

ERRORS OF PSYCHOTHERAPY. By Sebastian de Grazia. New York: Doubleday & Co., 1952. Pp. 288. \$3.00.

LAW, in one view, is a formulated morality. It provides a system for dealing with those members of society who have failed to fulfill moral obligations which society requires for continued successful operation. In many instances, this failure to conform to the prescribed social-moral code is associated with personality disturbances. Explanation of the connection between personality disturbances and moral deviation has become the domain of the psychiatrist. In a recent book, *Errors of Psychotherapy*, Sebastian de Grazia has commented on this psychiatric domain.

De Grazia's book was obviously intended to be "controversial." Even the most casual reader will find it fulfills this intent. The book, in a theatrical, religious style, attacks "modern psychotherapy" as ineffectual and organized religion as inadequate. The author's arguments are based on the premise that the basis of all mental disorder is a moral crisis. He suggests that all mental patients are experiencing an inner feeling of wrongdoing, and it is this feeling of wrongdoing which leads to anxiety and conflict. Such anxiety and conflict develop out of dilemmas of "good and bad" and of opposing "standards and ideals" which the patient has and cannot by himself change. Selected excerpts of well known psychological case histories are used exemplarily to document this point of view.

The author considers the curative results of the various schools of psychotherapy. From the outset he demonstrates that there is a basic confusion as to what cure actually is and that statistical reports of cures vary greatly, depending on the source.

De Grazia's viewpoint is that for achieving cures the therapeutic technique employed is not so important as the "doctor-patient" relationship. He emphasizes that whether the psychiatrist recognizes it or not he is an authority figure by the very nature of the "doctor-patient" relationship. The author argues that this authoritarian role is what is basic and crucial to healing; in and of itself, it gives the therapist curative powers. The miraculous cures achieved by the laying on of royal hands are cited as analogous examples to substantiate this hypothesis.

De Grazia argues that the psychotherapist implicitly or explicitly gives moral sanction even though he may be attempting to avoid this. The patient responds to these moral sanctions administered by an authority figure of the patient's social order; and so altered, he is reunited with his community (a group of people with a common sense of right and wrong). Thus this cure is basically akin to that of the *shaman*, the witch doctor who by ritual transformation reunites the patient with his tribe. De Grazia insists, therefore, that the cure of moral disorder (mental disease) can be effected only through *moral* authority. This, he declares, is the basis of any and all successful cures. Psychiatric treatment should present a moral authority who offers forgiveness

and a "right way" so that the patient not only can absolve his feeling of wrongdoing, but can also be shown a path leading to the community of values which is his social group.

The modern psychiatrist by no means strives to be a moral authority; he avoids forgiveness and, in his love of "the scientific," dislikes concepts of morality. Therefore, any cures he obtains one must assume are accidental. Specifically, de Grazia is of the opinion that: "In spite of superficial smartness, modern psychotherapy, a hole-and-corner healing, is a failure."¹

On the other hand, de Grazia finds in the religious practice of confession much to uphold. It is the therapy of "forgiveness" by the symbol of authority as opposed to the modern psychotherapy of tolerance by an asocial outlander. The fault of religion lies only in its laxity, which has let confession fall into disuse. To quote de Grazia: "Modern religion, then, the house where people might find God indwelling, is cold. Healing is dead in the modern church."²

The author summarizes his own point of view thus: "Universally, psychotherapy, as was shown, proceeds through the presentation of a moral problem to a person of moral authority who offers moral guidance."³ The last phrase, "who offers moral guidance," contains important additional ramifications:

"Therapy like any other science must proceed with an end in view. . . .

"[T]o be able to heal, to be able to say, 'This is the way you should walk,' the therapist must see the man in the sunlight. . . . [T]he man of ideal character, the one of whom it can be said, 'There is no one more beautiful, more alive, more sympathetic, more reasonable, more manly, or more perfect.'

"With this man in view therapy has foresight. . . . It has a scientific norm by which to measure its work."⁴

De Grazia is aware that this ideal man can be recognized as an "imitation of a Christ."⁵ Congruent with this reasoning he believes that it is the task of the political scientist together with the religious authority to draw up measurements of the ideal man; with this ideal in mind, education will fashion the children of the nation in its image. Thus, de Grazia offers a scheme for preventive and reparative psychiatry both—a way to mold a healthy nation and cure an unhealthy people.

De Grazia's sweeping generalizations should be considered objectively and factually, not because of their intellectual value but because of their emotional impact. They carry an emotional message that has touched humanity through many centuries.

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1. P. 161.
 2. P. 187.
 3. P. 205.
 4. P. 207.
 5. P. 214.

The basic premise of de Grazia's thesis is in error. His argument that insanity is the province of moral leaders is based on the hypothesis that moral disorders are the core of mental disease. The clinical evidence on this point is obvious and quite definitive: the core of mental illness is not a moral conflict. First, guilt feelings are of no great importance in many significant mental diseases: the overwhelming anxiety of the childhood schizophrenic is not based on a moral conflict. The inferiority feelings of the character neurosis, the dependent craving of the addict, the sexual anxiety of the homosexual and the exhibitionist, the reactions of the paraplegic to his paralysis—none of these problems is based on moral conflict or feelings of wrongdoing. Secondly, when guilt is present, it does not evolve from an objective moral conflict. The guilt feelings of the neurotic usually have no basis in any kind of social reality. The neurotic guilt represents a distorted, sadistic, and unreasonable code not to be found in real life. The neurotic in most cases has done nothing morally wrong and there is nothing to forgive. The neurotic conflict is not simply between what is right and what is wrong. The anxiety which is responsible for mental illness evolves out of the many complex relations men have with one another; rightness and wrongness play only a small part in those relations.

De Grazia's analysis of therapy is equally inadequate. He implies that simple confession is basic to psychotherapy. Yet most people who are suffering from mental disease do not know what they should confess. The patient who has a peptic ulcer cannot explain or confess the reasons for his ailment. Catharsis does not come from telling the analyst what one knows; it comes from telling him what one does not know. All analytic techniques are aimed at helping the patient discover rather than merely permitting him to confess.

De Grazia considers the beneficial therapist only as an authoritarian figure, ignoring all the many subtleties of the so-called "transference relationship." It is true that kings can heal but so can Florence Nightingales. Surely one cannot say that the latter's "authoritarian role" is what is crucial to healing. In similar ways much of what goes on in healing has been lightly overlooked by de Grazia.

The most startling of de Grazia's suggestions is approximation to an ideal man as the basis of prevention, cure, and measurement of cure. This is the part of his thesis most unwise, most in error, and perhaps most dangerous. Even the physician who deals with exact physical signs and symptoms has no one standard, no one blood pressure, no one superb weight or height. The patient is judged not on the basis of an ideal body but rather in terms of what is best for his particular body. Similarly, the mentally ill person must be judged not on his resemblance to other men but on his ability to find a place among men. The absurd political and social implications of de Grazia's hypothesis need no explication.

Clearly de Grazia's presentation resembles a dogmatic panacea rather than a cool-headed analysis. Like all dogmatists de Grazia has overlooked many

of the facts ; unlike most dogmatists he is not unaware of what has been overlooked. Most of the arguments necessary to contradict his thesis are present in his own text. They are presented, however, as if they were strong supporting arguments rather than contradictions. This technique is at times so obvious as to be amusing or perhaps frightening.

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