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**THE RECTITUDE OF MORTIFICATION THERAPY
FOR THE SPIRITUAL CARE OF SEXUALLY AFFLICTED**

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Dedicated to
the Immaculate Heart of Mary
Daughter of the Father,
Mother of the Son,
Spouse of the Holy Spirit.

Centenary of the Messages of Our Lady of Fatima. 1917 – 2017.

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Gerard Ryan CCS SThD

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Abbreviations

a.	Article
ad.	Reply to objection
al.	Et alii (and others)
Bk	Book
CBT	Cognitive Behavioural Therapy
CCC	<i>Catechism of the Catholic Church</i>
CCS	Confraternity of Christ the Priest
CDF	Congregation for the Doctrine of the Faith
Chpt.	Chapter
CIC	Code of Canon Law 1983
C.Ss.R	Congregation of the Most Holy Redeemer
CT	Cognitive Therapy
Dr	Doctor
ed.	Editor(s)
ERP	Exposure and Response Prevention Therapy
f.(f)	and following verse(s)/page(s)
FC	<i>Familiaris Consortio</i>
GS	<i>Gaudium et Spes</i>
Ibid.	Same author, same work
JB	<i>Jerusalem Bible</i>
JJCRT	John Jay College of Criminal Justice Research Team, 2004 and 2011
MT	Mortification Therapy
n	note, unnumbered if sole footnote on page, (e.g., 92n), numbered if multiple footnotes on page (e.g., 92n16)
nn	notes, when citing two or more consecutive footnotes on page, (e.g., 92nn16-17)
no.	Item Number(s)

NRSV	<i>New Revised Standard Version</i>
Obj.	Objection
OFM Cap.	Order of Friars Minor Capuchin
O.P.	Order of Preachers ~ Dominican Order
ORC	Canons Regular of the Holy Cross
p. (pp.)	Page(s)
¶	Paragraph no.
PCT	Person-Centered Therapy (Rogerian Therapy)
PET	Positron Emission Tomography Scans
<i>PWH</i>	<i>Psychic Wholeness and Healing</i>
q.	Question
RDBCT	Randomized Double-Blind Clinical Trials
RSV	<i>Revised Standard Version</i>
ST	<i>Summa Theologiae</i>
STD	Doctor of Sacred Theology
trans.	Translator(s)
v.(vv.)	Verse (verses)
viz.	Videlicet, namely, that is to say
VS	<i>Veritatis splendor</i>
Vol.	Volume
§	Section(s)
I	Prima Pars of <i>Summa Theologiae</i>
I-II	Prima Secundae ``
II-II	Secunda Secundae ``
III	Tertia Pars ``
III Suppl.	Supplement ``

THE RECTITUDE OF MORTIFICATION THERAPY

FOR THE SPIRITUAL CARE OF THE SEXUALLY AFFLICTED

GENERAL INTRODUCTION

As the title suggests, *Mortification Therapy* provides a form of therapy and spiritual care for sexually afflicted people.¹ It draws on a variety of academic disciplines. When referring to the theological integrity of something, it is judged against the principles of both dogmatic and moral theology. Mortification as a term is drawn from ascetical theology. It designates the human person's spiritual striving for God by his own effort, using both negative and positive acts performed for love of God, and the formation of the acquired virtues. It bespeaks the disciplined, reasonable, and free governance of oneself. Therapy refers to infirmity of some form and a means of rehabilitation for the restoration of the fullness of health, whether it be physical, emotional, or mental. Given that God created the human person, it is sensible to refer human brokenness, of whatever sort, prayerfully back to its Creator. Spiritual care is a direct reference to the Gospel injunction of being watchful and concerned for one's neighbour (see *Mt 22:39; Lk 10:37*).²

The sexually afflicted are those persons, both young and old, who have been traumatised through sexual molestation, abuse, and crime, and those who suffer repression from other forms of sexual pathology intellectually or volitionally determined. Specifically considered are those persons who have emotional disorders as distinct from those who have a constitutional mental illness.³ This emotional disorder develops because of two factors. Firstly, an emotion is stimulated and becomes conscious to the person's psyche (e.g., desire) and another psychic power (e.g., fear) is moved to oppose the aroused passion and block it as something

¹ The term affliction refers to an infirmity usually of a grave nature. It refers to an enduring suffering of both body and soul. It may or may not be chronic. It is distressing and can be accompanied by anxiety. Its etymology comes from Latin and has the sense of despondency, dejection, or humiliation. (*L. afflictere* to "knock about, harass, smite," "injure or impair," or from *afflict-* "knocked down, weakened:" both from the verb *affligere*, from *ad-* "to" + "fligere 'to strike, dash.'" *Oxford Latin Dictionary*, ed. P.G. Glare (Oxford: Clarendon Press, 2004), 80. In the context of this study affliction includes the above definitions but as it relates specifically to sexual abuse or pathological repressive disorders and not to psychological disorders in general.

² All biblical citations are taken from the *New Revised Standard Edition* (Sydney: St Paul's Society, 1998), unless noted. Throughout the text there are parenthetical references to assist with referral to other primary texts. Usually no more than two references are provided parenthetically. Where it is necessary to provide multiple references to the same or different texts these are listed in the footnotes.

³ See Anna Terruwe and Conrad Baars, *Psychic Wholeness and Healing* (New York: Alba House, 1981), 219f., 129. Hereafter referenced parenthetically as (*PWH* n.). Please note that the 2nd revised edition of *PWH*, is edited and revised by Suzanne Baars and Bonnie Shayne (Wipf and Stock Publishers, 2016). The 2016 edition has different page numbering from the quoted 1981-2011 text. The 2016 edition's page numbers are less than the older editions. To assist with referencing that text, the page numbering increasingly varies from one page in Chapter 1 (e.g., 3 [1981] & 1 [2016]) to sixteen pages difference in Chapter IX (e.g., 235 & 219).

unacceptable. How this occurs is explained later. What is essential is that the aroused emotion does not arrive at a peaceful resolution but continues to seek reasonable guidance, but it is impeded from doing so. The passion is left in a state of unresolved active frustration. It is psychically alive but stifled and seeking some resolution. From that moment on, it influences the person and gradually manifests physiological and psychological symptoms that can be called pathological (see *PWH* 31). The person is psychically (i.e., psychologically) sick.

“Spiritual theology can be described in general terms as the application of moral theology to the spiritual lives of individual Christians with a view to leading them to the perfection of the Christian life.”⁴ As a studied discipline, it is also sometimes referred to as the theology of Christian perfection.⁵ Ordinarily, spiritual theology explains the means by which people typically advance from the initial stages of first justification through to the elevated mystical degrees of transforming union.⁶ Each person, however, must transverse their unique journey, even if it more or less follows the clear paths and principles of spiritual theology as set down by saintly masters. Moreover, every person desirous of the heights of mystical contemplation needs to progress to divine union with the assistance of the overarching intellectual and moral virtue of prudence.⁷ Sadly, however, the virtue of prudence is one of the first casualties when sexual repression adheres accidentally in the human soul, at least concerning those matters involved in the pathology.

In any discussion concerning the moderating of the procreative drive, the virtue of justice, which is in the will, and fortitude, which is in the irascible powers and stands before temperance, which is in the concupiscible powers, are all significant for the perfection of charity. Moreover, all are partially or fully impacted by sexual repression. Nevertheless, it is prudence, which is essential for progress along the Pilgrim Way. St Thomas Aquinas teaches: “the cause and root of human good is the reason. Hence prudence which perfects the reason surpasses in goodness the other moral virtues which perfect the appetitive power, in so far as it partakes of reason. And among these, one is better than another, according as it approaches nearer to the reason.”⁸ Reason in the sexually repressed is, however, “fettered,” or the person “loses the use of reason altogether” (*ST* I-II, q.77, a.2). When reason is displaced, so too is any possible intervention by the virtue of prudence. This is something disadvantageous to growth in the fullness of charity. The sexually afflicted need assistance to be liberated firstly, psychologically, and secondly, spiritually if they are

⁴ Jordan Aumann, *Spiritual Theology* (London: Sheed and Ward, 1995), 22.

⁵ See Antonio Royo and Jordan Aumann, *The Theology of Christian Perfection* (Iowa: The Priory Press, 1962).

⁶ Refer to Appendix II. See Reginald Garrigou-LaGrange, *The Three Ages of the Interior Life*, vol. II, Synthesis of the Treatise of the Three Ages of the Interior Life (Illinois: Tan Books, 1989), 655.

⁷ See Yves Congar, *A History of Theology*, trans. and ed. H. Guthrie (New York: Doubleday Press, 1968), 263-65.

⁸ See Thomas Aquinas, *Summa Theologiae* (New York: Benziger Brothers, 1948), *ST* I-II, q.66, a.1. Hereafter the *Summa*'s references are noted by the distinctive book and numbering (*ST* n., q.n, a.n, ad.n).

to make strides along the path of holiness.

The remediation of sexually afflicted persons, prescinding from whatever functional psychotherapy effects, though in conjunction with it, is primarily concerned with leading spiritually tormented persons to the fullness of Christian perfection. If the intellectual and moral virtue of prudence is displaced the sexually afflicted person stalls even at “first justification.”⁹ Moved by grace, justification affects the remission of sins and “the sanctification and renewal of the interior man” (CCC 1989). It is this second part concerning the sanctification and renewal of the inner man that is gravely affected by pathological repression. This statement does not deny the power of habitual and actual graces, only their effectiveness as supernatural powers to renew the natural interior sense faculties profoundly wounded through sexual affliction. Herein lies the crux of the problem, and the specificity of the study, and the need for the spiritual care of these spiritually tormented individuals.

Seeking and striving for the perfection of charity, the spiritual life when unencumbered by sexual disorders, is primarily concerned with ascetical and mystical theology, both of which spell out a single path to Christian perfection. Throughout the spiritual journey just as one must keep with vocal prayer (e.g., the Rosary) even as a mystic, so too at the heights of full-blown mystical life, one must continue with regular ascetical practices. Indeed, everyone must take up their cross daily and follow Christ (see *Mt* 10:38). The ascetic aims at mysticism while the mystic maintains an active asceticism. “Christian spirituality is, therefore, a participation in the mystery of Christ through the interior life of grace, actuated by faith, charity, and the other Christian virtues,”¹⁰ aided and abetted by the gifts of the Holy Spirit, the worthy reception of the sacraments, unremitting personal prayer, penance, and mortification. Mortification therapy, hereafter called “MT,” has a substantial role in assisting sexually afflicted persons advance in their spiritual journey through informed pastoral care.

Spiritual Care of the Sexually Afflicted

After thirty years of priestly ministry in a variety of apostolates which included the formation of religious and priests, hospital chaplaincy both permanent and casual, parish work as a pastor, police chaplaincy for eleven years, grief counselling, and ministry to emergency service personnel, and throughout all this time functioning as a confessor, spiritual director, exorcist, and retreat master, I have found many people who longed for a more profound spiritual relationship with God. Nevertheless, some of these individuals found themselves incapable of achieving this.¹¹ Many were bereft

⁹ See Appendix III, Vignette 1: Dolores, sexually abused in infancy.

¹⁰ Aumann, *Spiritual Theology*, 18.

¹¹ In Appendix III and in some places throughout the text, a number of cases from people’s lives are provided by way of example and as a means for the illustration of the application of MT. Each of these vignettes is a true account from personal priestly pastoral care. Only those changes are made which safeguard the identity of the person. However, where possible explicit permission from the person was sought and obtained.

of authentic peace and happiness, even after decades of being thoroughly Catholic. Their spiritual journey had stalled or floundered on disturbing thoughts and actions quite contrary to sanctity. “Why can I not commune with God as I read about in spiritual books?” they ask. Naturally, the priest will inquire about the person’s life and their spiritual practices, suspecting either the presence of acedia or “*The Dark Night*.”¹² However, the answer is seldom found in either.

Usually, such persons are full of remorse and self-deprecation. They blame themselves. They complain of a lack of willpower, question the inadequacy of their asceticism, or just accept that they are slothful.¹³ Nevertheless, when the priest takes the time to enquire patiently and affirmingly during a personal one-on-one encounter, the results can be most revelatory. Spiritually, this is precisely what Jesus Christ did during his public ministry. He preached to thousands but cared about an individual’s spiritual state. By making the time and taking the trouble, he was able to lead Matthew, Zacchaeus, Magdalene, and the woman at the well, the adulterous woman, the anxious Nicodemus, and many others besides to a deeper relationship with the Heavenly Father (see *Mk* 14:36, *Gal* 4:6).

The Catholic priest, although he enjoys the benefits of acting “*in persona Christi Capitis*,” is not Jesus (see *CCC* 874). The model of the priestly apostolate is clear from the Gospel. However, not being the Son of God, the priest, though he may intuit and spiritually discern much, cannot see what Jesus saw in the hearts of people (see *Mk* 2:6-8). Often daily ministry is truncated or thwarted by all manner of psychological hindrances in the recipients of the sacraments, as willing and worthy as those beneficiaries may be. “Man’s faculties make him capable of coming to a knowledge of the existence of a personal God. But for man to be able to enter into real intimacy with him, God willed both to reveal himself to man, and to give him the grace of being able to welcome this revelation in faith” (*CCC* 35). But what of those who have faith and grace, but find their spiritual journey lacking intimacy with God and altogether blocked or arrested?

Each Christian accomplishes their spiritual pilgrimage by degrees through sacramental encounters with Jesus Christ. For this “certain essential elements will always have to be present: the proclamation of the Word, acceptance of the Gospel entailing conversion, the profession of faith, Baptism itself, the outpouring of the Holy Spirit, and admission to Eucharistic communion” (*CCC* 1229). Every priest, however, has witnessed thousands of people receive the sacraments yet those same recipients have failed to enter into real intimacy with God who wills to reveal himself to everyone. No doubt each person has his or her particular story and reasons for their inability to respond to God’s intimate call to love. This text will not attempt to address the myriad reasons why people do not adequately respond to God through sacramental encounters and many other spiritual invitations and efforts. This study,

¹² See John of the Cross, *The Collected Works of St John of the Cross, The Dark Night*, rev. ed., translated by Kieran Kavanaugh and Otilio Rodriguez (Washington, DC: ICS Publications, 1991), 353ff.

¹³ See *The Catechism of the Catholic Church* (Sydney: St Paul’s Society, 1998), 2733. Hereafter (*CCC*).

however, will address one particular and little-known cause of spiritual frustration and discouragement. The specifically targeted group under consideration are those persons afflicted with pathological sexual repression who often after great spiritual effort, give up and no longer bother with any further serious attempt at virtue and holiness, and sometimes even the practice of the faith. This discouragement is because “illness can lead to anguish, self-absorption, sometimes even despair and revolt against God” (CCC 1501). Terruwe/Baars wrote:

What is sorely needed in the treatment of obsessive-compulsive repressive disorders is the moral and spiritual guidance of well-informed moral theologians for both patients and psychotherapists. The prevention, and eventual eradication, of this emotional illness—for so many generations the chief source of unparalleled intense psychic and spiritual suffering—will be guaranteed through the combined efforts of knowledgeable psychotherapists and moral theologians” (PWH 106).

Faith and morals are the foundational blocks for theological orthodoxy and prudential practice. Psychologically, they contribute to psychic wholeness and healing.¹⁴ Terruwe/Baars are referring to every ordained priest who spends time in studying philosophical ethics and three full years learning moral theology. They stress the role of the moral theologian because “the greater includes the lesser” (ST II-II, q.101, a.1, ad.1). Moral theology is a mother to her daughters, ascetical and mystical theology.

Higher theological principles incorporate lesser ones and have the capacity for leading souls to the highest sanctity, to Christian perfection, and to an ever closer union with God.¹⁵ The Catholic priest may not be a “moral theologian” in the speculative or academic sense, however, using his education, formation, and experience, he is every bit the moral theologian in the practical and applied sense. Moral principles “in the field” must be conveyed compassionately and ethically to real people, occasionally in extremely tragic situations. Many of these cases do not require snap decisions but must be prudently considered and weighed judiciously. The sacramental confessor and spiritual director have significant roles to play in alleviating and remediating the spiritual torment resulting from a repressive sexual pathology.

The attainment of the perfection of charity naturally also includes the means to this end. These involve the primary elements of perfection, namely faith, hope, and charity which are infused with sanctifying grace, the development of both acquired and infused virtue which perfects the human faculties, and the gifts of the Holy Spirit. Moreover, graced persons do well to enact charity with an intensifying love of God, neighbour, and with an ever-increasing desire for holiness in themselves. The two principles furthering one’s love of God involve affective and effective acts of charity.

¹⁴ The term psychic is used throughout this study. Terruwe/Baars entitled the definitive edition of their life’s work specifically as it relates to the human soul. Psychic is an adjective qualifying wholeness, meaning the integrity of the human psyche (i.e., *Gk.* for life, soul, and mind). The study of the human psyche is psychology. Psychic, as it relates to the human soul, is not to be confused with spiritistic psychic powers (see CCC 2138). Nor is the term related to a person who acts as a medium or “psychic.” All forms of Spiritism are to be rejected (see CCC 2116-17).

¹⁵ See Aumann, *Spiritual Theology*, 21.

Affective charity entails living in sanctifying grace and retaining it habitually. In this way, individuals collaborating with grace beget an ever-increasing participation and affectivity within the life, goodness, and holiness of God. That is, an ever-increasing desire and affectionate love for God increases the perfection of charity. The spiritual benefits of charity provide the joy and pleasure of being one with God, and the affections of the heart move the person to be increasingly “in love” with the Lord while doing all for the love of God is a proof of authentic love. In the words of St Augustine “love and do as you will,” for he well knew that love is willing the good of the beloved, as God loves all creation (see ST I, q.20, a.2). Effective acts of charity include doing all one can to please God, to discover the divine designs, and as best one can fulfil God’s will, and what that entails daily. An effective love of God, despite hardships, contradictions, obstacles, and temptations to the contrary, endures and is sacrificial for the sake of the Other (see Jn 15:13). All the same, “perfection depends primarily on affective charity and only secondarily on effective charity.”¹⁶

One of the first spiritual lessons for the sexually repressed, who are preoccupied with the fulfilment of the law and the avoidance of all sin, is to understand better affective love and in what the perfection of charity consists. Sadly, their life is characterised by mistakenly thinking that loving needs to be effective. But love in the heart comes before the doing of the head and the hands. Christian perfection in this life then, “requires the exclusion of anything that impedes the totality of the affective movement toward God...The totality of the affective tendency toward God demands that the soul work to its full capacity.”¹⁷ Primarily this means the ongoing inclination always to choose the perfect way. “The greatness of the work they accomplish will be measured by their annihilation of themselves for God in the sensory and spiritual parts of their souls...The journey, then, does not consist in consolations, delights, and spiritual feelings, but in the living death of the cross, sensory and spiritual, exterior and interior.”¹⁸ To this end, one needs to avoid voluntary imperfections, and of course, sin. Secondarily, serious religious people deliberately choose to overcome even involuntary imperfections, and to the degree one is able, ignorance of God and impediments to the love of God. Pathological sexual repression is one such involuntary imperfection. It is an obstacle to the soul working to its full capacity¹⁹ and can be remediated.

There are fundamental Christian practices which must first be in place if emotionally afflicted people are to be helped spiritually. Given that MT is a Catholic psychotherapy, it should not be presumed that many of these spiritual practices are already in place. Clearly, in dealing with non-Catholics, or indeed with those who have no faith, the priest will adjust his guidance accordingly. The priest, acting as a spiritual guide to recovering persons, provides three interrelated catecheses. Each of these is tailored to the reception of the person: 1) An instruction in God’s design for the human person. This teaching includes both the natural and supernatural means as an individual tends to one’s ultimate end. Part of this work will consist of a teaching

¹⁶ Aumann, *Spiritual Theology*, 108.

¹⁷ *Ibid.*, 117-18.

¹⁸ John of the Cross, *The Ascent*, 172, Bk. Two, Chpt. 7, no. 11.

¹⁹ See Aumann, *Spiritual Theology*, 118.

from philosophical psychology and Christian anthropology (e.g., Appendix I). 2) An abridged catechesis²⁰ from the *Catechism of the Catholic Church* “to reveal in all clarity the joy and the demands of the way of Christ...for the “newness of life” (CCC 1697). Such a general catechesis is also tailored to the specific needs of the afflicted person. 3) And ongoing coaching in ascetical and mystical theology, though this will understandably contain some biblical and dogmatic theology. In a word, it is a beneficial and relevant adult education in which participants usually take great interest and enthusiasm. Most notably, they appreciate coming to know God better.

A fundamental principle of this entire catechesis is that God the Creator is the most excellent healing Agent who restores both mental and spiritual health (see CCC 1503). Hence, listed among the best means for increased intimacy with God are: the sacraments which are the ordinary means to spiritual growth, particularly the Eucharist Who is the medicine of immortality and the antidote to immorality, and the sacrament of penance which is a crucial sacrament to those recovering from sexual repression (see CCC 1509; 1469).

Historical Origins

The understanding of pathological sexual repression from a Thomist viewpoint and the therapy to correct such an anomaly was initially the insight of the priest, Professor Willem Duynstee, CSsR in the 1930s.²¹ His degrees in law and theology combined with his very active ministry as a teacher, confessor, retreat master and spiritual director, and as a Redemptorist religious and priest. His experience and broad knowledge provided him with a unique understanding and spirituality to formulate a rudimentary therapy for sexually afflicted persons.²²

²⁰ Such a catechesis not only includes the fundamentals as recommended in CCC 1697, but also a renewed understanding of the God of love and mercy; an abandonment to God’s providential personal care; a renewed emphasis of an increasingly regular reception of the sacraments; and especially on prayer, its forms, length and depth in prayer; and an encouragement on what to expect from personal unitive prayer.

²¹ This understanding of sexual repression was radically different from Sigmund Freud. See Willem J.A.J. Duynstee who wrote *The Theory of Displacement Judged from the Thomistic Viewpoint* [See *De verdringingstheorie beoordeeld van thomistisch standpunt* (1935)]. It was republished as the first chapter of *Verspreide Opstellen* (Roermond Maaseik: J.J. Romen & Zonen Uitgevers, 1963), 8-23.

²² In the 1920s, Fr Duynstee was a professor at the seminary in Wittem in moral, ascetical, and mystical theology. In 1928, he was appointed professor of criminal law, procedural justice, and canon law at Nijmegen Catholic University, Radboud (1928-56). A moralist from the Redemptorist tradition, Duynstee was the assistant and successor to the renowned moral theologian Cornelius Damen, C.Ss.R who together with Jos Aertnys wrote *Theologia Moralis* (1932). To this volume, Duynstee contributed the tract on Virtue. See Rudolf Joseph Hubertus Ter Meulen, “Ziel en Zaligheid De receptie van de psychologie en van de psychoanalyse onder de katholieken in

The Catholic psychiatrist Anna Terruwe began ministering to sexually tormented people in the mid-1940s.²³ It was not Terruwe's background as a physician and psychiatrist, however that made her prominent in the diagnosis and prognosis of sexual afflictions, and other emotional disorders, but rather the insights she gleaned from St Thomas whom she had studied as a young philosophy student at the university.²⁴ With the aid of Fr Duynstee, Terruwe applied Thomist philosophical insights in her clinical practice (see *PWH* xiv).

Later Conrad Baars popularised her teaching in English from the 1950s.²⁵ Together they were invited as specialist consultants to the 1971 Synod of Bishops in Rome on *Priestly Ministry*, which considered clerical chastity and celibacy as a major theme.

The number of people troubled by sexual disorders is significant. Verified statistics count sexual abuse of girls as one in four and boys as one in five who have been sexually molested at some time in their life.²⁶ Persons afflicted with sexual

Nederland 1900-1965." *Repository of the Radboud University* (Nijmegen: Ambo Press, 1988), 78, 3.2.1. That is, "The Soul and Salvation of the Reception of Psychology and Psychoanalysis among Catholics in the Netherlands 1900-1965." Doctoral Thesis confirmed (Nijmegen 1988). Accessed February 24, 2016. https://web.archive.org/web/20190217203211/https://repository.ubn.ru.nl/bitstream/handle/2066/113559/mmubn000001_069302707.pdf.

²³ Dr Terruwe was a physician, surgeon, and psychiatrist from the 1940s. See Marit, E. Monteiro, "De affaire-Terruwe — oftewel: actuele geschiedenis in de jaren 1960)" *Repository of the Radboud University*, Nijmegen (2010). Accessed May 14, 2016, <https://web.archive.org/web/20200301031201/https://repository.ubn.ru.nl/bitstream/handle/2066/94357/338689.pdf?sequence=1>.

²⁴ Though it was the psychiatrist Dr Terruwe who in her original thesis, "*De Neurose in het Licht van der Rationale Psychologie*" diagnosed and explained the problem of sexual repression from Thomist psychology, these insights she attributes to Rev. Professor Duynstee who first highlighted the Thomist understanding of repression. See Anna Terruwe, *The Neurosis in the Light of Rational Psychology* (New York: J.P. Kennedy and Sons, 1960).

²⁵ Dr Conrad Baars, a Dutch psychiatrist practicing in the USA, translated Terruwe's works and then popularised them in the English-speaking world. It is to Dr Baars' credit that the subchapter "Mortification Therapy of Sexual Obsessions and Compulsions" was included in their definitive English text of *PWH* in 1981. Baars was also an author in his own right. Fr Jordan Aumann OP was a theologian of note and a prolific author and translator. He was Baars' confidante and guide in each of the translations from Dutch into English. Aumann ensured that each of the texts' philosophical, theological, moral, and spiritual content was correct. Each of these professionals contributed their expertise to MT's psychological explanation and to its dissemination.

²⁶ Against the world population, it means that there are over 500 million women and 500 million men who have suffered some degree of sexual abuse. The following statistics are from reliable professional sources and are financed and hosted by reputable Foundations.

"Children and teens in all racial, religious, ethnic, gender and age groups, and at all socio-economic levels are sexually abused. While there are risk factors that may increase the possibility of sexual abuse, sex abuse is found in all types of families, communities and cultures" *Klingberg Family Centers*, "Stop It Now: The Scope of Child Sexual Abuse" (2015). Accessed October 25, 2015. <https://web.archive.org/web/20180812193015/http://www.stopitnow.org/faq/the-scope-of->

obsessions and compulsions are often wholesome people, but they have a deep unnatural pathology inflicted upon them which usually askew them spiritually. There are others who through poor pedagogy afflict themselves with either intellectual or volitionally determined sexual repression, or both, which overwhelmingly affects their spiritual journey throughout life.

Mortification Therapy: Remediating Sexual Affliction

MT is a means by which persons suffering from sexual affliction are psychologically and spiritually rehabilitated. They are liberated psychically and morally and subsequently can grow spiritually in virtue, merit, and holiness. Indeed, without such rehabilitation, they often languish spiritually. This impairment is because of the lack of freedom that is necessary to respond adequately to grace and the incapacity for their collaboration that reasonable governance requires for the attainment of supernatural merit (see *CCC* 2025). MT is both informative and reformatory. After a diagnosis establishing the presence of sexual repression, there is a pedagogy concerning the human person from Thomist psychology, a catechesis on God and the person's *Life in Christ* (see *CCC* 1697), the development of a trusting rapport with the counsellor (see *PWH* 103), a thorough understanding of and explanation for the three directives²⁷ and the reasons for them (see *PWH* 104), and an ongoing counselling relationship through the various stages of psychological and spiritual reintegration, and all of this is thoroughly supported with a particular form

child-sexual-abuse-definition-and-fact-sheet.

“Studies that comprehensively measured the prevalence of child sexual abuse found that males had prevalence rates of 1.4-7.5% for penetrative abuse and 5.2-12% for non-penetrative abuse, while females had prevalence rates of 4.0-12.0% for penetrative abuse and 14-26.8% for non-penetrative abuse.” <https://aifs.gov.au/cfca/publications/prevalence-child-abuse-and-neglect#:~:text=Studies%20that%20comprehensively%20measured%20the,%25%20for%20non%2Dpenetrative%20abuse.>

“Stop It Now!” became an affiliate of Klingberg Family Centres, a private, non-profit multi-service agency based in New Britain, CT. Founded in 1903, Klingberg’s mission is to extend hope and healing to children and families whose lives have been traumatized by abuse and/or neglect in its various forms, severe family problems and mental health issues. Current information is found on Klingberg’s “Stop It Now: Fact Sheet: ‘One in 10 children will experience contact sexual abuse in the U.S. before age 18. More than 50% of sex abuse survivors were sexually abused before the age of 12. One in 25 children (10-17) will receive an online sexual solicitation. Of substantiated reports of child maltreatment in the US, 9% were unique survivors of sexual abuse. The average age for a minor to enter the sex trade is 12-14’” (ibid.).

Basil Dabh, “99.3% of Egyptian Women Experienced Sexual Harassment.” *Daily News – Egypt* (April 28, 2013): accessed October 27, 2015, <https://web.archive.org/web/20190325181823/http://www.dailynewsegypt.com/2013/04/28/99-3-of-egyptian-women-experienced-sexual-harassment-report/>.

²⁷ MT’s three directives, when necessary and appropriately understood and applied, are beneficial to sexually repressed and afflicted persons. They are treated thoroughly in later chapters which argue in favour of the rectitude of MT. They are: firstly, “*you may...everything.*” The second directive posits, “*For you, there are no rules, laws, or commandments.*” The third directive is “*the pleasure you experience as the result of abiding by the other directives is the most perfect thing for you.*”

of healing prayer.

Terruwe/Baars explain that repression affects not only several faculties of the body (i.e., the internal senses and sensitive appetite) but also of the spiritual soul (i.e., the rational appetite). Sexual disorders inhibit freedom in areas affected by pathological repression, both specific and expanded. Repression comes about through a person's malformed or misinformed cogitative judgements. Such judgements can take place because of either sexual molestation or a young person's cognitive misinterpretation of rules, laws, or commandments about the procreative powers. Repression occurs through the cogitative power's evaluation or in union with the cognitive faculty. As noted above, it involves the disordering of the sensitive appetite reacting to a malformed cogitative judgement. Malformed cogitative and misinformed cognitive judgements activate an irascible passion, which represses what is perceived to be an unacceptable concupiscible emotion.²⁸ The emotion's freedom is thwarted, but more importantly, the repression has also deprived it of its proper governance by reason and will.

The therapeutic approach for reversing the repressive process, based on Duynstee's Thomist research and Terruwe/Baars' clinical practice, is termed "mortification therapy." Anna Terruwe, from her experience of consecrated life in the 1940s, well knew the value of mortification throughout one's spiritual journey. The concept of mortification originates in ascetical and mystical theology.²⁹ "Asceticism is not confined to the ascetical state, nor is mysticism reserved to the mystical state. What determines either state is the habitual predominance of ascetical or mystical activity."³⁰ MT was always envisaged as human philosophical psychology aiding and abetting spiritual theology. Terruwe/Baars state "as psychiatrists and psychotherapists we must never forget that we are not treating a psychological disorder, but a human being" (*PWH* 120). "All are called to the fullness of Christian life and the perfection of charity."³¹ While holiness essentially is abiding habitually in sanctifying grace, Jesus states: "be perfect, as your heavenly Father is perfect" (*Mt* 5:48). Persons with a sexual pathology suffer from an intellectually or volitionally determined imperfection, while the sexually molested or abused suffer from an involuntary imperfection. Hence, because of the waywardness of their personality,

²⁸ See *ST I-II*, qq.40-48. In Terruwe/Baars' *PWH* text, irascible passions are sometimes referred to as the utility, energy or assertive emotions and the irascible appetite, powers, or passions. Assertive drive is the preferred term. See *PWH* Chapter VII, "Man's Assertive Drive," 198. The concupiscible passions are often referred to as the pleasure emotions.

²⁹ See Adolph Kestens, *Spiritual Guidance: Fundamental of Ascetical Theology Based on the Franciscan Ideal* (New Jersey: St Anthony Guild Press, 1962). And John Arintero, *The Mystical Evolution*, vol. 2 (Illinois: Tan Books, 1978), 10. And Moritz Meschler, SJ, *The Three Fundamental Principles of the Spiritual Life* (Westminster, Maryland: The Newman Bookshop, 1945), 77-83, 90-107.

³⁰ Aumann, *Spiritual Theology*, 131.

³¹ Vatican II Documents, *Lumen Gentium*, Dogmatic Constitution on the Church (November 21, 1964), 40 § 2. Accessed October 22, 2016. http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19641121_lumen-gentium_en.html.

they have an unusually difficult struggle for natural and supernatural perfection.³²

All are to overcome and master, with the assistance of grace, those aspects of one's personality which are incompatible with the Gospel of Jesus Christ (see *Lk* 14:33, *Tt* 2:12). Pathological sexual repression, as an unnatural vice, stymies the full participation of Gospel beatitude. Besides, St Paul teaches that those who belong to Christ Jesus are to crucify (i.e., bring to death or mortify) all self-indulgent passions and desires (see *Gal* 5:24). Wilful passions (i.e., to sin through defect) or unwilling emotions (i.e., to endure pathological restraint through excessive vigilance) need mortifying that they may be reasonably governed and perfected through the Holy Spirit's gift of grace (see *CCC* 798). Grace perfects natural human faculties. If these human faculties are pathologically impeded, blocked, or arrested in their development, grace is similarly incapacitated unless there is a miraculous divine intervention. Each person, therefore, to the degree possible needs to be docile to the promptings of those healing graces that prepare the way for freedom and further grace (see *CCC* 1742). Moreover, "it is not easy for persons, wounded by sin, to maintain moral balance. Christ's gift of salvation offers us the grace necessary to persevere in the pursuit of the virtues. Everyone should always ask for this grace of light and strength, frequent the sacraments, cooperate with the Holy Spirit, and follow his calls to love what is good and shun evil" (*CCC* 1811). For the pathologically repressed, however, the pursuit of virtue is beyond them. To perfect one virtue is to perfect several or all (see *ST* I-II, q.66, a.2). To be incapable of perfecting one virtue (e.g., temperance, if prudence is lacking), is to be incapable of truly perfecting any virtue (see *ST* I-II, q.65, a.1). Sadly, this is the very spiritual state that the pathologically repressed suffer. In the sexually afflicted person, right reason, essential for forming virtue, is remiss or altogether displaced, making the formation of acquired virtue unattainable (see *ST* I-II, q.77, aa.1-2). This displacement leaves the spiritually infused virtues impotent to affect the development of acquired virtue and the particular faculty involved. The human being "is not a body alone nor the soul alone, but the composite that results from the substantial union of the two."³³ To the degree that the natural organism of the person is defective, so too, the supernatural organism will be affected. "The virtues and the gifts, which are the dynamic elements in the supernatural organism, reside in the human faculties or powers and elevate them to the supernatural order."³⁴

MT is a psychological/spiritual remediation. Its aim is the promotion of mental (and therefore spiritual) and behavioural liberty and the advancement of psychosexual development and control, namely, "*freedom for morality*" (*PWH* 112-13, 216), thus fostering the "*freedom for excellence*."³⁵ To be spiritual, however, is much more than just being morally upright. The *Catechism* teaches that "the human person: With his openness to truth and beauty, his sense of moral goodness, his freedom and the voice of his conscience, with his longings for the infinite and

³² See Aumann, *Spiritual Theology*, 103.

³³ *Ibid.*, 67.

³⁴ See Aumann, *Spiritual Theology*, 67.

³⁵ See Servais Pinckaers, *The Sources of Christian Ethics* (Edinburgh: T&T Clark, 1995), 354-78.

happiness, man questions himself about God's existence. In all this, he discerns signs of his spiritual soul" (CCC 33). At the same time, men and women as spiritual creatures in God's friendship can live such familiarity "only in free submission to God" (CCC 396). To do this, however, they must be externally and internally free. Sexually afflicted persons lack the fullness of freedom (see *PWH* 111). Human beings "are dependent on the Creator and subject to the laws of creation and to the moral norms that govern the use of freedom" (CCC 396). To fully assist persons suffering from the profound spiritual burden of pathological sexual repression, there is a need firstly to restore true human freedom and rational governance of the sensitive appetite, and to order the human faculties according to God's design. Spirituality is more than merely saying prayers. Spiritual persons have the right and duty to live a well-ordered life possible of establishing and maintaining true intimacy with God. The *Catechism* describes a well ordered traditional plan to promote this relationship (see CCC 1700).

Natural human happiness is elusive to sexually afflicted persons tormented by sin, material or formal. They often despair of supernatural beatitude and berate themselves accordingly. The vocation to holiness is seen as a pious platitude or pipedream. It is not possible for such persons to freely direct themselves towards personal natural and supernatural fulfilment unless they have an informed spiritual director to guide them. Genuine deliberation for free human acts in the area of pathology is lacking. Often with erroneous cogitative judgements and misled by cognitive misinterpretations concerning rules, laws, and commandments, sexually repressed persons are incapable of "conforming to the good promised by God and attested by moral conscience" (CCC 1700). Most notably, afflicted people are exasperated and perturbed in their attempts to make enduring contributions to their inner growth. It is more like a bulimic person who rigorously fasts only later to gluttonously feast, and afterwards to purge themselves with all the recrimination typically involved in such a see-sawing pathological process. They usually form a profound dichotomy between their sentient and spiritual selves in such a way that upon reflection, past years demonstrate a pilgrim way far aside from the fairway. This waywardness includes more than a few occasional excursions into the bush, full of bunkers, ponds and off-field roughs that do not bespeak mystical spiritual growth, let alone authentic ascetical progress. They do not question the reality or presence of actual and habitual grace but wonder where it is in their day to day life. The attainment of the perfection of charity may be recognised as the development of the initial graces of baptism but the fear of God, the aversion of Almighty punishments and despair of ever being free from "habits of sexual sin" block any affirming thoughts of God's love for them. They despise if not hate themselves, and know themselves to be a pain to those around them. Because the virtues they seek are non-existent in their life (at least in the area of pathology) and sin appears to abound, serious and devout persons can and do rest secure in the knowledge that at least the sacrament of penance is their divine safety net. Understandably, they do not move far from it. Even so, scruples are a frequent visitor to their soul. At least this is the case for those who have not already given up on God and religion in general. Terruwe/Baars state that the majority of sexually repressed persons commonly

possess three excellent qualities: a “superior intelligence, with a naturally healthy emotional disposition, and [are] possessed of a sincere desire and strong will to do what is right” (see *PWH* 108). Moreover, not infrequently, they love Jesus Christ with a passion.³⁶ Surely if this is so, something spiritual is sorely amiss.

Well implemented, MT has the potential to unlock previously blocked personal spiritual growth in virtue, holiness, and merit. The priest has an essential role to play during MT as a spiritual director through his catechesis, theological input, spiritual direction and professional priestly accompaniment. Moreover, because sexually repressed people are excessive in their moral duty towards God, attempt to avoid all sin, and are anxious about eternal salvation, the priest’s opinion carries significant weight and holds sway over the entire psychological process. This priestly presence is much more than just a simple catechesis or pedagogy of moral re-interpretations. It is the reassurance borne of spiritual experience and priestly integrity. Terruwe/Baars write, “when a person with obsessive-compulsive repressive disorder knows that the psychotherapists’s clinical advice in these delicate moral matters is understood by and has the full approval of the patient’s spiritual director, the patient is able to shed any doubts which otherwise would have impeded if not made impossible, the healing process” (*PWH* 106). In addition to the priest’s spiritual knowledge and sacramental contribution, if he is gifted in the area of health-giving prayer, the added component of supernatural healing furthers the natural psychological process and this assists afflicted persons with spiritual confidence and personal renewal. Further reference to the matter of healing prayer is presented in the final chapter.

Essentially, only when pathological repression within the sensitive appetite has been eliminated, is it possible for the afflicted person to perform genuinely free human acts in the specific area of repression. Moreover, the attainment of the acquired and infused virtues is made possible, and merit which among other things requires personal freedom becomes feasible, and a proper relationship with God is established, devoid of the irrational admixture of pathological fear, and false psychological guilt. Thus newfound holiness and happiness are obtained. This spiritual peace allows previously afflicted persons to lead an ordinary natural and supernatural life.

MT provides the afflicted person with therapeutic knowledge and spiritual reformation. In addition, several directives are prescribed to allow experiencing and developing an affective connatural knowledge of the procreative drive previously misjudged, misunderstood, and repressed. The healthy child, youth, or adult through grace experiences the fruits of the Holy Spirit as listed by St Paul (see *Gal* 5:22). Conversely, a person suffering from sexual pathology far from experiencing spiritual joy endure pangs of sorrow, self-disgust, anxiety, and significant aversion. MT has the therapeutic capacity to restore not only natural happiness but also the reception

³⁶ This fourth quality, not specifically identified in *PWH*, is an insightful addition noted by clinical psychologist, Denise Mari PhD from Hope Family Resources, New York. See Denise Mari, Hope Family Resources, 2014. Accessed May 24, 2016, <https://web.archive.org/web/20200301024759/https://hopefamilyresources.webs.com/>.

of supernatural happiness. Recovering persons using MT can experience, sometimes for the first time, real spiritual joy. The purpose of this study is to show how these afflicted persons can come to experience what many others take for granted, namely, “the joy of the living God” (*Ps* 84:2). Concomitant with the remediation of several impaired yet essential human faculties, the spiritual soul, especially in grace, is capable of new and previously blocked spiritual heights. Along with MT’s psychological method, the spiritual direction of sexually repressed individuals promotes a catechesis for the remediation of the afflicted persons’ misunderstanding of God, of themselves in relation to God, of their misinterpretation of rules, laws, and commandments, and their spiritual and sacramental life in the Church.

MT as therapy is quite specific in its application and implementation. It is only appropriate for those diagnosed individuals suffering from a repressive sexual disorder, who may or may not yet be obsessive-compulsive in their symptomatology (see *PWH* 104). This fact will be dealt with later more thoroughly. MT is not for any other type of emotional disorder. It has a particular curative aspect for those persons who are not only afflicted psychologically but who are also morally and spiritually troubled. This aspect of the affliction is the domain of the priest and theologian, and the text will provide both spiritual and moral justifications for MT’s implementation throughout, with frequent references to the Sacred Scriptures and the *Catechism of the Catholic Church* to further expound the teachings.

A Philosophical and Theological Study

Fr Jordan Aumann writing on the nature of Spiritual Theology states:

The field of spiritual literature can be divided into three types of writing: (1) that which exhorts the reader to greater perfection and provides instruction for that purpose; (2) that which records and describes the religious experience of holy Christians and mystics; and (3) that which makes a scientific study of the nature of Christian perfection and the means to attain it.³⁷

This study, while drawing on the first two types of religious writings, hopes to be counted among the third type of spiritual literature. It will attempt to make a scientific study of the nature of an impediment to the fullness of Christian perfection and the means to remediate that which caused the obstruction to full spiritual development. The object of the study is pathological sexual repression. The text will expound the cause of this impediment, its nature, and the harmful effect it has on virtue and one’s spiritual journey. Moreover, as a scientific study, it will not only remain with the problem, but will also explicate the means for its remediation and eradication, and the implications all of this has on the individual’s spiritual evolution. In this way, sexually afflicted persons will no longer be limping along the way of Christian perfection. They will, in fact, come to understand that they are capable of the highest levels of the perfection of charity and Christian mysticism with the help of God’s

³⁷ Aumann, *Spiritual Theology*, 18.

grace.

