bus and fortuitously a police car was parked nearby. I urged the police to intercept the bus, and render assistance. What happened, if anything, to the assailant I do not know, but I do know that I felt humiliated for not intervening while on the bus. In retrospect, I recalled Dostoevsky's observation, "Everyone is really responsible to all men for all men and for everything." I remember a time, before "civil rights" were in vogue, when such an incident would have been unheard of, and it would have been even more incredible that no one would have gone to the rescue. By making it possible for just about everyone to carry deadly weapons, society has demobilized the citizenry from participating in law enforcement. If a gun belongs to all, men dare not speak openly for fear of antagonizing others. Hercules himself must yield to odds. People are not apathetic, as Dr. Karl suggests. There must be the conditions for the display and exercise of individual responsibility.²⁸

27. As it happens, Dr. Spock in his new book inquires into the impact of the cultural environment on parents and children, a subject excluded from his *BABY AND CHILD CARE* (1946). In *RAISING CHILDREN IN A DIFFICULT TIME* (1974), Dr. Spock points out:

In simpler societies neighbors of all ages know one another, live close to one another, work together on common tasks, play together, help one another. In our industrial civilization many people work far from home, on assembly lines or in office jobs that give little or no satisfaction; and they compete with one another. They live in more or less isolated homes. They restrict their social life to those they consider their social equals. And when they need assistance they have to buy it from professional people. This is a spiritually impoverished life, compared to what our species was designed for.

28. In the recent election for Mayor of the City of Detroit, citizens often asked the candidates why their city was the murder capitol of the nation while that of nearby Toronto, Canada, is a delight and a joy. Surely, there is nothing inherently different between the character of the citizens of Detroit and those of Toronto. Detroiters have no particular XYZ or other chromosome. To say, as it has been said, that Detroit is the more American of cities is to be balefully pessimistic about the future of cities in the United States. J. JEROME, *THE DEATH OF THE AUTOMOBILE 87* (1972). Homicide is called a "way of life" in Detroit. Stevens, *April in Detroit is Murder*, N.Y. Times, Apr. 28, 1974, at E-2.

Morton Hunt puts it this way in his book, *The Mugging*:

For when unpredictable violent attacks upon one's person become an ever present and uncontrollable danger, the great mass of citizens lose their faith in the integrity and viability of their society; they cease seeing themselves as members of a cooperating community of fellow creatures and no longer come to each other's aid or band together to seek broad solutions to the problem, but look individually for some private *modus vivendi*, some form of survival through retreat or escape. With this loss of belief and this erosion of the spirit of communality goes society's only chance of survival.²⁹

What motivated Dr. Karl to write *Whatever Became of Sin*? What does sin have to do with responsibility? Does the book represent for Dr. Karl a regression back to his childhood and his religious background? Knowing that this charge would be made, Dr. Karl says:

You admit that your sense of right and wrong would be derived from your mother's teachings. You concede that your moral schedule was formed on parental patterns. Seventy years ago! Some of them were all right, too, in their day. But were hundreds of painful psychoanalytic hours insufficient to purge you of your infantile irrationalities of 1910?³⁰

DR. KARL, FREUD, AND RELIGION

Dr. Karl was born in 1893, in Topeka, which was then a small Kansas town, on the opposite side of the globe from Vienna, where Sigmund Freud was formulating controversial theories. Remaining in Bible Belt Topeka, Dr. Karl took to heart and applied the "Jewish science" of psychiatry, as the Nazis as well as the enemies of the Nazis have called it. In an essay, "The Genius of the Jew in Psychiatry," Dr. Karl wrote:

Traditionally and historically, spiritual values, that is to say, the importance of certain feelings and abstractions, have always appealed to Jews [They] possess the saving grace of turning suffering and resentment and fear into constructive and helpful efforts based on a kind of spiritual discernment with a quantum of scientific detachment, and that this seems to occur relatively more often among Jews than among Gentiles. Would that it occurred oftener among both!³¹

