

THE PSYCHOSES AND MORALITY

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I

BY the word 'morality' in the title of this paper the writer means all of the beliefs of a person which he holds with tenacity and emotional vigor and which influence his action. Therefore, this paper will include a consideration of religion as well as of secular morality, in so far as the former is conceived of as having these characteristics in any case.

The importance of the moral conceptions and resulting acts of patients, as thus defined, in the etiology and in the therapy of psychoses has repeatedly been recognized. Thus Theodor Reik (*Int. J. Psychoanalysis* 10:296-7) writes:

The parents of the two patients have let the education of their children be influenced not only by their personality, but by all that they have taken over as a heritage and legacy from many generations. . . .

I maintain, therefore, that the study of the genesis, development and mode of operation of religious [and moral] ideas is of extraordinary significance for the therapy. . . . of the neurosis.¹

But, so far as the writer has discovered, there has never been worked out a careful analysis and valuation of the moral status of the soul preceding and during psychoses. What we have had, both in books and in practice, is empirical self-contradiction and confusion—on the one hand, assurances that whatever mental phenomena appear are necessary, and even scientific defenses of the activities and characteristics of patients as arising from infantile, somatic, or sub-conscious influences; and on the other hand, the use of words of condemnation for such activities, and plans to reconstruct the characters of patients because at present not socially, that is, morally, satisfactory.

In addition to the confusion of direct moral estimation much has been written upon religion and the psychoses. Such writing at various points has passed moral judgments by implication, but has not constructed a moral measuring rod which can be universally

¹Reik, like all psychoanalysts, incorrectly uses "neurosis" for "psychosis."

employed, nor has it attempted to do so. The topics which have been dealt with under the head of the relation of religion to the psychoses are as follows:—

I. The part played by religious beliefs in allaying psychoses. Thus, John R. Oliver in various of his books, but especially in his *Pastoral Psychiatry and Mental Health*, has described the performance of the Catholic mass as helpful in this regard. In the article by A. J. Boisen from which we shall presently quote extensively, the socializing influence of a belief in God is recommended for its therapeutic influence. C. Müller-Braunschweig (*Psychoanalytic Review* 19:121) holds that religion has its origin in the super-ego, a characteristic of the adult [that is, non-psychotic] personality, and therefore, that religion eliminates psychoses. Cavendish Moxon (*Brit. J. Medical Psychology* 10-11:150) tells us that Otto Rank "thinks that the world is mostly saved from madness by the very illusions that Freud's analytic aggressiveness tends to undermine." And Rank himself (*Psychoanalytic Review* 16:1) argues for the reality of these illusions by pointing out that the fact that they can be reduced to projections of biological needs does not prove that they are not real. He writes: "From a definite moment of development all these human phenomena [including religious beliefs] which are built up over the purely biological attain a life of their own and a significance of their own." The method by which religion works in overcoming psychoses is suggested by J. A. Hadfield and L. F. Browne (*Psychology and the Church*, p. 198): "Spiritual ideals have a greater power of arousing our emotional states and so liberating the repressed emotions [than have other ideals]." And A. E. Paulsen (*J. Amer. Med. Assoc.* 86:1692) concludes a series of articles on religious healing with this statement as to the effect of religion in overcoming psychoses:—

Where spiritual therapy has been attempted under medical control, the results seem to indicate that:

(a) Neurotic [i.e. psychotic] patients, alcoholic habitués, drug addicts, and the like are sometimes improved by treatment:

(b) The morale and comfort of a patient with organic disease may be improved, while the disease continues to run its course.

II. The part played by religious beliefs in causing psychoses. Thus E. R. Eisler (*J. Abnorm. and Social Psychology* 19:95) writes:

Religious doctrines and faiths constitute a powerful repressive force, active in the mental development of the child....

Fear-inciting mysticism, which is vague to the child-mind, may be very influential in stimulating mental conflict because of its rigid inhibitive force.

The mental reactions of childhood, which are characterized by phantastic thinking, are susceptible to stimuli, arising from abstract theories, which may excite fear of the unknown, initiate feelings of inferiority, or in other ways cause mental conflicts to develop.