At first glance, this topic may appear to be of a psychiatric or psychological nature and rooted in the “medical” and behavioural sciences, which are less involved with the suffering persons’ spiritual soul and the impact that this has on the presenting person’s relationship with God. This exposition, however, builds on philosophical and theological truths. Firstly to expose and explain pathological sexual repression and, secondly and more importantly, to show how without MT the afflicted person is in bondage to a severe emotional disorder which afflicts the person not only psychologically but even profoundly spiritually. This specific spiritual affliction is not well known to priests and spiritual directors. Moreover, if such persons have heard of MT, they know little about it and often what they do know is inaccurate or misrepresented to them. Understandably then, if confessors and spiritual guides are unfamiliar with this common and important human affliction, then there is a risk of what Jesus characterised as a problem of “the blind leading the blind” (*Mt* 15:14). The necessary and thorough arguments provided, with more in-depth explanations as required, will explain and provide a theological presentation on the spiritual importance and effectiveness of MT. The highlighting of MT’s rectitude is based on Thomist philosophical psychology. Essential philosophical and moral components are included, given that even many priests dismiss MT before considering the fundamental principles involved. Without a clear exposition of these fundamentals, moral theology being a fountain for spiritual theology, MT is too quickly dismissed as irrelevant or wrong. This lack of insight into the spiritual direction of troubled souls, sadly, is viewed as a condition for a referral to behavioural psychologists or therapists. Unfortunately, many of these professionals are inadequately equipped to remediate what is a profoundly spiritual problem.

MT was historically viewed as a therapy that required both an informed therapist and a knowledgeable spiritual expert (see *PWH* 106). Initially, it was the priest who taught and guided the psychiatrist (see *PWH* xv). Sometimes the God-given mandate priests and spiritual directors have to heal afflicted souls is left unrealised, and even abdicated to behavioural therapists because of the absence of confidence in grace and theology (see *Mk* 6:7,12-13). When spiritual directors are unfamiliar with the philosophical and theological principles involved in sexual repression or are confused concerning its morality, then there is little hope for the afflicted individuals that come to them with their sexual sorrows and scruples. No doubt afflicted persons will receive compassion, with or without counsel, and finally, receive words of encouragement for renewed efforts in asceticism and sacraments. All the same, a great deal more can be offered.

Whatever about a lifelong psychological affliction and the sorrows that this brings the individual and those who love him or her, sadly, the greater burden is the spiritual suffering which not only blocks the opportunity for virtue, merit, and divine intimacy but deprives the person of a full and joyous spiritual journey throughout life. While the arguments presented in this text build on the insights of Terruwe/Baars, who employed Thomist psychology and theology in their clinical psychiatric

practice,³⁸ this statement does not deny that the empirical sciences of psychology and psychiatry, insofar as they are explanatory, are not also philosophical. Thomist psychology, however, is a significantly different approach from the modern psychological sciences. While there would be some benefit in situating Thomist psychology and its relationship to other psychological approaches, a comparative study of behavioural psychology and Thomist psychology, has been done by others and is beyond the scope of this work.³⁹ Throughout the text, occasional references are made to secular sciences. Nevertheless, the content reflects authentic anthropology and Christian theology.⁴⁰ Such a methodology is proportionate as to its object, namely, the human person, who is a body and a soul (see CCC 364-5). While the various sciences of medicine concern themselves with empirical evidence, data, or knowledge acquired using the senses, mainly by observation and experimentation, theology similarly does this, but it is more concerned with the metaphysical.

Given its Catholic foundations and the use of the work of St Thomas Aquinas, the Terruwe/Baars' theory and therapy are worthy of due consideration and affirmation if only to balance the arguments of those who critique it. More significantly, is its effectiveness when applied to individuals who suffer both naturally and supernaturally. This work aims to show the philosophical and theological integrity of MT. The text explains the importance of knowing and

³⁸ Thomist psychology entails the *ratio* with reference to the human person's mental reasoning and the speculative habits of science (i.e., *scientia*, certain knowledge through causes), understanding (i.e., *intellectus*, the habit of the first speculative principles), and *wisdom* (i.e., *sapiential*, knowledge of all things by the highest causes). See Chad Ripperger, *The Introduction to the Science of Mental Health* (Denton USA: Sensus Traditionis Press, 2007), 58-71. Hereafter "*The Introduction*." See PWH 23.

³⁹ Thomist psychology studies the healthy human being according to philosophical insights from the ancients and perfected by Thomas Aquinas. It considers the proper operation of a person's faculties, and their role in either emotional/mental health or illness. One of the earliest complete scientific works on Thomist psychology is that of Rev. Professor M. Barbado, OP, who was Professor of Philosophy at the Pontifical University of St Thomas Aquinas, in Rome. His book was published in 1928 in Spanish, and later in 1930 in a French translation entitled *Introduction à la expérimental psychology* and made the distinction between: 1. Rationele or philosophical psychology and 2. Empirische or experimental psychology. Also see Robert Brennan, *Thomistic Psychology* (New York: MacMillan Company, 1957). And J.F. Donceel, *Philosophical Anthropology* (New York: Sheed and Ward, 1967), 1-22. And Ripperger, *The Introduction*, 6-8.

⁴⁰ Christian anthropology is an understanding of the human being respecting the different levels of reality biological, psychological, rational, and spiritual. John Paul II in his *A Theology of the Body* (Boston: Pauline Books, 2006) presented Christian Anthropology as the cornerstone of his teaching and argued that it completes and perfects the historical anthropology of humankind: 58.5; 66.6; 86:1-2; 57.5; 54.2; 23.3; 77.4; 107.1; 133.2; *et alia*. Moreover, the Vatican II Documents, *Apostolicam Actuositatem* (n. 32) and *Gaudium et Spes* (n. 62) speak of the value of both anthropology and psychology, alongside the principles of theology for the pastoral care and maturation of the faith in believers. The empirical sciences alone cannot reveal to humankind its full meaning found in the Incarnation. The wisdom of philosophy and psychology can never unpack this mystery or "fully reveal man to man himself and make his supreme calling clear" (GS, 22. See 1Cor 1:21; 3:19). *Apostolicam Actuositatem*. Accessed October 22, 2016. http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651118_apostolicam-actuositatem_en.html; *Gaudium et Spes*. Accessed October 22, 2016. http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_cons_19651207_gaudium-et-spes_en.html.

understanding, philosophically and theologically, this Catholic method for effectively ministering to sexually abused and repressed persons, who are often misunderstood as sexual recidivists. Such a ministry is both spiritual and priestly, not merely psychological.

“Spiritual theology relates to all the parts of theology, and since the spiritual life is a combination of many diverse elements, perhaps there is no method of procedure that eliminates all the disadvantages”⁴¹ of a particular methodology or speciality. “Nevertheless, it is necessary to adopt one or another method, if only because we cannot study everything at once. Keep in mind that the primary agent in the spiritual life is the Holy Spirit, who is not in any way restricted to our theological conclusions and directives.”⁴² Since the specific focus of this study is *Mortification Therapy*, the overall emphasis is on pastoral care, however, to do so efficaciously a variety of other disciplines must be considered as foundational to the spirituality proffered. To justify and provide sufficient insight into this particular area of spiritual direction, since the subject is practically unknown among the vast majority of the Catholic clergy, and because no other text has attempted to treat of this much-needed current topic, it is necessary to assert a particular methodology.

Firstly, a Thomist methodology is used when dealing with critiques scattered throughout the text. This approach provides a useful means for the elucidation and clarification of MT’s rectitude. The many objections argued in a Thomist method similar to that of the *Summa Theologiae* with its question, different opinion or objection, a brief on the contrary, an answer to the question and lastly answers to the objections are provided. An admixture of explicative and argumentative prose clarifies additional philosophical and moral misunderstandings about MT.

Further, due to the spiritual unfamiliarity of the grave consequences resultant upon a sexual pathology, which inhibits an individual’s spiritual journey to God, there is a need for an explication of the same. Though no human being’s infirmities in any manner hinder God, men and women are severely encumbered naturally. Widely disseminated on the Internet is a critique of MT.⁴³ Thirty-four protestations are presented and considered. Hence, any sexually afflicted person, or doubtful cleric, can read the arguments in their original form. When professional medicos and priests are insufficiently knowledgeable about this topic, history has demonstrated that all too many persons have prejudged or rash judged MT without sufficient evidence to the contrary (see CCC 2478).⁴⁴ Therefore, to each studied argument, a response is

⁴¹ Aumann, *Spiritual Theology*, 134.

⁴² *Ibid.*

⁴³ Kevin D. Majeres MD, “Terruwe and Baars’s “Mortification Therapy”: A Thomistic Approach?” *Logos, A Journal of Catholic Thought and Culture* 14, no. 2 (Spring 2011), 37-58. All references to Majeres’ documents will be included in this text as parentheses and primarily include the page numbers and paragraph from the original publication (*Logos* n., ¶). This text can be accessed as a free document, from *Farlex: The Free Library* (2015), though the page numbering is not the same as in the original *Logos* publication. <https://web.archive.org/web/20200229230048/https://www.thefreelibrary.com/Terruwe+and+Baars%27s+%22mortification+therapy%22%3A+a+Thomistic+approach%3F-a0349609920>.

⁴⁴ For an example, see Appendix III, vignette 10: A confused patient.

provided. Moreover, for the sake of spiritually guiding scrupulous persons, it is necessary to offer theological arguments. Scrupulants are clever at finding loopholes, exceptions, and limitations for all manner of the advice presented to them to assist in the alleviation of their angst. Persons with obsessive-compulsive repressive disorders, “and particularly the scrupulous persons, would immediately begin to focus all their attention on these limitations and exceptions, and thus keep their fears and anxieties alive” (*PWH* 109-10). Moreover, a complete exposition of MT is necessary given that its orthodoxy and praxis were scrutinised at the highest level of theological enquiry (i.e., the Congregation for the Doctrine of the Faith [CDF]).

Secondly, since the primary objection to MT is that pathological sexual repression and its therapeutic remedy cannot be found in St Thomas’ writings, such a treatment is thoroughly considered in Chapter Two. It highlights the Thomist philosophical foundations of MT. While healthy souls are preoccupied with their concupiscible appetite, sexually afflicted persons are primarily tormented by means of the assertive passions of the irascible power. It will be shown in Chapter Two that sexual repression is a pathological vice affecting both sensitive powers, and together they hinder spiritual progress.

Thirdly, Chapter Three treats of a moral justification for MT. Without this theological treatment, every other spiritual argument presented is likely to be brushed aside as a justification for something considered *prima facie* as morally indefensible. Unfortunately, this would undo every other fitting justification for the spiritual rectitude of MT, something sorely needed in the Church today. Moreover, Professor Reginald Garrigou-Lagrange commenting on the distinctions between spiritual and moral theology states that “moral theology evidently contains the principles necessary for leading souls to the highest sanctity. Ascetical and Mystical Theology is nothing but the application of this broad moral theology to the direction of souls toward ever closer union with God.”⁴⁵ Indeed, he goes on to write: “to teach the practice of the highest virtues and perfect docility to the Holy Spirit and to lead to the life of union with God, ascetical and mystical theology assembles all the lights of dogmatic and moral theology, of which it is the most elevated application and the crown.”⁴⁶

Fourthly, Chapter Four of the study provides a theological explanation of MT’s three directives which have never previously been thoroughly argued. Finally, Chapter Five concludes with spiritual arguments. These explanations show how pathological sexually repressed persons using MT are provided with the means to promote personal virtue, to gain supernatural merit, to grow in profound intimacy with the God of love and thereby have some hope in the formation of the perfection of charity, of growing in holiness. Good spiritual theology, if it is truly to guide and promote Christian holiness, and to assist with the navigation of persons along the Pilgrim Way must of necessity, draw on other disciplines. Terruwe/Baars comment:

⁴⁵ Reginald Garrigou-Lagrange, *Christian Perfection and Contemplation*, trans. T. Doyle (St Louis: B. Herder, 1945), 12-13.

⁴⁶ *Ibid.*, 14.

Thomas Aquinas said that the moral law is a law of the spirit, of the mind, and is therefore intelligible, capable of being understood as reasonable and connatural to our being but in order to be understood and loved, as well as obeyed with joy, there has to be an integration of mind and heart, an inner unity of the emotional and intellectual lives...Because it is precisely this kind of integration that is the goal of our therapy for persons with obsessive-compulsive repression, it also prepares them for a better, more profound understanding of the Beatitudes, the declarations of supreme blessedness pronounced by Christ in his Sermon on the Mount (*PWH* 115).

If there is to be any hope of sexually repressed persons fully discovering God, which less afflicted persons take for granted, afflicted people must be provided with the means to begin their spiritual journey in freedom and earnest. This opportunity is especially the case when the alternative is a life bound and arrested by a significant pathological emotional disorder. In fact, there is no possibility of an authentic mystical life without the appropriate mortification of the sensitive appetite as St John of the Cross emphatically argues in *The Ascent of Mount Carmel*. “People, indeed, are ignorant who think it is possible to reach this high state of union with God without first emptying their appetite of all the natural and supernatural things that can be a hindrance to them.”⁴⁷

Objections to MT Publicly Stated

The Terruwe/Baars therapy generated much debate during the 1940s and 1950s in the fields of religious politics, psychiatry, psychology, theology, and especially regarding its morality. To date, the refutation of the objections to MT rests on Duynstee’s original sixteen-page explanation of sexual repression from a Thomist viewpoint⁴⁸ and Terruwe’s clinical psychiatric practice as found in *Psychic Wholeness and Healing*. It has been over 30 years since the definitive text enunciating MT was published. There has been negligible theological debate surrounding MT over recent decades.⁴⁹ A theological exposition (which is presently nowhere available) will highlight MT’s orthodoxy and prudence for spiritual direction when fittingly applied. The articulation of MT’s pastoral directives, when not understood, can be the cause of moral and spiritual disquiet and opposition. While historical complaints against MT have resurfaced, the more recent objections fall under several main headings, namely: philosophical, theological, psychological, scientific, moral, spiritual, and pastoral. Sadly many of the valuable teachings and justifications of MT remain in

⁴⁷ John of the Cross, *The Ascent*, 127, Bk. One, Chpt. 2, no. 2.

⁴⁸ Duynstee, *Verspreide Opstellen*, 8-23.

⁴⁹ Terruwe was convinced that the admonition of 1956 diminished the dissemination of MT throughout the Catholic world. She stated: “We cannot determine how far the rejection of our teaching is due to the attitude of the Holy Office. But we are convinced that had Church authorities not regarded our work so negatively, many more would have learnt about it and it would have penetrated into more Catholic circles. Then a clearer insight of how the sensitive appetites are subject to reason would have been able to grow” (private translation). Anna Terruwe, *Opening van zaken, In usum privatum* [Opening of affairs, for private circulation] University of Nijmegen (Nijmegen: 1964), 61. See Monteiro, *De ‘affaire-Terruwe*. And Ter Meulen, “Ziel en Zaligheid,” 108, 3.4.2.

restricted diocesan or Vatican archives.⁵⁰ Because of this, many arguments that defend MT are not available. Hence, more recent objections to MT are left unanswered. This absence of a defence of MT has made it difficult for this therapy to be appreciated, and more importantly, applied to those who need it most, the spiritually and psychologically tormented.

Kevin Majeres MD, a psychiatrist from the Beck School of Cognitive Behavioural Therapy (CBT), has disseminated a raft of objections to MT. The article “Terruwe and Baars’s ‘Mortification Therapy’: A Thomistic Approach?” is on multiple medical and general interest websites throughout the Internet. It was published originally in 2009 as a book review.⁵¹ Later, it was revised, rewritten, and republished by the University of St Thomas, in Minnesota, USA. The periodical *Logos* published it in Spring of 2011. Because this document is the most thorough and critical in its objections to MT, it will be used to highlight the arguments against MT as a psychotherapy. By answering these objections, and other arguments besides, the spiritual rectitude of MT can be verified. Moreover, from these objections, further explanations and clarifications of MT are expounded. Either the objection’s misunderstanding will be clarified, or a specific objection will be refuted. In this way, MT’s rectitude for the spiritual direction of stricken souls will be affirmed, and its overall value for the pastoral care of sexually afflicted, repressed, and abused persons will be confirmed. The spiritual emphasis is highlighted because of the intense mental torment and moral complexity that many people who suffer from a sexual disorder are forced to endure. Moreover, there is an absence of knowledge about MT, which if it were known more widely might assist priests who, as yet, are often unable to provide adequate spiritual help beyond the sacrament of penance.

The Rectitude of Mortification Therapy

An essential component of the study for providing credibility and sustainability in the spiritual direction of afflicted persons is an understanding of MT’s rectitude.

⁵⁰ For example, the files on Fr Duynstee are in the Diocese of Roermond, *Secret Archives, Duynstee files*, sealed by Cardinal Marchetti Selvaggiani, Secretary of the Holy See to the Archbishop of Utrecht, Cardinal De Jong, dated 12 December 1949. For further information see, D.J.F. Bosscher and M.E. Monteiro, 1. “Dutch Roman Catholics in a time of transition. Calm amidst the stormy waves,” (May 18, 2011), footnotes 117-20, 2. Accessed February 25, 2020. https://web.archive.org/web/20200301003724/https://voormaligonderzoekrkr.nl/wp-content/uploads/2017/02/76660_CD_Essays__Engels_.pdf.

Also, “Discretion and Expertise. Exploring the role of Roman Catholic psychiatrists in the approach and response of the Roman Catholic governing bodies to the sexual abuse of minors (1945-1970),” 12-13, 56-57. Accessed February 25, 2020. https://web.archive.org/web/20200229220556/https://www.ru.nl/publish/pages/793438/monteiro_discretion_and_expertise_2013_2.pdf.

⁵¹ Kevin D. Majeres MD, “A Review of Psychic Wholeness and Healing” (July 2009). Accessed February 25, 2020, <https://slidex.tips/download/a-review-of-psychic-wholeness-and-healing>.

The objections regarding the principle of the double effect as found in Majeres’ Book Review will be clearly marked as such in Chapter Three of this study, “A Moral Evaluation of Mortification Therapy.”

MT's appropriateness is founded on theological principles established in both moral and spiritual theology. A psychotherapeutic theory and therapy must be above reproach, firstly, if it is to be effective, and secondly, if afflicted persons can be expected to consistently and docilely apply it. Afflicted persons "need the constant intellectual and emotional support from the therapist's intellectual understanding of their difficult situation, and from the therapist's compassionate and affectionate participation in their sufferings as well as their joys whenever they succeed in new applications" (*PWH* 117). The reason for this is that afflicted persons are significantly helped through the ongoing reassurance and knowledge that they are still at one with God spiritually and are in no danger of offending him morally.⁵² Nevertheless, the best psychotherapy in the world is of little use to anyone unless it is lived with confidence and moral integrity. Terruwe/Baars conclude that "when a person with an obsessive-compulsive repressive disorder knows that the psychotherapist's clinical advice in these delicate moral matters is understood by, and has the full approval of the patient's spiritual director, the patient is able to shed any doubts which otherwise would have impeded, if not made impossible, the healing process" (*PWH* 106).

Because there has never been a thorough theological explication of MT's theory and therapy, it is not possible to refer readers, priests, or afflicted persons to a reputable source. It is necessary for providing a fitting presentation of the spiritual integrity of MT, however, to incorporate a thorough foundation for its moral integrity. Concerning the specific focus of MT's practical application for the spiritual care of the sexually afflicted, it is worth noting that medical and clerical professionals from the very beginning came together to merge a variety of clear and objective principles for MT's formulation. By means of this text, it is hoped that insight can be offered for assisting sexually afflicted persons who suffer from emotional, informational, moral, and spiritual inadequacies or misinterpretations concerning the nature of God and the human person (see *PWH* 185-87).

To truly assist spiritually sexually afflicted persons, the integrity and moral probity of MT is crucial (see *PWH* 109-10). The spiritual direction of sexually afflicted persons, many of whom are scrupulous to a fault, frequently focus on eternal salvation and any anxieties surrounding personal judgement. In light of the objections raised against Terruwe/Baars' MT, this study hopes to validate MT's fundamental goodness. The objections raised against MT when answered will lead to a clearer understanding of the correctness of this therapy. In this way, the spiritual integrity of MT will be affirmed. Its overall value in the pastoral care of sexually afflicted, repressed, and abused persons will be clarified.

Finally, it needs to be emphasised that MT as psychotherapy must be applied appropriately within a proper clinical or pastoral setting if sexually repressed persons are ever to be liberated from their sorrowful psychic and spiritual torment. Only in this way, can previously sexually afflicted persons grow spiritually and thoroughly in their vocation for Christian holiness.

⁵² See John of the Cross, *The Dark Night*, 417, Bk. Two, Chpt. 10, no. 2.

Originality, Motivation, and Contribution

Because it is over sixty years since the original authors provided their defence from philosophical psychology and clinical psychiatry, this study takes on a particular relevance given the sadness of the clerical sexual abuse crisis in the Catholic Church.⁵³ Indeed, apart from the original authors, there are no other commentators or presenters of mortification therapy, excepting critics. A thorough presentation of the issues involved provides a unique and necessary contribution to spiritual theology in promoting not only a wholesome Catholic teaching but also a useful aid to people's spiritual rejuvenation and future spiritual growth. Furthermore, the originality of the text shows that pathological repression inhibits spiritual progress even from an early age if a person has been sexually abused. Later, the same can happen when youth are misinformed about authentic Gospel teachings or who have misinterpreted them. Sexual repression is a most subtle, dangerous, vicious, and enduring habit unless remediated.

The motivation for writing this work is to formulate from a spiritual perspective clear and significant teachings that have been misunderstood and overlooked mainly by priests and Catholic psychologists for the rejuvenation of sexually, emotionally, and spiritually disadvantaged persons. Sexually afflicted individuals, more than most, need to be introduced to or be re-catechised in authentic Christian anthropology and theology. The reason is that these people desire and deserve a more profound spirituality, but too often have a grave misunderstanding of God and his love and mercy for all, of human nature, of the natural inclinations, and of revealed divine law (see *PWH* 64-65, 86). Because of misinterpretations, essential to healing is the person's proper understanding and interpretation of religious law (see *PWH* 112), the extraordinary elevation of humanity to a new level of spiritual wellbeing, and the

⁵³ In *The John Jay College Research Team's* (JJCRT) published reports of 2004 and 2011 from the US Conference of Catholic Bishops on *The Causes and Context of Sexual Abuse of Minors by Catholic Priests in the United States*, there is no reference to Thomist psychological theories explaining possible causes for child sexual abuse as compared with the predominance of secular and behavioural psychological therapies and theories. See Karen J. Terry, *et alia*. *The John Jay College of Criminal Justice: The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States 1950 – 2002* (Washington DC: United States Conference of Catholic Bishops, June, 2004), 163-73, 181, 186-89, 226, 258, 274, 279; and Karen J. Terry, *et alia*. *The Causes and Context of Sexual Abuse of Minors by Catholic Priests in the United States 1950 – 2010*, The John Jay College of Criminal Justice Research Team (Washington DC: US Conference of Catholic Bishops, May, 2011), 57, 59, 74, 95, 120. In the assessment of therapeutic methods, "Models of Treatment for Offenders Who Abuse Children," there were accounts of a variety of professional behavioural psychologists and psychiatrists (JJCRT June, 2004), 181, 274. In the 2004 report, no mention of philosophical psychology, let alone MT, was referenced. This is despite Terruwe/Baars' opinion concerning the immaturity of priests being referenced twice. Moreover, among the various forms of therapeutic treatment methods mentioned in the US Bishop's Report, scant reference is made to the spiritual remediation or the possible spiritual renewal of perpetrators (JJCRT 2011), 78-80. Secular and empirical psychology predominate in theory and treatment of sexual disorders. While MT is not a magic "cure-all" for psychosexual disorders, Terruwe/Baars' insights dating back from the 1950s have proven prophetic. See Conrad Baars, *I Will Give Them a New Heart, Reflections on the Priesthood and the Renewal of the Church*, ed. Suzanne Baars and Bonnie Shayne (New York: St Pauls Alba House, 2014), 1-26; 73-86, 95-103, 145-82.

possible cooperation with grace through the Sacraments. Furthermore, recovering persons must know and understand how the theological and moral virtues and their parts contribute to a healthy and integral natural and supernatural life. They also benefit from knowing how the seven gifts of the Holy Spirit and the power of actual grace accomplish what ordinarily is not possible for men and women, namely, chastity (see *CCC* 2345). Such a proper interpretation and understanding is necessary if the Christian is to live his or her “life in Christ” allowing a servile fear of the Lord to become a reverential and filial love of the heavenly “Father” (*Rom* 8:15; see *CCC* 1828). Spiritual direction includes instruction in the principles and conditions for the spiritual progression of a person through the various stages of ascetical and mystical growth. Such a catechesis can be both informative and encouraging since afflicted persons have often given way to discouragement and despair.⁵⁴ The hope would be that this explanation of MT will be a significant contribution to both the clergy and the laity.

The proper understanding of the repressed condition can promote a more profound spirituality in the afflicted, where God is truly known, loved, and served. Statistically, too many baptised Christians who may have received all of the sacraments appropriate to them, spiritually stall and never really take off in their Christian commitment to mystical transforming union. “This is the sublime ideal of Christian perfection, and it is offered to all souls in grace”⁵⁵ (see *Mt* 5:48). It is regrettable that even though every person can achieve the highest degrees of mysticism, few realise it.⁵⁶ No doubt, each person has their particular life circumstances that frustrated the divine plan for them. All have seen images of mechanically sound aeroplanes, fully fuelled and loaded with passengers and cargo that have crashed and burned. Later investigators prove that the plane was airworthy and that there was no mechanical failure. The pilot or pilots, however, made grave errors of judgement. Whatever the findings and tragedy of an air crash investigation, it will always be less severe than one Christian soul who, by suffering from errors of judgement, was unable to soar during their earthly pilgrimage spiritually. Though this analogy may at first appear dramatic, this study will endeavour to assert that all too many Christians through erroneous cognitive and cogitative judgements resulting from sexual affliction, knowing no better, often reluctantly stall their progress for spiritual perfection. This statement is not a moral judgement; rather it is a spiritual fact. Psychological involuntary imperfection, namely pathological sexual vice,

⁵⁴ Thomas teaches that sorrow is caused by the presence of evil (see *ST* I-II, q.36, a.1). The evil of sexual misbehaviour and impurity is very often played out in the lives of the sexually afflicted. They sorrow over the presence of evil more than the absence of continence or chastity which they have never known. They feel powerless to free themselves from sexual obsessions and compulsions. Despair [de/speratio] implies that it is contrary to hope [spes] (see *ST* I-II, q. 40, a.4). Over years and even decades of sexual failure, afflicted persons though they acknowledge with hope that temperance is possible for them with the aid of grace, they despair of the apparent impossibility of their ever being released from their sexual disorders.

⁵⁵ Aumann, *Spiritual Theology*, 354.

⁵⁶ See *ibid.*, 120.

significantly impedes growth in spiritual intimacy, virtue, and holiness.⁵⁷ In his work *The Ascent of Mount Carmel*, St John of the Cross states:

The disordered soul possesses in its natural being the perfection that God bestowed when creating it, nevertheless, in its rational being it is ugly, abominable, dirty, dark, and full of all the evils here described, and many more besides. One inordinate appetite alone, as we will explain, suffices to make a soul so captive, dirty, and unsightly that until the appetite is purified the soul is incapable of conformity with God in union. This is true even though there may be no matter for mortal sin in the appetite.⁵⁸

St John is referring here to voluntary and involuntary venial sins and imperfections. The appetites, both rational and sensitive, can weaken a person to such an extent that he or she is lukewarm in the practice of virtue or altogether impeded from developing it.⁵⁹ This point is valid whether the appetitive vice results from either moral defect or pathological excess because “any appetite, *even one that is just slightly imperfect*, stains, and defiles the soul” (emphasis added).⁶⁰ Therefore, “mortification of the appetites is necessary for one’s spiritual fruitfulness...The appetites are like a cataract on the eye or specks of dust in it; until removed they obstruct vision.”⁶¹ Uninformed voluntary penances and the many forms of spiritual mortification, however, far from promoting the reversal of pathological repression can, in fact, make it worse. It is only when the displaced rational guidance is re-established using MT, which corrects aberrant irascible powers that pathological sexual repression can be reversed and freedom for excellence be established.⁶² Wilful extraordinary penances and many other spiritual exercises are insufficient in themselves to attain union with divine wisdom.⁶³

MT is not well known, nor initially is it easy to see how it promotes an afflicted person’s spirituality. The explanations provided are open to theological discussion since they have never been officially affirmed nor denied by the Magisterium. The teachings offered should be considered as “theological opinion,” resulting from Catholic philosophy, theology, and several decades of clinical and priestly

⁵⁷ Cardinal Mercier, however, writing on distinctions concerning mortal sin, venial sin, and imperfections states that “Imperfection is the non-acquisition of a good, the simple absence of a good, the negation of a good; and hence, in a strict sense, it is not an evil,” Aumann, *Spiritual Theology*, 115.

⁵⁸ John of the Cross, *The Ascent*, 138, Bk. One, Chpt. 9, no. 3.

⁵⁹ *Ibid.*, 136, Bk. One, Chpt. 8, no. 4.

⁶⁰ *Ibid.*, 140, Bk. One, Chpt. 9, no. 7.

⁶¹ *Ibid.*, 136, Bk. One, Chpt. 8, no. 4.

⁶² The New Law is the law of freedom because it upholds the Old Law while perfecting it. It relies less on obligations to perform and to refrain from actions and more on cooperation with the infused virtues, with the subtle workings of the gifts of the Holy Spirit and personal initiatives flowing from the natural inclinations and the best possible personal movements towards good deeds. St Thomas taught: “Accordingly the New Law is called the law of liberty in two respects. First, because it does not bind us to do or avoid certain things, except such as are of themselves necessary or opposed to salvation, and come under the prescription or prohibition of the law. Secondly, because it also makes us comply freely with these precepts and prohibitions, inasmuch as we do so through the promptings of grace. It is for these two reasons that the New Law is called ‘the law of perfect liberty’” [*Jas 1:25*] (*ST I-II*, q,108, a.1, ad.2). See Pinckaers, *The Sources*, 185.

⁶³ John of the Cross, *The Ascent*, 136, no. 4.

experience.⁶⁴ Ultimately, MT is worthy of further consideration regarding its spiritual integrity, if only for its contribution to the vital ministry of not only healing sexually afflicted persons but also aiding them in the attainment of the perfection of charity.

Given the high estimation of persons that are sexually afflicted and others who suffer significantly from spiritual anxieties and scruples of a sexual nature, the content of this text on MT will prove to be of assistance to confessors. In the absence of any dedicated treatments on MT, the text provides information for priests so that they can avoid further psychic damage to penitents through insufficient awareness of additional reasons for scrupulosity and recidivist sexual misbehaviour (see *PWH* 151). Moreover, when asked for a moral opinion on such matters, priests will be able to provide clear, correct, and orthodox psychosexual teachings.⁶⁵ In this sense, the study contributes a helpful insight into the pastoral and spiritual care of sexually afflicted persons.

Ultimately the integrity of human persons concerning the procreative drive and the integrality of the gift of self-control, that is necessary for continence, chastity, and celibacy remains a grace and a fruit of the Holy Spirit (see *Gal* 5:23). Indeed, the ancients recognised that all healing primarily comes from God, for “healing itself comes from the Most High, like a gift from a king” (*Sir* 38:2). The spiritual nature of this study highlights that neither empirical nor philosophical psychology in and of themselves are sufficient to affect the virtues of continence and chastity. Though helpful, psychotherapies are not the ultimate healing agent. Reference to healing prayers complements and completes MT. It is pastoral in its approach. Even more so, it is spiritual. For, grace perfects human nature. However, to do so, one’s natural faculties sometimes first need to be healed. Sexual repression is a pathology. Acquired and infused virtues perfect the sensate and rational appetites. However, these appetites need to be innately free, or infused virtue and the seven gifts of the Holy Spirit are largely stymied. MT is a means to remediate sexual repression, but it provides something better than healing. When embraced and accepted as a spiritual

⁶⁴ “Theological opinions are free views on aspects of doctrines concerning faith and morals, which are neither clearly attested in Revelation nor decided by the Teaching Authority of the Church. Their value depends upon the reasons adduced in their favour (association with the doctrine of Revelation, the attitude of the Church, etc.)” Ludwig Ott, *Fundamentals of Catholic Dogma* (Cork: Mercier Press, 1958), 9. In my opinion, the grade of theological opinion expressed in the following pages would be “well founded” (*sententia bene fundata*), 10.

⁶⁵ The Catholic priest is called to preach and teach an authentic Christian anthropology and minister spiritual healing (see *Mt* 10:8-9). This ministry does not mean that the priest needs to be an anthropologist or a psychologist. Indeed, historically throughout millennia, supporting the sexually afflicted was always a priest’s spiritual ministry. Thomist psychology has merely refined the focus of prayer making it more specific in its targeting. It has also provided a more thorough remediating theory and therapy for those concerned persons aware of the grave impediment sexual affliction is to a person’s spiritual evolution. The priest should have sufficient knowledge and insight into philosophical psychology to understand those emotional matters that impact not only on moral behaviour but also spiritual development. Moreover, priests who benefitted from courses in Thomist philosophy have already studied the philosophical roots of MT in their seminary education. They often encounter sexually afflicted persons within the ministry of reconciliation, or when they are providing counsel, or spiritual direction and even in the pastoral visitation of homes.

exercise, it leads to personal holiness (see *PWH* 120 no.6).

MT promotes the underlying pedagogic and spiritual foundations necessary to live chastely and with purity of intention.⁶⁶ Afflicted persons can be so preoccupied with their state of self-absorption and are so spiritually burdened that they even fail to recall the holy benefits of uniting their suffering with Christ Crucified (see *CCC* 618). Though these persons pray fervently to God to help them and to heal them, often after decades of self-concerned and seemingly unanswered prayer, they give up in emotional despair, even if deep down their faith remains alive (see *CCC* 272-73). For sexually afflicted people, priestly spiritual encouragement, accompaniment, and guidance are powerfully beneficial. Spiritual direction contributes pastorally in so far as it reinforces and reaffirms MT's capacity for providing psychic wholeness and holy healing to longsuffering individuals with little hope of remediation. Jesus said, "I came that they may have life, and have it abundantly" (*Jn* 10:10). St John of the Cross refers to those persons who wilfully "let their appetites take hold of them suffer torture and affliction like an enemy-held prisoner... Just as the mighty Samson... was grievously tortured and tormented (*Judg* 16:21)."⁶⁷ Analogously, those afflicted with pathological repression similarly need to receive the promised abundance that comes from Christ. St John of the Cross quoting Jesus states, "all you going about tormented, afflicted, and weighed down by your cares and appetites, depart from them, come to me, and I will refresh you; and you will find the rest for your souls that the desires take away from you [*Mt* 11:28-9]. They are indeed a heavy burden."⁶⁸

Fundamental and practical truths help people live chastely, freely, and happily in divine intimacy (see *Jn* 8:32). Then, people free from sexual afflictions and moral misinterpretations have less need for cures, and being virtuous "delight in God's statutes" (see *Ps* 119:16). MT is capable of reversing a grave pathological condition. It supports reasonable guidance of the sensitive and rational appetites. It is capable of restoring and rejuvenating the fullness of an afflicted individual's spiritual capacity to the heights of the perfection of charity and mystical union. Formerly, such an opportunity was not possible. For those persons tormented by sexual repression, MT is a means by which recovering individuals who genuinely love God can attain physical, emotional, mental, and spiritual health, freedom for morality, the freedom for excellence, and both natural and supernatural happiness.

All arguments are proposed with the docile knowledge that all doctrines must be in accord with the mind of Jesus Christ and that of the magisterium of his Church.

⁶⁶ Purity of intention is not specifically about chastity. Purity of intention is more about "the perfection of one's motive inspiring human action. An act is more or less pure depending on the degree of selfless love of God with which it is performed." John Hardon, *Modern Catholic Dictionary* (New York: Doubleday Press, 1975), 452.

⁶⁷ John of the Cross, *The Ascent*, 134, Bk. One, Chpt. 7, no. 2.

⁶⁸ *Ibid.*, no.4.

CHAPTER ONE

1 The Controversy and Critiquing of Mortification Therapy

The early part of this chapter will provide a brief history of the controversy that arose when Fr Duynstee and Dr Terruwe first implemented mortification therapy in priestly ministry and clinical practice, though this mainly unfolds through the answers to the general objections. There is the briefest look at mortification therapy, followed by a summary of a raft of objections levelled against MT. This overview of complaints will illustrate the need for a thorough treatment of the moral and spiritual aspects of MT. Then, with an initial understanding of MT, there will be a presentation and response to the more general objections. The more significant part of the protestations to the three directives is in the content of the later chapters, especially Chapters Three and Four.

1.1 Historical Controversy and Context

In the context of understanding the controversy over MT, it is vital to situate the reasons for the historical criticism and difficulties that Duynstee and Terruwe, and their mortification therapy, experienced in the 1940s and 1950s. There are scholarly papers written about the political, social, and religious circumstances in the early decades of the 20th century affecting the Netherlands, before and immediately after the Second World War.⁶⁹ These are the hermeneutic conditions in which MT first publicly evolved as a psychotherapy. Many of these factors provoked tensions between the place that the Catholic Church held in the Netherlands and the burgeoning post-war re-establishment of the political state and its scientific institutes.⁷⁰ Into this mix came the doctrines of Sigmund Freud, an Austrian neurologist. Freud came from a Jewish family and although a professed atheist, he never denied his Jewish roots or sympathy for Judaism.⁷¹ A prolific writer and essayist, he first wrote on the theory and explanation of matters concerning sexual disorders in the late 19th century and the first decades of the 20th century.⁷² His thought, paralleling his neurological practice, was inventive and saw much development and revision. As a physician, he based many of his theories not on normal and healthy people but instead “started with emotionally and mentally ill

⁶⁹ Bosscher and Monteiro, “Dutch Roman Catholics,” 1-3, 7, 21, 31. Also see John Van Wieringen, “Twee Visies Op Geestelijke Bevrijding Bij Thomas Van Aquino in De Geschriften Van Anna Terruwe” [Two Visions of Spiritual Liberation from Thomas Aquinas in the Writings of Anna Terruwe] *Archives of the Archdiocese of Utrecht, 1947* (November 2003), 20. Accessed November 19, 2015. Original: <https://translate.google.it/translate?hl=en&sl=nl&tl=en&u=http%3A%2F%2Fusers.skynet.be%2Fthomisme%2Fartikelen%2FTerruweWieringen.pdf&sandbox=1>. Archived: <https://archive.ph/YoggH>.

⁷⁰ Bosscher and Monteiro, “Dutch Roman Catholics,” 1-3, 7, 21, 31.

⁷¹ Sigmund Freud, *Totem and Taboo* (New York: W.W. Norton & Co., 1950), xi.

⁷² See *The Standard Edition of the Complete Psychological Works of Sigmund Freud 1953-1974*, trans. and ed. James Strachey, Anna Freud, Alix Strachey, Alan Tyson, and Angela Richards (London: Hogarth Press and the Institute of Psycho-Analysis, 1965). See “The Interpretation of Dreams” (1899); “The Psychopathology of Everyday Life” (1901); “Three Essays on the Theory of Sexuality” (1905); “Beyond the Pleasure Principle” (1920); “The Ego and the Id” (1923).

people and interpreted their symptoms in his own, often most ingenious ways.”⁷³

Since the time of Freud, modern psychology and clinical psychiatry have often viewed the human person as nothing more than a physical material being, thus contributing to notions of secular humanism, atheism, and determinism.⁷⁴ Empirical behavioural psychology has paid little account of the philosophical psychology and Christian anthropology that had previously served humanity very well for millennia and were founded upon the philosophies of Plato and Aristotle, and in Christian times, St Albert the Great OP and St Thomas Aquinas OP.⁷⁵ Indeed, even within the ranks of psychologists and psychiatrists, there is significant debate about the loss of actual scientific empirical study and method, with too heavy reliance on statistics coming from a study of ill persons.⁷⁶ At the same time, with the rise of communism, utilitarianism, and secularism, the philosophical understanding of man as a spiritual person with an immortal soul and an eternal destiny was almost entirely overlooked.⁷⁷ Acknowledged, however, are the many excellent therapists who not only give cognisance to the human person as having a spiritual and immortal soul but also tailor their therapies towards helping their clients achieve happiness now and eternal beatitude later.

Syllogistically, a wrong first premise brings with it a faulty conclusion. Freud erroneously believed, and, therefore, hypothesized, that “the superego of the human person - that strange concoction of conscience, morality, social mores, and religion - is responsible for the repression of unacceptable sexual and other sensual feelings; thus he held it further responsible for the lack of integration of the personality, if not for sexual neurosis and scrupulosity” (*PWH* 234-35). These forces external to

⁷³ Conrad Baars, *Feeling and Healing Your Emotions*, rev. ed. by Suzanne Baars and Bonnie Shayne (USA: Bridge-Logos Books, 2009), 117.

⁷⁴ See Ripperger, *The Introduction*, “Chapter 1: The Nature of the Science of Psychology,” 7-12.

⁷⁵ *Ibid.*

⁷⁶ For the discussion and controversy as to how lacking in “scientific” foundations and method psychiatry actually is, see: Laurence J. Kirmayer, and Daina Crafa. “What kind of science for psychiatry?” *Bethesda MD: Frontiers in Human Neuroscience* (2014), 8, 435. Accessed October 21, 2015. <https://web.archive.org/web/20200301023245/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4092362/>; and Ronald W. Pies, MD. “Psychiatry Remains a Science, Whether or Not You Like DSM-5” (February 25, 2010). Accessed October 31, 2015. <https://web.archive.org/web/20170521222849/http://www.madinamerica.com/2014/01/psychiatry-based-valid-science/>; and Philip Hickey, “Psychiatry Is Not Based on Valid Science” *Featured Blogs* (January 9, 2014). Accessed October 31, 2015. <https://web.archive.org/web/20170521222849/http://www.madinamerica.com/2014/01/psychiatry-based-valid-science/>.

⁷⁷ Ripperger, “*The Introduction*,” 2-12. Chad Ripperger argues that behavioural psychology, since it fails to take into consideration man’s spiritual aspect, is incapable of providing a sound diagnosis, let alone a curative prognosis. See Donceel, *Philosophical Anthropology*, 18-22. And Brennan, *Thomistic Psychology*, 359-63.

persons, he entitled the *superego*.⁷⁸ Dealing with many patients' stories, he erroneously observed that in these people the precepts and prohibitions of morals and customs imposed upon them by parents, educators, religious authorities, and others, had been the cause of repression (see *PWH* 183).⁷⁹ These influences functioned as "censors" prohibiting the free flow of thought, emotion, and feeling. Understandably, this theory of the superego was vehemently opposed by priests, leaders in the Catholic Church and also many in the psychiatric profession, particularly in the Netherlands, which pre-World War II was most conservative. With Freud just over the border in Germany, the Netherlands became a psychological hotbed of psychotherapeutic theories and practices.⁸⁰ The innovations of Freud and his psychoanalysis were causing much discussion if not outright opposition from Catholics. In addition, both scientists and politicians were increasingly objecting to the interference of the Catholic Church in nonreligious matters because of the Neo-Thomist repudiation of Freudian psychoanalysis.⁸¹ Opinions and feelings in the Netherlands, both politically and religiously, were running high.