Dr. Karl is a Presbyterian, but like Freud, a physician, psychiatrist, philosopher, and essayist. Also like Freud, he has pointed to self-destructive tendencies of people, and has worked both with patients and with ideas. While Freud had an interest in the law, Dr. Karl is passionately interested in it. While Freud knew little or nothing of Protestant Christian theology, Dr. Karl was reared in it. He was inspired by his father, Dr. Charles Frederick Menninger, a physician and a religious man. At the dedication of the Menninger Clinic, Dr. Karl's father made this prayer, which may give a feel of the atmosphere:

Almighty God, Father of mercies and God of all comfort, we believe that Thou hast put it into our hearts to erect this building for the help and healing of the children of men. Look upon us with favor, we pray, as we dedicate to that end. Bless all who come here sick and troubled. And bless, we pray, all who labor here to relieve affliction. Direct us, we beseech Thee, with thankful hearts, in Thy way of righteousness and peace, and to Thee be glory and praise, now and forevermore.³²

29. M. HUNT, *THE MUGGING* viii (1972).

30. MENNINGER at 175.

31. MEDICAL LEAVES (J.C. Beck ed. 1937), reprinted in *A PSYCHIATRIST'S WORLD: THE SELECTED PAPERS OF KARL MENNINGER* 415 (B.H. Hall ed. 1959).

32. Quoted in *id.* at 56.

Dr. Karl went east for his professional training to the Harvard University Medical School, where he graduated *cum laude*. While there, he was attracted to psychiatry by his teacher, Dr. Elmer Ernest Southard, Professor of Psychiatry, who was also at that time the Superintendent of the Boston Psychopathic Hospital. From the Boston Psychopathic Hospital Dr. Karl returned to Topeka and entered the practice of medicine with his father. Together they developed an associated practice of medicine, an idea then in its infancy, and Dr. Karl engaged in something else that was new then—the private practice of psychiatry. He wrote books about psychiatry, without hackneyed jargon and phraseology, always using plain English so he could be understood and read by the general public as well as the specialist. It helped earn him the title “dean of American psychiatry.” His first book, *The Human Mind*, published in 1930, and now in its third edition, probably remains the most widely sold book on psychiatry for the general public, and it probably turned more medical students toward psychiatry than any other publication. Dr. Robert Coles recently told Dr. Karl:

My mother thought that everything you wrote was gospel, especially *The Human Mind*. She read that book to all of her children. Sitting outside on a summer evening, she read it to us page after page as we sat around on the grass. She thought of it as some do the Bible. So without your knowing it or even *my* knowing it, a lot of my ideas were probably formulated by you.³³

Man as his own worst enemy was Dr. Karl's next theme.³⁴ In 1922, Freud had written about man's destructiveness in *Beyond the Pleasure Principle*. Dr. Karl's book, *Man Against Himself*, is also a study of man's destructiveness, particularly his self-destructiveness. In his next book, *Love Against Hate*, Dr. Karl discussed Eros, which he considered to offer salvation and hope for man. When Dr. Karl joined with his father and brother, Dr. William C. Menninger, in the development of the Menninger Clinic, he began to put into clinical practice his understanding of constructive life forces.

It is remarkable that Topeka, of all places, would develop into a mental health center. Apart from the cemetery, with its meandering lagoon and weeping willow trees, the grounds of the Menninger Foundation are the most attractive area of Topeka. Its facilities sprawl across more than 400 acres and are divided into the east and west campuses. It is a haven, a veritable asylum, in the best sense of the word, the sightseeing feature of Kansas. Usually a mental hospital, like a prison, is placed in a remote part of the state—out of sight and thus out of mind. As a result of the sustained efforts of the Menningers and their colleagues, Topeka came to be proud of the facilities. The city boasts the reputation, “The mental health center of the world.”³⁵

33. Quoted in Menninger, *Reading Notes*, 38 BULL. MENNINGER CLINIC 90 (1974).

34. K. MENNINGER, *MAN AGAINST HIMSELF* (1938); K. MENNINGER, *LOVE AGAINST HATE* (1942).

35. At the end of World War II, the Veterans' Administration (and others) suddenly awakened to the need for training more doctors in psychiatry, which Dr. Karl