And the present writer has pointed out the evil effects of a religion not carefully refined in view of our modern knowledge of human nature—especially in his "Christianity in its Conflict with Freudianism" (*The Open Court* 43:385).

III. Religious beliefs as being themselves psychoses. Thus A. H. Kamiat (*Psychoanalytic Rev.* 15:210-212; *J. Abnorm. and Social Psychology* 23:223) insists that religious beliefs are psychotic projections and compulsions.

In his conflicts with his bodily appetites, the believer must draw a great deal of strength from the labeling of these appetites as carnal, vile, and evil, and of their gratification as sinful. . . . The believer visualizes the cosmos as a battleground between the forces of good and evil; himself and his group as the guardians of the good and true and beautiful things in the world; his opponents as either wicked men, or well-intentioned, but misled persons; and the structure and evolution of the world or the universe as guaranteeing the ultimate victory of himself and his crowd.

The subjective preoccupation with the problem of evil, to be found in Augustine, Paul, and Buddha, and so characteristic of the ascetic, is probably nothing less than a compulsion.

To Theodore Schroeder (*J. Abnorm. Psychology* 14:34) religious experience is essentially sexual ecstasy, and religious doctrines, the psychotic projections. J. H. Leuba (*J. Abnorm. and Social Psychology* 21:103) agrees with Schroeder sufficiently to write: "The thesis which we shall maintain is that the delights said by our great mystics to transcend everything which the senses can procure, involve some activity of the sex organs." Theodor Reik (*Int. J. Psychoanalysis* 11:278) has worked out the analogies between specific religious beliefs and obsessions. Owen Berkeley-Hill has revealed the analerotic factors in the extreme spirituality of the Hindu religion. Sigmund Freud in his famous *The Future of an Illusion* has reduced religious doctrines to the status of illusions. Of the external manifestation of psychotic religious belief E. R. Eisler

(*J. Abnorm. and Social Psychology* 19:95) writes: "The specific 'religious' behavior of abnormal individuals, involving conversion symptoms, convulsions, criminal assaults, hysterical states, etc., as well as the so-called normal reactions of individuals alleging 'religious' experiences, manifested by piety, fervor and ecstasy, is dependent, in part at least, upon such mental mechanisms as rationalization, compensation, conversion and compromise." And Ernest Jones (*Brit. J. Med. Psychology* 6-7:267-8) thus summarizes the vast literature in this field:

The outstanding conclusion that emerges from all this investigation is that the religious life represents a dramatization on a cosmic plane of the emotions, fears, and longings which arose in the child's relation to his parents. The child's sense of the absolute, as felt in its original attitude towards his own importance is, when it becomes impaired by contact with reality, partly continued as the anthropocentric view of the universe implicit in all religions and partly displaced, first on the parents and then, when this also fails, on to divine beings. . . . The conflicts with the parents. . . . lead to repressed death wishes against the parents, with a consequent fear of retaliation, and from this comes the familiar religious impulse to propitiate the spirits of dead ancestors or other spiritual beings. The accompanying love leads to the desire for forgiveness, reconciliation, help, and succour.

IV. The effect of therapeutic psychology, psychiatry, and mental hygiene (which are correlated to man's knowledge of the psychoses) upon religious doctrines. Thus, Harrison Elliott (*Survey* 65:15) writes: "Mental hygiene is influencing the conceptions of the good life; it is a factor in reconstructing the very goals of religion." What the revised doctrines are he does not state, nor shall we search for them ourselves as this is not a paper in theology.

II

In the vast literature which deals with religion and the psychoses, at every step either suggesting moral judgments or at least bearing within the ideas dealt with fossil judgments, we find, I say, no judgment upon the moral condition of the soul before and during psychoses. In discussions of morals in books and in treatment we have judgments, but confusion of judgments, and in the more authoritative sources, the judgments are generally fragmentary or

incidental to other interests, and certainly constitute no systematic treatment of and decision in view of previous conflicting judgments. We have in the present paper, therefore, an open field, without stakes driven and lines laid, for estimating the moral status of the soul preceding and during psychoses.