Psychoanalysis was first practised in the Netherlands in 1905 by Hollander psychiatrist, Dr August Starcke. Psychoanalysis and the Freudian theory of repression gained much attention when a new translation popularised it in Dutch by 1910. The most significant impact was the writer and editor Nico Van Suchtelen, in *Uit of diepten der ziel* (1917).⁸² This article raised the profile of Freud about whom much discussion arose, and particularly the influence of his psychoanalysis and depth psychology within the field of psychotherapy. Freud's critics were not just clerics. Many scientists were highly sceptical of the Freudian aetiology and understanding of sexual repression gained through the symbolic interpretation of dreams.⁸³ To typify the reaction and opposition to Freudianism that arose from Catholic psychiatrists and clergy, Professor Cornelius Winkler, from Het Stelsel, coined the maxim which became widely popularised in 1917. "In Freudianism, a grain of truth is hiding in a mountain of sand."⁸⁴ This saying became a familiar refrain in the Netherlands at that

⁷⁸ In the Freudian tripartite model of the psyche, *superego* is "the hypothetical entity associated with the ethical and moral conduct and conceptualized as responsible for the self-imposed standards of behaviour. The superego is frequently characterized as an internalized code or, more popularly, as a kind of *conscience*, punishing transgressions with feelings of guilt. In the classical psychoanalytic literature, the superego is assumed to develop in response to the punishments and rewards of significant persons (usually one's parents), which results in a child becoming inculcated with the moral code of the community. Whereas the ID is conceptualized as concerned with the pleasurable and the EGO with the actual, the superego is viewed as being concerned with the ideal." Arthur and Emily Reber, "Superego," *The Penguin Dictionary of Psychology* (London: Penguin Books, 2001), 724.

⁷⁹ Of course, when laws are imposed with undue fear, repression can occur. Moreover, personal errors in judgement about the goodness and evil of emotional impulses are another set of causes behind repression.

⁸⁰ See Bosscher and Monteiro, "Dutch Roman Catholics," 2; and Van Wieringen, "Twee Visies," 4.3.

⁸¹ Agnès Desmazières, *L'inconscient au paradis: Comment les Catholiques ont reçu la psychanalyse* [1920-1965] (Paris: Éditions Payot & Rivages, 2011), 153-58.

⁸² *Ibid.*, 158.

⁸³ Desmazières, *L'inconscient au paradis*, 158.

⁸⁴ *Ibid.*

time.

Meanwhile, Professor Duynstee had found the “grain of truth” in the mountain of Freudian sand.⁸⁵ Others not able to see his viewpoint accused him of being a thorough-going Freudian⁸⁶ and aligning him with “dream analysis” theory and, more importantly, the erroneous assumptions of a repressive force coming from the superego. On the contrary, as early as 1936, Duynstee as a moralist, lawyer, and priest knew instinctively and intellectually that Freud was mistaken in his theory of a superego being the interfering and repressing cause of persons who have emotional disorders. Duynstee, however, was intuitive enough to recognise as a confessor that Freud had a point and that human beings could repress, which did great harm. Scruples and its opposite, compulsive sexual recidivism were a fact. Of course, not all had Duynstee’s academic learning and priestly mission and retreat experience.

In particular, a young Jesuit psychologist Fr Paul Ellerbeck SJ, who studied and lectured at the University of Nijmegen was assisted by his confreres to take up the fight against Freudianism. The controversy involved both psychological concepts and philosophical intellectualism⁸⁷ and voluntarism.⁸⁸ “Paul Ellerbeck, as the ‘resident psychologist’ of the Jesuits, and a fellow-priest and moral theologian Alphonsus Van Kol took the view that psychiatric patients were entirely responsible for their actions.”⁸⁹ Ellerbeck considered Duynstee and Terruwe as Freudian psychoanalysts and therefore a threat to the traditional Catholic doctrines of faith and morals. As a group, the Jesuits in the Netherlands took up the defence of orthodoxy for the protection of Catholics concerning sexual morality. Unfortunately, critical distinctions between what Freud was teaching and Duynstee and later Terruwe were suggesting, and practising were missed in the rhetoric of apologetics. In the heat of polemics, often overlooked are the subtler points.

Moreover, Professor H. A. Van der Sterren wanted to defend the Catholic faith and so published a strong indictment against the innovative psychoanalytic discipline. At a meeting of the Society for Thomist Philosophy, psychologist Franciscus Rutten took an active part in a group reflection on psychoanalysis, and in reaction criticised Duynstee and the Freudian conception of religion. These lively exchanges would later have very severe consequences upon both Duynstee and much later, Terruwe. It was

⁸⁵ Ibid., 159.

⁸⁶ Ibid.

⁸⁷ Intellectualism is an excessive emphasis on abstract or intellectual matters, especially with a lack of proper consideration for emotions.

⁸⁸ Ter Meulen, “Ziel en Zaligheid,” 86, 3.3.1. Voluntarism is described as “the doctrine of the primacy of the will. This takes on a variety of forms: 1. that in God his will takes precedence over his intellect, with the result that truth and goodness are what they are because God wants them that way (Duns Scotus); 2. that one’s will, including one’s freedom, is what makes that person distinctively human (St Augustine); 3. that the world is the representation of the will, a blind and aimless cosmic power (Schopenhauer); 4. that each person’s free will determines for the individual what is morally good or bad (Kant); 5. that what mainly constitutes a human person is his or her lifetime exercise of free will (Existentialism). (Etym. Latin *voluntarius*, at one’s pleasure, intentional, freely desired).” Hardon, *Modern Catholic Dictionary*, 565.

⁸⁹ Bosscher and Monteiro, “Dutch Roman Catholics,” 76-79.

against this background that the dark clouds of public opinion were shaped.

Duynstee, at that time, already had a distinguished career as a professor of morals, criminal law, and procedural justice at the Radboud University, Nijmegen. In all his teachings, he was noted for emphasising a Thomist vision. Dr Terruwe diagnosed and explained the psychiatric problem of sexual repression from philosophical psychology firmly founded on the Thomist insights of Dr Duynstee (see *PWH* xiv-xv). Terruwe began attending to sexually afflicted people in the late 1940s.

The first generalised complaint about MT dates back to 1949.⁹⁰ Promoting MT's public confusion, its three directives were often misrepresented and erroneously stated as: "don't let others impose constraints on you, follow your natural urges more."⁹¹ Given such an outrageous maxim, fervent protestations understandably continued from Jesuit voluntarist⁹² priests who rightly promoted chastity. Fathers Sebastian Tromp SJ and Alphonsus Van Kol SJ continued to argue strongly for the "wilful" avoidance of sexual incontinence. Voluntarist theologians consistently contested Duynstee and Terruwe's MT, arguing that irrespective of the emotional/pathological condition of the person the will is superior to other human powers. The controversy mainly raged during the early 1950s.⁹³ Raised alongside the moral objections were philosophical and spiritual concerns.⁹⁴ Initial complaints focused on the expression of mortification therapy, which was falsely truncated in its description to just the three directives.⁹⁵ Duynstee and Terruwe were wrongly denounced as promoting masturbation and permitting voyeurism in penitents and patients.⁹⁶ Needless to say, this was a grave allegation as both masturbation⁹⁷ and

⁹⁰ Ter Meulen, "Ziel en Zaligheid," 91, 3.3.2.

⁹¹ Bosscher and Monteiro, "Dutch Roman Catholics," 12.

⁹² Ter Meulen, "Ziel en Zaligheid," 87, 3.3.1.

⁹³ *Ibid.*, 89-90, 3.3.2.; 105, 3.4.2.

⁹⁴ See Bosscher and Monteiro, "Dutch Roman Catholics," footnote 121.

⁹⁵ See *PWH* 104, 112-16.

⁹⁶ Van Wieringen, "Twee Visies," 43-53.

⁹⁷ The magisterium has consistently condemned masturbation (see *CCC* 2352). See Joseph Farraher, "Masturbation" *New Catholic Encyclopaedia* vol. 9 (New York: McGraw-Hill, 1967), 438-40. And *The New Catholic Encyclopaedia Supplement* provides a worthy summary by Rev. Joseph James Farraher, Timothy Friedrichsen, and Richard P. Fitzgibbons, "Masturbation," *New Catholic Encyclopaedia Supplement 2012-2013: "Ethics and Philosophy,"* ed. Robert L. Fastiggi, vol. 3 (Detroit: Gale, 2013), 963-66. Accessed November 10, 2016. <https://web.archive.org/web/20170923181057/http://www.catholiceducation.org/en/marriage-and-family/sexuality/masturbation.html>. In this text there are manifold references to Popes through the ages who have affirmed that masturbation, even during adolescence, done by any means or for any purpose "is an intrinsically and gravely disordered action." Congregation for the Doctrine of the Faith, *Persona Humana* (December 29, 1975), IX. Accessed November 10, 2016. https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19751229_persona-humana_en.html Also see John Harvey, "The Pastoral Problem of Masturbation," *Linacre Quarterly*, vol. 60, #2 (May, 1993).

voyeurism⁹⁸ are grave sins. The Dutch Episcopacy “in 1949 ordered a commission of moral theologians under the leadership of Rev. Fr Fredrick Feron (1896-1958), who at that time was president of the seminary of Roermond.” After a full investigation of Duynstee/Terruwe doctrines, the Committee’s opinion was that their teachings were “orthodox in doctrine and careful in practice.”⁹⁹ Nevertheless, for Duynstee and Terruwe “the slander continued.”¹⁰⁰

“Duynstee and Terruwe used the principle of free will to refute Freud, who maintained that individuals were at the mercy of their desires. However, their Thomist theories on repression prompted some moral theologians – followed by Catholic doctors – to comment that they may have taken individual moral responsibility to irresponsible extremes.”¹⁰¹ Duynstee/Terruwe were eventually denounced to the Holy Office by a Jesuit moralist at Canisianum University, Maastricht, Father Alphonse Van Kol SJ. In his review of Terruwe’s thesis, he argued that her theory of repression was an encouragement to masturbation for “it is [...] completely impossible to talk about freedom or free acts being inadmissible regarding a passion.”¹⁰² The controversy having finished up in Rome,¹⁰³ the Holy Office issued a statement in 1956 entitled, “*Some warnings regarding the theory and practice for the treatment of psychoneuroses.*”¹⁰⁴ A result of this was that the Duynstee/Terruwe controversy was no longer only a religious matter. It had become political news in a post-World War II Netherlands that was becoming an increasingly secular society.

⁹⁸ Duynstee, *Verspreide Opstellen*, IV. See Anna Terruwe, *The Priest and the Sick in Mind* (London: Burns and Oats, 1958), 104-5. See Bosscher and Monteiro, “Dutch Roman Catholics,” 11-12, 70-71.

A helpful distinction between pornography and voyeurism is that with pornography someone shows, while with voyeurism someone looks. Pornography refers to pictures or video of other people when they are naked or engaging in sexual activities. Voyeurism refers to gaining excitement or pleasure from watching other people in these activities. Broadly, a voyeur is one who habitually seeks sexual stimulation by visual means. The pornographer depicts erotic behaviour through videos, photographs, books, or even the writing of them, for the intention of causing sexual excitement. Both are contrary to Christian virtue (see CCC 2352, 2354). Like “recreation drugs,” pornography and voyeurism should be avoided at all cost. They have a very seductive and addictive property. Counselling should calmly but firmly explain the dangers of pornography and voyeurism and the necessity for total avoidance of both. The active seeking of such behaviour has many deleterious qualities among which are addiction, desensitization, cravings, irritability, neglect of responsibilities, damage to relationships, duplicity, and secrecy. Sometimes, the distinction between an obsessive-compulsive disorder and a “porn” addiction is blurred. Both conditions require professional help. See “ProjectKnow: Understanding Addiction,” *Top Treatment Centers, Sober Media Blog* (2016). Accessed July 20, 2016. <https://web.archive.org/web/20190602223054/https://www.projectknow.com/porn-addiction/>; Pontifical Council for Social Communications, “Pornography and Violence in the Communications Media: A Pastoral Response”, Vatican City (May 7, 1989). Accessed February 11, 2016. http://www.vatican.va/roman_curia/pontifical_councils/pccs/documents/rc_pc_pccs_doc_07051989_pornography_en.html.

⁹⁹ Ter Meulen, “Ziel en Zaligheid,” 104, 3.4.2.

¹⁰⁰ *Ibid.*, 105.

¹⁰¹ Bosscher and Monteiro, “Dutch Roman Catholics,” 56 n.92.

¹⁰² Desmazières, *L'inconscient au paradis*, 160.

¹⁰³ Bosscher and Monteiro, “Dutch Roman Catholics,” 77.

¹⁰⁴ *Ibid.*, 121.

The “Terruwe Affair” would eventually make front-page national news.¹⁰⁵ It is an understatement to say that MT as psychotherapy generated much psychological, political, and religious controversy.¹⁰⁶ Given the historical background to the Duynstee/Terruwe controversy and the present-day widespread Internet critique of Dr Kevin Majeres to MT, it is clear that an exposition on the integrity of mortification therapy is warranted if only to clarify and affirm truths, while forestalling the spiritual harm that such opinions might cause sexually tormented persons.

1.2 The Three Directives – The Epicentre of the Controversy

MT reorients sexually afflicted individuals to the proper understanding of themselves, their natural inclinations, and their various human faculties. The therapy mainly entails the reformation of the internal senses of imagination, memory, and the cogitative power. It also involves the correction (i.e., mortification) of the repressing sensate powers. In this way, the intellective faculties of reason and will can then guide and choose the very best for such persons and those with whom they associate. Spiritually, MT initiates a wholesome knowledge, understanding, and striving for the establishment of acquired virtue in afflicted souls and a renewed capacity for the fullness of the Gifts of the Holy Spirit.

The psychotherapy entails a trusting relationship with a psychologist or priest, or both depending on the severity of the disorder. Repressed persons often need a good deal of re-education about themselves, a sympathetic understanding of their painful condition, a rehabilitated and proper interpretation and catechesis about God, religion, morality, and the appropriate spiritual means to happiness and holiness. Much irrational fear and energetic striving need ameliorating. Many previously mistaken beliefs and understandings must be corrected. Because the problem involves venereal pleasures and the impact that even material evil¹⁰⁷ has on one’s spiritual perceptions, sexual obsessions and compulsions have a particular significance. Depending on a variety of individual factors, afflicted persons can be compulsively promiscuous or emotionally repressed and sexually frigid, or anywhere in between. Irrespective of the person’s presenting condition, these individuals need a new understanding of the procreative drive, its power, and natural goodness as part of God’s creation. This theological knowledge needs to be both head and heart knowledge, the latter being a wholesome connatural understanding.¹⁰⁸ Lastly, to enable afflicted persons to develop a feeling knowledge of natural goodness, they need assistance with eradicating repressive forces, thus permitting an accurate and wholesome connatural understanding of sexuality. To achieve this, Duynstee/Terruwe formulated three therapeutic directives to be applied within the

¹⁰⁵ Van Wieringen, “Twee Visies,” 4.3.

¹⁰⁶ Monteiro, “De affaire-Terruwe.” And Bosscher and Monteiro, “Dutch Roman Catholics,” 12-13, 56-59, 62-63, 65.

¹⁰⁷ Material evil refers to natural species of disordered unfree (i.e., obsessive-compulsive) acts.

¹⁰⁸ See *ST* I-II, q.31, a.7; II-II, q.45, a.2. And J. Budziszewski, “The Natural, the Connatural, and the Unnatural”, The University of Texas at Austin (May, 2004). Accessed January 20, 2016. <http://web.archive.org/web/20161018172232/http://maritain.nd.edu/jmc/ti04/budz.htm>.

context of a thorough philosophical and theological psychotherapy.

At first glance, the three directives of MT if viewed outside of their proper context, can be confronting. The first directive states, “*you may... everything.*” The second directive posits, “*for you, there are no rules, laws, or commandments.*” Moreover, the third directive seems to amplify the first two by finishing with, “*the pleasure you experience as the result of abiding by the other directives is the most perfect thing for you*” (see *PWH* 112, 115). On face value, the three directives in themselves appear to be sufficient evidence for an immediate condemnation of MT. Given the unusualness of these directives, it is understandable that Terruwe was accused of a form of “naturalism.”¹⁰⁹ As confronting as the three directives are, they are fully explained in Chapter Four and are only one part of the total psychotherapy of MT and its spiritual catechesis.

1.3 Overview of Various Groups of Objections to MT

It is fitting to look briefly at the breadth of critique raised against MT. The assertions countering it were philosophical, psychological, theological, and pastoral, including the spiritual. Of particular concern were MT’s three directives, as articulated by Duynstee and Terruwe, for the eradication of sexual obsessions and compulsions within an overall treatment for sexually afflicted persons. By considering published complaints and by providing a cogent response, the spiritual integrity of MT can be fruitfully elucidated.

Though Duynstee and Terruwe refuted historical criticisms, sadly, many of their valuable teachings and justifications are in archives and not readily available.¹¹⁰ More recent objections to MT have never been answered. This fact has made it difficult for this therapy to be appreciated, and more importantly applied to those who need it most.

Since 2009, many concerns and criticisms have been revisited via the Internet. Some of the earlier historical points were recalled, while newer arguments were added. The article of Dr Kevin Majeres MD entitled “Terruwe and Baars’s “Mortification Therapy”: A Thomistic Approach?”¹¹¹ is most thorough and critical in its objections.¹¹² This document will be the basis upon which this study will argue the rectitude of MT in the spiritual care of sexually repressed persons. Even though each objection will be thoroughly considered in the body of the text, a brief paraphrasing of the more significant aspects of the critique are put forward here under the headings

¹⁰⁹ Ter Meulen, “Ziel en Zaligheid,” 63, 2.5.2.

¹¹⁰ For example, the files on Fr Duynstee are in the Diocese of Roermond, Secret Archives, Duynstee Files, Cardinal Marchetti Selvaggiani, Secretary of the Holy See to the Archbishop of Utrecht, Cardinal De Jong, dated, 12 December 1949. See Bosscher and Monteiro, “Dutch Roman Catholics,” 57.

¹¹¹ Majeres, “Mortification Therapy,” 38.

¹¹² The term objection is used throughout the text for the various aspects of Dr Majeres’ critique. However, in fairness to Dr Majeres not every point is strictly an objection to MT. The manner for responding to the various points raised is something of a Thomist method, though less perfect.

that Dr Majeres chose.

From the outset, it needs to be stated that Dr Majeres is a well-respected practising Catholic and has a reputable psychiatric clinic. His critique of MT is no doubt motivated by genuine concern. Like those before him, he is cautious that less informed people, and Catholics in particular, would not endanger their salvation by following what he believes is unjustifiable psychotherapy. He perceives MT as erroneous therapeutic teaching superseded by other psychotherapies and medications. Indeed, professional Catholic laity has a right and a duty to critique and caution, especially in their sphere of competence.¹¹³ A note of appreciation is appropriate given that he has applied his psychiatric knowledge, his good standing as a medical professional, and who as a lay Catholic has expressed the following objections comprehensively. All the same, like others before him, the subtleties and depths of MT have not been sufficiently plumbed.

The objections to MT begin with original *historical* arguments. The critique is challenging from the first paragraph. It is stated that Terruwe/Baars attempted to unite the philosophical psychology of St Thomas Aquinas with the ego psychology of Sigmund Freud, unsuccessfully. That Duynstee and Terruwe were “banned.” That in an attempt to help pathologically and sexually repressed individuals with religious anxiety, they were presented with three “startling” directives to guide them.

The second group of objections is of a *psychiatric* nature: That MT is a mechanistic “hydraulic” repressive system which builds up pressure until it bursts forth in psychiatric symptoms; that concupiscible and irascible powers intensify in tandem in a hypertrophied manner; that it tolerates grave sin as a “means” of therapy.

From a *psychological* perspective, that Terruwe/Baars fail to accept the modern psychiatric nomenclature and categories of the *DSM-III* (1980), *III-R* (1987), *IV* (1994), *IV-TR* (2004), and *DSM-5* (2013).¹¹⁴ That current medication combined with Cognitive Behavioural Therapy (CBT) and “Exposure and Response Prevention” (ERP) are universally accepted as the first-line intervention for patients with Obsessive-Compulsive Disorder (OCD) making MT obsolete. That MT is a Freudian “content-oriented” intervention and that this is a discredited Freudian approach. That Terruwe/Baars’ description of obsessions does not fit the standard psychiatric definition for obsessions. That MT is unsuitable for the majority of OCD patients. That MT promotes acting out obsessions, thus promoting compulsions. That MT as a therapy encourages “exposure [therapy] done in violation of the patient’s morals.”

From a *scientific* assessment, MT has “never been proven to work.” That case histories presented do not constitute acceptable psychological proof. That no

¹¹³ See *Code of Canon Law* (London: Harper Collins Publishers, 1997), 212, § 3. [Hereafter *CIC*]; *LG 31*; *Christifideles Laici*, Post-Synodal Apostolic Exhortation of John Paul II (December 30, 1988), 15, 43. Accessed October 16, 2016. http://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_30121988_christifideles-laici.html; also *CCC* 907, 873, 897-8, 904.

¹¹⁴ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Washington, DC: American Psychiatric Publishing, 2013. Hereafter *DSM-5*.

controlled (placebo) conditions and other scientific testing has ever been applied or is likely ever to be done. Nor has any comparative psychological testing ever been undertaken. That scientific studies are never expected to be conducted concerning MT because ERP works better than it, and there is no evidence that MT is a faster or more efficient therapy, and that ERP can be carried out without violating the patient's moral code.

Moral criticisms are: that a person can never be sure if they are repressing sexual feelings, can never know when they are free, and therefore, whether or not they are guilty of sexual sin. That MT is said to be “unworkable.” That there is a “fundamental flaw in the logic” of MT. That “there is a further complication: if one is inculpable of sins due to repression, a therapy that overcomes repression will, therefore, restore culpability when its work is complete. [But] MT uses a tolerance of sinful behaviour as a means to overcome repression; when its work is complete, the patient will be tolerating sinful acts while fully culpable.” That the toleration of immoral behaviour is a means to overcome repression. That MT bears the mark of all antinomian theories. That MT harms the person in a far more significant way than the harm that is done by having obsessions. It is no sin to obsess, but MT remediates obsessions by committing material sin.

A philosophical complaint is that MT is not *Thomist*. It is a misnomer. That the explanation of sexual repression that Terruwe/Baars present cannot be found in St Thomas. That it fails to incorporate Aquinas's understanding of the passions and virtues. That the soul's attention and energy are both zero-sum games. That it is not possible to locate in Thomist psychology the notion of two contrary passions growing in tandem. That Terruwe/Baars' understanding of the emotions can be called Thomist is something they “sought without success.”¹¹⁵ That nowhere in Thomist psychology can be found the concept of repression, excepting in the manner in which the virtues reshape the passions in accord with reason. That fear cannot be “buried alive.” That although the cogitative power can arrive at a mistaken conclusion, thus moving the passions, by choosing to investigate the distorted judgement the intellect can persuade the passions giving them a chance to respond to the more exact thought. That Terruwe/Baars fail to take into consideration the redounding of the will, that is, there can be a powerful movement of the will, such that it exerts itself on the person's attention so that the passions are moved along with it. That patients in cases of aversion for sexual matters would necessarily be aware of the redounding of the will. That this process is not compatible with psychodynamic concepts of repression.

Pastorally and therefore also *spiritually*, “MT does not teach patients how to proceed from incontinence to continence and the virtue of chastity.” That MT is calculated to give “disordered neurotics” cause for alarm. That the authors say that they are not encouraging the patients to act on their sexual urges, and yet tolerate such actions, this manner of speaking, however, is called a “double bind.” That “the preoccupation with sexual thoughts and fantasies that Baars and Terruwe describe cannot be called an obsession if the object of their thoughts is something the person truly desires, for then the thought would not be unwanted.” That from a Thomist

¹¹⁵ Majeres, “Mortification Therapy,” 56, also 39, 48, and 49.

standpoint Terruwe/Baars show a misunderstanding of the virtue of continence. To “tolerate” acting out on a disordered desire to restore order to another disordered passion, with the promise of achieving the natural serenity of virtue, violates the most fundamental principles St Thomas taught on the nature of the will and the passions.

While there are some other general criticisms and objections, as can be seen from this sample, there is no shortage of doubts concerning MT. Nevertheless, each of these points and many others will be dealt with throughout the text, thus confirming the rectitude and correctness of MT. Moreover, either the misunderstanding will be clarified, or the objection refuted. In this way, the integrity of MT will be affirmed, and its overall value in the spiritual care of sexually repressed and abused persons will be further clarified.

1.4 General Objections Addressed

As previously introduced, the method that is followed in dealing with the critique from Dr Majeres’ documents is only analogous to that which St Thomas employed in the *Summa Theologiae*. In fairness to Dr Majeres, he does not present his critique as “objections” to MT. His analysis is more several concerns and points for discussion or of disagreement. For this treatment, however, his comments and arguments are divided up and listed into categories and are then presented as distinct objections for the benefit of dealing with them point by point in the Thomist method.

Where there is some repetition of points for further explanation or critique, references will be made to previous objections, responses or refutations in the text by way of chapter number, section number, and objection number. Firstly, **objections** will be presented, followed by a differing opinion in, **on the contrary**, an **answer**, and lastly the various **responses** to the critique. When there is a need for further information about MT or the reasons for it, these either precede or follow the objections and their answers.

The initial presentation of general objections to MT is grouped because they do not fit comfortably in any particular previously mentioned category. Dr Majeres’ concerns are mirrored by many who meet MT for the first time. Hence, the subsequent attempts to present a philosophical and theological explanation and a pastoral and spiritual validation for MT. Theological debate should be more than academics speculating over theoretical ideas. Good theology translates increasingly into healing and holiness in the lives of those it touches.

1.4.1. Whether MT is more Freudian than Thomist?

Objection 1 asserts that Terruwe/Baars were Freudian. As a CBT therapist, Dr Majeres “rejects the concept of repression” (*Logos* 39, ¶1). It is objected that Terruwe/Baars believe that general anxiety is somehow related to sexuality. Majeres thinks that the development of CBT gives occasion to reconsider the relationship of Thomistic psychology to the central Freudian concept of repression, therefore making

MT redundant. Moreover, he endeavours to debunk the claim that MT is an acceptable Thomistic approach for treating religious worries and obsessions. In the context of his overall document, MT is critiqued as thoroughly Freudian, which is now mostly disgraced.

- (i) Practitioners of psychoanalysis, Terruwe/Baars attempted to unite the rational psychology of St Thomas Aquinas with the ego psychology of Freud.
- (ii) Following the lead of Freud, Terruwe and Baars suggest that sexual repression is the general cause of anxiety disorders (*Logos* 37, ¶1).
- (iii) And [patients] can ponder the irony that the best treatment for their condition [CBT] has an understanding of emotions that can truly be called Thomistic, unintentionally meriting the title that Terruwe and Baars sought without success (*Logos* 56, ¶3).
- (iv) To a psychiatrist familiar with both Aquinas and Freud, the surprise comes even earlier, when the authors present the Freudian system in the language of Aquinas—as if it came from Aquinas. Terruwe and Baars’s work, *Psychic Wholeness and Healing*, remains the most extensive attempt at synthesizing Aquinas, the Catholic faith, and Sigmund Freud (*Logos* 38, ¶3).

On the contrary, Dr Majeres affirms that Terruwe/Baars were “personally committed to the Catholic faith and went to great lengths to present their work in the context of the rational psychology of Aquinas. In doing so, they won the public endorsement of a prominent Dominican theologian and had been well accepted by orthodox Catholics, with favourable reviews of their work appearing on EWTN and Catholic Answers” (*Logos* 38, ¶2).

I answer that later in his objections, Majeres states that “the search for a deeper meaning to obsessions is the discredited Freudian approach, and it is the essential difference between the approaches taken by Freud’s psychodynamic therapy and cognitive-behavioural therapy” (*Logos* 44, ¶1). Criticism of Sigmund Freud and his many psychological theories and conclusions is widespread and publically entrenched. Nevertheless, psychoanalysis, psychoanalytic psychotherapy, and psychodynamic therapies are still practised under a variety of headings, and these are governed by the American Psychoanalytic Association (APsaA).¹¹⁶ All the same, George Dvorsky states, “Freud has, for the most part, fallen completely out of favour in academia. Virtually no institution in any discipline would dare use him as a credible source. In 1996, *Psychological Science* reached a conclusion that “[T]here is literally nothing to be said, scientifically or therapeutically, to the advantage of the entire Freudian system or any of its component dogmas.’ As a research paradigm, it’s pretty much dead.”¹¹⁷ When Dr Majeres speaks of Freudian psychologies as a discredited psychological approach, he is making a negative assertion as a professional psychiatrist. When this is done while

¹¹⁶ See American Psychoanalytic Association, “Psychological Science,” *American Psychoanalytic Association* (2016). Accessed May 14, 2016. <https://web.archive.org/web/20200114062828/http://www.apsa.org/>.

¹¹⁷ George Dvorsky, “Why Freud Still Matters, When He Was Wrong About Almost Everything,” *io9 We Come from the Future* (July 8, 2013). Accessed May 14, 2016. <https://web.archive.org/web/20200301014443/https://io9.gizmodo.com/why-freud-still-matters-when-he-was-wrong-about-almost-1055800815?IR=T>.

making a comparison with Terruwe/Baars, the reader can be misled to think that MT is likewise a discredited psychotherapeutic approach. The reference to Terruwe/Baars as being Freudian practitioners is an *argumentum ad hominem*.¹¹⁸ By associating Terruwe/Baars with “discredited” Freudianism, he makes a pejorative and professional claim. Moreover, it is a fallacious argument because the psychological and philosophical validity, the moral rectitude, and the spiritual integrity of MT are independent of its protagonists. Even though the *Logos* article is mostly respectful of Drs. Terruwe and Baars, there remains an innuendo of circumstantial information that attempts to bring discredit upon MT that is unjustified.

Further, a distinction needs to be drawn between what Terruwe/Baars are reported as “attempting” to do and what they never attempted to do. I affirm that they accepted Freud’s notion of sexual repression as a possible pathology within human persons. I deny, however, that they even considered, let alone attempted “to unite the rational psychology of St Thomas Aquinas with the ego psychology of Freud.” Indeed, much of this text refutes this first objection. A careful reading of the works of Terruwe/Baars manifests their respectful repudiation of the teachings of Freud from the very beginning of their clinical practice.¹¹⁹ Though they accepted the concept of repression, they thoroughly denied his explanation of its cause.¹²⁰

Terruwe/Baars were critical of deterministic psychoanalysis (see *PWH* 216). In one of her earliest works, Terruwe states: “I came to realise that some neurotic conditions are not the result of repression, but rather of the frustration of man’s most fundamental drives by reason of external circumstances.”¹²¹ Dr Baars in his address to the Synod of Bishops in Rome in 1971, said, “The Church should also be particularly cognizant of the negative aspects of the voluntaristic philosophy which has prevailed for centuries, and of the largely untenable psychoanalytic views which have affected our culture to a considerable extent.”¹²²

Terruwe, helped by the insights of Father Duynstee, was able to explain that the process of pathological repression was prompted by an erroneous cogitative judgement which enacted powers from the irascible appetite to curtail the movements of the concupiscible passions. This action, in turn, displaced the proper governance of those passions by the reason and the will.¹²³ To prove how far Terruwe had moved

¹¹⁸ Lander University, “Introduction to Logic: Fallacies of Relevance, Argumentum ad Hominem,” *Philosophy 103* (Fall, 2001). Accessed November 28, 2015. <https://web.archive.org/web/20190720093614/https://philosophy.lander.edu/logic/person.html>.

¹¹⁹ See Anna Terruwe and Conrad W. Baars, *Loving and Curing the Neurotic* (New York: Arlington House, 1972), 9-10.

¹²⁰ *Ibid.*, 15.

¹²¹ Terruwe, *The Neurosis*, viii.

¹²² Baars, *I Will Give Them*, 24 no. 4.

¹²³ The term displacement is not a Freudian term. For Duynstee/Terruwe/Baars always referred to the pathological displacement of reason. Conversely, throughout Freud’s writings, he used the term displacement with several different meanings; for example, a sexual object can be displaced or transformed onto a variety of other objects. Displacement sometimes referred to the replacement of one disordered symptom for another. The term displacement was also used in reference to dream formation.

away from Freudian theories, her unique discovery of a new emotional syndrome, which she termed “frustration neurosis,” resulted from the application of Thomist psychology in her clinical practice.¹²⁴ Not only did she discover and diagnose an original disorder (i.e., the emotional deprivation disorder) which is entirely non-Freudian, but she also provided a thorough therapy and encouraging prognosis for such afflicted persons.¹²⁵

I respond to Objection 1 (i) that firstly, Terruwe/Baars were not practitioners of psychoanalysis. Secondly, they did not attempt to unite the philosophical psychology of St Thomas Aquinas with the ego psychology of Freud. In numerous places in their writings Terruwe/Baars outspokenly distanced themselves from Freudian concepts and therapies, with the one exception; namely, the benefits derived from psychoanalytic techniques uncovering deeply repressed psychic matter in the hysterical repressive disorder (see *PWH* 83, 230 no. 1, 59). To state that Terruwe/Baars are Freudian in their psychological teachings, practice, and therapies reveal a lack of familiarity with their doctrines. It is misleading and untrue to assert that Terruwe/Baars were “practitioners of psychoanalysis” (*Logos* 37, ¶1). Terruwe/Baars did speak of the concept of repression as the “brilliant investigations of Freud” (*PWH* 31). However, this is the only one of two affirming comments concerning Freud in *PWH* (see 237). Throughout *PWH*, they consistently caution against and critique the psychoanalytic method.¹²⁶ Moreover, they are critical of any hint of what would be the interference of the so-called Freudian concept of the superego, and its interfering with an afflicted person’s religious or moral mores. Terruwe/Baars state, “We disagree with Freud’s conclusion that the *superego* constitutes the repressive force in neurotic disorders” (*PWH* 31).

Even in those emotional disorders, which are the result of repression Terruwe/Baars refer to Freudian teachings as “mistaken psychoanalytic notions” (*PWH* 219). They were openly critical of his teachings, saying “in the light of philosophical anthropology as discussed in Chapter One [of *PWH*]...[we] give our reasons why we disagree with Freud’s conclusion that the superego constitutes the repressive force in the neurotic disorders” (*PWH* 31).¹²⁷ They demonstrated that the superego was not a repressive force for a range of reasons.¹²⁸ They distinguish Freud’s false idea of libido with the philosophical understanding of the concupiscible appetite. Terruwe/Baars state, “We cannot follow Freud in reducing the libido to the sex urge. The sexual experience is one of the objects of the pleasure appetite, but certainly not the only one, nor the most important one” (*PWH* 11n14).¹²⁹ Concerning Freudian psychoanalytic therapy, they write, “It is our opinion that psychoanalysis is

¹²⁴ Terruwe, *The Neurosis*, 123-27. Frustration neurosis is entitled the Emotional Deprivation Disorder.

¹²⁵ See Conrad Baars and Anna Terruwe, *Healing the Unaffirmed: Recognizing, Recognizing Emotional Deprivation Disorder*, ed. rev. Sue Baars and Bonnie Shane (New York: St Pauls. 2002).

¹²⁶ See *PWH* 31, 34, 38, 53, 87, 91, 101-2.

¹²⁷ *Ibid.*, 34, 43.

¹²⁸ *Ibid.*, 219-20, 229, 234-35.

¹²⁹ *Ibid.*, 38.

actually contraindicated” for those who suffered from anxiety and fear-based repressive disorders (*PWH* 91).¹³⁰

Further, Objection 1 (i) is incorrect because a careful reading of *PWH* will disprove it. Terruwe/Baars cautioned therapists:

Patients who have been in psychoanalysis cannot be treated successfully by a non-Freudian therapist, as they usually have been so imbued with psychoanalytic ideas and interpretations that they will not accept the opinions of the non-Freudian therapist. In general, the psychotherapist must avoid advancing opinions and theories that are unacceptable to the patient; otherwise, the patient will find it difficult, if not impossible, to develop the degree of trust necessary for complete recovery (*PWH* 87).

Furthermore, in his book *Feeling and Healing Your Emotions*, Dr Baars says explicitly that in his psychiatric practice as early as the 1950s, he was sufficiently disenchanted with Freudianism that he was considering abandoning his profession. That is until he met Dr Terruwe. He was highly critical of the Freudian notion of the superego being the possible cause of repressive disorders.¹³¹

I respond to Objection 1 (ii) that Terruwe/Baars were not “following the lead of Freud” was demonstrated in the first objection (i), moreover, that “sexual repression is the general cause of anxiety disorders” is contrary to and cannot be ascribed to Terruwe/Baars. They state:

Two kinds of causes may be responsible for fears in neurotic disorders due to repression: either a mistaken understanding of moral obligations or certain concrete facts that initially aroused these fears. To the first category belong false notions of morality (the nature of God, the relationship between man and God, sexuality, religious duties, etc.). The second category comprises such concrete factors as fear-producing conditions in which the patient was brought up (a father who was too strict or a cruel fault-finding stepmother), or certain childhood experiences which, combined with generally mistaken notions, unduly stimulated the fear (*PWH* 90).

For Terruwe/Baars the causes for repression were much broader than sexuality as Objection 1 (ii) insinuates.¹³² Just because *Psychic Wholeness and Healing* presented a specific sub-chapter on the therapy for sexual repression does not mean it was their primary emphasis in treating emotionally disordered persons. Indeed, *PWH* was only one-half of the Terruwe/Baars treatment of a variety of emotional pathologies; the other half was presented earlier in its companion volume, *Healing the Unaffirmed*. Terruwe/Baars write that “the two volumes comprise the sum total of everything [taught on] – the psychology of normal man, particularly his emotional life” (*PWH* xiv). The particular reason for the sub-chapter entitled “*Mortification Therapy of Sexual Obsessions and Compulsions*” was clearly explained by them (*PWH* 104-8). Terruwe/Baars state, “we cannot close our eyes to the fact that we will not live forever, and therefore owe it to all obsessive-compulsive neurotics, the members of our profession and orthodox moral theologians, to share in written form what has

¹³⁰ Ibid., 91; and 86-87, 95, 135, 149.

¹³¹ See Baars, *Feeling and Healing*, 132.

¹³² Ibid.

proven beneficial to countless repressive neurotics” (*PWH* xiii-xiv). Sexual repression is *a* cause of anxiety disorders, but certainly not *the* general cause.

I respond to Objection 1 (iii) that the debate over which of the two treatments, CBT or MT is the better, raises an unhelpful sense of rivalry, even antagonism. It can be said both have a significant place to fill in the range of psychological theories and therapies suitable for afflicted persons. The concern is not the speed of recovery but which is the more thorough and which considers the whole person. Similarly, as to which best fits with a Thomist viewpoint, it would be hoped that both therapies would be true to authentic anthropological and philosophical principles. The most important consideration is, what best aids the particular suffering and afflicted person? Under discussion is MT’s spiritual rectitude, not that of CBT which in itself does not necessarily treat of the spiritual soul.¹³³ Psychic repression from a Thomist viewpoint, whereby an inner “power becomes remiss or is even altogether impeded” (*ST* I-II, q.77, a.1), was demonstrated by Fr Duynstee as far back as 1935.¹³⁴ Historically and philosophically, it remains valid as will be further explained in this text. MT’s lack of popularity in the wider psychiatric profession has more to do with fundamentally differing ideologies. From the beginning, MT was not overly popular within the secular psychiatric and psychological sciences because it was Catholic, philosophical psychology, and presented Christian anthropology. Conversely, ideologies of the last century fall under a variety of headings: behaviouralists, naturalists, determinists, voluntarists, reductionists, and secular humanists, to name just a few. Many of these ideologies lack a compatible philosophical and theological understanding of humankind.¹³⁵ This comment is made not by way of criticism but as a historical fact. The inadequacy of any psychological therapy will understandably impact on the treated person. A theory or treatment that is not part of the solution in time becomes part of the problem. A psychology that does not consider the human person’s ultimate supernatural goal in many ways is going to come up short. Irrespective of any therapy, a Christian therapist must have the knowledge, understanding, and non-judgemental acceptance of the suffering person. In this way, the afflicted person can grow in confidence and trust not only in the therapist but also in the Creator who calls all to Himself.¹³⁶

¹³³ Judith Beck, “Frequently Asked Questions,” *Beck Cognitive Behavior Therapy* (2016). Accessed April 15, 2016. <https://web.archive.org/web/20190816234545/https://www.beckinstitute.org/frequently-asked-questions/>.

¹³⁴ See Duynstee, *Verspreide Opstellen*, 8-23.

¹³⁵ See Gregory C. Dilsaver, *Imago Dei Psychotherapy: A Catholic Conceptualization* (Florida: Sapientia Press, 2009), 1-16; Benedict M. Ashley OP, *Healing for Freedom* (Washington DC: IPS Press, 2013), 1-30; Paul Gondreau, *Philosophical Virtues and Psychological Strengths: Balanced Emotions*, ed. Romanus Cessario, Craig Steven Titus and Paul Vitz (New Hampshire: Sophia Institute Press, 2013), 175-84; Ripperger, *The Introduction*, 10-12; Donceel, *Philosophical Anthropology*, 18-22; *Ibid.*; Hickey, “Psychiatry Is Not Based On Valid Science,”; Christian E. Brugger, “Psychology and Christian Anthropology” edited by P.J. Watson, *Edification Journal of the Society for Christian Psychology*, vol. 3, no. 1 (2009), 7, 34-42. Accessed February 24, 2020. https://web.archive.org/save/https://www.researchgate.net/publication/280839204_Psychology_and_Christian_Anthropology.

¹³⁶ See *CCC* 2084, 2567, 2591; *PWH* 85-87, 91-93, 103, 122.

I respond to Objection 1 (iv) that it may be true that Terruwe/Baars' treatment of repression "remains the most extensive attempt at synthesising Aquinas, the Catholic faith, and Sigmund Freud." If this is so, however, it is not on the basis of what Freud called repression but rather what they identified in St Thomas' writings as previously indicated. The foundation of Terruwe/Baars' pointing to Thomas' philosophical explanation for psychological repression appears justified. Fr Michael Stock OP writing in 1962 had similar confidence and concluded his assessment with:

The merging of streams of thought entails the delicate business of translating the concepts and conclusions of one into the categories of the other. Some say that this is an impossible undertaking. The premise underlying this paper is that it is not only possible but eminently worthwhile, that the categories of Thomistic thought are quite capable of the challenge of interpreting, organizing, and assimilating the contributions of psychoanalysis.¹³⁷

Terruwe, following Duynstee's lead, resolutely mapped out the conflicts that occur between the rational and sensitive appetites, and within the sensitive faculties themselves (see *PWH* 36-42). She saw the cause predominately residing in the role of the cogitative power, an internal sense. This teaching is further explained from St Thomas in the following chapter. Nevertheless, aware that they were neither philosophers nor theologians, they respectfully left that aspect of Thomist proof to papers such as this, and others in the future. For "the prevention, and eventual eradication, of this emotional illness—for so many generations the chief source of unparalleled intense psychic and spiritual suffering—will be guaranteed through the combined efforts of knowledgeable psychotherapists and moral theologians" (*PWH* 106). There was no obligation on Terruwe/Baars' part to align every aspect of their theory with proof from St Thomas.