Long before the civil rights movement, Dr. Karl spearheaded a movement to desegregate the theatres in Topeka, and he readily accepted Jewish persons on the staff even though some local bigots would exclaim that "there are nothing but Jews working in that hospital." Dr. Karl also spoke out against the maltreatment of Indians and other minorities. "Leave the clinic or apply for treatment," Dr. Karl would say to any member of the staff who disliked people of a certain color or religion. It is no accident that the test case on school desegregation was brought in Topeka. The community was ready for desegregation; there would be little opposition to a court order.

The answer to the question presented in the introductory paragraphs of this review is that Dr. Karl is *not* making a 180-degree turnabout, notwithstanding his hesitation about writing this book. Dr. Karl has always spoken the psychiatric tongue with a religious accent. His roots are religious as well as medical. He has always been the "Reverend Doctor." Throughout his professional career, he held Sunday School for the patients in the Menninger Clinic. There is a pastoral counseling program at the Menninger Foundation, where members of the clergy are instructed in the basic principles of psychiatry so as to be more effective or sophisticated in counseling. (Seward Hiltner of the Princeton Theological Seminary is also a visiting member of the staff of the Menninger Foundation.) Testifying recently in *Wyatt v. Stickney*,³⁶ which set out minimum constitutional standards for adequate treatment of the mentally ill, Dr. Karl objected to the use of traditional staff-to-patient ratios in determining adequacy of care. "I am very much in disagreement with the computer method that has been developed by some administrators," he stated. "It's like trying to measure food on a calorie basis instead of the kind of food offered." He considered the number of clergymen working in mental hospitals

and his brother had urged for the ten preceding years. In 1933, the American Medical Association had designated the Menninger Clinic a psychiatric training center and young student doctors began arriving, some of whom have since become leaders in American psychiatry in various parts of the country. The Menninger Clinic in 1940 was turned into a non-profit corporation, and after the war the Menninger Foundation and the Menninger School of Psychiatry were developed. It became the nation's largest formal school of psychiatric training. More than 1,000 alumni are practicing in the United States (about 5 percent of U.S. psychiatrists) and foreign countries; many of them are now chairmen of newly-created departments of psychiatry. A recent article on the Menninger Foundation is James, *Heal Thy Neighbor*, Wall St. J., Mar. 13, 1974, at 1. See also *The Kansas Moralist*, TIME, Aug. 6, 1973, at 40; *At Menninger: Turning Psychiatry to Social Action*, MEDICAL WORLD NEWS, Aug. 21, 1970.

Today Dr. Karl is chairman of the board of trustees of the Menninger Foundation and of The Villages. With his unflagging energy, despite his 80 years, he devotes about one-third of his time giving lectures or attending meetings around the country, one-third in Topeka, and one-third in Chicago where the Menninger Foundation has an office. (Dr. Karl was brought to Chicago by W. Clement Stone, that modern-day Horatio Alger who manipulated a pittance into a multi-million dollar business, and authored THE SUCCESS SYSTEM THAT NEVER FAILS (1962) and coauthored, with N. Hill, SUCCESS THROUGH A POSITIVE MENTAL ATTITUDE (1960).

36. 344 F. Supp. 373 (M.D. Ala.1972).

more important than the number of psychiatrists. "The patients need friendly human beings to communicate with them."³⁷

THE STATUS OF RELIGION

What struck Dr. Karl a few years ago when lecturing at the Princeton Theological Seminary was the anxiety and unsettled feelings among the clergymen, both young and old. He found that the role they had chosen as a life work had seemingly diminished in importance and effectiveness to them, and some wondered if they might have chosen the wrong profession. The situation at Princeton is by no means unique. Throughout the country fewer and fewer people are entering the clergy, and more and more are abandoning it. One poll states that four out of every ten Protestant and Roman Catholic clergymen are considering leaving the religious life and that many are turning to alcohol. Surveys show that young people put the profession of the clergy near the bottom of the list of occupations they would like to enter, ranking it in desirability above mortuary science, and a small miscellany of other callings.³⁸ There are no giants today among clergymen because a giant needs a public and the public today does not generally think very much of the clergy.³⁹