How shall we go about our task? We might deal systematically with the problems involved. But that would not give the psychologist training in analyzing the concrete confusion of religious doctrine and moral judgment, pitiless condemnation, scientific exculpation, and implied disapproval of past living though insistence upon the need for reëducation, which the psychologist and psychiatrist are likely to run into in articles, text-books, hospital conferences, lectures and wards. Therefore, probably the best practical results will be attained if we make a rather detailed study of selected passages from "The Sense of Isolation in Mental Disorders: Its Religious Significance" (*Amer. J. Sociology* 33:555-67) by Rev. A. J. Boisen, Chaplain of the Worcester State Hospital. These passages suggest all the problems which we need to discuss, and do so, not as carefully separated and labelled, but in the concrete texture of ongoing thought—quite as these problems may be met in life.

The article by Mr. Boisen is essentially an account and an analysis of the experience of two brothers who were initiated into sex-knowledge and stealing by a third; how one of the brothers became nervous, vomited when his brother tormented him by the use of the sexual words which they had learned, felt himself shut off from those whom he loved and took to stealing as the lesser of two evils; how the other brother used the words freely, laughed at his brother's discomfort and developed no sense of inferiority. The case of the two brothers was originally reported by Dr. William Healy in *The New Republic*.

P556d and 557a. Referring to the younger brother Mr. Boisen writes: "Absorbed in horror-stricken fascination for that of which he cannot bring himself to speak, he feels himself besmirched and unfit for the company of those whom he loves and honors, and he seems to himself different from his fellows." Referring to the older brother: "He may thus lower somewhat his own standards and become coarse and lacking in sensitiveness, but he assimilates the new experience and he remains frank and undivided within and continues to be 'quiet, merry, helpful, honest'." Of course it is possible to explain the differing reactions of the two brothers in terms

of their differing infantile experiences, as Mr. Boisen presently suggests, and it is important to do so, as we shall notice, in solving the ultimate moral problem involved. But what we must notice here is, what is likely to be ignored in the rush to explain the differing reactions in terms of infantile experience, that is, in terms of psychology, that it is possible, even necessary, to view the reactions also from the standpoint of morality. In doing so one may first ask himself: of the character of which brother should he approve more highly. To it he will probably not be able to find a satisfactory answer and may at once conclude that the situation cannot be considered morally. But if he so concludes, he will be in error.

It is possible and valuable to view the reactions of the two brothers from the standpoint of morality for several reasons. In the first place, the essential factor in causing the younger brother to strive to repress his sex thought absolutely was his belief that such an attitude is morally correct, the only one by which he could retain the respect and love of his parents. In the second place, he indulged in stealing for a moral reason—because the fear which he experienced during stealing was alone strong enough to drive the sex-struggle temporarily from his soul, which he considered the more degrading of the two. In the third place, his loss of frankness and resulting uncontrolled sexual desires came from the very repression which he regarded as morally necessary. In the fourth place, moral living became self-contradictory and so impossible for him (with resulting loss of frankness, unwise sexual desires and stealing) because by his extreme sense of guilt he lost an inner sense of fellowship with his parents, which morality guaranteed him he would not lose if he did what he deemed right. And finally, he got into his difficulty because he did not know that all sane people mean by social ideals, ideals that are not to be taken absolutely, and when regarding them so, achieve characters which command the respect and love of companions and permit the establishment of happy family life.

We must, I believe, conclude that although we cannot come to any relative moral judgment as between the two brothers, the situation which we are studying is a profoundly moral one. It permits us to come to one specific moral conclusion: that we cannot concur in the self-condemnation of the younger brother of himself since all his actions resulted from his extreme desire to do right, coupled with a lack of knowledge as to what the right is. And the situation

is also instructive with regard to fundamental ethical theory, for it teaches that whatever obedience to the categorical imperative may mean, it does not mean the *absolute* repudiation of what is regarded as evil. E. C. Tolman in his *Purposive Behavior* has shown that mice learn best who are free to make numerous exploratory mistakes. Such religious injunctions as: "Be ye perfect even as your Heavenly Father is perfect" and, to avoid hypocrisy, to make every secret thought in accord with the finally determined deed, are exceedingly dangerous to those who take them seriously.

We may add that psychology in tracing thoughts and acts to infantile experience or to the subconscious, and psychiatry, to neurological and somatic conditions, would confirm our strictly moral findings of absolution for the younger brother.