In brief, Terruwe/Baars were not Freudian. They were not practitioners of psychoanalysis. They did not hold that sexual repression is the general cause of anxiety disorders. The Thomist philosophy, even if not always explicit, is the implicit underpinning of MT.

1.4.2. Whether MT is a Psychoanalytic and Hydraulic Theory?

Objection 2 endeavours to reinforce that MT is a Freudian based psychotherapy. Since Freud employs his own unique understanding and therapy, Terruwe/Baars do likewise. It is argued that the Terruwe/Baars' theory and therapy are therefore based on a "discredited" Freudian theory of repression and psychoanalysis. MT is Freudian, so it employs a psychoanalytic therapy and affirms a hydraulic psycho-mechanist process.

(i) For Freud, repression is the defence by which the superego, or moral faculty of the mind, blocks the unacceptable drives of the id from entering the consciousness of the ego. These drives then intensify until they break forth in symptoms of neurosis or

¹³⁷ Michael Stock, "A Thomistic Analysis of the Concept of Repression," *The Thomist*, XXV, no. 4 (October 1962), 494.

psychosis.

(ii) The [Freudian] technique of free association, in which the patient spends an hour a day telling the analyst whatever comes to mind, gradually allows the ego to bypass the blockade, access the repressed drives, and attain relief. Some call the mechanism “hydraulic” because, if the repressed emotion is not properly released, it builds up pressure until it bursts forth in psychiatric symptoms (*Logos* 39, ¶2).

On the contrary, Terruwe/Baars, different from the Freudian superego theory, state:

The rules of natural law, provided they are properly understood, can never exert a repressing action. For natural law teaches one how to act according to reason in every circumstance. Hence, in the natural order moral acts correspond to reasonable acts, for if persons are to attain the good that is proper to them, they must conduct themselves as human beings, that is, as rational beings. By acting according to reason, their actions are morally right, because the rules of morality are merely formulations of what is intrinsically rational (*PWH* 33).

I answer that this objection is a continuation of the first. It alleges that MT is a Freudian based psychotherapy. By presenting the Freudian understanding of pathological repression, whereby the superego interferes with the ego and the id, the complaint hopes to demonstrate how MT is a Freudian hydraulic repressive mechanism. However, the proof that MT is in no manner Freudian comes from Terruwe/Baars’ emphasis on St Thomas. Not only do they not incorporate Freudian theories and therapies, but Terruwe/Baars also provide an original explanation for the internal displacement of faculties and powers. And they provide a therapy to resolve the matter. This objection touches upon the fundamental philosophical principle underpinning it, namely, MT’s reasonableness (*PWH* 21-26).¹³⁸ Overlooked is Fr Duynstee’s displacement theory from St Thomas, which is key to MT (see *ST* I-II, q.77, aa.1-2).

As presented in *On the Contrary*, Fr Duynstee, a distinguished doctor of laws, well understood that what Freud called the superego could never be an unnatural oppressive force. The fundamental principle refuting Freud was the Thomist teaching that, “the sensitive appetite by nature is obedient to reason” (*ST* I-II, q.74, a.3, ad.1).¹³⁹ When human beings act reasonably, a repressive pathology is impossible. This understanding is diametrically contrary to Freud’s concoction of the superego’s unreasonable inhibiting force. Terruwe/Baars furthered the Thomist doctrine by teaching that when human beings conduct themselves according to right reason, their actions will be morally appropriate because the rules of morality are merely formulations of what is intrinsically rational and natural to human individuals. Deliberating and choosing according to right reason never causes pathological repression (*PWH* 33).

¹³⁸ See Duynstee, *Verspreide Opstellen*, 10.

¹³⁹ *Ibid.*

I respond to Objection 2 (i), firstly, it was refuted in response to Objection 1 (1.4.1)¹⁴⁰ that Terruwe/Baars were Freudian. Secondly, the superego is not the repressing force within the human psyche, as intuited from on the contrary. Thirdly, unlike Terruwe/Baars, Freud made no distinction between cogitation and cognition, nor between the speculative or practical intellect. Lastly, a distinction is drawn concerning the objection’s statement, “the drives then intensify until they break forth in symptoms of neurosis or psychosis.” While it is partly true as St Thomas taught, “internal affections, when they are kept within and permitted no outlet, burn the more strongly within...A prohibition, since it threatens a penalty, compels man not to give outward expression to his desire, so that, being kept within, it burns more vigorously.”¹⁴¹ It is not the procreative drive that intensifies and breaks forth. Such an outbreak occurs only if the repressive process fails for whatever reason. Often the pleasure emotion of desire is aided and abetted by a stronger concupiscible passion. It is not the “drive” that intensifies, but the single passion of desire that is further excited, being aided by additional emotional arousal (e.g., love). When this happens, the person is less capable of maintaining the firm irascible containment of concupiscibility that is, by keeping it unreasonably impeded or repressed (see *PWH* 42). The outbreak of obsessive-compulsive symptoms also happens for a variety of other reasons; namely, emotional weakness due to a different illness or fatigue, increasing age, and decreasing emotional strength.¹⁴² Moreover, repressed emotion(s) can break forth through an increase of stimulation coming from the concupiscible appetite. For example, this can transpire from the presence of a stronger and/or an additional more powerful emotion(s) such as love and joy increasing desire, which were hitherto not present. Similarly, desire can be piqued by random and unsolicited exposure to illicit pornography on the internet or during movies, which then strengthens the sensual stimulus (see *PWH* 52). When repressed desire breaks forth, due to the breakdown of the repressing irascible passion, only reasonable guidance can appropriately direct the procreative drive with the aid of supernatural grace. Such an appropriate direction is not possible, however, until MT restores the formerly displaced governance by the rational appetite. Spiritually, this means that the afflicted person, devoid of appropriate reasonable management, is vulnerable to the performance of materially evil obsessions and compulsions.

I respond to Objection 2 (ii) that firstly, MT does not employ Freudian techniques such as free association or psychoanalysis. In fact, such methods are “contraindicated,” as previously highlighted (*PWH* 91). Secondly, MT does not require that “the patient spend an hour a day telling the analyst whatever comes to mind.” Indeed, “in general, therapy may begin with weekly visits of one hour; more frequent visits are seldom necessary or indicated, for patients need ample time to absorb and reflect upon their impressions after each interview. Their further progress will indicate when the visits can be spaced farther apart and when they can be discontinued altogether” (*PWH* 96). Thirdly, Terruwe/Baars at no time in their

¹⁴⁰ The numbering order of (1.1.1.1) means: chapter, article, section, sub-section.

¹⁴¹ Thomas Aquinas, *Commentary on the Letter of St Paul to the Romans*, vol. 37 (Lander, Wyoming: The Aquinas Institute for the Study of Sacred Doctrine, 2012), no. 454.

¹⁴² See *PWH* 71, 94, 111, 144.

writings do they refer to a “hydraulic” mechanism in relation to repression. Though it is true that the word mechanism is used. The repressive action is a learned “*reflex*” (see 2.3). Pathological repression, according to Terruwe/Baars is more psychic than mechanistic, though it certainly has a physical component, a “transmutation” (*ST I-II*, q.37, a.4, ad.1).

Lastly, within MT repressed emotion is appropriately released and tolerated¹⁴³ as a secondary involuntary abreactive effect.¹⁴⁴ Unwilled effects are explained in Chapter Three, *Moral Evaluation* (3.5.3.2). When this takes place, psychiatric symptoms and compulsions increasingly abate. If a repressive disorder is diagnosed sooner, rather than later, the chances of an emotional breakdown or an obsessive-compulsive out-break (i.e., “until it bursts forth”) of unreasonably impeded emotion are significantly reduced.¹⁴⁵

In brief, Terruwe/Baars do not employ Freudian notions or therapies. MT’s theory and therapy are fundamentally reasonable and founded on philosophical psychology. The theory underlying MT is the need for the mortification of the unnatural reflex of repression. This is a reflex of the psyche and not a hydraulic mechanism. It is true that there can be a breakdown of the repressive process.

1.4.3. Whether Emotions Hypertrophy and Atrophy?

Objection 3 continues the belief that Terruwe/Baars are Freudian. Terms used are, in essence, said to be Freudian. Individuals are unaware of their desires and their thwarting via repression. Such a process increases psychic tension whereby, it is believed that there is a simultaneous growth of both the repressing and repressed appetites. Psychic intensity ultimately leads to compulsive acts.

- (i) While Terruwe and Baars use Thomistic words, their discussion of psychopathology closely adheres to the Freudian conceptualization.
- (ii) Rather than saying that the superego represses the id, they say that an irascible appetite (e.g., fear) represses a concupiscible appetite (e.g., desire).
- (iii) The result of this process is that the repressing person remains unaware of his or her unacceptable desires, which are blocked from consciousness and lost to the light of reason.
- (iv) The desires then grow in intensity and pervade the psyche even as they are repressed by the fear that is growing in tandem.
- (v) The person only notices tension, the residue of the repressed emotion, and ever-increasing fear.

¹⁴³ By toleration is understood the reception of behaviour and beliefs that are different from one’s own, although one might not agree with or approve of them. “Tolerate,” *Cambridge Dictionary* (Cambridge University, 2016). Accessed October 16, 2016. <https://web.archive.org/web/20190822221400/http://dictionary.cambridge.org/dictionary/english/tolerate>.

¹⁴⁴ Abreaction is the reasonable release and toleration of repressed emotion (*PWH* 237).

¹⁴⁵ See *PWH* 66, 206, 208, 220.

(vi) Once the repressed desire grows too intense to be contained, the person loses his or her freedom and compulsively gratifies the desire, resulting in shame and regret (*Logos* 39, ¶3).

On the contrary, Terruwe/Baars, with no reference to Freudian conceptualisations, explain the repressive process in philosophical terms. When emotions are excited, they are either guided by reason, and this is never a source of repression, or an inner conflict takes place between the sensitive powers. Emotion may arise before rational judgement. Then:

It is possible that before the emotion receives its guidance from reason, another emotion intervenes and represses the first one. To understand this process we must realize that rational guidance means that the purely sensory object of the emotion becomes a rational-sensory object; and as the sensory appetite by nature tends to obey reason, it will make this rational-sensory object its goal. However, if repression takes place, this sensory object of the emotion cannot be subordinated to reason. For this object has also become the object of the repressing emotion which, having won out, will represent it as such to the intellect. Thus reason will direct it, not as the object of the pleasure appetite, but as that of the assertive drive. It follows, therefore, that as an object of the pleasure appetite, it fails to be directed and if in some manner or other it persists in stimulating the pleasure appetite, it does so necessarily as a purely sensory object without the ennobling influence of reason. Obviously, intellect and will have no influence over this activity. This explains why the repressed emotion is not subject to control by the will (*PWH* 217).

I answer that as expressed in, on the contrary, the Terruwe/Baars' explanation of pathological repression is entirely different from Freudian theory. Distinguished in philosophical psychology is the difference between the sensitive appetite (and its separate powers of concupiscence and irascibility) and the rational appetite. It will become apparent from St Thomas that such distinctions are crucial. Because Freud had no philosophical basis for terms and human powers, his concoction of the superego, the ego, and the id are unreal theoretical expressions and hypotheses. For the above objection to state that "rather than saying that the superego represses the id, they say that the irascible appetite (e.g., fear) represses a concupiscible appetite (e.g., desire)" is for the critic to merely continue the unsubstantiated terminology and theory of Freud without any reference to objective philosophy. Conversely, when Terruwe/Baars speak in philosophical terms, they do so with accuracy in accord with reality. That philosophical terminology is vital in such a critical scholarly, and psychiatric discussion becomes unmistakably logical and compelling as will be seen in Chapter Two (2.4: *An Analogical Thomist Viewpoint of Sexual Repression*).

I respond to Objection 3 (i) that Terruwe/Baars were not Freudian and did not use his concepts nor his nomenclature. This objection has been refuted in 1.4.1 (i-iv).

I respond to Objection 3 (ii) that the difference between Terruwe/Baars' explanation of the repressive force being an irascible passion and not the superego

will receive further attention throughout this text. The reason for the conflict within the sensitive appetites, which is part of the repressive and impeding process will be considered in Chapters Two and Three (2.4., and 3.5.2; see *PWH* 45). In fact, emotional fear can impede the sensitive and rational appetites.

I respond to Objection 3 (iii) that this suggests that “the repressing person remains unaware of his or her unacceptable desires, which are blocked from consciousness and lost to the light of reason.” Contrariwise, repressed persons are quite “conscious of the presence of such arousal in the emotional life as a matter of observing what takes place within oneself” (*PWH* 37). Terruwe/Baars distinguish that recognition, awareness, and the original repudiation of the unwanted concupiscible object were at first conscious to the person. Indeed, “the better the intellect and the deeper the introspective power, the greater the awareness of the continued activity of the repressed emotion and hence the need for a continued repression” (*PWH* 49).

Except for very young children, the initial repression must have been the result of a conscious recognition of something—which is actually a good—as harmful and its conscious repudiation. This awareness gradually diminishes until it practically disappears altogether, if the repression continues long enough and becomes second nature. In such cases these *persons no longer realises that they are repressing* or to what degree they are repressing. In treatment, they often becomes aware of this only when the repression ends at a certain moment, and they see, to their great amazement, that even in their treatment they had been repressing (*PWH* 50).

The degree to which the repressive force may or may not accomplish this effect of unconsciousness depends, on the person’s capacity for introspection, the intensity of the repressive energy, which faculties have been similarly repressed or blocked apart from the original arousal due to the object, and because the sexual drive is seldom so completely unconscious owing to its biological inclination and physicality (see *PWH* 43, 47). Moreover, cognitive awareness is distinguished from voluntariness. As Terruwe/Baars state:

It is also necessary to remark that the presence of the repressed emotion may be more or less conscious. We have seen that its activity passes beyond the guidance of reason and will, yet the question of voluntariness is not identical with the question of whether or not the person is aware of an emotional arousal. Being conscious of the presence of such arousal in the emotional life is a matter of observing what takes place within oneself. Voluntariness, on the other hand, concerns the control of the emotional arousal by the will. These are two entirely different things and must be sharply distinguished. An emotional arousal may be present more or less consciously even when it is not voluntary. Whether or not this arousal is conscious depends on the intensity of the repression (*PWH* 37).

Apart from the hysterical repressive disorder, Terruwe/Baars do not hold that other repressed persons remain unaware of unacceptable desires. Indeed, they can avoid acting on such impulses “if they really set their mind to it” (*PWH* 110).

I respond to Objection 3 (iv) that it is conceded that the activity of the repressing emotion(s) has “a tendency to grow and spread in two directions: first, in *intensity*,

by strengthening the roots of the process, and second, in *expansion* by spreading to other objects” (*PWH* 49, emphasis in original). The idea, however, that the repressing and repressed emotions grow in tandem is not held by Terruwe/Baars who state:

The two chief characteristics of this type of repressive disorder - the hypertrophy of the emotions of the assertive drive and the atrophy of the emotions of the pleasure appetite - determine the task of the psychotherapist. On the one hand, the therapist must try to diminish and dissolve the excessive [*repressing*] energy, while on the other he or she will attempt to restore the repressed emotions of the pleasure appetite to their proper place and function (*PWH* 97, clarification added).

It is clear that while the irascible passions exert increasing pressure (i.e., hypertrophy), as needed to keep the repression of the concupiscible emotions in place, in fact, the repressed emotions atrophy. That this is a fact, determines the need for the third directive to promote, enhance, and allow the growth of the atrophied pleasure appetite.¹⁴⁶

The repressing irascible passions hypertrophy is accepted (see *PWH* 95, 97, 100-1, 238). Hypertrophy is the morbid enlargement or overgrowth of the assertive emotional *response*. This hypertrophy is not regarding the emotion’s imagined enlarged physical or muscle power. Instead, it is by way of the cogitative power’s increased *habitual psychic reflexive* capacity and facility. The emphasis here is on the enlargement of the emotional response. This enlargement is “first, in *intensity*, by strengthening the roots of the process, and second, in *expansion* by spreading to other objects” perceived by the cogitative power as harmful or potentially harmful (*PWH* 49, emphasis in original). There can be a concurrent increased consumption of physical energy (i.e., kilojoules/calories) because of the proliferation of the repressive process.¹⁴⁷ It is in this sense that the repressing emotion (i.e., fear) is said to hypertrophy. While the repressed emotion (i.e., desire) atrophies, the expansion of unacceptable pleasure objects gives the impression of an escalation of the pleasure appetite. This increased breadth of inciting objects, however, is to be distinguished from the emotion of desire itself. The former are additional harmfulness judgements of the cogitative power stimulating the repressive process. The latter are pleasure objects additionally perceived as desirable and therefore potentially harmful and worthy of psychic annihilation. Moreover, sexually repressed persons can be vexatious and have heightened irritability because of their hypertrophied assertiveness. This characteristic is well known to those who deal with such afflicted people. This irascibility will be further exemplified at the beginning of Chapter Five with the spiritual treatment on virtue. There is, however, no occasion where the repressing and repressed emotions grow in “tandem;” the former hypertrophies while the latter atrophies.

I respond to Objection 3 (v) that the reply to this objection was partly contained

¹⁴⁶ “The pleasure you experience as a result of abiding by the other directives is the most perfect thing for you” (*PWH* 115).

¹⁴⁷ Anxiety causes different symptoms in different people. One person may lose weight no matter what they eat or how they try to gain weight. Another person becomes obese because they eat as a means of coping with their distressed state.

in the previous response, 3 (iv). Fear or energy as repressing emotions do not increase per se, rather they only “increase” by way of intensity and expansion. For example, the startle response can become more acute (i.e., intense, or by way of increased panic attacks). The cause of fear or energy can become more expanded, that is, at first scruples were predominately about sin, but then diversified from the sacrament of penance to gradually include qualms about the Eucharist, fasts, occupations on Sunday, and many other non-religious matters (e.g., *PWH* 150).¹⁴⁸ The expansion of pleasure objects may begin with ordinary sexual attractions and grow morbidly to all manner of sensual imaginings and persons, to literature, multimedia, and even regular advertisements and newspapers. In the end, the person is tormented not only with sexual preoccupations but all things sensual, even food and its shapes. This preoccupation is not the repressed emotion of desire escalating. Instead, it is the breadth of an increasing number of stimulating objects that have some similarity to the feared object. Or through intellectual interpretations, new objects are judged as potentially harmful by the malformed cogitative power (see *PWH* 50-51). Importantly, it is “the intervention of intellectual judgements that result in the fact that the intellect usually determines the expansion of the repression to other objects... There are two possible causes of such expansion. First, there is an expansion based on *association*, where an object resembles the one that is feared... Secondly, there is an expansion based on *intellectual grounds*, when one discovers in other objects the same quality that caused avoidance of the first object” (*PWH* 75). It is for this reason that early psychotherapeutic intervention is much preferred.

Independent of the expansion of pleasure objects, there can be a simultaneous upsurge of concupiscibility because of the further excitation of the emotions of love, desire, and joy. Any increase of concupiscence will demand a simultaneous intensification of repressive effort from the assertive powers. This latter point was previously noted in response to 1.4.2: Objection 2 (i). It is for each of these reasons that there can be “tension, the residue of the repressed emotion, and ever-increasing fear” (*Logos* 39, ¶3). As increased repressive effort is called for, so too do the assertive emotions increasingly penetrate the person’s physical and psychic daily life. Moreover, even though the concupiscible emotions atrophy, perceived pleasure objects proliferate because the appetite receives no reasonable governance due to its displacement, yet this is increasingly demanded and all the more necessary psychically, hence the tension. Unresolved and unreasonable psychic tension increases because the emotions by nature are obedient to reason (*ST* I-II, q.74, a.3, ad.1). Tension indicates the psychic restlessness of the passion not obtaining its object. Moreover, because there is no proper reasonable governance “the compulsion becomes stronger as a result of continual denial” (*PWH* 36).

I respond to Objection 3 (vi) that while conceding that the repressed emotion can and does break out from under the repressing force, it must be emphasised that this is not because the repressed desire has grown disproportionately more significant than the repressing emotion (see *PWH* 110-11). The temporary breakdown of the

¹⁴⁸ It is the first directive that aims at mortifying the extension of stimulating pleasure objects (*PWH* 112).

repressive process and the outbreak of the atrophied repressed emotion is not because the repressing emotion can no longer keep the lid on it, so to speak. Instead, the person is no longer able to keep up the problematic process because repression is fatiguing and energy-consuming. It can fail due to further ill-health. Alternatively, the repressed emotion of desire is bolstered by other concupiscible emotions, resulting from a new love object or stimulated curiosity. The cognitive motivation for repression and for avoiding the perceived “sin” has decreased for whatever reason.

Furthermore, freedom was not lost because of the growth of the repressed emotion, which in fact had atrophied to some extent, rather freedom was increasingly diminished from the very first act of repression through the displacement of the rational appetite (see *ST I-II*, q.77, a.2). This is evidenced by the fact that “awareness gradually diminishes until it practically disappears altogether, if the repression continues long enough and becomes second nature” (see *PWH* 50). Moreover, the liberty of the will is already gravely diminished (see *PWH* 216). The compulsive gratifying of the sexual drive or one’s desires merely indicates that the freedom of will and virtue have not been present for some time. The concupiscible appetite is “free-wheeling” (i.e., no brakes), so to speak. It is devoid of right reason and the control of the rational appetite (see *PWH* 129). Moreover, devoid of reason and virtue and without the repressive presence and force of the irascible passions, the concupiscible powers naturally seek their legitimate concupiscible object(s). The absence of a governing authority is like a classroom full of misbehaving and rowdy year six schoolboys whose teacher and principal are nowhere to be seen or heard.

Spiritually, this outbreak event is alarming to the afflicted person since sexual acts are the very thing that they have conscientiously been trying to avoid for years, albeit by an erroneous pathological means. Moreover, after an initial breakdown of the repressive process, or an outbreak of the repressed concupiscible emotions, it becomes increasingly difficult to avoid such recurring events. It is this fact that uninformed, sensitive, or scrupulous repressed persons soon become tortured by their lack of freedom, the vehemence of their being victims of obsessive-compulsive acts, the profound penitential remorse experienced, increased torment concerning eternal salvation and the deep sense of shame, self-blame, and guilt they endure. The sacrament of penance becomes an agony of confessing embarrassing sins but an ecstasy of relief that they have avoided eternal perdition, at least this time!

Lastly, MT has the capacity through the three directives to replace “shame and regret” with virtue, and thereby peace. The sinner and the obsessive-compulsive voyeur and masturbator understandably experience shame, regret, and guilt. In the case of the person who sins, each of these feelings is objectively sound. For repressed individuals, however, they are subjective manifestations of a deeper pathology. MT acts in a manner that is counterintuitive. By releasing these people from moral imperatives, which they can only keep by using further force and their pathological repressive vice, they come to realise a connatural experience of freedom from shame, regret, and guilt. Terruwe/Baars explain:

Persons who have repressed their sexual feelings, and all related sexual thoughts and

fantasies, usually comes to believe that by following our instructions, they live in *freedom from* morality in the province of sexuality. When they share this concern with their therapist they will learn, however, that they are on the way to *freedom for* morality. When their adherence to our directives gradually becomes easier, they feel as if a heavy stone has been rolled away from the spot where their sexual feelings have been buried alive. When at long last they are able to experience these feelings as they truly are, i.e., pleasurable, their nature, distorted in early life, is in the process of being restored (*PWH* 112-13, emphasis in original).

MT endeavours to remediate repressed persons before they have an emotional breakdown or an outbreak of painful pathological symptoms. In this way, a significant amount of personal collateral damage can be forestalled, including shame and regret, sorrow, and despair.

In brief, Terruwe/Baars were not Freudian practitioners. They used philosophical conceptions and terms that are not found in Freudianism. A conflict between powers of the sensitive appetite can affect an emotional disorder. Individuals can be more or less, even unaware, of their desires and of their thwarting of them via repression. Such a process promotes an overall physical and psychic tension. There is no tandem growth of the sensitive appetites. The irascible hypertrophies, while the concupiscible atrophies. Anxiety is a typical symptom of a repressive disorder, though not the only one. The emotion of desire does not grow in intensity, it is the reverse. However, the repressive process can deteriorate for a variety of reasons, and then concupiscibility is left unchecked. This can lead to obsessive-compulsive acts.

1.4.4. Whether the Three Directives are “startling”?

Objection 4 has MT’s three directives presented early in the critique. Naturally, they are confronting to conscientious morally informed persons. Hence, they appear startling. All the more so is the concept that recipients are informed about tolerating acting on sexual impulses.

- (i) Mortification therapy begins by giving the patient three startling directives.
- (ii) First, “You may everything.” Second, “For you, there are no rules, laws, or commandments.” And third, “The pleasure you experience as the result of abiding by the other directives is the most perfect thing for you.”
- (iii) After receiving these directives, patients are directed to “tolerate” acting on their sexual impulses until they lose their fear of sexual feelings (*Logos*, 38, ¶1).

On the contrary, Terruwe/Baars state:

In our previous writings, we have deliberately avoided giving details of this delicate process because it lends itself to misunderstanding and possible abuse.

For example, moral theologians who do not understand the fundamental difference between neurotic repression and rational guidance of emotions, might conclude that our

therapeutic advice fails to meet the criteria of moral laws. Others might accuse us of letting the end justify the means, if they were to believe that we directly prescribe, rather than merely tolerate, the inevitable transient behavioural consequences of our therapeutic advice. Others again might jump to the conclusion that our therapeutic advice—*always given to an individual with a obsessive-compulsive repressive disorder and never to all such neurotic persons in general*—constitutes license for all persons with neurotic disorders to commit objectively immoral acts. This risk would be even greater if they failed to grasp the difference between “may” and “must” in the context of the clinical and philosophical arguments presented in this discussion (*PWH* 104, emphasis in original).

I answer that Dr Majeres by presenting the three directives in the early paragraphs of his critique of MT is to give the reader pause for thought. At first sight, they do appear shocking and morally unacceptable. St Thomas, however, concerning falsity says, “Things do not deceive by their own nature, but by accident. For they give occasion to falsity, by the likeness they bear to things which they actually are not” (*ST I*, q.17, a.1, ad.2). Moreover:

Things are said to be false, not as compared with the divine intellect, in which case they would be false simply, but as compared with our intellect; and thus they are false only relatively...likeness or defective representation does not involve the idea of falsity except in so far as it gives occasion to false opinion. Hence a thing is not always said to be false, because it resembles another thing; but only when the resemblance is such as naturally to produce a false opinion, not in any one case, but in the majority of instances (*ST I*, q.17, a.1, ad.3).

Even to the ordinary person, the three directives fly in the face of the Ten Commandments and the natural practical judgement of synderesis. All the more reason then is the wisdom of St Thomas pertinent. For, the three directives bear a likeness to things which they actually are not. The content of Chapter Four will explain each of the three directives and argue their moral and spiritual correctness as psychotherapy for pathologically repressed persons. Professionals are obliged to fully understand arguments before they are dismissed, condemned or implemented. At the same time, it is hard for people with thoughts fixed in a particular mode of thinking to receive new ideas (see *PWH* 87). Indeed, St Thomas cautioned as a principle of explanation that all persons need to be mindful of the fact that “whatever is received into something is received according to the condition of the receiver” (*ST I*, q.75, a.5). Jesus claimed something similar as he struggled to convince the Jewish populace of the New Law, which was to perfect the Old. The parable was dramatic, “new wine...fresh skins” (*Mt* 9:17). From the beginning, it was difficult for Duynstee and Terruwe to get an adequate and unbiased hearing for their insightful but innovative teaching, especially from voluntarist theologians and from those who had rash judged them as Freudian.

I respond to Objection 4 (i) that in the definitive English edition of *Psychic Wholeness and Healing* for the *Therapy of Repressive Neuroses*, Terruwe/Baars, in the Preface and more substantially in the special subchapter on “Mortification of

Sexual Obsessions and Compulsions,” provided eight pages of admonitions concerning the moral aspects of MT and particularly the three directives used in mortifying sexual obsessions and compulsions. The authors were at pains to explain to psychiatrists and priests that care be taken in the consideration and understanding of MT.

Although there had been earlier editions explaining the repressive sexual pathology, Terruwe/Baars had never previously published the three directives. *PWH* (1981) is significant in that they decided to disseminate the fullness of MT for all concerned persons (*PWH* xiv). Before putting into print the moral component of MT, however, the authors sought to provide readers with sound and weighty admonitions, objective justifications, and professional opinions from several reputable contemporary moral theologians regarding the directives.

It is to be remembered that these cautions were judiciously provided after two previous authoritative and investigative theological commissions. Firstly, that of the Dutch Episcopal Conference in 1949-1950¹⁴⁹ and secondly, a commission conducted by the Holy Office (i.e., the CDF) in 1955.¹⁵⁰ The former commission stated that Dr Duynstee and Dr Terruwe’s teaching were orthodox in “doctrine and prudent in practice.”¹⁵¹ The second commission did not provide an affirmative judgement, yet nor did it give a negative finding against the Duynstee/Terruwe teachings. Theologically, there are several levels of theological opinion which may be held.¹⁵² It is the CDF’s role to ensure the faithful are not misled or deceived. The CDF does not need to give an affirmative statement on every theological opinion, theory, and teaching. Since the Church provides liberty to theologians that they may advance theological opinion concerning both faith and morals. The Catholic Church is prudentially slow to correct, and much less condemn theological opinion. The expectation upon the reader then, especially if they are not a moral theologian, is that they would take the utmost care in firstly reading and understanding the *PWH* text thoroughly. Secondly, if they did have serious moral doubts that they should seek available Catholic moral opinion and after referring to them, name, and quote them.¹⁵³

¹⁴⁹ See J.P. de Valk, “Duynstee, Willem Jacobus Anthony Joseph (1886-1968)” *Netherlands Biographical Dictionary*, Huygens (2013). Accessed December 11, 2015. Original: <https://translate.google.it/translate?hl=en&sl=nl&tl=en&u=http%3A%2F%2Fresources.huygens.knaw.nl%2Fbwn1880-2000%20%2Flemmata%2Fbwn2%2Fduynstee> Archive: <https://archive.ph/P1cH3>.

¹⁵⁰ Bosscher and Monteiro, “Dutch Roman Catholics,” 12-13. (As mentioned above, original documents remain sealed in Diocesan and Vatican archives).

¹⁵¹ *Ibid*, 57.

¹⁵² Ott, *Fundamentals*, 9-10. It is proposed that the grade of theological opinion expressed by Duynstee and Terruwe/Baars is “well founded” (*sententia bene fundata*).

¹⁵³ Early in 1991, I was originally suspicious of MT as an innovative therapy. At that time, the opportunity presented itself to discuss at length Terruwe/Baars’ MT with Rev Fr Augustine Regan C.Ss.R., S.T.D. who had retired to the Redemptorist monastery at Ballarat, Victoria. Fr Regan was Professor Emeritus of Systematic Moral Theology at the Alphonsian Academy in Rome where he

Indeed, Terruwe/Baars did precisely that (*PWH* xiv, 129). Moreover, they recommended that a moral theologian be consulted about “the absolute correctness – psychological and moral – of the principles on which the clinical advice is based. Only the latter will give the patient the moral certainty that the psychotherapist’s directives can be safely followed” (*PWH* 107). Furthermore, they state explicitly concerning the competence of the psychiatrist in judging moral matters:

The psychotherapist must enter a field in which he or she is not an expert, at least not officially. The therapist must touch upon matters of moral theology, philosophy, and religion, in which some of his patients have greater knowledge than the therapist. Thus it may be necessary to consult a recognised expert in this field, for as long as mistaken beliefs are not corrected, the cause of the illness remains (*PWH* 100).

Even after people have gone to the trouble of seeking an informed moral opinion(s), doubts and the critiquing of MT may remain. Until there is a promulgated magisterial judgement in the affirmative or the negative, the Church allows for diverse opinions and even ardent disagreement.

The initial suspicion of Reverend Professor Duynstee suffered was based on a word of mouth abridgement of what is known as the three directives. It was alleged that Fr Duynstee was telling his penitents, “don’t let others impose constraints on you, follow your natural urges more.”¹⁵⁴ Hence, Terruwe/Baars were aware of the dangers involved in putting the fullness of their therapy for sexual obsessive-compulsive persons into print. They understood that there were potential risks, hence their severe and many warnings to the reader. They were acting, nevertheless, on the principle of St Paul, who provides an adequate norm by analogy in the *Letter to the Romans*, Chapter Fourteen. The informed Christian is permitted to do good even though others may misunderstand, misuse or abuse, be scandalised by, or even condemn that which is good (see *Rom* 14:1-2, 15-23). As in the case of dangerous pharmaceuticals, once the grave warnings are provided, it is the consumer who must operate prudently (see *1Cor* 8:1-3). At the beginning of the subchapter concerning MT, Terruwe/Baars clearly cautioned the reader. This counsel was presented above (On the contrary). They continue, “The risk of possible abuse of this presentation is inherent in the currently popular trend to be one’s own therapist by applying self-help techniques contained in books or passed around by word-of-mouth. As far as our particular therapy is concerned, no one should proceed on his own, neither in the matter of diagnosing one’s own illness nor in applying our therapeutic directives” (*PWH* 104). Terruwe/Baars acted with prudence, justice, and charity in globally providing the three directives after the warnings were clearly presented.

To Objection 4 (i), concerning MT’s three directives being “startling,” I agree.

had held a distinguished teaching position for more than thirty years. Having read *Psychic Wholeness and Healing*, and studied in particular the sub-chapter entitled *Mortification Therapy of Sexual Obsessions and Compulsions*, Professor Regan stated that it was his understanding “that in the teachings and therapeutic approach of the authors of *Psychic Wholeness and Healing*, particularly concerning its moral aspects, there was nothing contrary to, and indeed was fully in accordance with, the traditional moral teaching of the Catholic Church.”

¹⁵⁴ Bosscher and Monteiro, “Dutch Roman Catholics,” 12.

Black and white moral categories are not only a problem for the emotionally disordered; all are somewhat tainted with what Fr Servais Pinckaers OP refers to as the freedom of indifference.¹⁵⁵ That MT has been contentious was not of Terruwe/Baars' doing. Indeed, this was mainly because of voluntarist Jesuit theologians who postulated, contrary to St Thomas, that the will is superior to reason and all other faculties.¹⁵⁶ With this understanding, they maintained that all human beings can exercise free will without exception. Whereas St Thomas states, "that, 'having formed a judgement by counsel, we desire in accordance with that counsel.' And in this sense, choice itself is a judgement from which free-will takes its name" (ST I, q.83, a.3, ad.2). Free will is only one of the two aspects of the rational appetite. "Free-will straightway accompanies the rational power" (ST I, q.83, a.3, ad.1). Pinckaers points out that it is difficult for moderns to assess any morality, for it is all viewed through the nominalist imperatives of the freedom of indifference from William of Ockham. Pinckaers continues:

With nominalism, a chasm was fixed between modern moralists and patristic tradition. Numberless categories, and in particular what might be called the "obligationist" conception of morality, became so deeply rooted in men's minds that it seemed impossible that things could have been otherwise. Even the adversaries of nominalism frequently came to accept its notions and the problems it posed. In the end, St Thomas and the Father's began to be read through "nominalist lenses." The differences that had been established, and their consequences were no longer perceived.¹⁵⁷

Contrary to Ockham and other voluntarists who give primacy to the will, St Thomas taught:

Those actions alone are properly called human, of which man is master. Now man is master of his actions through his reason and will; whence, too, the free-will is defined as the faculty and will of reason. Therefore those actions are properly called human which proceed from a deliberate will. And if any other actions are found in man, they can be called actions of a man, but not properly human actions, since they are not proper to man as man. Now it is clear that whatever actions proceed from a power, are caused by that power in accordance with the nature of its object. But the object of the will is the end and the good. Therefore all human actions must be for an end (ST I-II, q.1, a.1).

This teaching of St Thomas is most relevant for the study of sexually repressed persons. The matter of human acts as compared with the act of a human is suitable for assessing freedom and culpability. More importantly, reason guides the will, even though the will also moves the intellect. Together, reason and will constitute the rational appetite, making free choices possible.¹⁵⁸

Further, it is an exaggeration and misrepresentation for objection 4 (i) to claim that "mortification therapy *begins* by giving three startling directives." Terruwe/Baars state, "the *first thing* the therapist must do is the same as in cases of intellectually determined energy-based repression; namely, *the therapist must correct*

¹⁵⁵ Pinckaers, *The Sources*, 327-54.

¹⁵⁶ Van Wieringen, "Twee Visies," III; IV.1; 4.2.1.

¹⁵⁷ Pinckaers, *The Sources*, 253.

¹⁵⁸ See ST I, q.83, aa.3-4; CCC 311, 1033, 1860, 1901, 2339.

the patient's erroneous judgements" (PWH 102). As with most psychiatric and psychological therapies, they "begin" with several consultations with the patient. These consultations are crucial to the therapist's familiarisation with and an establishment of a rapport with the presenting person. Terruwe/Baars insist that one of the most critical matters in therapy is the attitude of trust that needs to develop between patient and therapist (see PWH 93, 103). An affirming feeling of confidence is not developed quickly but over time. "Another task of the therapist is to support the patient in whatever way he or she can. For example, the therapist must convince patients of the good qualities they possess. As many repressed fearful persons are also troubled by feelings of being evil, they need to be assured by the therapist that they are good, not evil. Patients must not only discover this from what the therapist tells them, they must also perceive it in their therapist's attitude and feelings towards them" (PWH 93). It is within these early consultations that an astute and professional judgement is made concerning the afflicted person, the presenting symptoms, the causal factors of the pathology, the nature of the sexual disorder, a spiritual understanding of the person, and the "spiritual matters involved" (PWH 119). Within the counselling sessions, the objects of the patient's fears are considered and discussed as these symptoms point to deeper causes, even if these are only manifesting themselves through nightmares (see PWH 88). "Two kinds of causes may be responsible for fears in neurotic disorders due to repression: either a mistaken understanding of moral obligations or certain concrete facts that initially aroused these fears" (PWH 90). The psychiatrist's task "is to *correct these mistaken notions*" (PWH 100). And within this second category of afflicted persons, are often found individuals with sad stories of all manner of abuse. When such particular cases present themselves, then inner healing prayer is recommended and highly beneficial to the person, if they are agreeable. MT is much more than only providing "three startling directives," it incorporates an aspect of spiritual healing and recourse to the divine physician (see CCC 1421). Indeed, Terruwe/Baars:

Suggest that prayerful non-professionals make every effort to pray for inner healing of persons with serious psychological disorders in cooperation with a Christian psychotherapist, preferably, but not necessarily, *one who is accustomed to praying with his patients*. When this is done, patients with a major emotional illness have a much better chance to be healed because the healing effects of the therapy are enriched by the superior healing power of God's love, transmitted by the nonprofessional's compassionate prayers (PWH 105, emphasis added).

Clearly, the priest as a spiritual professional has an important ongoing role to play in the healing process of an afflicted person's soul and body.

Once a diagnosis has been established, and this happens after a thorough objective and physical medical examination, a prognosis can be considered (see PWH 120-28). As confidence and trust grow within the patient and a diagnosis has been formed, then a sound psychological education (e.g., Appendix I) is provided. By means of this pedagogy, the therapist corrects his patient's erroneous cogitative and cognitive judgements (see PWH 102). Providing a thorough understanding of the human person from Thomist psychology and particularly concerning the intellectual

faculties. Indeed, how the intellect and the will are the guiding force of the sensitive appetites “is a *condition sine qua non* for their recovery, and as these patients are usually extremely intelligent, every effort must be made to give them an intellectually satisfying insight into these matters” (*PWH* 102, emphasis in original). Concurrently, a spiritual catechesis corrects mistaken religious, moral, and spiritual knowledge; thus, ethical conundrums are resolved. A tailored spiritual plan of life¹⁵⁹ including, sacraments (for Catholics), prayer and reading may be recommended (though moralistic books which could stimulate further worry and repression must be avoided). Conversely, if there are issues of scrupulosity, hatred of God or spiritual burnout, far from enunciating a spiritual plan of prayer and sacraments, the priest or therapist may have to caution and encourage the discontinuance of obsessive religious practices for a time. All of the above is part of the therapeutic sessions and process.¹⁶⁰ It is only after the above, and more besides, that if MT is indicated and prognostically warranted for this particular individual for the alleviation of sexual obsessions and compulsions, then and only then, are the three directives prescribed. They are “*given to an individual with an obsessive-compulsive repressive disorder and never to all such neurotic persons in general*” (*PWH* 104, emphasis in original). Even within the small scope of sexual afflictions, there are a variety of types and degrees. Not every patient with obsessive-compulsive disorder firstly has sexual difficulties (and none of these is under discussion in this text). To state that MT begins by “giving the patient three startling directives” is mistaken.

I respond to Objection 4 (ii), that when sexual repression is present, the person for whatever reason has attempted by their own power, usually from an early age, to avoid all things sexual and often sensual (see *PWH* 74, 109). Though acquired sexual continence has an aspect of right judgement and free choice about it, the virtues of continence and chastity are only possible by the power of God (see *CCC* 2345). It is, however, often with hindsight that the clarity of truth is revealed. Sexually afflicted persons usually “by their own power” try to please God or avoid that which is objectionable to them. Afflicted persons are so internally predisposed to wilfully avoid all potential sin to the degree that they err by an excessive pathological means. Internally, these individuals are repressive due to their conscientious goodness, which is both their pathological “vice” and their saving “virtue.” MT reforms wilful repressive efforts and teaches the virtue of right reason and free choice, for no one can avoid sin virtuously except by the gift and grace of God (see *CCC* 2345). In the interim, God bears with human incapacity and foolishness (see *CCC* 2343). The three directives provide a non-repressive and reliable means to remediate the repressive pathology. How the three directives achieve this is the content of Chapter Four. Once the directives are correctly understood, the proposed controversial or “startling” nature of MT is dispelled. Assisting this knowledge is ongoing spiritual direction.

I respond to Objection 4 (iii) that any abreactive effects that transpire as a result of MT are unwilled secondary effects. That such a “toleration” is possible is indicated by the *Catechism* which teaches, “An effect can be tolerated without being willed by

¹⁵⁹ See Aumann, *Spiritual Theology*, 373.

¹⁶⁰ See *PWH* 132-34, 142, 145-49; 151-53, 165.

its agent” (CCC 1737). The aspect of the afflicted persons’ passive toleration of the procreative drive’s movements, feelings, imaginations, emotions, thoughts, and psychomotor reactions is thoroughly treated concerning the toleration of secondary, involuntary, transitory, abreactive effects below in Chapters Three and Four (3.5.3.2; and the responses in 4.3.2; 4.3.3: responses to Objections 27 and 28).

In brief, MT as psychotherapy begins with counselling, catechesis, and a trusting rapport with the therapist or priest. The three directives are only provided when deemed fit to do so and not to all sexually afflicted persons. They are not prescribed early or lightly. It is true that recovering persons need to allow wholesome physical, psychic, and mental experiences reasonably. If prescribed the three directives, persons reasonably permit MT as psychotherapy to achieve its end. Sometimes, it is necessary to tolerate that which is unavoidable and which is perceived by the person as intolerable.

1.4.5. Whether Duynstee and Terruwe were “Banned”?

Objection 5 questions the appropriateness of Dr Terruwe’s theory and therapy.