Whatever Became of Sin? was written to encourage the clergy, much as *The Crime of Punishment* was written to encourage the lawyers. To resuscitate the clergy, Dr. Karl tries to resurrect the concept of sin. (Cotton Mather had used the fear of withcraft as a means of bolstering the flagging power of the clergy.) The exodus from religion, though, probably persuaded Dr. Karl not to disclose that reason for writing the book until the end. Hence, preface becomes epilogue. Quite likely, this confession at the beginning would have turned many readers away before Dr. Karl could grasp their interest.

But does Dr. Karl believe, like Ivan Karamazov, that if God is dead, everything is permitted? At the same time that Dr. Karl witnesses the confused, discouraged mood of the clergy, he sees moral decay everywhere. But surely he must understand that old-fashioned sin is out. He says he does.⁴⁰ In common understanding sin is understood to mean a transgression of religious law, an offense against God. That is the way sin is defined in the Webster and Oxford dictionaries. Dr. Karl chose to adhere to the grammar of sin because, quoting the late Paul Tillich, the grammar retains fervor. "There are no substitutes for words like 'sin' and 'grace.'"

The traditional idea of sin rests on an ontological framework of a God

37. *Discussed in* R. SLOVENKO, *PSYCHIATRY AND LAW* 237 (1973).

38. C.M. SMITH, *HOW TO BECOME A BISHOP WITHOUT BEING RELIGIOUS* 9 (1965); *N.Y. Times*, Apr. 14, 1974, at 34; *London Times*, July 29, 1973, at 13.

39. Personal communication from theologian Edgar N. Jackson. "A clergyman, no matter how gifted, is today of marginal importance." *London Times*, Apr. 22, 1974, at 14. The moral force of the clergy was drained by its silence in the face of genocide and atrocities committed by the Nazis. *N.Y. Times*, Apr. 27, 1974, at 7.

40. MENNINGER at 174.

and a Devil, but for an ever increasing number of people that is no longer viable. Dr. Karl, while concerned about the fate of the clergy, claims to use the term in a moral, not a theological context. But can new wine be put in old bottles? On hearing "crime" one almost automatically, like Pavlov's dog, thinks of punishment; "illness" elicits "treatment;" and "sin" elicits "grace" or "damnation." For other concepts, but not for sin, Dr. Karl has sought new rhetoric, because he realizes that rhetoric is important: the words men use not only express but shape their ideas.⁴¹ Accordingly, Dr. Karl has urged removal of the term "insanity" from psychiatric and legal vocabulary. He has railed against the term "schizophrenic" and other curse words, as he calls them, that psychiatrists throw around.⁴² Human beings sometimes act in ways and patterns which can be described by adjectives, not nouns according to Dr. Karl. Human beings are not possessed by devils with binomial Greek and Latin appellations. Behavior is the predicate, and various things and people the direct and prepositional objects. The official psychiatric nomenclature, Dr. Karl claimed, promulgates superstitions of the fifteenth century in an elaborate array of neatly partitioned and nicely boxed "disease" names.

Dr. Karl's secretary one day caused his feelings about the clergy and the concept of sin to jell when she said to him, "I have not heard anyone in ten years use the word 'sin.' What became of it?" He thereupon wrote an article. It got longer and longer, and it became the book, *Whatever Became of Sin?* Dr. Karl says that his purpose is not simply to reintroduce a word to our vocabulary. The purpose, he avers, is to reinstill a feeling of responsibility. If we accept the reality of sin and our responsibility for it, according to Dr. Karl, then "hope would return to the world." The word "sin" has disappeared, but as the book so amply illustrates, the thing it refers to has not. There *is* immorality; there *is* unethical behavior; there *is* wrongdoing. But what does the grammar of sin have to do with dealing with this reality? Will bringing back the grammar of sin make people care?