P557d. "It is probably safe to say that no man will have mental disorder so long as he can feel himself an integral part of some group whose standards he is able to accept as final." But what if, as we have shown to be the case, morality is fundamentally contradictory, since it cannot be carried out to its logical conclusion, with the result that the morality of no group can be consistent and worthy of acceptance as final? Then a person can avoid mental strain only if he can feel at home despite the moral inconsistency of his group because the group affords him essential economic and social security. If it does so, society must act on the basis of no immediate advantage to itself. It must act irrationally—since in seeing the inconsistency of its social standards an individual is disloyal to the community and so is worthy of no good at its hands. Therefore, mental disorder cannot decrease until society is so organized that it can give security to its rebels for services that can be objectively valued and also can give them time to develop their ideal thought. If so, then a person ought not to be morally condemned for undergoing mental disorder in present society. The fundamental situation may simply be that he is more intelligent (and so sees the moral contradictions) and more morally sensitive to them than is the average person.

P559c. "Under somewhat different circumstances or if he had been of a different make-up, he might . . . have sought to make peace with himself by substituting a minor for a major virtue," instead of a "minor for a major offense." Mr. Boisen is here interpreting the course of events *explicitly* in terms of the psychological constitution of the patient, but also, as is common in supposedly psycho-

logical analyses, *implicitly* in terms of a moral criticism. It is important to notice, however, that at this point and at all points it is possible to interpret events *explicitly* in terms of moral judgment. Thus, in the present instance, the boy substituted a minor for a major offense instead of a minor for a major virtue, among other moral reasons, because he judged himself too sinful to do otherwise—a specifically moral judgment for which morality cannot condemn him. Psychology cannot rule out ethics, but each can powerfully aid the other to achieve its own objective.

P559d-560a. "Again he might have made himself believe that he couldn't help it. . . . Or he might have found some physical weakness which relieved him of all responsibility. . . . But the result is isolation." Is not the final objective of all therapeutic psychology to show that the patient could not help what he has done? Does not psychoanalysis place the ultimate springs of action in the subconscious, over which one has no control? Does it not effect its cures by relieving the patient of a sense of guilt and restoring the emotional life which the guilt had dammed up? Is it any worse to attempt to escape guilt by referring one's action to some physical weakness than to the subconscious, which Ernest Jones has admitted may be physical? Doubtlessly it cannot be. The person who does what Mr. Boisen believes leads to isolation and insanity is doing what the psychiatrist will insist that he do. Such a person cannot be intellectually or morally condemned. When he personally justifies himself he does not know that society approves his judgment, and so, tossed by fear and hope, his emotional life is upset. When he receives the justification of science, he knows that informed society grants him an absolution far profounder and more systematized than he had devised for himself, and he is at rest.

P560a. "Again, this boy might have met the situation by simply yielding to the sex temptation. Many unfortunates do just that. They surrender to the lower cravings and seek satisfaction in easy ways such as drink or day-dreaming. And the end thereof is the progressive hopelessness and disintegration which the psychiatrist calls simple or hebephrenic dementia praecox."

(1) We should note, in the first place, that Mr. Boisen, though he subjects the actions of the brothers to no careful moral analysis, again incidently, although here explicitly, condemns their actions. In the present passage he calls autoerotic tendencies responses to "lower cravings," "the end thereof is. . . . progressive hopelessness and dis-

integration"; in another passage, "solitary sex indulgence." He calls the boy who initiated the brothers of our story into sexual knowledge a "miserable fellow" in the moral sense, and declares that the process of recovery may have "the value of the valid religious conversion experience," and that a person has a healthier nature who is "relatively immune to the sex appeal." If moral judgments are to be passed, they should be established on explicit thought.

(2) We should note, in the second place, that several well-known studies of autoerotic reactions have shown that they need not be followed by hopelessness and disintegration. Therefore, when these conditions do occur they cannot be the result of the autoerotic reactions per se, but at most to certain attitudes toward those reactions.