(i) “Terruwe was banned from treating clerics prior to the Second Vatican Council. Nevertheless, the ban was lifted soon after the Council ended.”

(ii) “For reasons that were never stated” (*Logos* 37, ¶1).

On the contrary, it is a fact that many great minds, inventors, medicos, prophetic voices and others have been rejected or spurned during their lifetime, only to be proven correct in extraordinary ways after their death.¹⁶¹ Obstetrician Ignaz Semmelweis over many years proved in his hospital that simple hand washing saves lives. Semmelweis, through his intuition and insistence on handwashing between all patients, increased the health and survival of women and babies by a factor of six. After many years of proof, he was frustrated and became depressed that his discovery was not universally taken up by all medicos. In his desperation, he was lured by another doctor into an insane asylum in Vienna. Realising it was a trap, Semmelweis tried to escape but was held and severely beaten by guards and placed in a straightjacket. He died two weeks later, most likely from injuries he suffered during the beating. After his discrediting and death in 1865, his hospital returned to its previous unacceptably high mortality rate.¹⁶² Shortly after Semmelweis’ death, Louis Pasteur quite independently proved the existence of micro-organisms and germ theory.

¹⁶¹ See Famous Scientists, “7 Scientists whose ideas were rejected during their lifetimes: Ignaz Semmelweis, Hand Washing Saves Lives” *Famous Scientists, The Art of Genius* (2016). Accessed May 14, 2016. <https://web.archive.org/web/20200215162540/https://www.famousscientists.org/7-scientists-whose-ideas-were-rejected-during-their-lifetimes/>.

¹⁶² “Dr Semmelweis’ Biography,” *Semmelweis Society International* (2016). Accessed May 14, 2016. <https://web.archive.org/web/20190717000828/http://semmelweis.org/about/dr-semmelweis-biography/>.

I answer that from its earliest days, the originators and promoters of MT, Duynstee, and Terruwe, were criticised.¹⁶³ As previously mentioned, the controversy led to an investigation of both Duynstee and Terruwe by a delegation from the Dutch Conference of Bishops (1949/50) that concluded that they were “orthodox in doctrine and careful in practice.”¹⁶⁴ Some voluntarist theologians, however, were highly dissatisfied with this finding and appealed to Rome.¹⁶⁵ The Holy Office (i.e., CDF) had been following matters closely because the therapy was said to be suspect. In 1954-1955, there was a new ecclesiastical enquiry into MT, which came to the Netherlands as an investigating delegation from Rome. Nevertheless, Duynstee and Terruwe were neither invited nor permitted to make a contribution to this enquiry. In October 1956, the result was a document sent to the Conference of Bishops in the Netherlands entitled *Quaedam admonitiones theoriam et praxim curationis spectantes psychoneurosi laborantium*.¹⁶⁶ This document warned against the dangerous views of certain psychotherapies and its therapists. It was evident to many that Duynstee and Terruwe were particularly targeted. Moreover, the hierarchy in the Netherlands was warned not to allow clerics, seminarians, and religious to seek out the ministry of female psychiatrists. Terruwe was the only practising female psychiatrist in the Netherlands at that time. Many of the penitents and patients of Duynstee and Terruwe suffered greatly by being deprived of their ministry while Duynstee and Terruwe endured personal hardship and public opprobrium, opposition, misunderstanding, and criticism as a result of this admonition.

Though Terruwe suffered unjustly as a result of MT, she fared better than Father Duynstee. His understanding of the displacement of reason through pathological repression is still not universally accepted. He was put under strict obedience and deposed from his professorship at the Catholic University of Nijmegen in 1956. He died in 1968 just three years after being permitted to return to the Netherlands after an extensive period in exile. It would be nearly a decade before the matter of Duynstee, and Terruwe’s personal standing as loyal and orthodox supporters of Catholic teaching was restored by Bernardus Cardinal Alfrink, who was a close friend of Pope St Paul VI.¹⁶⁷ Alfrink arranged to have both Duynstee and Terruwe’s

¹⁶³ Ter Meulen, “Ziel en zaligheid,” 105, 3.4.2.

¹⁶⁴ Ibid.

¹⁶⁵ Bosscher and Monteiro, “Dutch Roman Catholics,” 38-90.

¹⁶⁶ Ibid. Bosscher and Monteiro quote the Holy Office admonition of 1956: “Quaedam admonitiones theoriam et praxim curationis spectantes psychoneurosi laborantium” [Some warnings regarding the theory and practice for the treatment of psychoneuroses] *Analecla voor het Aartsbisdom* 29, 11: 166-67, 1956: 121. And Ter Meulen, “Ziel en zaligheid,” 107-8, 3.4.2.

¹⁶⁷ A.M.A.J. Driessen, “Anna Terruwe 1911-2004, Psychiatrist,” *Gelderland Biographical Dictionary* (2007), 3. Accessed November 22, 2015. Original: [https://translate.google.com/translate?sl=nl&tl=en&u=http%3A%2F%2Fwww.biografischwoordenboek gelderland.nl%2Fbio%2F6_Anna_Terruwe](https://translate.google.com/translate?sl=nl&tl=en&u=http%3A%2F%2Fwww.biografischwoordenboek gelderland.nl%2Fbio%2F6_Anna_Terruwe;); Archived: <https://archive.ph/JfL0b>.

reputation officially rehabilitated on April 10, 1965.¹⁶⁸

While no official affirmation regarding the integrity of MT is obtainable, no official condemnation exists either.¹⁶⁹ Due to this lack of a magisterial statement about its appropriateness, MT has been subjected to ongoing grave and open criticism.¹⁷⁰ Public objections to MT adversely impact not only its relevance but such denunciations can deleteriously influence the vulnerable minds of sexually afflicted persons, and particularly the scrupulous ones. Moreover, those priests and others seeking a thorough exposition of MT, apart from what is included in *PWH*, have no other text to which to refer. Certainly, there is no spiritual work to assist the pastoral care of those sexually tormented souls who suffer from this pathology. Specifically, this spiritual presentation articulates a reasonable explication and validation for MT's three directives for the spiritual care of sexually afflicted persons. Apart from the emotional benefits, MT has upon afflicted persons, the spiritual reassurance and relief that it brings to tortured souls are dramatic (see *PWH* 113). For recovered persons, appreciation and gratitude for God is frequently vocalised as a communication of profound sincerity and admiration (see *PWH* 120 no. 6).¹⁷¹

I respond to Objection 5 (i), that similar to Objection 1, this objection is an *argumentum ad hominem*, even though there is an attempt to mitigate the statement by stating subsequently that “the ban was lifted.” Firstly, as explained in the Introduction, there has never been an official ban, suspension, interdict, excommunication, decree, sanction, penalty, or bull issued or promulgated by the Catholic Church against Duynstee/Terruwe/Baars. Nor did Duynstee or Terruwe have any *canonical administrative act* levelled against them as recognised by the

¹⁶⁸ Abma Ruud, “Terruwe, Anna,” *Huygens Ing Online Dictionary* (2015), 1. Accessed November 24, 2015. Original: <https://translate.google.it/translate?hl=en&sl=nl&u=http://resources.huygens.knaw.nl/vrouwenlexicon/lemmata/data/Terruwe&prev=search>; Archived: <https://archive.ph/zOY3s>

¹⁶⁹ I sought a clarification for the appropriateness of MT from the CDF on June 20, 1994, via correspondence. The response was “the Congregation wishes to inform you that the documents concerning Dr Terruwe are not available for consultation for the moment because they do not enter in the period of years which are open for the public.” Protocol N. 8757/94. On November 27, 2015, I made a visit to the CDF in Rome and was informed that the archives were sealed for 75 years (i.e., approximately until 2030). Nevertheless, an “unofficial” email response on June 8, 2016, stated: “I can tell you in an informal way that the CDF has not published any statement on the so-called ‘mortification therapy’ or concerning Dr Anna Terruwe” (email correspondence from Fr Hermann Geissler, FSO. CDF - Capoufficio sezione Dottrinale).

¹⁷⁰ See Majeres, “Mortification Therapy,” 37-58.

¹⁷¹ Willem Grossouw, *Alles is van u. Gewijde en profane herinneringen* [Everything is Yours: Sacred and Profane Memories] (Baarn, 1981). Willem Grossouw was a respected Catholic Biblical scholar and professor within the Netherlands. See A.H.M. van Schaik, “Grossouw, Willem Karel Maria (1906-1990)” *Huygens ING, Biografisch Woordenboek van Nederland* (Den Haag, 2002), 5. Accessed November 20, 2016. Original: <https://translate.google.it/translate?hl=en&sl=nl&tl=en&u=http%3A%2F%2Fresources.huygens.knaw.nl%2Fbwn1880-2000%2Flemmata%2Fbwn5%2Fgrossouw&sandbox=1>. Archived: <https://archive.ph/Cj7Lp>.

Code of Canon Law at that time (*Codex Iuris Canonici*, 1917).¹⁷² To mention a “ban” against Terruwe is to raise doubts wrongfully about the integrity of persons and teachings. MT has suffered from such false arguments. In the life of the Church, many doctrines, devotions, religious orders, and individuals’ efforts have started slowly and gained extraordinary momentum after grave persecution. The history of MT may be a case in point. Nevertheless, even though it has had hierarchic opposition due to misinformation, it has never been condemned and has consistently maintained interest among small groups of persons.

The historical context of the alleged ban is notable and relates to the misunderstanding of MT. Lodewijk Winkeler, a contemporary and commentator of the Terruwean controversy, stated:

Duynstee’s “displacement theory” especially in the fifties was a radical development. It was also at that time a political issue, so when Duynstee assisted in the supervision of Anna Terruwe’s doctoral text, many Catholic theologians, priests and clergy - including the Holy Father Pope Pius XII - perceived their teachings as “immoral,” “modernist,” and “heretical.” In her text...Terruwe argued on the same basis as did Fr Duynstee that morality depended on rational direction and not solely on willpower, which could be forced through the emotion of fear.¹⁷³

The philosophical and psychiatric arguments of Duynstee and Terruwe were based on St Thomas who taught, “*It is the nature of the sensitive appetite to follow reason*”

¹⁷² Eventually, Terruwe wrote a full account of the ten years of fruitlessly of trying to deal with the CDF’s silence over this irregular matter. In 1964, the contents of her little booklet were distributed in very limited circles. When someone leaked it to the media, it became front page news in the Netherlands. This information became the catalyst for Terruwe’s and Duynstee’s eventual vindication. See Driessen, “Anna Terruwe.” Also de Valk, “Duynstee: Crisis van de redelijkheid. Herdenkingsrede” (Hilversum, 1969). And Terruwe, *Opening van zaken* (1965) 60-88. This text can also be found in the discussion on the thesis of Dr A.A.A. Terruwe, in: *Yearbook Catholic Documentation Centre*, 1980 (“De discussie rond het proefschrift van mevr. Dr A.A.A. Terruwe / L. Winkeler,” in *Jaarboek van het Katholiek Documentatie Centrum* 1980), 118-35. Accessed November 22, 2016. http://www.ru.nl/kdc/over_het_kdc/publicaties_kdc/publicaties/jaarboeken/#Jaarboek1980; and also in Grossouw, *Alles is van u*, 245-59, 271-74.

After consultation with Archbishop Alfrink, Henricus Ruygers wrote a studied response to the Vatican *Admonitiones*. This confidential report astutely analysed the Terruwe controversy. It was this report that Alfrink, after becoming a cardinal, used for his arguments to successfully obtain some reparation for Terruwe and Duynstee. Afterwards, Ruygers published an edited version of the 1965 report, under the title “Pastoral care and psychotherapy: a critical review of documents,” in the *Journal of Theology* (1965), 60-88. In this report he notes: “that the Holy Office has expressed preconceptions from deficient information, thus it lacks an appropriately qualified judgement.” Ruygers, H., “Zielzorg en psychotherapie: kritische beschouwing van een document. Tijdschrift voor Theologie, jrg.5” (1965), 60-88. See W. J. Berger and J. Janssen “De Katholieken En Hun Psychologie” *De geschiedenis van een problematische relatie* (1965), *Nederlands Tijdschrift voor de Psychologie* 35 (1980), 451-65. Accessed November 20, 2016. <https://web.archive.org/web/20191205144822/http://www.jacquesjanssen.nl/wp-content/uploads/2008/11/de-katholieken-en-hun-psychologie1.pdf>.

¹⁷³ Sirku Judith Plötner, “Sittlichkeit und Säkularität Transformationen des niederländischen Katholizismus 1900 bis 1970” (Morality and Secularity Transformations of Dutch Catholicism from 1900 to 1970 [Dissertation for the doctorate of the Faculty of Philosophy of the Albert-Ludwigs-University of Freiburg, 2008]), 93. Accessed December 15, 2015. <https://web.archive.org/web/20200301034240/https://freidok.uni-freiburg.de/dnb/download/9553>.

(see *PWH* 26, emphasis in original).¹⁷⁴ Moreover, “It belongs to the perfection of the moral or human good that the passions be governed by reason” (*ST* I-II, q.24, a.3; see *CCC* 1767). “The act of the sensitive appetite is subject to the command of reason” (*ST* I-II, q.17, a.7). However, “an act is subject to our command, in so far as it is in our power” (a.7). That is if it is an authentic human act and not a pathological act of a human.¹⁷⁵ It will be considered later “whether the reason can be overcome by a passion, against its knowledge?” This inquiry will be answered from a Thomist viewpoint in Chapter Two (2.4.6; see *ST* I-II, q.77, aa.1-2, & 7). Duynstee/Terruwe/Baars stated nothing more or less than that which the *Catechism of the Catholic Church* (1994) maintains. The sensitive appetites can promote both voluntary and involuntary acts, some of which can be culpable, while at other times they are not imputable to the person.¹⁷⁶

Winkeler goes on to explain the complexity of the issues which fermented the controversy. Even in the 1950s, obsessions, compulsions, and addictions (e.g., even alcoholism) were considered free acts for which the person was guilty. Winkeler stated that it came down to this single question of the voluntarist understanding of the freedom of the will in psychological and moral matters. It was further feared that the psychiatrist would become the moral critic to assess which cases involved conscious or unconscious sinful actions, and which cases were compulsive disordered behaviour.

Free will plays a central role in morality. It was assumed that sinful behaviour is always a wilful, free, and conscious action. But now according to Terruwe’s theory, it was possible that sexual misconduct was not a conscious action of a person, but was due to neurotic compulsion and thus an involuntary action. In this respect, human acts could be considered as withdrawn from free will, and sexual misbehaviour could no longer be classified as “sinful”...[Terruwe] blurs Catholic morals and makes categories of venial sin and mortal sin lapse. One moral theologian, turned critic, A. Van Kol even said that “thus morality is repealed.”¹⁷⁷

Today few would disagree with the understanding of the lack of freedom that the addicted and many psychologically disordered persons suffer. Modern psychiatry, psychology, and morality have come a long way since the prophetic voices of Duynstee and Terruwe, though the Church in itself had in fact always followed St Thomas’ doctrines. The impact this insight and understanding has on individual spirituality is substantial. The emotionally disordered asks “How does God see me?” God loves all infinitely. God’s compassion for the poor, the infirm and the emotionally and mentally disabled is likewise infinite. While the intellectually impaired may have less opportunity to modify a constitutionally mental disorder, the emotionally disordered are more fortunate to seek and receive valuable assistance. The former are less responsible for their condition while the latter can and should undertake reasonable therapies because “a sensible person will not despise them” (*Sir* 38:4). “Life and physical health are precious gifts entrusted to us by God. We must

¹⁷⁴ See *ST* I-II, q.74, a.3, ad.1.

¹⁷⁵ See Duynstee, *Verspreide Opstellen*, 10.

¹⁷⁶ See *CCC* 1734-35, 1767, 1770, 1773.

¹⁷⁷ Plötner, “Sittlichkeit,” 94.

take reasonable care of them, taking into account the needs of others and the common good” (CCC 2288). Terruwe was never banned. Indeed, as a doctor, she was genuine in her clinical concern and ingenious and insightful of its impact on the spiritual care of persons.

In response to Objection 5 (ii), I concede that the reasons why the *Quaedam Admonitiones*... (some warnings) was issued against Father Duynstee and Dr Terruwe “were never stated” is because this is standard practice for the Church in controversial matters. Even contemporary contentious religious matters and marriage annulment cases are kept secret (i.e., “*sub secreto*.”) The Church has learned over many centuries that it is prudent and wise to limit the dissemination of knowledge of persons and facts involved in controversial matters. The Vatican archives at the CDF concerning the Duynstee/Terruwe difficulties will eventually be available.

It is not uncommon in history for the hierarchic Catholic Church to be slow, and occasionally resistant to the prophetic voice of its members. This has doctrinal and spiritual implications. Even the Apostles were hesitant to believe a prophetic witness of the Resurrection and Jesus at face value (see *Jn* 20:1ff.). A Gospel example of this can be intuited from a passage in St John. Here the young and enthusiastic Apostle John sprints to the tomb of Christ to confirm the Resurrection. Being quicker than St Peter, he arrived there first and “he believed” (*Jn* 20:9). In deference to the Vicar of Christ, however, John allows Peter to enter the tomb first, and only then he enters (see *Jn* 20:4). Traditionally, prophetic voices are ahead of the Mystical Body of Christ, yet the infallible charism of discernment always rests with the magisterium, to which the humble, docile, and obedient charismatic prophet rightly submits. Still, persons may understandably wonder at the reasons for hierarchic intervention.¹⁷⁸

Both Duynstee and Terruwe were indeed subjected to unjust effects flowing from a *Quaedam Admonitiones*. It is important to note, however, that neither of them, though severely disadvantaged, ever incurred any official magisterial condemnation (even though under religious obedience Father Duynstee was deposed of his professorship in June 1956 despite his appeal, and exiled to a Redemptorist community in Italy).¹⁷⁹ He was, furthermore, forbidden to have any contact with Terruwe. Also, the Dutch episcopacy was told to forbid seminarians, clerics, and religious from seeking counsel from female psychiatrists. Terruwe was the first and only women psychiatrist in the Netherlands at the time.¹⁸⁰ For Objection 5 (i) to imply that the personal discipline that was imposed upon them was a ban, is inaccurate.

Furthermore, while the term “banned” may be somewhat understandable, though ill-advised, it can be argued that the harm of such a generalisation against

¹⁷⁸ See *Lumen Gentium*, 12. And “Iuvenescit Ecclesia: the Relationship between Hierarchical and Charismatic Gifts in the Life and the Mission of the Church” *The Congregation for the Doctrine of the Faith*. Accessed May 15, 2016. http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20160516_iuvenescit-ecclesia_en.html; also see CCC 87, 890, 1787, 2033, 2038.

¹⁷⁹ Bosscher and Monteiro, “Dutch Roman Catholics,” 13.

¹⁸⁰ Driessen, “Anna Terruwe,” 2.

persons in an argument concerning a psychological therapy is unjust. Such innuendo adversely impacts on MT, even if unintended. It was in fact well known and explicitly mentioned in *PWH* (xiii)¹⁸¹ that the authors were regarded as people of good repute, and this has been acknowledged since 1968. Pope St Paul VI was explicitly referenced. A circumstantial *argumentum ad hominem* can be calculated to bring discredit to MT. However it unjustly does harm to the persons involved as well. The *Quaedam Admonitiones*, and the confusion and controversy which surrounded it was sufficient to do grave damage to the careers of both Fr Duynstee and Dr Terruwe's reputation and medical practice in their lifetime. Having raised grave doubts via a circumstantial *argumentum ad hominem* about the protagonists of MT, it is insufficient to then merely state, "Nevertheless, the ban was lifted soon after the Council ended" (*Logos* 37). Less informed persons (and countless are those who use the Internet), would rightly conclude that a shadow remains over MT since by insinuation it is inferred that there is something suspect or dangerous about MT. The ambiguity raised is a slight against the authenticity and propriety of persons and their teachings, specifically MT. Hence it is essential to reaffirm the fittingness of Duynstee, Terruwe, and Baars in their professional competence and personal Catholicism (see CCC 2044).¹⁸² To leave such statements unsaid does not contribute to the integrity of MT, its spiritual benefits, nor the reputation of its originators.¹⁸³

In brief, Fr Duynstee and Dr Terruwe's teachings were misunderstood by many, and they both experienced disadvantages to their persons and careers. However, there has never been an official ban, or anything like it against them or their teaching. Both Duynstee and Terruwe's reputations have been rehabilitated, and apologies have been issued and accepted. Both prudence and magisterial policy dictate that a caveat be imposed on the dissemination of archival information surrounding the misunderstanding regarding MT. In time, the archival files will reveal the entire saga.

1.4.6. Whether MT treats anxiety about religious themes?

Objection 6 states that MT was concerned with healing emotional disorders flowing from a religious preoccupation.

- (i) Mortification therapy was designed for patients who have anxiety about religious themes.
- (ii) The spectrum of severity ranges from people who get occasionally distracted by sexual thoughts, or grow tense around sexual subjects, to more severe cases in which people suffer from continual intrusive thoughts about having sinned through impure thoughts or impulses, combined with incessant compulsions to wash or confess (*Logos* 37, ¶2).

¹⁸¹ See Baars, *Feeling and Healing*, 282. And Ter Meulen, "Ziel en Zaligheid," 105. And Bosscher and Monteiro, "Dutch Roman Catholics," 56 and 121.

¹⁸² "No one is permitted to harm illegitimately the good reputation which a person possesses nor to injure the right of any person to protect his or her privacy." Caparros, *Code of Canon Law Annotated*, 220.

¹⁸³ *CIC* 221 §1 and §3.

On the contrary, Terruwe/Baars made clear, “our therapeutic advice [is] *always given to an individual with an obsessive-compulsive repressive disorder and never to all such neurotic persons in general*” (PWH 104, emphasis in original).

I answer that the three directives of MT are specific in their prescription after a thorough diagnosis. Throughout the objections raised by Dr Majeres, there is a tendency to generalise and broaden the application of MT. As seen in, *on the contrary*, this is not something that Terruwe/Baars considered inconsequential.

I respond to Objection 6 (i) that MT was not explicitly designed for “patients who had anxiety about religious themes,” as explained above in, 1.4.1 (ii); and 1.4.4. MT is a means by which persons suffering from sexual repression and affliction are psychologically rehabilitated. Though the broader educative principles of MT may apply to other individuals and other disorders, the three directives are accurately tailored for sexually repressed persons. Not every aspect of MT is relevant, or even applicable, to all emotionally disordered persons, and this includes persons suffering “from anxiety over religious themes.” Nevertheless, should these individuals be diagnosed with an underlying repressive disorder, they may well be applicable. Moreover, as entitled and explained in the special sub-chapter *Mortification Therapy of Sexual Obsessions and Compulsions*, the directives are explicitly for those diagnosed afflicted persons who suffer from sexual repression. The three directives were not specifically designed for patients who have anxiety about religious themes and “*never to all such neurotic persons in general*” (PWH 104, emphasis in original). The sexually abused are not the least perturbed by religious themes. They are profoundly disturbed by procreative arousals in themselves.¹⁸⁴ The content of Chapter Four entitled *The Three Directives of Mortification Therapy* will further answer Objection 6 (i).

I respond to Objection 6 (ii) that the directives of MT are specifically for people who have a diagnosed repressive disorder, not just for “people who get occasionally distracted by sexual thoughts.” Even ordinary people can “grow tense around sexual subjects.” However, if a person is diagnosed with sexual repression, it is not uncommon for there to be an outbreak of symptoms and these can include “continual intrusive thoughts about having sinned through impure thoughts or impulses, combined with incessant compulsions to wash or confess” (*Logos* 37, ¶2). Each of these objective symptoms raised by this objection is considered at length in PWH.¹⁸⁵

¹⁸⁴ Sexually abused persons repress their sexual feelings, imaginings, or arousal just because they remind them of those horrible memories and accompanying feelings of their molestation. It is less to do with a fear of God and more to do with a fear of sexuality itself. Conversely, many sexually abused people act out sexually by themselves or allow others to dominate them so that they can continue self-punishment which they wrongly believe they deserve.

¹⁸⁵ See PWH: outbreak 111, 206, 208; intrusive thoughts 51-52, 187-88, 150-51, 167; compulsions 187-88, 52, 92, 175; scruples 156, 206; objective indicators 124-25, 156, 158-59. Also as treated above in Objections 4.2 and 4.3.

Similarly, each person is individually reviewed and diagnosed.

In brief, although the principles of MT as psychotherapy are valid for a variety of emotional disorders where reasonable direction is absent, the three directives of MT were correctly attributed to the mortification of the causes behind sexual obsessions and compulsions. Anxiety about religious themes can be a remote cause of repression. However, it is not the sole cause. The more proximate cause of pathological repression involves the cogitative power and immediately the conflict between the powers of the sensitive appetite. “Properly speaking, a conflict results when two opposing emotions are present simultaneously in regard to one and the same object” (*PWH* 31).

1.4.7. Whether MT can be argued from authority?

Objection 7 challenges the appropriateness of Terruwe/Baars’ citing authorities such as moralists and spiritual theologians who affirm MT.

(i) Irrespective of the quality of authorities cited, the content of MT, namely, “from psychiatric, scientific, and moral perspectives, and then with regard to the psychology of Aquinas” is genuinely contested (*Logos*, 41, ¶5).

(ii) To help their Catholic patients accept their approach, Terruwe and Baars cite the following appraisal of Jordan Aumann, OP, a well-known theologian (*Logos*, 40, ¶5).

(iii) [Aumann writes] “The authors’ mortification therapy, as described in this subchapter, is in full accord with the teachings of the Magisterium of the Church on faith and morals, and particularly the Church’s teaching on sexual morality...” (*Logos*, 41, ¶1).

(iv) Obsessive-compulsive neurotics are not capable of exercising free will and self-control in the area of repression. Consequently, the objectively immoral acts, which may occur during the process of mortification of the repressing emotions—or, for that matter, whenever the repressive process breaks down before the patient’s admission to psychiatric therapy—are not subjectively sinful. These acts must be tolerated—never advocated—by both patient and psychiatrist. Otherwise, there is no hope of releasing the repressed emotion (*Logos*, 41, ¶1).

(v) Aumann goes on to say that the application of this therapy applies “exclusively to the mortification of the repressing emotions in cases of obsessive-compulsive neurotics” (*Logos* 41, ¶2).

(vi) Terruwe and Baars note that this critical evaluation should “remove any lingering doubts of those scrupulous individuals who find it so extremely difficult to let go of their irrational neurotic fears” (*Logos* 41, ¶2).

On the contrary, the *Catechism* states, “mindful of Christ’s words to his apostles: ‘He who hears you, hears me,’ the faithful receive with docility the teachings and directives that their pastors give them in different forms” (*CCC* 87). Moreover, in philosophical debates concerning doctrines “proper experts and authorities render valuable opinions in their fields, and all other things being equal

their testimony should have a direct bearing on the argument at hand—especially if we have no better evidence upon which to base a conclusion on securer grounds.”¹⁸⁶

I answer that Saints and Doctors of the Church stand on the shoulders of those that have gone before them and they never hesitated to quote their holy forebears. St Thomas consistently quotes both secular and religious authorities without criticism.

I respond to Objection 7 (i) that I believe that the content of *Psychic Wholeness and Healing* is contested unduly. The criticism infers that such an argument in favour of content is inadequate or of little value, or even irrelevant because some authorities are outside the particular field, namely, psychiatry, psychology or Thomist studies. It is misleading to question whether or not the witnesses to *Psychic Wholeness and Healing*'s content are insufficient to verify it, since no reasons are provided as to their incapacity to do so. Yet the witness of two or three is sufficient testimony usually, let alone concerning reputable professional experts (see *2Cor* 13:1; *1Tim* 5:19; *Mt* 18:16). Moreover, there is a variety of referees that affirm *Psychic Wholeness and Healing*'s content. Terruwe/Baars not only quote moral and spiritual experts (see *PWH* xiv, 129), they also cite experts in Thomist Philosophy (*PWH* xiii), various saintly Popes (*PWH* xiii, 118), civil and canon law (*PWH* xiv & xv), psychology and psychiatry (*PWH* 231), and many others who in some manner add weight to the substance of their doctrine (*PWH* 130-178).

I respond to Objection 7 (ii) that it is inappropriate to suggest that Terruwe/Baars who cite Fr Aumann as a witness to the content of *PWH* are unjustified or even that such support from authorities is a fallacious argument.¹⁸⁷ It might seem that an argument about the legitimacy of MT based on authority is a weak argument. Nevertheless, it remains a valid argument (see *ST* I, q.1, a.8, ad.2). Well respected theologians are cited for the sake of those readers whose science of moral theology and Thomist psychology is not sufficiently acute to weigh the many arguments that impinge on theology with sagacity. Moreover, St Thomas and other great saints and theologians cited traditional authorities whenever they could. In the ordinary course of affairs, the spiritual theology of the Church is developed through such theological discourse among theologians, and only rarely through magisterial decisions from the Holy See. The *Catechism* affirms:

The Magisterium of the Pastors of the Church in moral matters is ordinarily exercised in catechesis and preaching, with the help of the works of theologians and spiritual authors. Thus from generation to generation, under the aegis and vigilance of the pastors, the “deposit” of Christian moral teaching has been handed on, a deposit

¹⁸⁶ Lander, “Introduction to Logic,” III, A & B.

¹⁸⁷ *Ibid.*, “Fallacies of Relevance, *argumentum ad verecundiam*,” III, B. The value of an argument from authority (i.e., *verecundiam*) must fulfil clear criteria. Jeremy Bentham writes “The weight or influence to be attached to an authority...depends upon: (1) the degree of relative and adequate intelligence of the person in question; (2) the degree of relative probity of the same person; (3) the nearness or remoteness between the subject of his opinion and the question in hand; and (4) the fidelity of the medium through which such supposed opinion has been transmitted, including both correctness and completeness.” Jeremy Bentham, *Handbook of Political Fallacies*, ed. H. A. Larrabee (New York: Thomas Y. Crowell Company, 1971), 17-18.

composed of a characteristic body of rules, commandments, and virtues proceeding from faith in Christ and animated by charity... (CCC 2033).

The fact remains that Duynstee/Terruwe's teachings and practice were found orthodox and prudent by an episcopal theological commission consisting of five professors of moral theologians.¹⁸⁸ The same teachings were not condemned by the CDF in 1955, though caution was privately offered to Bishops in the Netherlands. Nevertheless, since there was no official warning promulgated to the universal Church, nor is there any primary document available on this matter. Moreover, given that Terruwe was invited as a lay expert to the Roman Synod on celibacy in 1971, it holds that there is no condemnation of MT. It is fitting to state that Terruwe/Baars' teaching and practice are acceptable philosophical and theological doctrine, even though they have not received a definitive and promulgated judgement concerning its principles. In light of the above, it might seem that the chorus of moral experts affirming the teachings of Terruwe/Baars' MT is excessive. However, some priests, along with their scrupulous penitents sometimes need such authoritative statements to give them the courage to embrace such a challenging and challenging therapy and to follow its tenets.¹⁸⁹

I respond to Objection 7 (iii) that "to qualify as an authority, the individual must generally be recognised by peers in the same field or, at least, by peers who either hold a similar view or peers who recognise the cogency of the point of view being expressed."¹⁹⁰ Fr Jordan Aumann OP, as do each of the experts quoted in *PWH*, certainly qualifies according to philosophical standards. At the time of his expressing his "moral theological opinion," he had been associated with Terruwe/Baars since the mid-1950s and had edited several of their books. He was a Thomist philosopher and a theologian. At the time of his writing (1981), he was at the apex of a very distinguished academic career as a professor of theology and head of the spirituality department at the Pontifical University of St Thomas Aquinas in Rome. He was an acclaimed author and the translator of many significant theological volumes.

Moreover, the moralist and Doctor of the Church, St Alphonsus de Liguori in his treatment of "Rest for Scrupulous Souls in Obedience to their Director" quoted thirty-two authorities in just nine pages. Some of these respected authorities he cited multiple times. They affirmed and validated his spiritual care for scrupulants. Many of them were contemporary theologians, none of them was a psychologist. For example, St Alphonsus references Denis the Carthusian, a quote most relevant to this topic. Denis wrote, "In things doubtful as to whether or not they are against the divine precept, one must stand by the precept of him who is set over one; because, although it should be against the precept of God, yet, in virtue of obedience, the person under direction sins not."¹⁹¹ In other words, the fearful scrupulant whose life has become unmanageable must surrender complete obedience to his confessor, for only in this manner will the person ever be freed from his scruples. St Alphonsus' teaching on

¹⁸⁸ See de Valk, "Duynstee," 2. Also Driessen, "Anna Terruwe."

¹⁸⁹ See Appendix III, vignette 10: Inadequate Priestly Spiritual and Moral Knowledge.

¹⁹⁰ Lander, "Introduction to Logic," III, B.

¹⁹¹ Alphonsus di Liguori, *The Way of Salvation and of Perfection* (Brooklyn: Redemptorist Fathers, 1926), 456.

obedience to a confessor, became the standard treatment for sexually repressed scrupulants over the last two centuries. MT is a refinement of his spiritual doctrine.

I respond to Objection 7 (iv) that an understanding of the diminished freedom of the will in repressed persons will be considered in 2.4.7; 2.5.1; and in response to Objection 13.

I respond to Objection 7 (v) that the application of the three directives is specific and prescribed by a professional to an afflicted person. This was previously resolved, in 1.4.6: response to Objection 6 (i).

I respond to Objection 7 (vi), Terruwe/Baars, in considering the readership of their work, understood that scrupulous religious people are often initially helped by the opinions of moral and spiritual experts. Sometimes, the first thing to be checked by such people concerning a significant religious text is the *Imprimatur*, and by whom it was decreed. Morality and spirituality were the crucial issues at stake. Thus authorities “help their Catholic patients accept their approach.” All who have laboured to assist scrupulous and fearful persons, know that this is no insignificant form of aid, at least initially. Such spiritually haunted persons are conscientious to a fault. They are justly concerned about their relationship with God, yet they are more fearfully servile than lovingly reverential. The priest or psychologist dealing with an afflicted individual with sexual repression will undoubtedly be questioned regarding the integrity of MT. The person wants to be sure that the priest or counsellor has a thorough understanding of the moral aspects involved in MT. This reassurance is necessary because it is “the [neurotically-disordered] person’s *interpretation* of moral rules, laws, and commandments, that have been the source of, and continues to stimulate, the repressing emotions in response to certain emotions and feelings which in themselves are good and natural” (*PWH* 112). The repressed person is ever fearful of transgressing moral norms and thereby offending God. The psychologist often needs the help of a well-informed priest or spiritual director to assist in the cure of a Christian patient. The priest’s opinion usually engenders trust, and this helps form the person’s proper interpretation of obligations (see *PWH* 106-7). Confidence in the therapist’s approach is essential for the afflicted person, especially concerning “whether the therapist is authentic in this therapy, morally as well as affectively” (*PWH* 119, and see 85-91, 103). Living in uncertainty, especially spiritual uncertainty is unhealthy. The faithful “...are both impelled by their nature and bound by a moral obligation to seek the truth, especially religious truth” (*CCC* 2467), though it is not unconditional (see *CCC* 2488). All have a duty to seek clarity of conscience within the sphere of their activities (see *CCC* 1798). The Catholic Church is a sure guide (*CCC* 2037).

Lastly, Dr Conrad Baars wrote concerning MT’s antagonists that “it was precisely some of the best educated and most influential persons in the Church who failed to grasp the truth and potential benefits of Dr Terruwe’s thesis - which failure led to condemnation of ideas and persons, yet ultimately also to public apologies”

(*PWH* xiii).¹⁹² St Thomas, in his *Summa Theologiae*, quoted hundreds of authorities. Such deference to authorities is an act of humility. No one can arrogate to themselves the status of entitlement. God alone speaks with authority (see *Mt* 7:29). Moreover, authority is a gift bestowed by others on the recipient (e.g., an academic degree). Ultimately, any authority that can validate anything merely participates in the Divine Authority (*Mt* 10:1; 21:23). Terruwe/Baars acted humbly by appealing to authorities. Authoritative testimony appropriately validates the content of MT.

In brief, authoritative affirmations provided in *PWH* were given by way of encouragement to recovering afflicted persons, suffering from scruples and irrational fears. It was hoped that such authorities might assuage any lingering doubts about MT. In a word, it was an act of therapeutic kindness. Citing authorities is standard academic practice. Even Dr Majeres cites five authoritative texts in his own critique. Ultimately, the standard of appropriateness for any human work is eternal truth.

1.4.8. Whether MT has a Content-Oriented approach to Obsessions?

Objection 8 considers MT from a psychiatric viewpoint. It is argued that MT has a content-oriented approach to obsessions.

(i) Terruwe and Baars provide several case histories in *Psychic Wholeness* that clearly describe patients with obsessive-compulsive disorder. The language they use tends to reflect the Diagnostic and Statistical Manual of Mental Disorders (second edition) that was published in 1968, called DSM-II; when DSM-III was published in 1980, “neurosis” had been dropped from the nomenclature (*Logos* 41, ¶4).

(ii) But more had changed between 1968 and 1980 than a few terms: successive revolutions in understanding mental illness, and obsessive-compulsive disorder (OCD) in general, had taken place (*Logos* 41, ¶3).

(iii) The first major development was the discovery that certain antidepressants were effective in treating obsessions—most importantly, that they treated every type of obsession, regardless of their subject matter. For the first time in the history of OCD treatment, the content of obsessions became irrelevant—clinicians only needed to determine whether the patient was obsessing, and whether the obsessions were causing distress. Decisions to increase the dose of a medicine, or to switch to another, depended only on how the process of obsessing was responding; content made no difference (*Logos* 42, ¶1).

(iv) The priority of process-oriented interventions over content-oriented interventions is a hallmark of modern OCD treatment. This priority [process-oriented interventions] reflects well the nature of the illness: it is obsessing that recurs in OCD patients, not necessarily any particular obsession. A patient may begin with having obsessions about contamination and compulsions to wash his hands, and then over time, as the illness waxes and wanes, he may find that he now obsesses about accidentally harming his children. The inherent capacity to obsess is now seen as a trait (diathesis) that can be possessed in various degrees and channelled into various obsessive themes. This

¹⁹² Bosscher and Monteiro, “Dutch Roman Catholics,” 13, 56; Baars, *Feeling and Healing*, 282.

capacity does not necessarily translate into having OCD; it may lie dormant throughout a person's life, or it may be activated by stressful events. The description of mental illness, whether OCD or any other, as arising from an activation of inherent traits by stressful life circumstances is called the stress-diathesis model of mental illness (*Logos* 42, ¶2).

On the contrary, behavioural psychology is modern wisdom that has confidence in its methodology. MT is rightly called Catholic philosophical psychology. Comparisons and critiques of MT from modern behavioural psychology will understandably not always be appropriate or a good measure of its dignity. An ancient biblical reference is comparable.

For the word of the cross is folly to those who are perishing, but to us who are being saved it is the power of God. For it is written, "I will destroy the wisdom of the wise, and the cleverness of the clever I will thwart." Where is the wise man? Where is the scribe? Where is the debater of this age? Has not God made foolish the wisdom of the world? For since, in the wisdom of God, the world did not know God through wisdom, it pleased God through the folly of what we preach to save those who believe. For Jews demand signs and Greeks seek wisdom, but we preach Christ crucified, a stumbling block to Jews and folly to Gentiles, but to those who are called, both Jews and Greeks, Christ the power of God and the wisdom of God. For the foolishness of God is wiser than men, and the weakness of God is stronger than men (*1Cor* 1:18-25).

I answer that the way of the Christian is that of "Jesus Christ and him crucified" (*1Cor* 2:2). It is a way of self-abnegation and mortification (see *Mt* 16:24). The words and ways of the world are not always the best words or ways. Pathological repression, whether it be called disorder or neurosis, remains fundamentally the same.

As previously highlighted, MT is more than ordinary psychotherapy, it essentially remediates the human soul, which must be addressed therapeutically, educationally, connaturally, and spiritually to affect thorough healing. Terruwe/Baars understood two leading causes of repressive fear disorders. The first was theological which incorporated spiritual concerns. These included specific concrete facts that initially aroused the fears. Among them were mistaken understandings of "the nature of God, the relationship between man and God, sexuality, and religious duties" (*PWH* 90). Misconceptions of God and the things of God, especially false notions of one's faith and feelings, duties and obligations, eternal punishments and predestination (though this is rarer) are the significant sources among other things. The second category stimulating anxiety is comprised of such concrete factors as sexual molestation and abuse, fear-producing conditions in which the patient was brought up and a variety of inadequate pedagogic influences. Misinterpretations, malformations, and malignant repressions need to be corrected, and effected passions require an informed mortification. Daily the cross is close to the mind and heart of the sexually afflicted person. Prayer when possible is encouraged; "when you are sick do not be negligent, but pray to the Lord, and God will heal you" (see *Sir* 38:9). When emotional burdens are embraced from a gospel viewpoint, they are more tolerable

and “lighter” (*Mt* 11:28-30). Suffering well is spiritually meritorious, and can secure temporal healing (see *CCC* 2010).

In response to Objection 8 (i), I concede that the term neurosis is used consistently throughout *PWH* and that this has ceased to be used by psychiatry. Of course, the term and its understanding (i.e., an illness of the psyche), predates even the earliest *DSM*. It may have been advantageous to modify the language of *PWH* to accommodate modern terminology, however, whether or not this would have assisted the Thomist psychology to have made any further inroads into modern psychology is debatable. Certainly, every effort is being made by Suzanne Baars, a licensed professional therapist and counsellor, to revise and reprint the Terruwe/Baars books and articles according to current psychiatric nomenclature.

This objection raises two further points. Firstly, when both Terruwe/Baars tried to have the first English translations of their works published, no psychological publishers would take on their theory and therapy.¹⁹³ God and the ways of God have never been popular subjects in either modern psychiatry or psychology. As mentioned earlier, the psychological profession is mostly secular, agnostic at best, and atheistic at worst (though there are excellent believers who are exceptions). The wisdom of the world would benefit from more theological and philosophical ideas and language. Secondly, when Dr Terruwe published her original doctoral thesis (1949), there was no *DSM* in the USA. The 1st edition was in 1952, though the World Health Organization’s *International Classification of Diseases* was in its 6th edition, and is currently in its 10th. The 1981 edition of *PWH* was again printed by a Catholic publisher, and the terminology remained the same given that its audience was mostly non-professional and a glossary of terms and other definitions were linked mainly with Thomist psychology. Indeed, more professional interest in Terruwe/Baars’ “Catholic” therapies would have been felicitous and would have driven an updated nomenclature.

Further, I concede concerning 8 (ii) that significant advances in medicine and mental health are continually occurring. As wonderful as these advances are, if there is not a simultaneous improvement in the depths of the person’s soul towards one’s ultimate healing (i.e., eternal life), then cures, which relieve human suffering, although excellent goods in themselves, are still inadequate. After all, even Lazarus had to die a second time after a full resurrection. Importantly, his intermediate healing provided Lazarus, and others, with a connatural knowledge of the Author of all life and with a preview of resurrection (see *Jn* 11:21-45). MT endeavours to do the same by affording a connatural knowledge of the love of God and the healing power of divine love (see *PWH* 120 no. 6).

I respond to Objection 8 (iii), that I concede that pharmacology is always discovering new varieties and types of medications to aid the body and the mind.