Dr. Karl's claim that the reason for the abdication of responsibility is due essentially to the demise of the concept of sin fails to consider the structure of society. Within two generations we have moved from a rela-

41. A.N. Whitehead warned against letting the symbolic elements in life "run wild, like the vegetation in a tropical forest." The life of humanity, he wrote, "can easily be overwhelmed by its symbolic accessories."

42. Every profession has its own jargon, and we psychiatrists have ours. But while the strange terms a lawyer or an archaeologist uses are harmless enough—the worst they do is mystify outsiders—the terms psychiatrists use can hurt people and sometimes do. Instead of helping to comfort and counsel and heal people—which is the goal of psychiatry—the terms often cause despair. . . . Some angry people don't call their opponents liars or skunks anymore; they call them psychiatric names like "psychotics" or "psycho-paths." Why? Because these technical words have become pejorative. They no longer mean merely psychiatric illnesses; they mean something despised.

Menninger, *Psychiatrists Use Dangerous Words*, SAT. EVE. POST, Apr. 25, 1974. THE FREUD/JUNG LETTERS reveal that Freud and Jung were frequently guilty of character assassination by pseudo-objective insinuations about complexes. THE FREUD/JUNG

tively rural society to an urban one; from predominantly small business relationships to highly impersonal giant organizations; from a reasonably stable society to one of high mobility. The restraints formerly exercised by religion and the family are gone, the mobility causes persons to lose attachments to any one community and the community loses its ability to influence a person's behavior by the factor of reputation. In maintaining social order, therefore, there is more need today to rely upon the policeman than ever before. But the task cannot be left entirely to the policeman. It is, as Dr. Karl indicates, everybody's task, collectively and individually, but the concept of sin, no longer backed by the fear of eternal damnation, does not help much in this endeavor.

CONCLUSION

The grammar of sin was, at one time, a way to coerce order and structure—eternal damnation or eternal bliss were believed to be the pay-offs for one's life—but an ever-increasing number of people doubt this premise. Today there is need for a new grammar which has a modern meaning. Instead of accepting ethics as derivatives of God's command, Freud sought a naturalistic ethical system, "a kind of highway code for traffic among mankind." Ethics are not based on an external world order, but on the inescapable exigencies of human cohabitation.⁴³

LETTERS: THE CORRESPONDENCE BETWEEN SIGMUND FREUD AND C.G. JUNG (W. McGuire ed. 1974), review in Rycroft, *Folie à Deux*, N.Y. REV. OF BOOKS, Apr. 18, 1974, at 6; Trilling, *They Were Not Good for One Another*, N.Y. Times, Apr. 21, 1974, § 7 (Book Review), at 1.

43. PSYCHOANALYSIS AND FAITH: THE LETTERS OF SIGMUND FREUD AND OSKAR PFISTER 129 (H. Meng & E. Freud eds. 1963). Erich Fromm says that the question for today's world should be, "Is Man dead?" rather than "Is God dead?" He writes:

Instead of asking whether God is dead, we might better raise the question whether *man is dead*. This seems to be the central problem of man in twentieth-century industrial society. He is in danger of becoming a thing, of being more and more alienated, of losing sight of the real problems of human existence and of no longer being interested in the answers to these problems. If man continues in that direction, he will himself be dead, and the problem of God, as a concept or as a poetic symbol of the highest value, will not be a problem any more. The central issue today is to recognize this danger and to strive for conditions which will help to bring man to life again. These conditions lie in the realm of fundamental changes in the socio-economic structure of industrialized society (both of capitalist and socialist societies) and of a renaissance of humanism that focuses on the reality of experienced values rather than on the reality of concepts and words. . . . If the spirit and the hopes of the Prophets are to prevail, it will depend on the strength and vitality of this new humanism.

E. FROMM, *YOU SHALL BE AS GODS* 180 (1969).