(3) We should note, in the third place, that the cause of hopelessness and disintegration may be one or another or a combination of the following:—

(a) a generally high-strung nervous system, local structural or functional pathology of the nervous system or somatic pathology affecting it, which makes some autoeroticism inevitable;

(b) a lack of a knowledge of the biological sexual variation of individuals, popularized by J. R. Oliver in his *Pastoral Psychiatry*, which frees each person from terror as to his own sexual nature, absolute suppression of it and resulting disruption of personality, while leaving in tact the standards of conduct necessary for the good of the individual and of society;

(c) a lack of a knowledge of the normal stages, discovered by Freud, through which sex goes—which, if followed, bring sufficient heterosexual reactions and sublimation within the realm of moral possibility and obligation; and

(d) an initial taking of sexual standards too absolutely, which keeps the body in a condition of intense restraint, which is equivalent to great internal excitement, and which, by making the body abnormally important to consciousness, shuts out interest in the outside world and increases autoerotic desire to a maximum. Then there follows self-condemnation for inability to live up to social standards as absolutely conceived; then more intense restraint and so on in a vicious circle, with ever increasing isolation and disintegration.

In conclusion we must affirm the hebephrenic originally accepted social standards as absolute: that is, the boy was unusually moral and became isolated from mankind when he found it impossible to live

up to them as thus conceived. Therefore moral condemnation of him seems inappropriate.

P560d. "The foreign element, the unassimilated experience, is brought from the realm of evasion and concealment and of vague consciousness out into the open, after the manner of a festering abscess." From such a sentence one would gain the impression that the persons to whom reference is made are morally reprehensible before they overcome their evasion and concealment. But such persons may think that they are most effectively living up to social standards by utterly concealing those of their thoughts which violate the standards; that thus they are making the standards more universal. To this end they may employ all the approved means of grace in the hope of annihilating the unsocialized thoughts, and therefore, cannot be called immoral before an explosion brings the secret things to light.

P561a. "The chances of such a favorable outcome [recovery] seem to depend not upon the profoundness of the disturbance but upon the nature of the personality trends which are present." But these, in turn, science affirms are due to somatic conditions, lack of knowledge or subconscious complexes, for which there is no moral responsibility. Before coming to moral estimates one should always probe to their fundamental conditions.

P561c. "The patient may be overwhelmed with the consciousness of guilt and sit in sack-cloth and ashes mourning over his sins." As the sense of sin has no proportional relationship to any misdeeds done—judging by the moral sense of the sane, and as the deeds which call up the sense of sin were due to overconscientiousness, which the organism could not stand, the court ought not to concur in the condemnation of himself of the prisoner before the bar.

P563a and 564d. "It [recovery] is the attempt to order and organize the inner life, to become reconciled with the 'Man Above' in order thereby to become reconciled with one's fellows"... "No man can be dependent upon another human being, whether physician or mother or wife, and yet be free and well. Independence of other human beings and right relationship with the 'Man Above,' under whatever conception our philosophy of life permits to us, is indispensable to the full development of the personality." But suppose one is a religious agnostic because he does not see how there can be a central moral power, God, amid the appalling evil of the world. Then, according to Mr. Boisen, he can never gain recovery. Yet he

may be extremely sensitive to moral values. And, much more important, suppose one's psychology condemns dependence upon an overwhelming being which would be enervating if made upon a fellow mortal. Suppose one considers that an emotional dependence upon Jesus increases one's homoerotic component. Suppose one regards any special religious obligations as anti-socializing. Suppose one regards the acceptance of the absolute, abstract precepts of religion as establishing false methods of thought and living—as divisive of the personality, and as an impediment to that constant, irrational admixture of passion and its sublimation which is the essence of the normal life of the soul. I believe that we could scarcely regard even such a person as immoral, although his convictions, however dimly realized, should keep him for life a patient in a hospital for the insane. We could commit him as insane, as unable to realize the infinitely self-restraining complexity of truth, but, though agnostic, we could not deny him at death an entrance into any fullness of joy prepared for all the saints.