¹⁹³ “By the late 1960’s the book [*Loving and Curing the Neurotic*] was finished, but the difficulty of finding an interested publisher who would reach the medical and psychiatric field then became apparent. None would accept the manuscript.” Conrad Baars, *Doctor of the Heart* (New York: Alba House, 1996), 209.

“The pharmacist makes for them a compound. His works will never be finished; and from him, health is upon the face of the earth” (*Sir* 38:8). Terruwe/Baars as physicians had no difficulty recommending medications. They encouraged “the conscientious and judicious use of physical and pharmacological treatments [when] indicated” (*PWH* 120). More importantly, however, is the resolution of fundamental causes of psychopathologies (see *PWH* 165). They wrote:

When using ancillary treatment methods psychiatrists must preserve the proper balance between primary and secondary treatment methods and guard against the danger of using secondary treatments, particularly pharmacological treatment, to the exclusion, or near exclusion, of primary psychotherapy. This danger is greatest when the caseload of the psychiatrist is heaviest, and time available for psychotherapy is limited. The remedy for this situation can never be more effective psychotropic drugs alone, for drugs by themselves are never sufficient to heal disturbances caused by psychological factors. The profession needs more effective psychotherapies, both short and long term, which in turn requires a better understanding of the neurotic process and of the difference between repressive disorders and Emotional Deprivation Disorder (*PWH* 120).

It is not uncommon with the increase of mental illness within society that medications have become the primary, rather than the secondary, treatment method for a range of psychological conditions. MT does not deny the importance of medication. Nevertheless, it maintains psychotherapy is the primary method for psychological wholeness and healing.¹⁹⁴

I respond to Objection 8 (iv), as previously mentioned, it is not the purpose of this text to pit one psychotherapy against another. Hence, while accepting that CBT or any other method may be an effective therapy for repression, this in no manner denies the effectiveness or integrity of MT.

I distinguish, however, that MT is neither primarily concerned with content-oriented interventions (i.e., presenting effects), nor is it a process-oriented intervention (i.e., the manner of treatment). A process-oriented intervention means that “clinicians only need to determine whether the patient was obsessing and whether the obsessions were causing distress. Decisions to increase the dose of medicine, or to switch to another, depended only on how the process of obsessing was responding; content made no difference” (*Logos*, 42, ¶1).

The content of obsessions and compulsions is mainly symptomatic, not causal. MT is concerned with the resolution of causes underlying a repressive disorder, not its effects, nor the manner of treatment. Once a diagnosis has been ascertained, all principles have been thoroughly explained and understood by the afflicted person, and the theory and practice of the therapy have been grasped and agreed upon, then a person, theoretically, can implement all of the same (see *PWH* 142-44). Though such a situation is not ideal, it does confirm that MT is not a process-oriented intervention. MT as a primary psychotherapy remains fundamentally sound and efficient because it is neither a content-oriented nor a process-oriented response. Instead, it is a causal-

¹⁹⁴ See Appendix III, vignette 6: Paul, the ex-policeman with a trauma and stressor-related disorder.

oriented intervention, which is superior to both content and process-oriented interventions. St Thomas teaches, “an effect is increased by the increase, not of its accidental cause, but of its direct cause” (*ST I-II*, q.77, a.6, ad.1). MT is primarily concerned with causes.¹⁹⁵

Thomist psychology is well placed to either prevent or remediate a person’s repressive disorder. Moreover, if there were an “activation of inherent traits by stressful life circumstances” (i.e., a breakdown or breakout of obsessive-compulsive symptoms) or what “is called the stress-diathesis model of mental illness,” MT can immediately diagnose and address fundamental pathological causes. While not ignoring emotional effects as descriptive of the fundamental disorder (i.e., a fearful person is more likely to have a repressive fear disorder, just as an energetic person may have a repressive energy disorder). MT involves diagnosing causal reasons for the same and not specifically treating scruples or phobias, which would entail a content-oriented intervention.

Further Objection 8 (iv), fails to recognise and designate that process-oriented interventions may entail ongoing medical and pharmacological treatments. Conversely, MT, having addressed causal factors, brings freedom from further therapeutic interventions. MT, as a causal intervention, treats the person. That is, it is a person whose “traits can be possessed in various degrees and channelled into various obsessive themes.” Personality comprises of temperament and character, and the many other qualities, talents, attributes, strengths and weaknesses, experiences, and history that form the disposition of the person. Good spiritual theology always treats of these personality factors.¹⁹⁶ It is the acting person who acts internally and externally that produces internal and external effects (see *CCC* 1731). The person is the cause of his or her actions (see *ST I-II*, q.1, a.2; III, q.13, a.1). Moreover, it is neither effects nor the processes that need to be considered within therapy but the cause(s) triggering the treatment in the first instance. St Thomas teaches that “every evil in some way has a cause. For evil is the absence of the good, which is natural and due to a thing. But that anything fails from its natural and due disposition can come only from some cause drawing it out of its proper disposition” (*ST I*, q.49, a.1). The evil of sexual repression needs to be addressed at its cause. MT does this. It is neither a content-oriented nor a process-oriented intervention. It is a causal-oriented intervention.

In brief, Terruwe/Baars as much as they may have liked their psychiatric and psychological peers to have understood and applied their discoveries more widely and incorporated such teachings in the *DSM*, this was not their prime focus. They were always more concerned with the suffering individual (see *PWH* 120). As doctors, while not adverse to pharmaceutical interventions, they grasped the causal reasons for repressive disorders. Pharmaceuticals at best can ease sufferings, they are

¹⁹⁵ See *PWH* 83, 90-91, 98, 100, 121, 179, 184-86, 196, 199-201, 206.

¹⁹⁶ See Aumann, *Spiritual Theology*, 140-45, 416. Psychosomatic phenomena, such as temperament, has its own particular impact on sexual afflictions. Spiritual direction does well to determine the person’s temperament and provide general and spiritual advice accordingly. See Tim LaHaye, *Transforming Your Temperament* (New York: Inspirational Press, 1991).

incapable of reversing pathological causes (see *PWH* 135). MT is causal psychotherapy.

1.4.9. Whether obsessions are sins?

Objection 9 asserts that it is better to be obsessed than to sin.

(i) Since the commandments point to human nature's ultimate fulfilment, which is of a spiritual and moral order, there is no commandment against obsessing. Obsessions are not sins; they are disordered mental acts. To remediate them by materially committing sins, is to take a medicine that is worse than the illness" (*Logos*, 47, ¶4).

On the contrary, St Thomas states that "vices are called capital because others, most frequently, arise from them: so that nothing prevents some sins from arising out of *other causes*" (*ST* I-II, q.84, a.4, ad.4, emphasis added).

I answer and affirm that obsessions and compulsions are not sins and there is no commandment against obsessing. Pope St John Paul II in *Veritatis splendor* writes, "it is always possible that man, as the result of coercion or other circumstances, can be hindered from doing certain good actions; but he can never be hindered from not doing certain actions, especially if he is prepared to die rather than to do evil."¹⁹⁷ Indeed, "moral evil, is incommensurably more harmful than physical evil" of which obsessions can be classified as minor (*CCC* 311). Nevertheless:

Men, as intelligent and free creatures, have to journey toward their ultimate destinies by their free choice and preferential love. They can, therefore, go astray. Indeed, they have sinned...God is in no way, directly or indirectly, the cause of moral evil. He permits it, however, because he respects the freedom of his creatures and, mysteriously, knows how to derive good from it (*CCC* 311).

If God is prepared to bring good from sin, then God is all the more inclined to bring good from physical evils, such as obsessions and compulsions (see *Rom* 8:28). For an intelligent and good-willed person who loves God, sexual obsessions and compulsions are odious. Indeed, the reason why a person is primarily in this situation in the first place was the avoidance of lust through the erroneous means of pathological sexual repression. Naturally, God, in His goodness, who loves human beings as his children, will not only provide a means of release from sexual repression but also accomplish a great good from the obsessions and compulsions. As St Paul teaches, "No temptation has overtaken you that is not common to man. God is faithful, and he will not let you be tempted beyond your strength, but with the temptation will also provide the way of escape, that you may be able to endure it" (*1Cor* 10:13). It can be argued, that MT is a wholesome therapeutic and spiritual good that God has provided to lead people to wholeness, holiness, and happiness.

¹⁹⁷ Pope St John Paul II, *Veritatis splendor*, Encyclical Letter (6 August, 1993), 52. Accessed April 16, 2016. http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor.html; (Hereafter, *VS*).

I respond to objection 9 (i) that pathological sexual repression, although not sinful, is a natural vice. For “whatever is lacking for a thing’s natural perfection may be called a vice” (*ST I-II*, q.71, a.1). All the same, a psychological disease is not as severe as a “vice of the soul” (*ST I-II*, q.71, a.1, ad.3) and it is true that “a vicious action is worse than a vicious habit” (a.3). Nevertheless, as stated above, *on the contrary*, a natural capital vice can lead to a supernatural capital sin. Even natural vice is opposed to supernatural virtue (*ST I-II*, q.71, a.1, ad.1) and can promote supernatural vice. An extreme example of this is the clergy sexual abuse scandal. Men judged as suitable for priestly ordination by experienced and competent persons later went on to heinously perpetrate gravely immoral acts on minors, not once or twice but in some cases inveterately over the years.¹⁹⁸

Further, I respond that Objection 9 belies the often grave but unseen adverse effects, and sometimes evil outcomes which can accompany an obsessive-compulsive sexual pathology. There can be an accompanying mental conviction contrary to the Christian faith.¹⁹⁹

The repercussions of this disorder not only disturb afflicted persons in the specific area of their pathology, but they can also, indirectly at least, involve many other sectors of a person’s life by way of expansion, as explained above, 1.4.3. Afflicted persons adversely disturb spouses, family and others by their often bizarre behaviour, restrictions, rituals, and other serious inconveniences. Their example manifests the squandering of time, energy, and physical resources. Too often there are numerous acts of imprudence, irritability, hesitancy and selfishness. Persons are preoccupied and distracted from other important matters of life. For single persons, there is the problem of singularity and withdrawal. Such a pathology has caused the cessation of a priestly or religious vocation or the destruction of one through sexual misbehaviour. For the married, there can be a despotic over control of the family or

¹⁹⁸ See Stephen Rossetti and L. Lothstein, et, al., *Slayer of the Soul* (Connecticut, Twenty Third Publications, 1990), 108. And L. Lothstein, “Psychological Theories of Pedophilia and Ephebophilia,” in *Slayer of the Soul*, ed. S. Rossetti, 21-22, 32-40. *JJCRT* (2004) 63, 3.6; *JJCRT* (2011), 77. And Bosscher and Monteiro, “Dutch Roman Catholics,” 9, 14, 39.

¹⁹⁹ The thinking of persons who repress their procreative drive is a kin to a mitigated form of Manichaeism, a heresy always condemned by Christianity. It is a heresy with a deep-seated disregard for human nature (the body) and a certain contempt for God having created us so. For Christians it is a religious, doctrinal heresy (i.e., an untruth) which ultimately attacks the goodness of God, the creation he produced and in particularly the goodness of human nature (viz., sexuality). It is a moral heresy, because in the name of religion, virtue, and the fight against sin and evil, man thinks himself commanded to hate and deny something that is intrinsic to his nature, that is, apparently, in no way redeemable. Historically, Manichaeism easily becomes an intellectual and voluntarily determined sexual repression. While discussing Eros (which certainly includes sexuality) in *Deus caritas est*, Pope Emeritus Benedict XVI stated: “Nowadays Christianity of the past is often criticized as having been opposed to the body; and it is quite true that tendencies of this sort have always existed” (5). Indeed, they are of the mindset of sexually repressed persons, and the reason why such people have difficulty integrating Eros and Agape in the manner Benedict XVI indicated as the proper path to human fullness, perfection, and happiness. Benedict XVI, Encyclical Letter, *Deus caritas est* (December 25, 2005). Accessed November 10, 2016. http://www.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est.html.

a bizarre narcissistic egoism, with its immaturity and incapacity to authentically love another, to state just a few severe effects (see *PWH* Case Histories 130ff.).²⁰⁰ The suffering is not merely limited to the discomfort of one's neighbour but also is easily copied by others, especially children, whose psyche is formed by those who "nurture" them (see *PWH* 185, 190-92). Moreover, such individuals have a dysfunctional vision of human sexuality and are nearly incapable of assuming the responsibility of educating children properly in this most crucial instruction for human life. This objective disorder in charity and justice is clearly more significant than the unintended secondary abreactions resulting from the therapy. Such daily adverse effects are more or less harmful and directly result from the pathological vice. There is a proportionately grave responsibility upon the afflicted person to work towards correcting such a disordered condition once the person becomes aware of his state of psychic ill health. Indeed, "everyone is responsible for his life before God, who has given it to him." (*CCC* 2280).

Sometimes, repressed persons can be so obsessive and compulsive that it seems all reason is cast aside and far-reaching perversions and criminal acts can break forth due to fixations, like ephebophilia and paedophilia, or other sexual dysphoria. Compulsive actions in otherwise sound and respectable people indicate "that the repressed emotion is beyond rational control" (*PWH* 216) and being unreasonable, and prescinding from culpability, physical, and moral evil is committed against others, or excellent goods are omitted. It is not uncommon for repressed persons before therapy to have recurring and severe physiological, psychological, immoral and even criminal acts happening in their life. It should not be underestimated that *freedom for morality* is one of the most important goals of MT (see *PWH* 216). St Thomas teaches, "The more necessary something is, the more the order of reason must be preserved in it" (*ST* II-II, q.153, a.3). Conjugal procreation is a tremendous natural good for persons (see *CCC* 1601). Terruwe/Baars write "it may be stated that the extent of a person's capacity for happiness, i.e., the capacity for utilising, appreciating, and enjoying all the things for which he or she was created, consists of the degree of adaptation of one's powers to their proper objects" (*PWH* 223). MT restores and safeguards excellent natural and supernatural goods.

It will be fully explained in Chapter Three that MT does not remediate repression by means of committing material sins. In therapy, the recovering person sometimes must tolerate non-willed abreactive evil effects (see *PWH* 52, 113). Before treatment, it is not uncommon for repressed persons to daily contend with obsessive preoccupations (e.g., curiosity for sexual imagery in daily newspapers, library books, Internet, etc.) and compulsive acts (e.g., immodest touches, voyeurism, even masturbation). Obsessive-compulsive pathological actions, which in themselves are contrary to objective moral norms, while remaining materially evil are not formally or materially sinful in the case of repressed persons who do not enjoy sufficient human freedom and can only refrain from material evils by further acts of repression.

²⁰⁰ In fact, there is a serious question as to whether an individual with a severe case of sexual repressive pathology is morally capable of entering into marriage, since the grave question arises as to whether she or he is capable of making the complete gift of self that is proper to conjugal union. Severe psychological immaturity is an impediment to marriage (See *CIC*, 1084 §1; 1095, 3°).

“The promptings of feelings and passions can also diminish the voluntary and free character of the offence, as can external pressures or pathological disorders” (CCC 1860). As seen above, even for ordinarily healthy persons moral responsibility and culpability can be lessened, “if not even reduced to a minimum” when certain conditions are present (CCC 2352). All the more so then for those who passively suffer a severe pathology. The importance of this moral distinction for the disordered person implementing MT is psychologically and spiritually very significant. Often only the authoritative word of the priest can convince and later reassure the afflicted person of the correctness of this teaching (see *PWH* 106). Pope St John Paul II in *Veritatis splendor* reaffirmed what Pope St Paul VI taught in his encyclical letter, *Humanae Vitae*:

Though it is true that sometimes it is lawful to tolerate a lesser moral evil in order to avoid a greater evil or in order to promote a greater good, it is never lawful, even for the gravest reasons, to do evil that good may come of it (see *Rom* 3:8); in other words, to intend directly something which of its very nature contradicts the moral order, and which must therefore be judged unworthy of man, even though the intention is to protect or promote the welfare of an individual, of a family or of society in general.²⁰¹

Furthermore, Objection 9 implies that afflicted persons are somehow instructed to sin. This, however, would be no small matter for people, especially professionals, to prompt, or to suggest immoral actions to afflicted persons. It would be the grave sin of scandal (see *Mt* 18:6; CCC 2284). This applies to both priest and psychologist. For the priest, if he were to offer such counsel in the sacrament of penance, there is an added gravity.²⁰² As well as being morally reprehensible, it is also psychologically irresponsible (see *PWH* 118 no. 2, 91-92). Nevertheless, the psychologist can educate persons, in the words of Terruwe/Baars, “to leap before one looks” as they move forward in therapy. That is to say, by allowing their emotions to be present and express themselves freely without reverting to the previous aberrant fearful and harmful cogitative repressive judgements (see *PWH* 93).²⁰³ In short, MT helps repressed persons to understand themselves. Often afflicted persons see themselves through the distorted and defective lens of incorrect cognitive and cogitative judgements, which deform reality and elicit false, counterproductive emotional responses. Persons are educated towards being more able to identify and better understand their senses, feelings, and emotions. By learning to receive, acknowledge, and accept the natural goodness of their feelings (notwithstanding their unruly impetuosity), the obsessive origins of some thoughts and compulsive actions become more evident to persons. Gradually they become sensitive to the subtle feelings which indicate certain psychic phenomena. This new sensitivity helps persons to be more passive and thus more open to nature’s sensate movements. Educating repressed persons to leap before they look is not irresponsible on the part of the therapist

²⁰¹ Pope St Paul VI, Encyclical Letter *Humanae Vitae*, Vatican (July 25, 1968), 29. Accessed October 20, 2016. http://www.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae.html. This passage is also cited in *Veritatis splendour*, 152; and *VS*, 80.

²⁰² See *CIC* 1387. And Edward N. Peters, “When Bad Advice in Confession Becomes a Crime,” *Pastoral and Homiletic Review*, vol. CXI, no. 9 (June/July 2011): 18-23.

²⁰³ By way of example, see the case history of a woman with an emotional fear disorder (*PWH* 134).

because these individuals are more than hesitant to allow the many feelings and pleasures that other ordinary people daily take for granted. Repressed people are often remarkably resistant to normal healthy feelings and emotions (*PWH* 96-100). Moreover, in time, there are additional morally upright and non-repressive guidelines that can assist recovering persons to apply MT (*PWH* 117-119). At no point are afflicted persons instructed to sin in any manner (see *PWH* 118 no. 2). The objection is gravely misleading and mistaken.

Lastly, every person has the “right to medical care” (*CCC* 2211), “to health” (*CCC* 1908), and to choose a medically and morally sound psychiatric therapy. In this manner, they can achieve mental and moral freedom, even when it is foreseen that there can be negative occasional secondary effects (see *CCC* 2106). Objection 9 fails to distinguish between a supernatural moral vice and a natural pathological vice. The former is never encouraged by MT, which remediates the latter. Therapy is without formal sin. It is, however, foreseeable that sometimes material evils may occur due to abreaction, something which is impossible to avoid except by further repression.

The objection to MT wrongly overestimates when it states that the means used is a material sin. However, there can be the toleration of a material evil when an involuntary, abreactive, secondary effect occurs in therapy. Conversely, Objection 9 underestimates the grave harm that can hurt others by persons suffering from an obsessive-compulsive repressive pathology. It will be shown in Chapter Three that MT is a good means to a good end. Non-moral physical and psychological disorders, left un-remediated, can in themselves lead to grave moral evils and atrocious criminal acts.

1.4.10. Whether MT was implicated in the demise of the IHM Sisters?

Objection 10. By way of a parting objection to MT, there is a return to the fallacy that Terruwe/Baars are Freudian and that MT can do great harm. It recounts the actual damage done to a group of consecrated religious sisters in the USA employing a psychological method and by analogy, implicates MT as having similar tenets.

(i) The experimentation [“of Freudian concepts and theories”] proved to be unworkable: monasteries and entire orders emptied as the theories and therapies took over religious life. One order, the Immaculate Heart of Mary Sisters in Los Angeles, virtually disintegrated after group therapists told the sisters that there were no rules for them to follow, and that whatever they were drawn to was the best thing. Once the constraints on their behaviour were removed, the sisters allowed their impulses to “bubble” to the surface. The result for the Immaculate Heart of Mary order was disgrace and collapse (*Logos* 55, ¶4).

(ii) Yet this is the same advice Terruwe and Baars give to the anxious and sexually repressed: “You may everything”; “For you there are no rules, laws, or commandments”; “The pleasure you experience as the result of abiding by the other directives is the most perfect thing for you”; and then the warning that “only the substitution of ‘you may’ for ‘you must not’ in sexual matters” will set them free (*Logos*

56, ¶1).

(iii) The caveats that only those with a particular neurosis may use mortification therapy end up being unconvincing as the authors widen the scope of their view of the potentially ill: simply having sexual thoughts while trying to pray is given as an example of evidence that one is in an early stage of repression (*Logos* 56, ¶1).

On the contrary, St Thomas elucidates concerning utterances of truth about things and their conformity with reality.

[For] truth is neither a theological, nor an intellectual, but a moral virtue. And it is a mean between excess and deficiency in two ways. First, on the part of the object, secondly, on the part of the act. On the part of the object, because the true essentially denotes a kind of equality, and equal is a mean between more and less. Hence for the very reason that a man says what is true about himself, he observes the mean between one that says more than the truth about himself, and one that says less than the truth. On the part of the act, to observe the mean is to tell the truth, when one ought, and as one ought (*ST* II-II, q.109, a.1, ad.3).

I answer that Objection 10 is an example of a fallacious argument of hinting at an erroneous conclusion, which is “not pertinent and quite different from that which was intended or required.”²⁰⁴ MT cannot be paired with Carl Roger’s Person-centered therapy (PCT), which is also known by the names of client-centred therapy, person-centred psychotherapy, person-centred counselling, and Rogerian psychotherapy. The objection is calculated to give the impression that MT is akin to those (“Freudian”) therapies which were known to destabilise the Immaculate Heart of Mary Sisters in Los Angeles.

I respond to Objection 10 (i) that the claim that Terruwe/Baars are Freudian psychoanalysts or psychotherapists and hold the tenets of Sigmund Freud was refuted in 1.4.1: response to Objection 1.

Further, the example cited is one that was very public, controversial, and about which much has been written and discussed.²⁰⁵ An expert on the topic is Ann Carey, who wrote the book *Sisters in Crisis: The Tragic Unravelling of Women’s Religious Communities*.²⁰⁶ Carey claims:

[William] Colson blames his workshops for the demise of the Los Angeles Immaculate Heart of Mary Order and for the movement among many other orders to close schools and other institutions. “Our job was to facilitate change – we were change agents,” Colson said. “Our job was to be, as Rogers later wrote, revolutionaries. It became a very

²⁰⁴ See Lander, “Introduction to Logic,” (i.e., an irrelevant conclusion).

²⁰⁵ Francis Phillips, “Restoring the image of God in our lives nourishes our mental health” *Catholic Herald* (14 Aug 2013). Accessed February 6, 2016. <https://web.archive.org/web/20200301033624/https://catholicerald.co.uk/restoring-the-image-of-god-in-our-lives-protects-our-mental-health/>.

²⁰⁶ Ann Carey, *Sisters in Crisis: The Tragic Unravelling of Women’s Religious Communities* (Huntington, Indiana: Our Sunday Visitor Publishing Division, 1997), 126-29, 186-210.

deliberate act.” Colson said that in 1966 he did a pilot program with the Los Angeles Immaculate Heart of Mary community. “That went so swimmingly, it was agreed to bring us in to do workshops for every participant in the chapter the next summer. We were often doing that, but in no case more concertedly than with the IHMs.”²⁰⁷

Nowhere in Carey’s book are Terruwe/Baars mentioned nor are they cited in the Bibliography or the index of her book. Moreover, there is no reference to keywords such as affirmation, deprivation, mortification, repression or Terruwe/Baars’ therapies in Carey’s text. For Objection 10 (i) to allude that the teachings of Terruwe and Baars were in some way akin to or instrumental in the type of harm that is being spoken concerning IHM community is fallacious at best and calumnious at worst. Colson, Rogers, and others, on the other hand, are clearly named and furthermore admit to their part in the demise of that religious community and other groups. Moreover, Colson’s first-hand account is reported in Gregory Dilsaver’s Appendix B of *Imago Dei Psychotherapy*.²⁰⁸ There is no mention, blame, or insinuation of Terruwe/Baars. Even Dilsaver writes affirmingly of Baars in collaboration with Terruwe concerning their “Catholic and Thomistic worldview” and precisely Baars’ recognition of God.²⁰⁹ Still, Dilsaver who is insufficiently familiar with Terruwe/Baars teachings wrongly suggests that Baars’ retains a secular psychodynamic model as his framework. This is mistaken. Even so, Dilsaver in no manner associates Terruwe/Baars nor their MT with the tragedy of IHM Sisters.

Furthermore, Objection 10 (i) is worded in such a manner as to confuse or to deceive the reader. The three directives of MT, which are explicitly listed in the objection, cannot be compared with the psychotherapeutic approach of PCT or Rogerian psychotherapy. Now is not the place to make an in-depth comparison between MT and CPT though even a summary examination of CPT would demonstrate significant differences. Moreover, psychologist Saul McLeod states that “Rogers rejected the deterministic nature of both psychoanalysis and behaviourism and maintained that we behave as we do because of the way we perceive our situation.”²¹⁰ Noteworthy is the fact that Rogers was not a Freudian. Therefore, the objection claiming that Terruwe/Baars, who are also reported as Freudian, fails. Moreover, since Rogerian client-centred therapy has taken responsibility for the IHM tragedy and CPT is said to be a non-psychoanalytic therapy (i.e., non-Freudian) Terruwe/Baars and MT are exonerated on both counts of Objection 10 (i) and (ii).

As stated above Terruwe/Baars not only had nothing to do with the religious

²⁰⁷ Ibid., 126-27.

²⁰⁸ Dilsaver, *Imago Dei*, 173-74.

²⁰⁹ Ibid., 8.

²¹⁰ Saul McLeod states that “Rogers rejected the deterministic nature of both psychoanalysis and behaviourism and maintained that we behave as we do because of the way we perceive our situation.” Rogers was no Freudian, yet the objection claims that Terruwe/Baars are Freudian. Carl Rogers stated in (1986), “It is that the individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes and self-directed behaviour - and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided.” Saul McLeod, “Person Centered Therapy” *Simply Psychology* (2008, updated 2015). Accessed January 20, 2016. <https://web.archive.org/web/20200219022608/http://www.simplypsychology.org/client-centred-therapy.html>.

group named, but also MT was not a therapy employed with any religious group. Even to associate MT by way of example or analogy is unfitting. On the one hand, CPT was clearly a group reformation process, while MT is always intimate to a diagnosed individual. MT was never designed to be a group or community renewal technic to be broadcast as a type of psychotherapeutic cure-all. The disrepute that is reckoned to Terruwe/Baars, and therefore to MT, by this objection is unjustified and uncharitable. Moreover, St Thomas cautions readers concerning a “mendacium.”²¹¹ For Objection 10 (ii) to infer, to overstate the example or analogy, or to claim more regarding the IHM crisis than well-known public facts state, may be a misinformed material error or it may be construed as a formal attempt to defame or deceive. The former is presumed, and not the latter.

Lastly, Objection 10 (i) aligns MT with CPT and states, “once the constraints on their behaviour were removed, the sisters allowed their impulses to ‘bubble’ to the surface. The result for the Immaculate Heart of Mary order was disgrace and collapse” (*Logos*, 55, ¶4). There is no connection nor similarity between MT and CPT as asserted, particularly concerning any directions that may have been given by CPT counsellors. CPT had an adverse impact on the sisters by removing the norms of consecrated life, their constitutions and statutes, and it would seem their apostolate and daily horarium. MT, as will be explained in Chapter Three and Four, is very clear in its object, end, and circumstances. Chapter Three’s moral clarifications will elucidate that MT does not cause the bubbling to the surface of wilful impulses but unwilling, unwanted abreactive secondary effects. Again, this pejorative comparison besmirches the benefits and the integrity of MT. The overall defence and validity of MT are encapsulated in this entire study. The correlation between the effects of the IHM crisis and MT as psychotherapy is unfounded.

I respond to Objection 10 (ii) and affirm that MT’s three directives and the teaching “that only the substitution of ‘you may’ for ‘you must not’ in sexual matters will eventually *set them free*” (*PWH* 109, emphasis in original). The distinction between the verbs may and must need to be clarified and understood as they are easily confused. In short, when applied within MT, the verb “may” expresses a condition of possibility, with variable options, and sometimes even doubt. “Must,” on the other hand, is more definite, even imperative, and commanding. When it comes to duty or action such definiteness, at least for the misinformed, “you must” leaves few options for personal deliberation and discretion. The verb “may” is used to denote the subjunctive mood where something is possible, though only more or less probable, depending on the individual. Contrariwise, “must” bespeaks definiteness, law, and

²¹¹ “The essential notion of a lie is taken from formal falsehood, from the fact namely, that a person intends to say what is false; wherefore also the word “mendacium” [lie] is derived from its being in opposition to the “mind.” Consequently if one says what is false, thinking it to be true, it is false materially, but not formally, because the falseness is beside the intention of the speaker so that it is not a perfect lie, since what is beside the speaker’s intention is accidental for which reason it cannot be a specific difference. If, on the other hand, one utters falsehood formally, through having the will to deceive, even if what one says be true, yet inasmuch as this is a voluntary and moral act, it contains falseness essentially and truth accidentally, and attains the specific nature of a lie” (*ST* II-II, q.110, a.1).

obligation. To the sexually repressed, it is typical that “law appears as an external restraint and a limitation of freedom; it creates an irreducible tension with it.”²¹² There is a “sense of compulsion meant in the usage of the word ‘must’ whereas the sense of ‘possibility’ is meant in the usage of the word ‘may.’”²¹³ MT’s first directive opens the possibilities for the remediation of erroneous cogitative judgements and their replacement with appropriate ones. This is compared with sexually repressed persons’ conscientious and internally stringent moral sense of duty coming from their “*interpretations* of moral rules, laws, and commandments” (*PWH* 112, emphasis in original). Sexually afflicted people have erroneously believed that they must avoid all potentially sexual feelings, fantasies, thoughts, memories, and possibilities, with the understanding that they “must not” in any manner permit such natural occurrences or sensual movements. The point of avoiding the moral imperative of “you must not” and replacing it by “you may” is further explained in Chapter Three (3.5.1.4; see *PWH* 114-15).

I respond to Objection 10 (iii) when citing a passage from *PWH*, it infers that MT’s three directives are justified by inconsequential phantasms. It maintains that “simply having sexual thoughts while trying to pray is given as an example of evidence that one is in an early stage of repression”²¹⁴ (see *PWH* 216). It is conceded that simply having sexual thoughts while at prayer may not be indicative of pathological repression. Indeed, it can mean that the person has a very reasonable and healthy emotional and psychosexual disposition. Even St Teresa of Avila treats of the phenomenon of sexual feelings at prayer as a confluence of a deep love of God.²¹⁵ The human organism responds profoundly to emotional attachment, and because this is in the sensitive appetite, it responds naturally and spontaneously to a love object. It need not be an especially erotic love object; it can be a spiritual redoubling of deep affections for God in the soul. Moreover, spiritual writers have treated of this matter concerning monks and the laity.²¹⁶

Nevertheless, sexual feelings, emotions, imaginations, and thoughts that are genuinely obsessive, according to Dr Majeres’ definition can very well arise from a pathological source (see *Logos* 42, ¶3). When the cited quote “simply having sexual thoughts” in Objection 10 (iii) is viewed in context, it can be seen that such a statement does not refer to the natural sexual thoughts of a healthy person. The referenced passage states “In the earliest stages its manifestations [i.e., of repressed emotion] are limited to the inner life, for example, to the imagination, as is seen in obsessive images which distract a person during prayer. Only later will it begin to reveal itself in compulsive motor behaviour” (*PWH* 216). These movements are not

²¹² Pinckaers, *The Sources*, “Freedom of Indifference,” 375 no. 5.

²¹³ “Difference Between May and Must,” Differencebetween.com (2014). Accessed December 15, 2016. <https://web.archive.org/web/20180305164105/http://www.differencebetween.com/difference-between-may-and-vs-must/>.

²¹⁴ *Logos* 56, ¶1.

²¹⁵ Teresa of Avila, *The Collected Works of St Teresa: The Life, Spiritual Testimonies and Soliloquies*, vol. 1, trans. Kieran Kavanaugh and Otilio Rodriguez (Washington DC: ICS Publications, 1976), 94, Chpt. 8, ¶2.

²¹⁶ See John of the Cross, *The Ascent*, 142, Bk. One, Chpt. 11, no.2. And Thomas Dubay, *The Fire Within* (San Francisco: Ignatius Press, 1989), 232, n.67.

natural and straightforward sexual thoughts but are anxiety-provoking phantasms. In fact, such memories or imaginations can be for the person, a helpful sign and an early indicator of persistent, unwanted, and intrusive distractions, even while at prayer. The matter of distractions of prayer will be treated in more detail in the final chapter. It remains true, however, that sometimes the onset of a severe pathology which begins in childhood only surfaces later in life (see *PWH* 74-75). When people slow down from daily activities and endeavour to still themselves in contemplation, God opens the healing process, as will be explained later (see 5.3.1).

The malformation of the cogitative power generates in the imagination a phantasm that remains stored in sense memory until remediated or until unwilled and unwanted obsessions manifest themselves. Teruwe/Baars maintain that one single repressive act is sufficient to establish a severe pathology, though a habit ordinarily requires a repetition of acts.²¹⁷ The objection in context demonstrates the truncated content that was provided and the inaccuracy to which it alludes.

It is true that the presence of obsessive-compulsive symptoms presupposes prolonged and intensive repression, but the controlling influence of the will could never have been eliminated so completely if each repressing act had not constituted a measure of withdrawal from the will's controlling action. The frequency with which the repression takes place does not alter its fundamental nature, but only the extent and depth of its consequences...In the earliest stages, its manifestations are limited to the inner life, for example, to the imagination, as is seen in obsessive images which *distract a person during prayer*. Only later will it begin to reveal itself in compulsive motor behaviour" (*PWH* 215-16, emphasis added).

The objection which states that "the caveats that only those with a particular neurosis may use MT end up being unconvincing as the authors widen the scope of their view of the potentially ill" is unfounded. Obsessive sexual thoughts, as defined by Dr Majeres is conceded. A thorough response is supplied in 4.1.1: Objection 23 and further considered in 5.2.3: Objection 33 (*Logos*, 44, ¶2, i.e., obsessions). Obsessions are not "simply" thoughts while "trying to pray." They can indeed be indicative symptoms of a much deeper and sinister pathology with far-reaching psychological, spiritual, and moral effects.

Ideally, if the cause and effects of sexual repression were more widely known and understood by people in general, and psychologists and priests in particular, the value of MT would become much more self-evident and its validation and rectitude more pronounced. The maxim, "a stitch in time..." here is a truism. A timely intervention during teenage years and young adulthood in genuine cases of sexual repression are more quickly remediated than in later decades. Moreover, such a response by an informed confessor or spiritual director may prevent sexual misbehaviour involving others that sometimes has far-reaching adverse effects, which the current clergy crisis demonstrates. Medically speaking, taking cognisance of "simple" symptoms can avert serious maladies. In particular, the *Loyola*

²¹⁷ See *PWH* 49-50, 39-40, 216. Thomas states that "bodily habits, however, can be caused by one act, if the active principle is of great power" (*ST* I-II, q.51, a.3). A single act of sexual abuse is sufficient to fix the internal senses, particularly the cogitative power, in a pathology.

Psychological Study Data provided in the John Jay Research Report²¹⁸ is a confirmation of the defence raised here and indicative of the example of Bruce, the seminarian, that is used in the next chapter (i.e., 2.4.5). Psychosexually wounded, and immature youth can pass through seminary with a failure to achieve the “virtue of chastity that involves the integrity of the person and the integrality of the gift” (CCC 2337). What Terruwe wrote about as a “hypothesis” in the 1950s and 60s for the Netherlands²¹⁹ and Baars wrote about in the early 1970s for the English speaking world,²²⁰ sadly, are no longer theories but very public and damaging facts, at least concerning some clergy formation.²²¹

In brief, MT can do good. After alleging that MT is capable of significant corporate damage to many persons, it was shown that Objection Ten’s correlation with Roger’s Person-Centred therapy was misplaced. An explanation between ‘you may’ and ‘you must’ was provided, while the matter of involuntary natural sexual fantasies and the early onset of involuntary pathological sexual preoccupations was clarified. All in all, what is proposed in Objection Ten, namely that MT is unworkable and capable of great harm has, in fact, proven historically to be untrue. MT is capable of a great good by teaching the reasonable governance of the sensitive appetite and the procreative drive for the avoidance of obsessive-compulsive sexual misbehaviour.

1.5 Conclusion

By way of an overview, it can be said that MT as psychotherapy was embroiled in controversy from its beginning. Some of the more general objections were conceded and clarified, others were distinguished, while still others were refuted. With the advantage of hindsight, Carlo Leget wrote, “Although the ideas of Duynstee and Terruwe caused enormous upheaval in the 1950s and 1960s, the fuss was more due to socio-psychological and church political causes than to a misunderstanding of Aquinas and Freud. In fact, their interpretation of Aquinas is both very fruitful and based on the text of Aquinas instead of on later Thomistic traditions.”²²² A brief

²¹⁸ See (JJCRT, 2011), “Sexual Deviance and Vulnerability,” 68-74. Doctor Eugene Kennedy, as far back as 1971, found from his research that “the Loyola psychological study classified 8.7% of priests in their sample as “maldeveloped.” They described more than two thirds of their subjects as “underdeveloped.” A major area of underdevelopment is that of psychosexual maturity, a vulnerability shared by many Catholic priests in the mid-1970s,” 69.

²¹⁹ Bosscher and Monteiro, “Dutch Roman Catholics,” 56-59, 71.

²²⁰ See Baars, *I Will Give Them*, 1-26; 27-50; 87-96; Michael S. Rose, *Goodbye Good Men* (Washington DC: Regnery Publishing Company, Inc., 2002). See PWH “‘Guidelines’ to Quicksand,” 233.

²²¹ See JJCRT, 2004 and 2011. See Australian Royal Commission into Institutional Responses to Child Sexual Abuse, “The Royal Commission into Institutional Responses to Child Sexual Abuse: Policy and Research” (2016). Accessed December 3, 2016. <https://web.archive.org/web/20200223021458/https://www.childabuseroyalcommission.gov.au/>; and Australian Catholic Bishops Conference and Catholic Religious Australia, “Truth, Justice and Healing Council” (2016). Accessed March 15, 2016. <https://web.archive.org/web/20190823035322/http://www.tjhcouncil.org.au/>.

²²² Carlo Leget “Moral Theology Upside Down,” ed. Henk I.M. Schoot, *Jaarboek, Thomas Instituut te Utrecht* (1999), 120. Accessed March 20, 2016. <https://web.archive.org/web/20190516135252/https://www.thomasinstituut.org/thomasinstituut/documents/Jaarboek-1999.pdf>.

presentation of MT and its surprising three directives highlighted the need for further clarifications and the reason for the many questions raised. The following chapter will provide an answer to the main objection concerning MT's claim of being Thomist psychology. Before that, an understanding of the nature of sexual repression will be explained. Responses to more specific objections to MT will be provided. Spiritually, explanations will show that both therapist and priest make a concerted effort to help persons on their pilgrim way. Afflicted persons negotiate a variety of challenges but all with the increasing conviction of God's love for them.

CHAPTER TWO

2 Sexual Affliction and Insights from St Thomas

2.1 Psychosexually and Spiritually Healthy through Reason

To better understand the pathology of sexual repression, its cause, and eventual remediation, the early part of this chapter considers the condition of both the psychosexually and spiritually healthy and the repressed person. As mentioned earlier, Thomist psychology offers not only principles for a reparative psychotherapy; it is also capable of supporting a wholesome and formative pedagogy. If a fitting education on the possibility and necessity of thoughtful guidance of the procreative drive has not been provided during early prepubescent life and love catechesis,²²³ it becomes all the more relevant during the application of MT.

Probably the most critical section of this chapter is the analogical explanation of pathological repression which can be gleaned from St Thomas. This is the main refutation of the critique of MT. Is MT “A Thomistic Approach”? By answering the objections posed by Dr Majeres, a deeper understanding of the philosophical aspects of this condition is provided. Spiritually, a cogent method for the thoughtful guidance of the procreative drive, is offered to assist youth with a psychologically healthy means for the rational governance of the natural inclination for procreation.

2.1.1. A Wholesome Psychosexual Formation

With the assistance of comparison, an understanding of a healthy and unhealthy pedagogy is provided to highlight an initial instruction about the natural procreative inclination. An unhealthy and legalistic pedagogic emphases can set the scene for future repressive psychological factors and psychosexual development, both of which gravely impair an individual’s spiritual life and future intimacy with God. In the following vignette by Father Russell Abata C.Ss.R., a worthy description is provided to youth for the healthy and reasonable guidance of sexuality. In addition, there is the inclusion of the letters (*r.a.a.p.r.a*) that will mark out a method for the intelligent direction of the procreative drive. This will be further explained below as a psychologically healthy means to assist youth with the wise governance of their natural inclination for procreation.

Terry is in his middle forties. He is married and has a houseful of growing and grown children. Terry remembered well the frank sex talks he had exchanged with his father. He knew he was lucky to have such a dad. “Son, never be afraid of your body. One day soon you are going to awaken to sex. (r.) You will feel like you are going to explode. Don’t let that upset you. (a.) You are just coming into your manhood. Do not be afraid of your feelings. (a.) They are from God, so they can’t be wrong. But the feeling is one thing. (p.) Acting on those feelings is another. You are not ready yet to act out those feelings. The time for that will come later. In the meantime, respect.” Terry would recall how much that word, respect, meant to his father. (r.) Respect; respect for self, for God, and for others. That, he knew, was important. Terry dated many girls. Sexually, he felt like a man toward all of them. That came spontaneously and without effort. But to be

²²³ John Paul II, *Love and Responsibility* (London: Collins, 1981), 286.

and act like a man took effort. It took respect. Although married and settled down, Terry still feels attracted toward women other than his wife. He is not afraid of that. In fact, it kind of makes him feel open to life. He has nothing but respect and gratitude (a.) for his God-given gift of life-giving. He would not think of abusing it (*r.a.a.p.r.a.* added).²²⁴

In this example are the six qualities for a healthy and reasonable direction of the natural and supernatural inclination for procreation. For educational reasons, the acrostic “*raapra*” helps people remember to implement these qualities when aware of physical, sexual excitation, mental fantasies, and arousal. By doing so, they apply the necessary natural and supernatural actions for the avoidance of repression, the attainment of virtue, and develop a beneficial spiritual habit.

2.1.2. RAAPRA

To assist youth and to help sexually afflicted persons in therapy recover, the short teaching and mnemonic device of *raapra*, made up of six letters is a heuristic aid in a pedagogic process for responding to the natural procreative inclination and ordinary sensual attractions. The first letter “r” stands for *receive*. That is, to receive whatever the human organism communicates, body, soul, and spirit (see *Phil* 4:8). The body and soul are continually receiving complex data from the five external and four internal senses. Each sensation is a gift from God, for “no one can receive anything except what is given him from heaven” (*Jn* 3:27). The soul is collating this information as the person responds through the internal senses producing phantasms to be received by the individual’s immaterial and spiritual faculties. Whatever is received ought not to be suppressed or repressed, but instead needs to be permitted and guided reasonably. *Receiving* all that the body and soul communicates is appropriate from the first moment that the person becomes aware of procreative movements. It is imprudent to “nip-in-the-bud” these natural inclinations and movements.

The letter “a” is for *acknowledge* (see *CCC* 2393). To acknowledge means that persons fittingly and reasonably consider all of the external and internal sense data being communicated to them. And this is best acknowledged before God. Scripture says: “Trust in the Lord with all your heart and do not rely on your own insight. In all your ways, acknowledge him, and he will make straight your paths. Be not wise in your own eyes; reverence the Lord, and turn away from evil. It will be healing to your flesh and refreshment to your bones” (*Prov* 3:6-8). This is best done with God in mind because “no one incurs guilt who takes refuge in the Lord” (*Pss* 34:22). Indeed, “God is a shield for all those who take refuge in him” (*Pss* 18:30). “With the Lord on my side, I fear not” (*Pss* 118:6). Moreover, St Paul wrote, “There is, therefore, now no condemnation for those who are in Christ Jesus. For the law of the Spirit of life in Christ Jesus has set me free from the law of sin and death” (*Rom* 8:1). St Thomas comments on this verse saying, “now that we have been freed through grace, there is now, therefore, no damnation left because the damnation has been removed both as regards guilt and as regards punishment: it is he himself who grants peace,

²²⁴ Russell Abata, *Sexual Morality, Guidelines for Today’s Catholic* (St Louis: Liguori Publications, 1978), 39.

who is there who will condemn?” (*Job* 34:29).²²⁵ In other words, one of the benefits of being Christian is the time afforded for deliberation, and the liberty bestowed through, with, and in Christ Jesus. To reasonably acknowledge the procreative arousal in one’s body and soul is to humbly allow God’s gift of “the capacity and responsibility, of love and communion” (CCC 2331). “Sexuality especially concerns affectivity, the capacity to love and to procreate, and in a more general way the aptitude for forming bonds of communion with others” (CCC 2332). “Everyone, man and woman, should acknowledge and accept his sexual identity” (CCC 2333).

The second “a” is for *accept*, which means forestalling any and all judgements while permitting and experiencing whatever sensate phenomena, feelings, fantasies, emotions, or thoughts that spontaneously arise. By receiving, and mentally acknowledging what is received, a person need only accept nature’s sensate information as anatomical, biological, physiological, and psychological data.²²⁶ Moral considerations at this point would be pre-emptive. Spiritually, acceptance means formally welcoming the goodness of the procreative power and thereby the Creator’s gift. “My child, if you come forward to serve the Lord, prepare yourself for temptation. Set your heart right and be steadfast...Cleave to him and do not depart, that you may be honoured at the end of your life. Accept whatever is brought upon you, and in changes that humble you be patient” (*Sir* 2:1-4).

And “p” reminds the person of being *prudent* (see CCC 1784). Prudence begins the process of virtue, namely, by firstly taking *counsel*, by formulating a thoughtful *judgement*, and only then *commanding* an act or refraining from an action reasonably (see *ST* II-II, q.47, a.2). The first three permissions; to receive, to acknowledge, and to accept are all part of the initial stage of prudence, namely, taking counsel with God and within oneself. The second stage of prudence is to cognitively consider firstly, the observations being presented by the internal senses: common sense, memory, imagination, and cogitation. This final and most elevated of the interior senses, cogitation, is “a type of physical or natural judgement in which the cogitative power places two things side-by-side and compares them.”²²⁷ This activity is essential for arriving at a prudential *sense* judgement. For it composes and divides intentions arising from the concrete particulars presented from the sense data received.²²⁸ Secondly, the cogitative power’s judgement then collates²²⁹ this data not only from the external senses but also from the other internal senses, especially from the memory. This recall is where previous sense judgements of a similar kind that may have already been collated are “stored” and recalled. Lastly, in conjunction with all

²²⁵ See Thomas Aquinas, *Commentary on Romans*, Chpt. 8, Lecture One, 595-600, 201.

²²⁶ John Paul II, *Love and Responsibility*, 286-87.

²²⁷ Ripperger, *The Introduction*, 43.

²²⁸ See Thomas Aquinas, *Summa Contra Gentiles*, trans. Anton C. Pegis (London: Doubleday & Company, 1975), Bk. II, 1. 73 no. 14.

²²⁹ The word *collatio* is used by Thomas Aquinas in *Quaestiones Disputatae De Anima*. This work has been translated as *The Soul* by John Patrick Rowan (St Louis & London: B. Herder Book Co., 1949), q.13. Html edition by Joseph Kenny OP. Accessed November 23, 2016. <https://web.archive.org/web/20180625030441/http://dhspriority.org/Thomas/QDdeAnima.htm>; and Ripperger, *The Introduction*, 44.

the sources of counsel mentioned²³⁰ the imagination forms a phantasm which is presented to the agent intellect to be apprehended.²³¹ Only at this point is the possible intellect equipped with both particular and universal intentions able to form a “prudent” judgement which in turn will guide the decisive choice of the rational appetite, the will (see *CCC* 1777, 1780). As will be seen later, those persons who dwell in sanctifying grace have the infused virtues to guide them, especially prudence which aids the intellect along with the additional assistance of the Holy Spirit’s gift of counsel. Moreover, charity perfects the will along with the infused gift of wisdom which contemplates reality, judges both theoretically and practically the nature of things in the light of former contemplation and puts things in right order (see *ST* II-II, q.45, a.3, ad.3). Now individuals are ready to command or restrain action. Only at this point, does morality enter into the human act. “The simpleton believes everything, but the prudent looks where he is going. A wise man is cautious and turns away from evil, but a fool throws off restraint and is careless” (*Prov* 14:16). These initial steps of *raapra* help the person spiritually. However, it will be seen later that people can be swayed by base emotions (see *ST* I-II, q.77, a.6), for “inordinate love of self is the cause of every sin” (a.4). When from the first movements of sexual preoccupation a person has a workable plan (i.e., *raapra*), then mind and heart can both be habituated towards God. In this way, far from procreative arousal being a temptation to sin, it is an opportunity to consciously welcome God’s presence with thanksgiving and praise. And when this is cultivated, even the procreative power is tempered for as long as it endures. Spiritually, such a habit is most advantageous and meritorious.

Concomitant, therefore, with commanding an action, “r” reminds the person of the need for *respect*. Respect is less about law and is more about love, a filial reverence (see *CCC* 448, 1828, 2350). Respect for God, respect for the gifts bestowed, respect for law, respect for others, respect for oneself, and every part of one’s self (see *Mt* 22:39). “Therefore, show respect for my words: For it is good to retain every kind of shame, and not everything is confidently esteemed by everyone. Be ashamed of immorality” (*Sir* 41:16-17). Respect for oneself sometimes means reforming one’s attitude and understanding of the human body made good by the Creator. Because the physical body always tells the truth via its external and internal senses, whether this is interpreted correctly or not; sensations, feelings, emotions, memories, imaginings, cogitative judgements, thoughts, natural inclinations, and intuitions are all to be respected. The sensible person, however, will always subject what is experienced to the discernment of reason and the eternal law. For “the more necessary a thing is, the more it befits one to observe the order of reason in its regard” (*ST* II-II, q.153, a.3). Sometimes the subtleties of emotion and law are missed in a cursory reading of Sacred Scripture. For example, “Be angry but do not sin” (*Eph* 4:26). This means respect your anger, yet reason must direct this good and powerful

²³⁰ And this could also include the quasi-potential parts of prudence, if they be known; namely, *euboulia* or deliberating well, *synesis* or judging well according to common law, and *gnome* or judging well according to general law (see *ST* II-II, q.51, aa.1-4).

²³¹ As an aside, it may be noted that misinterpretations, falsity, or error, are all capable of being part of an aberrant sense judgement if sexual abuse, repressive factors, or ignorance are part of that sense judgement.

emotion with right judgement. So anger, and all of the emotions, must be respected as something wonderful and beneficial. Jesus demonstrates how to use anger meekly and appropriately (see *Mt* 21:12-13; 22:19). All must learn to respect their body and soul. “My heart and flesh sing for joy to the living God” (*Ps* 84:2).

Lastly and all importantly, “a” stands for *adoration* (see *CCC* 2628). The intelligent and spiritual person adores God for the beautiful things allotted to humankind while giving thanks and praise for all. “Always and for everything giving thanks in the name of our Lord Jesus Christ to God the Father” (*Eph* 5:20). When attracted by physical and sexual beauty or moved to appreciate it, it is worthwhile to remember the spiritual and practical application of the words of the Apostle, “whether you eat or drink, or whatever you do [*even admiring beautiful people*], do all to the glory of God” (*1Cor* 10:31, addition and emphasis added). Teaching children, youth, and reminding young adults of *raapra*, provides a wholesome pedagogy for dealing with the passions and for making sound moral choices concerning the procreative drive and for the safeguarding of sanctifying grace. Most notably, it is a sound catechesis effective for turning hearts and minds to the Creator, for the seeking of grace, for the fitting governance of the natural inclination for procreation, and for giving a spiritual antidote to what many people find most troublesome. The *Catechism* affirms, “Chastity is a moral virtue. It is also a gift from God, a grace, a fruit of *spiritual effort*. The Holy Spirit enables one whom the water of Baptism has regenerated to imitate the purity of Christ” (*CCC* 2345, emphasis added).

2.2 The Repressive Disorder: a Sexual Affliction

Turning now to an example of one form of sexual affliction that causes deep emotional conflict is an example of poor pedagogy. Through this vignette, it is possible to take a glimpse of what unhealthy and unreasonable repression looks like in a person.

Anthony is a handsome man in his thirties and has several children. Anthony comes from a strict background. He had been taught from childhood to do all in his power to avoid anything related to sex. “Remember, Tony,” his mother would warn him, “God is always watching you. You do not want to displease him or his pure Mother.” So Anthony made heroic efforts to avoid anything connected with sex. He was totally unprepared for puberty, and his subsequent fright put him more on his guard against sex. Courtship was an ecstasy-agony. He really liked Sue, but touching her brought those bad sexual feelings. He consulted a priest and was reassured that he could allow those feelings since he planned to marry soon. “Just say a prayer each time they come.” Anthony finally married and seemed to settle down. He even accepted sex as not being bad or dirty. However, in opening up to sex, he found himself wide open. He began to daydream and desire. Once the spark of desire was ignited, it consumed him, and he yielded to self-abuse and extramarital sexual relations. Anthony could not steer a middle road. For him, it was either avoid all sexual feelings or yield to them. He had never learned to take his sexuality in his stride, to integrate it virtuously into his character. He had never learned to allow his wishes and wants to express themselves reasonably so as to find guidance through right reason.²³²

²³² Abata, *Sexual Morality*, 38.

This vignette is typical of a great deal of sexual affliction that affects scores of people today. One could say that this intelligent, conscientious, and initially emotionally healthy person, had unwittingly been trying too hard to be, and do good! The example displays several repressive causes and effects. “Strict,” legalistic, overly religious or scrupulously conscientious persons with uncompromising childhoods may engender repressive attitudes towards human sexuality.²³³ Even when it is true, an overemphasis of a vigilant “watching” God and the possibility of displeasing God and his “pure Mother” implies obligatory correctness from the first moments of one’s pubescent moral life with “no middle ground between being free and not being free.”²³⁴ Nor does such an understanding affirm that “self-mastery is a long and exacting work” (CCC 2342). Moreover, there were no spiritual insights for Anthony to balance the threatening moralistic emphasis on purity. This pedagogy was very different from Terry’s understanding, who “has nothing but respect and gratitude for his God-given gift of life-giving.”²³⁵

Intelligent, Anthony made conscientious “heroic efforts to avoid anything connected with sex.” This attitude, which was combined with his being “totally unprepared for puberty,” bespoke a lack of proper parental pedagogy and engendered an inappropriate mindset towards life, love, and sexuality. Given that he took “subsequent fright which put him more on his guard against sex,” he did not understand his natural inclination for procreation but viewed this disposition as morally “indifferent,”²³⁶ or even as a source of “those bad sexual feelings.” Clearly, the irascible emotion of fear was more excitable in the presence of sensual and sexual attraction than his aroused desire. His misunderstanding of whatever “springs from attraction to what appears true and good,” becomes suspect.²³⁷ This highlights all the more the wisdom of Pope St John Paul II’s recommendations for youth to be given a fitting and appropriate formation and information in human sexuality. Misinformed early in life and unaware of the harm that Anthony was doing to himself, “Courtship was an ecstasy-agony.” His teenage years were not a period for the development of virtue but a “heroic” attempt to stifle nature. No facility for a middle course was formed. No promptness for purity, no virtuous delight in continence and chastity. He just used whatever irascible resources of his psyche were available to him at the time to achieve his arduous goal of personal moral integrity. There was no growth through successive stages, informed through education, and exercised with discipline (see CCC 2343).²³⁸ Sadly, he was not helped by the spiritual direction he rightly sought. “Just say a prayer each time they come” at first seems appropriate. However, for a person already repressed, prayer can be erroneously used as a psychic jack-hammer or pile-driver to compact more deeply already repressed urges that are buried alive and naturally seeking their object under the governance of right reason, but unable to

²³³ Studies demonstrate that over 70 percent of confirmed sex addicts come from rigid and legalistic families, where “doing it right” is of the highest priority. See Carnes, *Don’t Call It Love, Recovery from Sexual Addiction* (New York: Bantam Books, 1992), 97.

²³⁴ Pinckaers, *The Sources*, 375.

²³⁵ Abata, *Sexual Morality*, 39.

²³⁶ Pinckaers, *The Sources*, 327ff.

²³⁷ *Ibid.*, 375, “Freedom for Excellence,” 1.

²³⁸ Pinckaers, *The Sources*, 375, “Freedom of Indifference,” 2.

do so. An uninformed or negligent form of spiritual guidance missed an ideal opportunity to help Anthony not only psychologically but most especially spiritually. Good priestly instruction would afford a fitting spiritual solution and not an increase in the gravity of the problem. The advice that Tony could “allow those feelings since he planned to marry soon” was particularly unhelpful, missing the stages of *raapra* and indifferent to an authentic freedom of an openness to all human faculties and their contribution to right action, by progressively interiorizing the natural and divine laws through the virtues of justice and charity.²³⁹ He may have “accepted sex as not being bad or dirty” cognitively, but such knowledge was totally absent connaturally in his interior senses because “in opening up to sex, he found himself wide open. He began to daydream and desire.” His earlier maternal influence of erroneous over-vigilance and potential sin, cognitively excited Anthony’s irascible appetite. This approach was capable of inciting pathological sexual repression. Compulsions and obsessions became the norm of his behaviour because “once the spark of desire was ignited, it consumed him, and he yielded to self-abuse and extramarital sexual relations” thus jeopardising his marriage commitment and opened himself to possible public condemnation, thus being despised by immediate and extended family and friends, and maybe even the loss of employment opportunities. Being a sexually afflicted repressed person, he “could not steer a middle road...it was either avoid all sexual feelings or yield to them.” Unfortunately, he had never learnt to take his sexuality in his stride, to integrate it virtuously into his character (see *CCC* 2337). He had missed the God-given opportunity as a pubescent youth, young adult, romantic fiancé, and a married man to “act freely with excellence and perfection...for freedom resides in reason and will together.”²⁴⁰ He had never learned that his free choices for evil were a lack of freedom. There is no substitute for authentic human and spiritual (i.e., not moralistic) “love and life” catechesis from a well-informed, calm, and affirming parent.²⁴¹ Sadly, when such a catechesis is missing, there is little opportunity for catching up later. Pre-pubescent procreative education is a privilege to provide, as well as being a right and a duty (see *CCC* 2221). Absent, inadequate, or overly moralistic, or Jansenistic spiritual sex-education inevitably sets youth up for problems later. A wholesome procreative pedagogy, as noted above, lays the foundation for a further reasonable and spiritual appreciation of such a powerful natural inclination.

At no other time, in an afflicted person’s life is the repressive process more likely to breakdown than when “love,” the strongest of the concupiscible emotions is powerfully activated through romantic acquaintanceship, friendship, or true love. The contrast between Terry and Anthony is as significant as the dissimilarity between the freedom of indifference and the freedom for excellence.²⁴² Anthony is a typical example of an often repeated scenario of a person with a repressive disorder. To all appearances, he seems fine, but he has the secret personal struggle of sexual repression. Anthony thinks himself to be the worst of sinners. He chastises himself

²³⁹ *Ibid.*, 375, “Freedom for Excellence,” 6 and 5.

²⁴⁰ *Ibid.*, The definition of the Freedom for Excellence, 375.

²⁴¹ The Pontifical Council for the Family, *Truth and Meaning of Human Sexuality* (December 8, 1995), IV. Accessed November 23, 2015. http://www.vatican.va/roman_curia/pontifical_councils/family/documents/rc_pc_family_doc_08121995_human-sexuality_en.html.

²⁴² Pinckaers, *The Sources*, 375.

for his weak will and promises he will never do so again, totally unaware that he is not “over-sexed” or wicked but profoundly psychologically wounded. Anthony’s worst nightmare of being discovered for what he is, and does, is only marginally more disastrous for the consecrated celibate whose disgrace in discovery is that of the entire Mystical Body of Christ.

The reason a person with such excellent natural qualities becomes repressed is found in the malformation of his cognitive and cogitative powers. It is not uncommon to find during counselling that this same type of person was either sexually molested or received an untimely, inadequate, incomplete, or erroneous mental and emotional formation which left him open to a repressive disorder. One can also learn to be sexually repressed by the imitation of parents almost by osmosis, but always present is a malformed judgement of the cogitative power (see *PWH* 39). An erroneous pedagogy often precipitates a repressive disorder. The error can come in, at least, three ways: through verbally expressed inaccuracy, by bad example (even if well-intentioned), and by omission. In the latter instance, the individual is constrained to find his own solution, and so it happens, that they discern and judge erroneously. “Wise men lay up knowledge, but the babbling of the ignorant brings ruin near” (*Prov* 10:14). All the same, it is an act of love to “deal gently with the ignorant and wayward” (*Heb* 5:2).

Insufficient and rigid moral teachings which fail to address the true Thomist psychology of human beings is no preparation for puberty (see *PWH* 108-9). When natural feelings arise, they can be feared and even seen as dangerous or sinful. Inadequate sacramental instruction compounds the matter and leaves a mature adult with limited knowledge of how to deal appropriately with the natural inclination of the procreative drive. When youth lack appropriate training, formation, and the knowledge of authentic virtue, continence and chastity become impossible in the area under repression. Preoccupations, fantasies, and lustful desires proliferate, or they are blocked altogether. In a subtle but habitual manner, repression occurs because the rational appetite is displaced and conflict ensues between the powers of the sensitive appetite. Depending on the depth of repression, desires can churn (i.e., obsessions) or fear or energy may temporarily triumph, only to fail time and time again causing sexual misbehaviour (i.e., compulsions) resulting in guilt with an abiding sense of shame. In the following chapters, it can be seen how MT modifies scenarios like Anthony’s current state and make it possible for him to enjoy with promptness, ease, and delight a genuinely upright virtuous life with psychological and moral freedom for Christian excellence and increased spiritual happiness and holiness. Short of a miracle, repression endures since “the sensory life does not possess any natural means of solution” (*PWH* 35). Thus, persons such as Anthony will limp through life in fear and trepidation of a “worst-case scenario,” frequenting sacraments for salvation’s sake but never really understanding or knowing what authentic Christian virtue is or what it feels like.

2.3 Pathological Obsessions, Feelings, and Thinking

The matter of sexual obsessions is particularly disturbing to sexually afflicted persons. Moreover, the distinction between feeling and thinking is an important one. Although behavioural psychology has no ready explanation for the onset and presence of obsessive thinking, the terms feeling and thinking receive some clarification from philosophical psychology. In the context of this study, the emphasis is on the power of felt experience to affect thinking processes and vice versa. In a later chapter, the matter of connatural knowledge will be considered. Here, the focus is on how an emotional pathology interferes with both feeling and thinking. First, the question of obsessions is discussed in the context of a critiquing of MT.

2.3.1. Whether MT does more harm than pathological obsessions?

Objection 11 maintains that MT is deleterious to those who suffer from obsessions and compulsions and is an occasion of greater harm for the person.

(i) From the perspective of cognitive-behavioural theory, the difficulty with the Terruwe-Baars approach to treating OCD is that it gives importance to the content of obsessions. In their view, fears of having sexual attractions, or scruples about any sexual matters, mean that one is repressing sexual desires. Thus, the patient is taught that obsessions have meaning—which is precisely the thing the person with OCD often fears most (e.g., “If I obsess about sexual matters, then it means that I am repressing my sexual desires and that they will eventually overwhelm me”; or “If I obsess about being gay, then it means I am repressing homosexual desires.”) The search for a deeper meaning to obsessions is the discredited Freudian approach, and it is the essential difference between the approaches taken by Freud’s psychodynamic therapy and cognitive-behavioural therapy (*Logos* 44, ¶1).

(ii) Multiple studies have shown that the vast majority of people have occasional obsessive thoughts but never develop OCD, presumably because they do not feel threatened by them. Those who develop OCD, however, see the taboo thoughts as threats, and so they vigorously suppress them. A strategy of total suppression necessarily backfires, however, since it requires continual vigilance for the threatening thought, and this vigilance itself ends up provoking the thought it was intended to prevent. Those with OCD end up imprisoned in a cycle of suppression, vigilance, and increasingly repetitive unwanted thoughts. Not seeing that their vigorous suppression is what caused the cycle in the first place, they end up tortured by the thought that their obsessions must have a deeper, sinister meaning (*Logos* 45, ¶1).

(iii) Should the insistence on the deeper meaning of obsessions in *Psychic Wholeness* not arouse complications in the patient, the treatment certainly would. Mortification therapy tells patients to mortify their fear, allow sexual feelings to take place, and tolerate the occurrence of sexual acts. If this approach to sexual obsessions were transferred to obsessions of harm, it would be like telling the mother who fears hurting her newborn to set her fear aside, allow her violent feelings to take place, and tolerate the occurrence of murderous acts. To be sure, the authors would never counsel this kind of action; and yet, moral prohibitions against murder aside, it would be difficult for them to show how the cases differ—particularly when they are asking patients to put aside their moral prohibitions in sexual matters (*Logos*, 45, ¶2).

On the contrary, MT is not a blanket cover-all for every type of psychological obsessive-compulsive disorder. Terruwe/Baars emphasise that MT is only prescribed to persons who have been clinically diagnosed with sexual obsessions and compulsions “*and never to all such neurotic persons in general*” (*PWH* 104).

I answer that MT at first appears complicated, unreasonable, and even sinful. However, when its basic tenets are grasped, it can be understood by the most afflicted person. Once repressed people have their condition explained to them, they relax in the knowledge of their entirely explicable infirmity. By their following MT, obsessions dissipate as their wholesome and conscientious minds grasp the philosophical truths underpinning therapy.

I respond to Objection 11 (i) that, as explained in 1.4.8: response to Objection 8 (iv), MT is a causal-oriented intervention. MT does not “give importance to the content of obsessions” apart from their capacity to identify the nature of the repressing emotion (see *PWH* 39-40, 88-89).

Further, as stated in 1.4.2 (ii), Terruwe/Baars do not treat the diagnosis of the causes or the symptoms of sexual repression lightly. Obsessions in themselves do not constitute the presence of a sexual pathology. When thoughts are truly obsessive, however, they can be effects of a deeper problem. By way of example, it is more common to deal with a cleric who is extremely unreasonable and scrupulous concerning the particles of the Eucharist, not only during the Mass but also regarding the sacred vessels in the sacristy and the Sacred Species reserved in the tabernacle. Indeed, this can be more symptomatic of sexual repression than to “obsess about sexual matters.” Again, MT would not take such a symptom as a guarantee of sexual repression, though it is by no means uncommon. If something such as scruples over Holy Communion can be indicative of sexual repression, all the more so obsessions over sexual matters. By way of additional verification, the laity might view Holy Communion and sexual matters as disparate. Nonetheless, the Eucharist is a love Object. The unordained may only marvel, yet in sleep, priests have related their surprise that even while dreaming about the Eucharistic consecration at Mass they have had a nocturnal emission.

Furthermore, objection 11 (i) is simplistic in its presentation of a stand-alone symptom and its corollary of compulsion. By way of the re-formation of both the cogitative and cognitive reason, MT does not focus on the “content” of obsessions. The objection that MT is a “content-oriented therapy” is a red herring that truly falls into the category of relevance fallacies. The book *Psychic Wholeness and Healing* amounts to 105116 words. The word “content” is used only seven times in *PWH*. That is twice regarding the Contents of the book (*PWH* v, xiv); once concerning the cogitative power’s operation (*PWH* 8); a fourth time in regard to how the content of experience influences the intellect (*PWH* 8); three times concerning the content of sexual education (*PWH* 108, 151); once regarding philosophical anthropology (*PWH* 140); and finally once in relation to dreams (*PWH* 215). The presumption that the content of obsessions is given importance is a misrepresentation of MT. Indeed, the

patient is **NOT** taught that obsessions have meaning, quite the opposite. They need to think less and feel more (see *PWH* 92-93).

Lastly, an additional and relevant matter in keeping with Objection 11 (i) is that MT does not have to deal in any manner with “obsessions” as such. In the objection, the example of same-sex attraction (SSA) is provided. In fact, if sexually repressed SSA persons consistently apply *raapra*, follow the entire therapy of MT and do their best to mortify aberrant same-sex imaginations and fantasies, with the aid of healing prayer, these individuals gradually address the reasons for their original stalling in their psychosexual development and for their SSA fixations. Once these impediments are healed, a natural reorientation of the cognitive mind and internal senses can grow towards a proper heterosexual love object/person. The younger the SSA afflicted person who undertakes MT, the greater the success. The principle, however, remains true even for persons in their forties and older. Such a possible desire for natural love and for heterosexual procreation, as distinct from other unnatural sexual activity, auto-sexual²⁴³ or homosexual, is philosophically and psychologically sound.²⁴⁴ The reason is that without even considering the “obsession” head-on, even during prayer ministry, with the aid of the natural inclination of the procreative drive, a heterosexual attraction can surface “naturally.” Because the natural inclination for procreation is essentially heterosexual, it spontaneously develops into the greater personal desire for procreation and the rearing of offspring. This reformed orientation is a sign of psychosexual maturation. It is an error to believe or teach that MT gives cognisance to a “search for a deeper meaning to obsessions.”

I respond to Objection 11 (ii) that this particular objection seems to concede and reaffirm the very teaching of Terruwe/Baars. Apart from the fact that the word suppression is used in place of repression, the process is similar to that which is explained throughout this text. The ingredients being; “a strategy of total suppression,” “necessarily backfires,” and because it is unnatural and a disorder, “it requires continual vigilance for the threatening thought,” which is the reflex flowing from the cogitative powers harmfulness judgement. “This vigilance itself” is nothing more than the repetition of habit stimulated by the unacceptable object present or imagined. Thus further encouraging and “provoking the thought it was intended to prevent,” which is the breakdown or the outbreak of the obsession and even the compulsion. “Those with OCD end up imprisoned in a cycle of suppression, vigilance, and increasingly repetitive unwanted thoughts” (*Logos* 45, ¶1). This is the pathological habit of repression. Indeed, repressed persons who are unable to apply reasonable guidance to their unacceptable feelings, imaginations, sensations, or thoughts can eventually become unaware of the source or reason for their condition. When the vigorous “suppression” concerns unacceptable sexual objects, MT has the

²⁴³ Auto-sexual refers to people who are content to pleasure themselves. Though they may be attracted to others and imagine themselves with others, they self-pleasure either due to an inability to seek, find, or relate, respond to others. Sometimes, it means that they are sufficiently aroused by their own bodies or fantasies that they believe that they do not need others romantically, sexually. Autonomous: being free to act independently.

²⁴⁴ See Ripperger, *The Introduction*, 276, 690; regarding the re-formation of the cogitative and cognitive powers. Moreover, this teaching has relevance for same-sex reparative therapy.

capacity to liberate suppressed persons from their vicious and repetitive cycle and to bring enlightenment and reasonable guidance to the tenacious obsessive habit.

I respond to Objection 11 (iii) that there is much more to MT than the three directives, as previously explained (see 1.4.4: response to Objection 4 [i]). The three directives are *only* applicable to those persons suffering from a repressive disorder involving sexual obsessions and compulsions.²⁴⁵ This prerequisite is a significant and clearly defined circumstance. Therefore, MT concerns a precise psychological condition for those to whom the therapy may be *prescribed*. The category of persons *excluded* from treatment is unequivocal (see *PWH* 104). MT is quite specific, and it is up to the competence of the professional as to whom the therapy can be prescribed. This therapy is not for those persons with “abnormalities of the emotional life which are the result of cognitive dysfunction;” nor for those with “constitutionally determined mental deviations” (e.g., psychopathic personalities and psychotics, see *PWH* 30); nor those with an “Obsessive-Compulsive Personality Disorder”²⁴⁶ (*PWH* 119 no. 5), and particularly not for “healthy persons” (*PWH* 129). Needless to say, the three directives are not prescribed to individuals with “obsessions of harm” to themselves or others as the objection suggests. MT cannot be “transferred to obsessions of harm” or any other obsession beyond MT’s specificity.

Further, it is not difficult “to show how the cases differ” between sexual obsessions and personal harm obsessions. As with the previous response to the objection, the cases differ specifically and causally. By specifically is meant the three directives involve sexual repression and no other types of obsessions or compulsions. Differential diagnoses would consider a variety of possible causes for preoccupying mental obsessions regarding self-harm or the harm of others. An experienced

²⁴⁵ What this circumstance implies is that the therapy is not for persons with addictive personalities; such behaviours as drug addiction or sexual addictions, unless in this latter case there was also an underlying sexual repression. While it can be the case that a drug addict has an underlying pathology, as do most alcoholics, no psychologist would prescribe the three directives given that chemical dependency and substance abuse radically impairs and interferes with the mental operations of the person. Similarly, the therapy could not be prescribed for those who are healthy nor those suffering from mental disorders. If however, it was found in counsel that those suffering from eating disorders had a similarly malformed cognitive judgement, then the three directives might well be applicable, but with a non-sexual application. But this would again be the domain of the professional psychologist.

²⁴⁶ This work concentrates specifically on OCD sufferers and not on the obsessive-compulsive personality disorder, OCPD sufferers. The person who has an obsessive-compulsive personality disorder (OCPD), though similar in name is markedly *different* from the afflicted person with obsessive-compulsive disorder (OCD). The traits of the obsessive-compulsive *personality* disorder are “a pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency.” The onset is in early childhood and is present in a variety of contexts (see *DSM-5*), 678-79.

The condition known as obsessive-compulsive *personality* disorder (OCPD) has different clinical manifestations from the OCD person. “The obsessive-compulsive personality disorder is not characterized by intrusive thoughts, images, or urges or by repetitive behaviours that are performed in response to these intrusions; instead, it involves an enduring and pervasive maladaptive pattern of excessive perfectionism and ridged control” (*DSM-5*, 242). However, it is possible for a person to manifest symptoms of both OCD and obsessive-compulsive *personality* disorder, OCPD. When this is so, a person might receive both diagnoses.

psychologist during diagnosis would consider a variety of causes and any other possible comorbidity. The priest would also consider spiritual causes commonly found presenting similar symptoms.²⁴⁷ The objection raises another argument *ignoratio elenchi* (i.e., an irrelevant conclusion). There is no comparison between sexual repression and a different pathology that includes obsessions that involve compulsions to do harm to oneself or others. MT as a causal oriented psychotherapy with specific applications disqualifies the given example. Therefore, the objection fails.

Lastly, a most important matter is that MT never “asks patients to put aside their moral prohibitions in sexual matters” (see *PWH* 34-36, 106f., 195-96, 233f.). The refutation of this objection will be established through the content of Chapter Three, which considers in depth the morality of MT, namely, its object, end, and circumstances.

In brief, far from being harmful to afflicted people and exacerbating obsessions, MT remediates excessive preoccupations at their source, the cause. It does not focus on the content of obsessional thoughts.

2.3.2. Pathological Feelings and the Procreative Drive

A mature person understands that sexuality is good. The procreative drive requires reasonable direction. The sexually afflicted person may recognize theoretically that human sexuality is created good by God, but he “senses” (the person might say “feels”) that it is potentially dangerous, sinful, or even evil, thus it needs to be opposed. Terruwe/Baars state, “only if the refusal [i.e., of some gratification] is not based on reasonable motives, but on feelings, does it become a repression, for in that case one emotion attempts to force another, and this is unnatural” (*PWH* 45-46).²⁴⁸ The afflicted person uses the word “feels” in two ways. It expresses: 1) a wariness for danger; and 2) an actual somatic sensation resulting from the reaction of a harmfulness cogitative judgement, which the person combats or tries to eliminate. The person does this using repression of incipient sexual arousal, even at the level of internal senses (i.e., imagination). The repressive psychic reflex action happens

²⁴⁷ Concerning demonic obsessions see Aumann, *Spiritual Theology*, 404-8; Tanqueray, *The Spiritual Life*, 1426, A), 3), 671; Royo, *Christian Perfection*, 244-49; Vincent M. Walsh, *A Key to Charismatic Renewal in the Catholic Church* (St Meinrad, IN: Abbey Press, 1976), 238; *The Way of the Pilgrim and A Pilgrim Continues His Way*, translated by Helen Bacovcin (New York: Image Books, 1978), 91-94.

²⁴⁸ This statement needs some clarification, for it is partly true and partly false. Terruwe/Baars bring in an equivocation when speaking of “reasonable” motives. It was affirmed that a falsity in the intellect has been transmitted to the cogitative power which leads to repression, because its misinterpretation commands the irascible appetite to respond, whereas in fact the object (i.e., procreative attraction), calls for a response by the pleasure appetite. Hence the opposition between “reasonable” and “feeling” betrays a confusion, since the feeling was provoked by an “apparent truth” in the reasoning process. Even a negative “feeling” resulting from sexual abuse has a cogitative and cognitive aspect to it. Only, truth can bring lasting freedom (see *CCC* 1741). Unless objective truth, both cogitative (i.e., connatural) and cognitive (i.e., intellectual), can be introduced into the repressive process, there is no cure for the afflicted person.

before it can be directed by reason and will (see *PWH* 37, 47).²⁴⁹ It can be as quick as a physical blink of the eye, and it can affect the physical reflexes (see *PWH* 127-28, 128n).

When terms such as “sense” or “feel” are used by the afflicted person, they are usually expressing “something” they believe is not quite right in their subjective reality. Their head knowledge of sexuality’s goodness does not ring true in their bodily feelings. What the repressed person is saying is that his cogitative power’s usefulness or harmfulness judgement provides information that is different from that which his objective intellectual reality knows. Bear in mind that in the psychologically healthy person, it is the person’s inner “conviction,” that is universal and particular reason, that ultimately commands the sensitive appetite or emotional response, not his speculative intellectual knowledge alone. St Thomas states: “Wherefore in man, the sensitive appetite is naturally moved by this particular reason. But this same particular reason is naturally guided and moved according to the universal reason: wherefore in syllogistic matters, particular conclusions are drawn from universal propositions” (*ST* I, q.81, a.3). However, in the psychologically disordered person, because of a malformed particular reason or a misinformed universal reason, the above healthy process is disordered.

The faculty of the will is the appetite of reason (*ST* I-II, q.19, a.3, ad.1). The passions are the appetites of both the external senses and the cogitative and imaginative powers. In each of these cases (will and passions) the appetite is a “mover moved” (*ST* I, q.80, a.2).²⁵⁰ The passions as appetites are not mere potencies but are active because they are animated by the soul as in act. Moreover, both types of mover movements, rational and sensitive, can be habituated (see *ST* I-II, q.51, a.2). The appetites respond to direction from a judgement of “reason.” That is from both the particular reason²⁵¹ and the universal reason²⁵² which direct the sensitive appetite by a politic power.²⁵³ They act accordingly, whether the judgement is objectively true or

²⁴⁹ It should be borne in mind that the cognitive faculty’s own inadequate or misinterpreted judgements can also stand behind a malformed cogitative sense judgement (see *PWH* 39).

²⁵⁰ The term “mover moved” is often colloquially referred to as a “moved mover.” St Thomas, however, writes “The appetitive power is a passive power, which is naturally moved by the thing apprehended: wherefore the apprehended appetible is a mover which is not moved, while the appetite is a mover moved” (*ST* I, q.80, a.2). Also *ST* I-II, q.9, a.1; I, q.75, a.1, ad.1. This distinction is important and will be dealt with later in 2.5.2: response to Objection 14.

²⁵¹ “The power by which in other animals is called the natural estimative, in man is called the ‘cogitative,’ which by some sort of collation discovers intentions. Wherefore it is also called the ‘particular reason’” (see *ST* I, q.78, a.4).

²⁵² “It is clear that the universal reason directs the sensitive appetite, which is divided into concupiscible and irascible; and this appetite obeys it. But because to draw particular conclusions from universal principles is not the work of the intellect, as such, but of the reason: hence it is that the irascible and concupiscible are said to obey the reason rather than to obey the intellect” (see *ST* I, q.81, a.3).

²⁵³ “The intellect or reason is said to rule the irascible and concupiscible by a politic power:

false. In the psychologically healthy person, the rational and sensitive appetites act appropriately. Whereas in the psychologically disordered person, the malformed cogitative power's usefulness/harmfulness judgement not only plays a critical role in moving the sensitive appetite as its proper object (see *ST I*, q.81, a.3) but affects the rational appetite, indirectly (see *ST I-II*, q.77, a.1). "Since man is directed to right action by a twofold knowledge, viz., universal and particular, a defect in either of them suffices to hinder the rectitude of the will and of the deed" (a.2). Malformed particular reason (e.g., a harmfulness cogitative judgement resulting from sexual abuse as a child) affects universal reason by way of a phantasm that misrepresents objective sexual reality. Earlier negative cogitative judgements of harm are recalled as pre-formed phantasms which have already been processed by the intellect which has its own reasonable (or, in fact, unreasonable) contribution via the universal reason. "The fact that something appears good [or bad] in particular to the reason, whereas it is not good [or bad], is due to a passion: and yet this particular judgement is contrary to the universal knowledge of the reason" (see *ST I-II*, q.77, a.2, ad.2, inclusions added). Universal reason may know that sexual pleasure is in itself good. However, because of sexual abuse, wholesome feelings are radically distorted and are judged by the cogitative power as harmful, so much so that sexual feelings are judged as bad, disgusting, or evil. In this way, the universal reason is affected by the preformed cogitative judgements coming from a damaging historical life event. The abused victim knows connaturally that sexual imagery, sensations, or arousal bring back all those harmful, negative, and bad feelings. It seems reasonable to the abused person that he or she deliberately choose to avoid all sexual arousal from its first movements. That is, the wounded person represses their concupiscible appetite. Even though this is an unnatural act and a psychological vice, it is done with the best of intentions because of the previously formed cogitative power's harmfulness judgement.²⁵⁴ For the will is "never moved to an evil, unless that which is not good appear good in some respect to the reason; so that the will would never tend to evil, unless there were ignorance or error in the reason" (*ST I-II*, q.77, a.2). In due course, any real or imagined sexual object, associated sensuality, or aroused sexual passion that is perceived by the person is subsequently collated by the cogitative power as

because the sensitive appetite has something of its own, by virtue whereof it can resist the commands of reason. For the sensitive appetite is naturally moved, not only by the estimative power in other animals, and in man by the cogitative power which the universal reason guides, but also by the imagination and sense. Whence it is that we experience that the irascible and concupiscible powers do resist reason, inasmuch as we sense or imagine something pleasant, which reason forbids, or unpleasant, which reason commands. And so from the fact that the irascible and concupiscible resist reason in something, we must not conclude that they do not obey" (*ST I*, q.81, a.3, ad.2).

²⁵⁴ "Universal knowledge, which is most certain, does not hold the foremost place in action, but rather particular knowledge, since actions are about singulars: wherefore it is not astonishing that, in matters of action, passion acts counter to universal knowledge, if the consideration of particular knowledge be lacking" (*ST I-II*, q.77, a.2, ad.1).

something evil.²⁵⁵ This judgement together with the imagination forms a phantasm that is “abstracted by the agent intellect”²⁵⁶ for the possible intellect’s “simple apprehension.”²⁵⁷ The universal reason then wills the irascible powers to restrain (i.e., repress) the potential or aroused concupiscible powers. In the words of St Thomas: “the sensible object moves the sensitive appetite, and the sensitive appetite inclines the reason and will, as stated above (q.77, a.1, ad.2). The result of this is the inordinateness, not as though an accident acted on its own subject, but in so far as the object acts on the power, and one power acts on another and puts it out of order” (*ST* I,-II, q.85, a.1, ad.4). Ironically, by these various internal movements, which result in the repression of the concupiscible powers, reason is displaced. The repressive action from the first sensations, imaginings, or arousal of the sexual drive, literally becomes a vicious cycle. Repression of the emotion and all that it involves “becomes habitual” (*PWH* 47). Each time sexual sensation is stimulated (i.e., hormonally, physiologically or imaginatively) a fearful awareness arises which triggers the particular reason which in turn affects universal reason which in turn moves the will to move the assertive powers of repression. The will is moved indirectly to the apparent good of avoiding an arduous future evil or even potential sin (see *ST* I-II, q.41, aa.1-2; and q.42, a.3). The unreasonableness of repression ultimately distracts, opposes (i.e., displaces), and along with a bodily transmutation fetters the rational appetite from its politic and persuasive governance of the concupiscible appetite (see *ST* I-II, q.77, a.7). The initial healthy feelings arising from the natural inclinations of the procreative drive are fundamentally distorted and remain so until remediated.

The term “feeling” is, in fact, quite equivocal. When we “hurt someone’s feelings” we are clearly talking about the sensitive appetite. However, when we “feel” that we should buy more food for the picnic, we are speaking of the cogitative power’s “usefulness judgement,” in conjunction with its “affinity and proximity to the universal reason” (*ST* I, q.78, a.4, ad.5). The “simple good” and the “arduous good” fall under the perception of the cogitative power (see *ST* I, q.81, a.2; I-II, q.23, a.1). Moreover, for the afflicted person the expression “feeling” can also be the actual sum stimulus of the material element of the passions resulting from the powers of the sensitive appetite in conflict. Whereby there is an organic modification that is “hurtful, by reason of this change being excessive: just as it happens in the senses, and in every act of a power of the soul that is exercised through the change of some bodily organ” (see *ST* I-II, q.28, a.5). The sexual object as something desirable moves the sensitive appetite. This same sexual object as “the apprehended appetible is a mover which is not moved,” while the irascible appetite is a mover moved to avoid the sexual object (*ST* I, q.80, a.2). Such an unnatural irascible reaction to sexual arousal, which is something good in itself and objectively pleasurable, could not help

²⁵⁵ “Love, in so far as it is directed to the object of desire admits, as its cause, fear which pertains to avoidance of evil: for every sin [or repression] arises either from inordinate desire for some good, or from inordinate avoidance of some evil. But each of these is reduced to self-love, since it is through loving himself that man either desires good things, or avoids evil things” (*ST* I-II, q.77, a.4, ad.3; inclusion added).