III

In conclusion we would point out, in the first place, that although the present writer defends the moral status of the psychotic, he does not advocate the elevation of their characteristic thoughts to a place of preëminence or practical control in the souls of men generally. One should realize that social standards, when thought of as *standards*, not as absolutes, cause a person never to be completely satisfied with pleasure that has no reference to society, not even in marriage, nor yet deny all pleasure which is not completely socially justified, and so, on the whole, produce finally the greatest personal-social integration, interaction, and so development. Or, to observe the same matter from the opposite point of view: civilization would have nothing to standardize if the original impulses were completely denied and destroyed. And one should realize that acceptance of the fact of biological variation of individuals and the stages of sexual development, to which we have already referred, justifies a moderate attitude to sex, makes possible the acceptance of standards as such, not as absolutes, the consequent retention of peace of mind and the greatest possible degree of unified sexual control, expression, and sublimation, in view of somatic conditions, subconscious complexes, knowledge of correct sexual ethics, and social environment. One learns to ride a bicycle by (1) having an

eager interest in the road ahead, (2) by putting a lot of unregenerate impulse into the pedals and (3) by turning the forewheel sufficiently in the direction in which one is afraid of falling to satisfy and so overcome the imbalance and therefore carry out the essential purpose of going straight ahead, which is registered by the rest of the bicycle and by the bicycle as a whole. In like manner should one govern sexual desire.

We would point out in conclusion in the second place, that the ethics which we have developed accepts and reconciles within itself various psychologies, yet does so without ruling out ethical norms. Thus we have conceived of the behavior of the individual as determined by his environment (behaviorism), by somatic conditions (psychiatry), by subconscious conflicts (psychoanalysis), as subject to correction if not taken too seriously (experimentalism) and as implying conflicting forces, which cannot exist in absolute lines but only in fields (gestaltism). But also we have noted the progress of the soul and acknowledged its self-appointed goal (ethics). The foundations of our ethical resolution of the psychoses are well laid, and so should be of therapeutic value.

We would point out in conclusion, in the third place, that it is indeed true that those suffering from a nervous breakdown, and in the years when preparing for it, have not deployed their forces to the best advantage to get along in the kind of world that this one is, and that this fact must be central in all treatment of patients—from the very fact that they come to a doctor or are in a hospital. It may even be true that scientific men when they use words which popularly imply condemnation, have small notion of implying condemnation, but intend essentially to refer to the fact (whatever the explanation) of the lack of a proper deployment of forces. But students and patients must receive words in their common denotations and connotations. It is difficult to believe that any mode of expressing the necessity of a change of character or personality, however cold and scientific it be, will fail to suggest condemnation of present character to a person who for years has been striving after perfection and so who is highly sensitive to every suggestion of self or social condemnation.

In the case which we have been studying, however, the writer passes from the use of words which are essentially scientific, with overtones of moral condemnation, to those which are essentially condemnatory. It is impossible for the present writer to conceive

of a psychiatrist who should divest himself of his humanity at any time so completely as to avoid weighting his words with some of the usual emotional cargo, even if he has no use for the theological advisements and explicit condemnations of Reverend Boisen. But in many cases, the scientific psychiatrist would do more harm than the theological. Against the torrents from Sinai the patient might open a mental umbrella. But the moral implications of "scientific" psychiatry are so bound up with his essential treatment that a patient cannot separate the two—to his own continued undoing.

If the psychiatrist must, by the very fact of treatment and by the words which he must employ, imply some adverse moral judgment upon his patients, how can he avoid doing so? He cannot, nor is it necessary that he do so. (1) He can avoid all needless implications of moral condemnation, e.g., by carefully choosing his words and controlling his emotional expressions and by separating patients who are sensitive to moral conventions from those whose condition requires violation of those conventions—as otherwise the patient concludes that his endeavors to lead a moral life are regarded as of no value and so condemns his empirical self and either becomes hebephrenic or reënforces his impossible ideal self. (2) But much more important, the psychiatrist can work out the moral issues involved in every case as we have done in the case of the two brothers, and competently present them to the patient as fully as the patient desires—both personally and in writing, so that night and day the patient may review his moral analysis and let it sink to the center of consciousness. Then vindication and aspiration, forced by the fact of his being under treatment, would fuse with each other as in the souls of the most distinguished human beings. As long as the patient knows only (a) condemnation or evasion of moral issues and (b) perfection, set over against each other, he cannot incorporate enough of perfection to respect the self or dare to feel reconciled to society. Psychiatric evasion but reënforces the parental evasion which created the terror about duty and the possibility of achieving it which is the core of his psychosis.

The human soul is something more than a psychological Frankenstein. It is an organized moral aspiration and should be treated as such.