²⁵⁶ See Ripperger, *The Introduction*, 53, B.

²⁵⁷ *Ibid.*, “The possible intellect “is the power which moves the will and therefore important in the moral life” 59, A; and B1.

but be felt in the very depths of the repressing person's feelings (see *PWH* 19, 37, 45).

When a person is confronted, externally or internally, by that which he is "convinced" is dangerous or potentially harmful, repression can be activated, affecting both the emotional and physical levels of being. "Since the soul naturally moves the body, the spiritual movement of the soul is naturally the cause of bodily transmutation" (*ST* I-II, q.37, a.4, ad.1). For every emotion has a corresponding feeling (e.g., feeling angry), while not every feeling is an emotion (e.g., feeling cold).²⁵⁸ Emotion is primarily an appetitive reaction to stimuli from the world around us. In response to our thoughts, imaginations, memories, and bodily sensations, the excited emotions correspondingly stir feelings. Emotion is a response to whatever information our external and internal senses provide. Sense data can be positive or negative and concerns the goodness, lack of goodness, usefulness or harmfulness that things and beings have for us.²⁵⁹ Hence, the repressed person will often say he can "feel" something happens within. It is helpful to identify this *feeling* during therapy because it shows the repressed person that they are not imagining what is taking place. The body does not lie. Some afflicted persons, however, are so repressed that not only can they not identify this "feeling" (i.e., transmutation) but they also cannot determine their various emotional reactions. During MT, all repressive feelings become identified and are seen for what they indeed are, namely, unwilled movements of the sensitive appetite. What these persons feel when something abnormal happens is the actual repressive action. However, this "action" is not essentially physical; it is both psychic and physical. "*Every emotion has a psychic component which is accompanied necessarily by a somatic component*" (*PWH* 19, emphasis in original). What is felt is not just an internal physical *effect*, but an interior psychic *event*. St Thomas states that "in all the passions of the soul, the bodily transmutation which is their material element, is in conformity with and in proportion to the appetitive movement, which is the formal element: just as in everything matter is proportionate to form" (*ST* I-II, q.37, a.4).

Repressed persons, after some time and familiarity, can pinpoint when and where the internal emotional conflict of the two sense appetites is taking place (e.g., stomach, chest, head, neck, jaw, legs). They identify it as a physically felt "reflex" to some sexual image or thought. It is most commonly a "sinking" feeling in the stomach, or solar plexus, or a "gripping" tension in the chest, shoulders, or jaw, etc. Understandably then, the resultant sensations of the act of pathological repression stimulated by an internal emotional conflict are profoundly "felt." All the same, it is objected that a person can never know if one is repressing or free from repression and therefore free from culpability and in no further need of MT. But this is not the case. Individuals with a repressive disorder truly "feel" their affliction. This point is dealt with thoroughly in Chapter Four²⁶⁰ 4.3.2: in response to Objection 27.

²⁵⁸ Baars, *Feeling and Healing*, 12.

²⁵⁹ *Ibid.*, 13.

²⁶⁰ See 4.3.3: Objection 28, where MT is critiqued for tolerating sin as a means to psychic wholeness.

2.3.3. Whether MT can assuage pathological obsessions?

Objection 12 revisits the critiquing of MT as a content-oriented therapeutic intervention. The response to this objection highlights the connection between pathological feelings and their relationship with obsessive thinking. While the definition of obsessions is satisfactory for CBT and pharmaceutical interventions, MT has a different understanding of the cause of mental preoccupations. By considering this objection, a clearer insight is gained into pathological feelings and thoughts.

(i) Obsessions are by definition about unwanted and irrational thoughts, images, or impulses. This means that they are always about something that is taboo for the patient. In the development of obsessive-compulsive disorder, the fixation on certain themes is a function of the values the patient would consciously affirm if asked. (By way of example, a mother with a fear of harming her newborn baby is presented.)

(ii) Christians do not obsess about accidentally crushing ants while they walk, although a devout Hindu might, and Buddhists would not obsess about kosher violations. In whatever case is imagined, the content of the obsession is frightening to the patient, and so it is vigorously rejected (*Logos* 44, ¶2).

On the contrary, Terruwe/Baars emphasise that preoccupied thinking is motivated by feelings resultant upon previous cogitative judgements. “Doctor, I have no self-confidence at all; I have to *think* everything out in the most minute details!” (*PWH* 92, emphasis in the original). The patient’s words may be paraphrased as:

“Although I have no confidence whatsoever in my feelings, I have the fullest confidence in my reasoning processes and I rely on them to the exclusion of my feelings.” Essentially, that is what persons with repressive disorders do; they mistrust their feelings and solely rely on thinking. From there it is but one step to the stimulation of their imagination, which works overtime, and usually to their detriment, in anticipation of all the terrible things that might befall them (*PWH* 92-93).

I answer that sexually afflicted persons are only accidentally preoccupied with “unwanted and irrational thoughts, images, or impulses.” Essentially, repressed persons are more concerned about the consequences that “taboo” thoughts or feelings generate, namely, how such thoughts offend God. Repressed persons have no confidence in their emotions but absolute confidence in their thinking processes as described in, on the contrary. Indeed, they habitually “will” all their affective responses, which, therefore, do not flow naturally and emotionally (see *PWH* 70). This untoward preoccupation not only gives them an air of unnaturalness and restraint but also overstimulates their thinking process (see *PWH* 93). This wilfulness, in turn, causes mental preoccupations or obsessions overtime. It is to be remembered that the repressed emotions are naturally and unrelentingly seeking reasonable guidance which they cannot receive because of reason’s displacement (see *ST* I-II, q.74. a.3, ad.1; q.77, a.1).

I respond to Objection 12 (i) that persons who suffer from a fear disorder are

less concerned with the content of their thinking and essentially worried about the consequences of their actions (e.g., grave sin and hellfire), while those with an energy disorder are disdainful of what they consider inferior aspects of their personality, namely, their emotions, which of course they repress. Sexually afflicted individuals do not realise just how ill at ease they are with their feelings and yet have the fullest confidence in their pathological thinking. Although obsessions can materially be about unwanted and irrational thoughts, images, or impulses, Terruwe/Baars are more concerned about the formal cause underlying such irrational thinking, rather than about their content, as explained in 1.4.8 (iv).

The reason for a repressive sexual affliction, which includes obsessions, concerns the invasive preoccupation of the cogitative power's judgement resulting from previous tragic or erroneous internal sense conclusions. St Thomas teaches that "universal knowledge, which is most certain, does not hold the foremost place in action, but rather particular knowledge, since actions are about singulars: wherefore it is not astonishing that, in matters of action, passion acts counter to universal knowledge, if the consideration of particular knowledge be lacking" (*ST I-II*, q.77, a.2, ad.1). An example of this is the emotionally disordered person who is less concerned about the particular content of any thought or obsession and is much more perturbed by a different emotionally and sensually graphic practical concept, namely, the possibility of eternal punishment and perdition if one were to consent to sexual feelings or thoughts. St Thomas teaches, "He that has knowledge in a universal is hindered, on account of a passion, from reasoning about that universal, so as to draw the conclusion: but he reasons about another universal proposition suggested by the inclination of the passion, and draws his conclusion accordingly" (a.2, ad.4). That is, although a person may be well aware of the universal knowledge of God's mercy, and may even practice the wholesome spiritual devotion of the Divine Mercy, yet when he is confronted with natural sensual or sexual feelings or thoughts, he is hindered from reasoning about that universal knowledge of Divine Mercy, because he lacks a particular connatural knowledge of God's authentic mercy. His universal knowledge of divine mercy is merely theoretical, speculative, or spiritual. Rather, the irascible passion of fear is stimulated by a different universal proposition that sex equals sin and sin amounts to punishment, which is connaturally well known to the person. This conclusion is stimulated by previous cognitive misinterpretations or adverse cogitative judgements which are presented via a phantasm through the agent intellect to universal reason. Hence, far from drawing proper theological conclusions based on the universal and practical knowledge of God's infinite mercy, the person's previously remembered cogitative judgements about damnation and the dangers of hellfire, being practical and more graphic phantasms than the speculative concept of mercy, promote a different universal proposition. Thus the irascible repressing passion of fear enacts the practical conclusion "I must avoid all sexual feelings, fantasies, movements, and actions contrary to chastity." It can be seen from this example that it is not the specific sexual content of any obsession, such as "taboo" methods of masturbation, fantasies of fornication, or stimulations arising from same-sex attraction, or any other unwanted irrational thoughts, images, or impulses. Rather, it is about the possible consequences that such "thinking or feeling" have in the

stimulation of the fear of eternal punishments and the permanent loss of other great spiritual goods (see *Mt* 10:28).²⁶¹ It is ideas such as these that are “the anticipation of all the terrible things that might possibly befall them” (*PWH* 93). The memory recalls these earlier cogitative judgements and via their concomitant phantasms, they are presented to universal reason.²⁶² These apprehensions are the primary cause provoking the cognitive faculty’s support of an irascible repressive force acting upon concupiscence that concomitantly displaces reasonable guidance. In the psychologically disordered person, the malformed cogitative “usefulness or harmfulness judgement” (i.e., particular reason) not only plays a critical role in moving the sensitive appetite as its proper object, but it also is capable of inappropriately moving the rational appetite, universal reason. Phantasms previously processed by the intellect make their own reasonable or unreasonable contribution via the rational appetite.

Ultimately when applying MT, Terruwe/Baars maintain that feeling takes priority overthinking. Thus, a connatural experience of the goodness of the procreative drive is essential for recovery (see *PWH* 109). In essence, it is the passive reception and acceptance of non-sinful thoughts and feelings which are the normal procreative movements of everyday life that reverse their pathological condition. It was Terruwe/Baars’ clinical experience with many patients that demonstrated that they become easily embroiled in tortuous mental distinctions, which are counter-indicative for their emotional health (see *PWH* 92, 99).

Further, given that the matter under discussion concerns repressed persons with sexual preoccupations, obsessions, and compulsions, introducing an unrelated example such as an obsessed mother with fears of harming her newborn child is not helpful. For the conscientious and spiritual person fearful of grave sexual sin arising from venereal pleasure or fantasies, the aroused concupiscence cannot receive reasonable guidance because of the displacement of right reason, yet the sensitive

²⁶¹ Fear, of course is a good emotion. Nevertheless, all need to learn to mortify their fears. Jesus admonishes his followers “be not afraid” (*Mt* 14:27). Fear of evil is healthy and sensible but like all emotions it needs to be guided by reason (*ST* I-II, q.74, a.3, ad.1). The holy word states, “My flesh trembles for fear of God, and I am afraid of God’s judgements” (*Ps* 119:120). And the Douay Rheims translation of Proverb 15:27 states, “by the fear of the Lord every one declines from evil.” Fear of sin is praise worthy but it is just the beginning (see *CCC* 1432). God does not want people so fearful that it becomes pathological. Sin is avoided by grace not excessive fear. “With the help of grace they grow in virtue, avoid sin, and if they sin they entrust themselves as did the prodigal son to the mercy of our Father in heaven. In this way they attain to the perfection of charity” (*CCC* 1700).

²⁶² The faculty of the imagination holds the sensible forms of the external senses communicated via the common sense. The cogitative power apprehends particular intentions, which are *per accidens sensibles* when apprehended simultaneously with external sensation. Hence, phantasms formed by the cogitative power are not the same as the phantasms of imagination. They have formally different objectives. These different phantasms, while not the same, do contribute in their own way to the phantasm the agent intellect presents to the possible intellect (see *ST* I, q.78, a.4). “Since, however, such a movement of the mind may be one of deliberation either about universal notions, which belongs to the intellectual faculty, or about particular matters, which belongs to the sensitive part, hence it is that “to think” is taken secondly for an act of the deliberating intellect, and thirdly for an act of the cogitative power.” (*ST* II-II, q.2, a.1).

appetite has a “natural aptitude to obey the reason” (*ST I-II*, q.74, a.3, ad.1). However, the aroused concupiscence “has been prevented by repression from attaining its goal, [and] so it does not find a natural solution and continues to exist in a state of tension. In other words, it continues to be active to a certain degree” (*PWH* 51). The stimulus of concupiscence upon reason is the cause for the obsessive preoccupation of thoughts and even taboo matters by way of expansion and intensity (*PWH* 49). Hence, the cause of obsessions preoccupying the mind is not their bizarre content but the far deeper cause of pathological repression which hinders the reasonable governance of a repressed concupiscence that is “buried alive” (see *PWH* 30-31, 36). St Thomas treated of this. “Sometimes man fails to consider actually what he knows habitually, on account of some hindrance supervening, e.g., some external occupation, or some bodily infirmity; and, in this way, a man who is in a state of passion, fails to consider in particular what he knows in general, in so far as the passions hinder him from considering it” (*ST I-II*, q.77, a.2). In this way, all the intense and repetitious thinking or obsessing the repressed person does will never sort out the pathological cause to his personal problem (see *PWH* 35, 51, 217). Indeed, appeals to cognitive thinking, especially early in therapy, are ineffective. Conversely, an informed understanding of the overall repressive condition from philosophical psychology is most revelatory. Moreover, since it is often the person’s false impression of God and of divine punishments that play so fearful a role, a sound spiritual catechesis is mandatory (see *CCC* 1697).

I respond to Objection 12 (ii) that to resolve this matter refer to the above response, 12 (i). No matter what the content of an obsession, it is more relevant to consider the cause behind the displacement of right reason and which passions might be impeding it due to prior harmful cogitative judgements. While the content of the obsession can be frightening to the individual, and so be vigorously rejected, the consequences for acting on such matters are all the more terrifying and thus are more vigorously rejected (see *Lk* 12:5). “It is not astonishing that, in matters of action, passion acts counter to universal knowledge, if the consideration of particular knowledge be lacking” (*ST I-II*, q.77, a.2, ad.1). Grave fearful consequences are a sufficient “fitting” cause for sexual repression. This consideration of pathological obsessions, feelings, and thoughts prepares the way for the more important treatment of a Thomist analogical understanding of pathological repression.

In brief, MT provides a markedly different understanding of the cause of obsessions and mental preoccupations. Teruwe/Baars provide the underlying insight into pathological feelings and thoughts. Both feelings and thoughts can have their source in the cogitative power. Consequent to the sexual repression of the concupiscible appetite, unresolved pleasurable sensations unsuccessfully seek a reasonable response causing mental preoccupations.

2.4 The Displacement Theory from a Thomist Viewpoint

The overriding critique of MT is whether or not it can truly be associated with Thomist philosophical psychology. Indeed, all of the objections considered in this text come from the one paper entitled “*Mortification Therapy*”: *A Thomistic*

Approach? Can an explanation for pathological repression be gleaned from St Thomas? If so, is there a justification for MT for the remediation of sexual repression? The short answer to both of these questions is, yes it can.

2.4.1. Excess and Defect

Philosophical and theological arguments based on a comparative likeness between two things, while favourably arguing a similarity without necessarily an identity, date from the earliest philosophers such as Plato and Aristotle, and theologically from the first days of the Christian era. Historically, analogy in theology is a profoundly rich and detailed study. Indeed, “if the faith has always insisted that there is an analogy between God and creatures, then one should be able to discern a fundamental harmony between any valid articulations of that faith.”²⁶³ The articulation applicable to this study is not the similarity and dissimilarity between God and creatures, rather it is the similarity between the explanations for sin as a moral defect, proportionately applied by analogy to the elucidation of pathological repression, as a spiritual excess. There is an analogy between the vice of moral disorder and the vice of a spiritual pathological disorder. For “when a thing is derived from one thing from another, according to analogy or proportion, then it is one and the same in both” (see *ST I-II*, q.20, a.3, ad.3). Indeed, using an analogy of proportionality, a certain resemblance can be discerned between sin as defect and repression as excess. There is a close relationship (i.e., proportion) not only between them as actions but also in St Thomas’ explanation of vice. “Vice is contrary to man’s nature, in so far as it is contrary to the order of reason” (*ST I-II*, q.71, a.2). The repressive pathology is contrary to man’s nature and the order of reason.²⁶⁴

Concerning sexual incontinence, a person’s defective will seeks illicit venereal pleasure while the sexually repressed individual is excessively willful in the avoidance of sensual and sexual pleasure. Both are unreasonable, and neither is virtuous. However, are both, therefore, sinful? “The good of moral virtue consists in conformity with the rule of reason. Now it is clear that between excess and defect the mean is equality or conformity. Therefore, it is evident that moral virtue observes the mean” (*ST I-II*, q.64, a.1). Moreover, chastity, which is pertinent to this study, “is a

²⁶³ See Justin Kizewski, *God-Talk: The Patristic Patrimony of Mediaeval Analogy in Theology* (Rome: Pontifical Gregorian University, 2016), 3.

²⁶⁴ “Moral virtue derives goodness from the rule of reason, while its matter consists in passions or operations. If therefore we compare moral virtue to reason, then, if we look at that which it has of reason, it holds the position of one extreme, viz., conformity; while excess and defect take the position of the other extreme, viz., deformity” (*ST I-II*, q.64, a.1, ad.1). Conversely regarding vice “there will be excess, if one tends to the maximum ‘when’ it is not right, or ‘where’ it is not right, or for an undue ‘end;’ and there will be deficiency if one fails to tend thereto ‘where’ one ought, and ‘when’ one ought” (a.1, ad.2).

So in the moral sense, vice means an acquired bad habit (i.e., sin) that one has the freedom to repent of and to reform. Whereas, the term vice can also be applied in a psychological sense. Whereby, a vice is a psychological disorder, a reflexive habit, contrary to the order of nature and to the rule of reason. Such a psychological pathology is an acquired habit that is a material evil, even if not a sin. The vice of a repressive sexual disorder is an unnatural, involuntary, psychological habit, and a material evil. A psychological disorder can be remediated.

virtue in so far as it works in accordance with reason” (*ST II-II* q.151, a.1, ad.4). Practically, virtue is a good habit that avoids extremes. For virtue alone “is an extreme in reference to the ‘best’ and the ‘excellent’” (*ST I-II*, q.64, a.1 ad.1). For example, courage avoids both cowardice and reckless daring. Modesty is the mean between permissiveness and prudery.

St Thomas’ treatment of the cause of sin as a defect on the part of persons by the misuse of their powers, can be applied by analogy to other vices (see *ST I-II*, q.77). What is written about lustful sexual sin arising on the part of the sensitive appetite by way of the defect, can analogously be applied to fearful sexual repression by way of excessive spiritual concern about venereal sin. It might be borne in mind that at either end of the continuum of excess and defect, can be found degrees of excess within defect and defect within excess (see *ST II-II*, q.119, aa.1-3). For example, inveterate sinners are excessive in their willingness to sin due to a defective (i.e., moral) attitude, whereby through not avoiding even venial sin, they eventually commit a mortal sin. Repressed persons are defective in their excessive (i.e., pathological) avoidance of anything sexual. Thus, by erroneously avoiding even wholesome morally indifferent movements of the procreative drive, they wrongfully repress all normal and natural movements of their sexuality. “In whatever things good consists in a due measure, evil must of necessity ensue through excess or deficiency of that measure” (*ST II-II*, q.118, a.1). Defect and excess are two sides to the one coin of incontinence. The former is always sinful (*ST II-II*, q.156, a.2) while the latter may not be a sin due to the moral impossibility that pathological repression produces (a.2, ad.2). Concerning incontinence, both defect and excess lack the appropriate application of right reason. “In this way incontinence is a sin, not from the fact that one gives way to wicked desires, but because one fails to observe the mode of reason even in the desire for things that are of themselves desirable” (a.2). “Sin consists essentially in an act of the free will, which is a faculty of the will and reason” (*ST I-II*, q.77, a.6). For the sexually repressed person, however, due to a clinically diagnosable pathology, the mode of “reason is somehow fettered” (a.2). Since “the proper movement of the rational appetite or will must, of necessity, become remiss or altogether impeded” due to pathological repression then there is no sin (a.1) For “if the cause be not voluntary but natural, for instance, if anyone through sickness or some such cause fall into such a passion as deprives him of the use of reason, his act is rendered wholly involuntary, and he is entirely excused from sin” (a.7).

2.4.2. Personal Control

It is understood that a person “is the principle of his actions, as having free-will and control of his actions” (*ST I-II*, Prologue). St Paul writes, “I do not understand my own actions. For I do not do what I want, but I do the very thing I hate” (*Rom* 7:15). St Thomas, in his *Commentary on the Letter of St Paul to the Romans*, provides helpful arguments concerning Paul’s explanation as to how sin can reign in the Christian. St Thomas concludes with the line, “Paul draws the first conclusion, which is about the goodness of the law, from the middle term by reason of *I do not will* because his mind does not want what the law forbids, which shows that the law is

good. But in virtue of the phrase *that I do* he concludes that sin, which functions against reason will, hold sway over man (emphasis in original).²⁶⁵ The interplay between reason and will, rational appetite and sensitive appetite in matters of human action, is more than a power struggle for right reason and order (see *ST I-II*, q.78, a.4, ad.3). It is the stuff of man’s daily activities and spiritual journey throughout one’s life. “As long as freedom has not bound itself definitively to its ultimate good which is God, there is the possibility of choosing between good and evil, and thus of growing in perfection or of failing and sinning. This freedom characterises properly human acts. It is the basis of praise or blame, merit, or reproach” (*CCC* 1732). Entwined in this entire argument concerning human freedom, and that weakness in which the internal senses and the passions play a significant role is the necessary component of grace and its role in mitigating the woundedness that results from original sin (see *ST I-II*, q.109). For “Those who are in grace continue to suffer from the corruption of the flesh, which ‘serves the law of sin’ quoting Romans 7:25.”²⁶⁶

Emotionally healthy persons may wonder *why* certain individuals repress their concupiscible passions. Similarly, the virtuous person looking at the inveterate sinner may ask, “Why does that person persist in sin, when virtue is attainable?” Jesus, of course, cautions all in the *Sermon on the Mount* not to judge rashly (see *Mt* 7:1-6). Anyone could make a judgement, but it would probably be mistaken. The healthy person could ask, “why is that person so scrupulous, so het-up over sexuality?” Because actions are of the person, it is good to bear in mind that everyone’s life has an endless number of twists and turns, of positive and negative teachings, of cogitative and cognitive judgements that have coloured the person’s actions, sometimes since infancy. Just a little experience of various personal case histories demonstrates the complexity and variety of the data and individual processes that take place within the particular and universal reason of a person (see Appendix III). The intricacy of human faculties and their interaction with each other is a maze of “processes,” some of which are still being understood through neuroimaging performance and interpretation, not to mention epistemological and metaphysical considerations. Add to that the uniqueness of being in the Creator’s image and one can only wonder (see *CCC* 2158-59).

Sexual repression results from numerous causes, some of them tragic. It is, however, the entire “person” who acts. Before turning to a further explanation of sexual repression from a Thomist viewpoint,²⁶⁷ it is necessary to provide some conjoining principles gleaned from St Thomas. The internal senses naturally move the sensitive appetite, not only by “the cogitative power which the universal reason guides, but also by the imagination and sense” (*ST I*, q.81, a.3; and ad.2). The sensory appetite is by nature subordinate to reason (see *ST I-II*, q.74, a.3, ad.1). Sin occurs when the will chooses to follow a passion rather than right reason (see *ST I-II*, q.75,

²⁶⁵ Thomas, *Commentary on the Romans*, 196.

²⁶⁶ Bernhard Blankenhorn, “Aquinas on Paul’s Flesh/Spirit Anthropology in Romans,” in *Reading Romans with St Thomas Aquinas*, ed. Matthew Levering and Michael Dauphinais (Washington DC: The Catholic University of America Press, 2012), 35.

²⁶⁷ Review the philosophical explanation (above in 2.3.2) of the effect that sexual abuse has and how it impacts on the psyche.

a.2). Sin is a moral disorder, not a repressive disorder.²⁶⁸

A conflict can arise within the sensitive appetite between the concupiscible and the irascible powers (see *PWH* 35). “Sometimes the soul busies itself with unpleasant things, against the inclination of the concupiscible appetite, in order that, following the impulse of the irascible appetite, it may fight against obstacles” (*ST* I-II, q.81, a.2). Provided such a conflict is reasonable; there is no disorder. Indeed, “the passions of the irascible appetite counteract the passions of the concupiscible appetite: since the concupiscence, on being aroused, diminishes anger; and anger being roused, diminishes concupiscence in many cases” (a.2). However, when such a conflict is unfitting, imprudent, and disordered as explained in the context of this discussion then such a conflict is unnatural and psychologically pathological. In themselves the irascible powers are not meant to be in a disordered conflict with the concupiscible powers. “This is clear from the fact that the irascible is, as it were, the champion and defender of the concupiscible when it rises up against what hinders the acquisition of the suitable things which the concupiscible desires, or against what inflicts harm, from which the concupiscible flies. And for this reason all the passions of the irascible appetite rise from the passions of the concupiscible appetite and terminate in them” (a.2).

Nevertheless, St Thomas affirms that “the passions of the irascible appetite counteract the passions of the concupiscible appetite” (*ST* I, q.81, a.2). When this occurs unreasonably (e.g., resultant upon an erroneous cogitative judgement [i.e. estimative power] a.2, ad.2) then the inordinate action of an irascible power (e.g., fear) by counteracting concupiscence (e.g., desire) will be a disordered act. Ordinarily, “the irascible faculty is bestowed on animals, in order to remove the obstacles that hinder the concupiscible power from tending towards its object, either by making some good difficult to obtain or by making some evil hard to avoid” (*ST* I-II, q.23, a.1, ad.1). It is unnatural and disordered for the irascible powers to repress the concupiscible powers themselves (*PWH* 35).

“Passion is a movement of the sensitive appetite when we imagine good or evil: in other words, passion is a movement of the irrational soul, when we think of good or evil” (*ST* I-II, q.22, a.3). Passions in act are dynamic, and when fully excited can be problematic. For example, when “fear lays hold of a man, he is under a certain necessity of doing a certain thing” (*ST* II-II, q.125, a.4). When a person is devoid of charity or would be if they commit a grave sin, eternal damnation is “feared as the greatest evil” (see *ST* II-II, q.19, a.4). Fear is often the significant passion encountered within sexual repression (see *PWH* 38).

The will is a spiritual power that is both passive and active. As noted above, it is a mover and moved. It is capable of distraction or displacement, and if “the movement of the sensitive appetite is enforced in respect of any passion whatever, the proper movement of the rational appetite or will must, of necessity, become remiss or

²⁶⁸ Though sin is a wilful act contrary to right reason (see *CCC* 1872). In this sense, the judgement of conscience, the echo of God’s voice, is disregarded, overwhelmed, or suppressed (see *CCC* 1777-8, 1795). Conscience is an *act* of reason, it is not repressed like a concupiscible *power*.

altogether impeded” (*ST I-II*, q.77, a.1). Reason too can be overcome by passion against its knowledge. When the irascible power is inappropriately activated via particular reason, universal reason can be displaced. “First, by way of distraction...Secondly, by way of opposition, because a passion often inclines to something contrary to what man knows in general. Thirdly, by way of bodily transmutation, the result of which is that the reason is somehow fettered so as not to exercise its act freely” (*ST I-II*, q.77, a.2). The reason is also prone to weakness due to the passions (see, a.3). When the cognitive faculty is distracted or displaced, the person “that has knowledge in a universal, is hindered, on account of a passion, from reasoning about a universal, so as to draw a conclusion: but he reasons about another universal proposition suggested by the inclination of the passion, [the person thus] draws his conclusion accordingly” (*ST I-II*, q.77, a.2, ad.4). Thus, “a sensible object moves the sensitive appetite, and the sensitive appetite inclines the reason and will” (*ST I-II*, q.85, a.1, ad.4).

2.4.3. From Over Control to Out of Control

The object of the will is not a passion of the sensitive appetite; rather, it is a “good” defined by reason. What is this “good” defined by reason? Unlike the sinner, the sexually repressed person knowingly, conscientiously, and very deliberately chooses virtue over vice, usually for devout or moral reasons. This choice, however, is an over-control. This fact is an essential point if the repressed person is to be understood.

Such people are often black-and-white in their thinking, willing to follow the law to the absolute letter, a “Pharisee” to a fault, very often scrupulous, legalistic, uncompromising, and rigid.²⁶⁹ They are sometimes referred to as binary, that is, 1 or 0, on or off, no middle way. They are sincere in wanting to do what is right. They are just and God-fearing. Specifically, for the sexually repressed person, the good chosen is sexual continence, chastity, virginity or celibacy. It can also be a proof of the love of God, a banishing of the yucky feelings of sexuality, a desire for high spiritual goods, such as a priestly or religious vocation, or remaining chaste until marriage, and eternal life. Knowing no better this “good” is sought by an erroneous means. The repressing person is determined never to sin against chastity. To achieve this, the person from the first movements of the procreative drive, and from the first repressive event, wills all his faculties to work to the same end (see *PWH* 49-50, 216). To the person, misinformed, with a misinterpretation of many spiritual things and with a strong desire to do that which is right and holy, truly believes, though wrongly, that he has achieved virtue. Usually, with the help of prayer, he willed or has struggled courageously or fearfully to obtain continence. It is, however, little more than the Pyrrhic victory of pathological repression within the sensitive appetite. The repressed person’s triumph over concupiscence is a hollow conquest. With these few insights, an attempt can be made to understand sexual repression analogically from a Thomist viewpoint.

²⁶⁹ Carnes, *Don’t Call It Love*, 422-23.

2.4.4. The Vice of Sexual Repression

For an understanding of *how* sexual repression may occur within a human person, St Thomas gives a hint in his treatment of sin. “Sin is to the soul what weakness is to the body” (*ST I-II*, q.85, a.4). Emotional repression is a weakness of the body that diminishes the powers of the human psyche. Moving from the more known, that is, from sin to the less known, namely, emotional repression, it is possible to draw analogously on the process of sinful action within the psyche, whereby the sensitive appetite contributes towards a voluntary or involuntary act. By applying many of the same factors at work within the person at the time of sin, it is possible to postulate that the repressive process is analogous to the psychological process of sin, yet, it is not sinful. The possibility of choosing habitually between good and evil is a matter of virtue and vice. “Man, having been wounded in his nature by original sin, is subject to error and inclined to evil in exercising his freedom” (*CCC* 1714). This evil is not just moral but also psychological evil. However, exactly *how* human beings are subject to error, and freely drawn into wrong actions, whether it be sin or emotional repression, is the matter of this discussion. Pathologically, one way is that passions of the irascible powers intervene and impede the reasonable direction of concupiscence by the rational appetite (see *CCC* 1849).

The process of emotional repression within the sensitive appetite can be either an involuntary or voluntary pathological act. Repression is involuntary in victims of sexual abuse, but can also be voluntary for intellectually and volitionally determined reasons (see *PWH* 37, 98-100). Repression, even though it is not a sin is, however, always a deleterious habit that can be called an inherent vice. The disease of repression, whereby one passion is held in check by another passion, is unnatural. St Thomas states, that “although the passion of the sensitive appetite is not the direct object of the will, yet it occasions a certain change in the judgement about the object of the will” (*ST I-II*, q.77, a.1, ad.1).

In the *Summa Theologiae* St Thomas in his treatment of sin, first, in several articles, considers the nature of vice as compared with sin (*ST I-II*, q.71, aa.1-5). As to whether or not vice is contrary to virtue St Thomas concludes “Three things are contrary to virtue, but not in the same respect: for sin is opposed to virtue, according as the latter is productive of a good work; malice, according as virtue is a kind of goodness; while vice is opposed to virtue properly as such” (q.71, a.1, ad.1). It is this last matter of “vice” that is necessary for consideration of pathological repression. Quoting the Doctor of Grace, St Thomas states, “the vice of a thing seems to consist in its not being disposed in a way befitting its nature: hence Augustine says: ‘Whatever is lacking for a thing’s natural perfection may be called a vice’” (a.1). Moreover, “whatever is contrary to the order of reason is, properly speaking, contrary to the nature of man, as man; while whatever is in accord with reason, is in accord with the nature of man, as man” (a.2). A vice, then “consists in its being disposed in a manner not befitting its nature, and for this reason is that thing ‘vituperated,’ which word is derived from ‘vice’” (a.2). And “Every vice, simply because it is a vice, is

contrary to nature” (a.2). Accordingly, psycho-pathological aberrations diminish the good of the person, whereby the body and soul are vituperated. Repression is a weakness of the individual; it diminishes both body and soul. Further, it impedes the person’s capacity for moral and spiritual freedom. Repressive pathology disposes individuals in a manner not befitting their human nature. So sexual repression is a vice (i.e., habit) an abiding sickness or disease, even if not a sin. It will be argued in Chapter Three that psycho-pathological disorders diminish or even nullify imputability and responsibility (see *CCC* 1735). “A man is justly punished for a vicious act; but not for a vicious habit, so long as no act ensues. Therefore a vicious action is worse than a vicious habit” (*ST* I-II, q.71, a.3). For “vice is of wider extent than sickness or disease; even as virtue extends to more things than health; for health itself is reckoned a kind of virtue (Phys. vii, text. 17). Consequently, vice [i.e., moral evil] is reckoned as contrary to virtue, more fittingly than sickness or disease” (*ST* I-II, q.71, a.1, ad.3). Moreover, pathological repression is a vicious habit because “once a certain pleasure object has been declined by the assertive drive, it will be declined again and again” (*PWH* 49-50).

2.4.5. Two Forms of Repression

Turning now to the action of the repressive process, there are predominantly two ways that “a certain change in the judgement about the object of the will” can happen (*ST* I-II, q.77, a.1, ad.1). The first and most serious cause is that of infantile or childhood sexual abuse though this can also happen in youth. When an infant is abused sexually before the age of reason,²⁷⁰ and for a sensitive teenager, the abuse need not be a significant incident,²⁷¹ a change in the cogitative judgement is occasioned involuntarily by the person. “The development of such an autonomously functioning mechanism of repression does not even require that much time. It may develop rather suddenly, as when the repression is very decisive and forcible” (*PWH* 50). Later, it is possible for recall and reflection to reinforce the earlier particular cogitative harmfulness judgement that was made at the time of the trauma. It is to be remembered that sexually abused persons always have negative or harmful sense data provided to the interior senses. They have common sense anomalies, painful and traumatic true memories, and can have fantastic imaginations and flashbacks, and these distort the person’s cogitative judgements and produce phantasms of harmfulness and evil. Hence, information from the particular negative experience is communicated from particular reason to universal reason. Moreover, each and all of these types of judgements is retained in memory.²⁷² It can be said that the afflicted person is primed to shy away from all things venereal. This reaction is not instinctual, “as the sheep runs away when it sees a wolf, not on account of its colour or shape, but as a natural enemy” (*ST* I, q.78, a.4). Pathological repression is unnatural. Repression is an acquired, and connatural experience learned from (i.e., inflicted by) and caused by a sexual perpetrator (see a.4, ad.4-5). However, after the first

²⁷⁰ See Appendix III, vignette 8: Susan, the exhausted wife and mother.

²⁷¹ Ibid., vignette 2: Jeni, victimized by an adolescent’s exhibitionism.

²⁷² See *ST* I, q.77, a.1, ad.1; a.8, ad.4; *PWH* 35.

remembered act of pathological repression, the repressive action, though acquired, becomes a psychic reflex. It is such an acquired rapid response that it is similar to, though different from, the natural instinct of the sheep and the wolf which remains an excellent example of a reflexive reaction (see *PWH* 50).

The second cause for a change in the judgement affecting the will is either an intellectually or volitionally determined repression (see *PWH* 32-34, 98, 99). An example of such a case is the seminarian who has voluntarily acquired a repressed sexuality through an intellectually determined harmfulness cogitative judgement and a conscientious cognitive judgement. The following example is a study of an otherwise healthy individual. Youthful and virile, not particularly timorous and energetic for virtue, he deliberately, wilfully, and courageously banishes all movements of the procreative drive. He experienced the normal sexual arousal and ordinary aspect of pleasure, though was thoroughly chaste. Before and within the first years of seminary, he was not disturbed by any fantasies, feelings, emotions, or sexual preoccupations. Moreover, this was because his concupiscible passion, specifically sexual desire, was firmly repressed with a double repression. The following vignette will be used to explain the voluntary repressive process from a Thomist point of view.

Bruce was in his early twenties when he decided to study for the priesthood. At the onset of puberty, he endured sexual interference from an older boy. By late teenage years, he was struggling with frequent masturbation, voyeurism, and same-sex ambivalence. During the accompaniment process before seminary, he remembered very well the day he had made a firm decision to refrain from all sexual fantasies, thoughts, and actions. He focused strongly on custody of the senses as many spiritual authors recommend. He prayed frequently and gained much delight from this pursuit. Having been accepted into the seminary and having completed his propaedeutic year, he was progressing very well in every way. He was popular with everyone, a good student, and authentically sincere regarding his vocation and studies. Everything seemed fine. After several years, he developed a genuine and chaste friendship with a fellow seminarian, but to his surprise, he began to have affectionate feelings and sexual thoughts about him. This awareness only disturbed him a little at first. As was his norm regarding all things sexual, he banished all thoughts and feelings from his consciousness and redoubled his prayers. Over subsequent months, he began to develop pain in his genital organ which occasioned a couple of trips to a medical doctor who reassured him that he was healthy. He began to worry about testicular or prostate cancer. Over several months, he noticed to his alarm that he could not remember when he had had his last nocturnal emission, even though previously they occurred weekly. The more he focused on this fact, the more disturbed he became in his sleep. Sometimes on the verge of a nocturnal flow, he awoke with a start, later realizing he had frustrated nature's process. This awareness left him more troubled.²⁷³ He was becoming alarmed, emotional, and

²⁷³ Bruce was misinformed in his thinking that he needed to expel "excess" seminal fluid(s), hence his mistaken concern over the need for nocturnal emissions. The wholesome organic process of phagocytosis, even without nocturnal emissions, is sufficient to remove superfluous seminal fluids naturally. Therefore any perceived "congestion" in the repressed person from the

worried. He would delay the time for sleep because he was increasingly afraid of returning to masturbation. However, when he went to bed panic overcame him, and to his alarm, this would cause the most painful erections. In the day time, he was tense, unable to study and foggy in his head much of the time. Now at 27, well into his studies and otherwise happy in his vocation he was greatly worried about his suitability for celibacy. He knew he was spiralling into a depressed state, and others could see it. One day, expecting to be asked to leave the seminary and with great trepidation, he raised his “problem” with his moderator.

This example is of a person with a fear-based repressive disorder camouflaged by energy (see *PWH* 72). Such a complex disorder helps to understand each of the diverse actions involved in repression. Other examples of voluntary or involuntary repressions coming from sexual abuse are only a variance of similar processes.

It can be postulated that in Bruce’s situation it was a case of his perceived experiential knowledge of a “great” disgust, aversion, or fear of all things sexual as sinful or potentially sinful (see *ST* I-II, q.77, a.7). Also present is the understanding of the obligations resulting from the Commandments. And since all of the psychic powers are rooted in the one essence of the person, the soul moves the irascible powers to overcome the perceived arduous evil in pursuit of the good of continence, sinlessness, obligation, and the grave and ever present *fear* of a substantial punishment (i.e., sin itself or if unrepented, hell fire). Moreover, in Bruce’s case, there was the added incentive of *hope* for the significant ideal of a priestly vocation perceived as an arduous goal, namely, answering a vocation even with the knowledge that his failures in sexual continence had been frequent in the past. His last stimulus to repress all things sexual was motivated spiritually by his sincere love of God and the promise of eternal happiness (see *ST* I-II, q.2, a.7, ad.1).²⁷⁴ Of the four chief emotions in the sensitive appetite, “fear and hope are principal passions” (*ST* I-II, q.25, a.4), and Bruce was adversely affected by both.

The “vehement and inordinate apprehension of the imagination and judgement of the estimative power” (*ST* I-II, q.77, a.1), which in Bruce’s case is already prefixed with abhorrent reminiscences of a history of early sexual interference, are now conjoined with universal reasons, which are the “object of the will.” These are incentives of hope for goodness and an astute intellectual fear of evil and its

spermatogenesis process, as was Bruce’s misbelief, was more psychogenic than organic (and a medical check-up had confirmed this). See Christine Evans, *The Scientific Basis of Urology*, ed. A.R. Mundy (London: Churchill Livingstone, 1987), 242; McKinley O’Loughlin, “Phagocytosis.” *Human Anatomy* (June 2015): Accessed July 27, 2015. Often counselling, prayer, and relaxation techniques can resolve this psychosomatic tension or somatic symptom disorder, see *DSM-5*, 311. The true cause of Bruce’s sexual tension or congestion was the conscious and deliberate repression of all things sexual. However, even non-neurotic people who experience a similar sense of “genital congestion,” if there is no organic cause, do well to recall that for those who have masturbated or indulged in sexual relations have a bodily and cognitive memory of the experience, and may have a psychogenic urge for the same. When this is reasonably denied there is going to be some experience of sensate rebellion similar to the person who is used to regular meals then deliberately fasts from food. And though food is necessary for life, absence from the exercising of the procreative drive is neither deleterious to health nor to life. Grace and being reasonably virtuous suffice for a healthy temperance.

²⁷⁴ See *CCC* 1057.

consequences. There are also particular grounds for aversion resulting from experiential knowledge of the addictiveness of self-pleasuring, the emotional fear of falling back into sin, of remorse over failures given into and what this “feels” like, and the abhorrence for past sinful failures, with or without an abiding sense of guilt, shame, and self-disgust or hatred. Each of these individually or together are sufficient motives for cognitive and cogitative judgements to excite the irascible appetite to counter any and all movements of the concupiscible power. Thereby, ensuring the avoidance of sin or potential sin.

Such an enforcing passion of the irascible appetite makes it difficult for the person to “turn their imagination away from the object of their emotion, the result being that the judgement of the reason often follows the passion of the sensitive appetite, and consequently the will’s movement follows it also, since it has a natural inclination always to follow the judgement of the reason” (*ST I-II*, q.77, a.1). What this means, in reality, is that the cogitative sense having recalled previous practical harmfulness judgements moves universal reason to excited an irascible response via the rational appetite, to thwart concupiscible powers. Concomitant with this repressive act, all possibility of the aroused concupiscence to receive reasonable guidance is frustrated because right reason is displaced. Once this occurs, the proper governance of right reason over sensual or sexual desires is assumed by the unnatural and irrational despotic rule of the irascible appetite (see *PWH 55-57*). Moreover, in Bruce’s case, since his intention is to avoid all things sexual or sinful it is both an intellectually and volitionally determined repression (see *PWH 98-100*). It is absolute, at least until it breaks down (see *PWH 71*).

2.4.6. Repression – A Thomist Viewpoint

For the sake of clarity, and to demonstrate analogously the person’s internal processes, whether the result be sin or repression, the following two passages are taken verbatim from St Thomas’ answer to “The cause of sin, on the part of the sensitive appetite” (*ST I-II*, q.77, a.1). He considers “whether the will is moved by a passion of the sensitive appetite,” thus occasioning sin. However, instead of considering the answer as applied to sin, it is analogously applied to repression. There are no changes to the text itself, excepting the removal of the word sin and its replacement with the word repression. To assist with the understanding of the application of the original text, *italicized* inclusions demonstrating its relevance to the repressive process are added by way of clarification. Of course, the reader needs to make the necessary mental change from sin, wherefore “lust has led your heart astray” (*Dan 13:57*), to the act of passionate repression via daring or fear which can equally harden a conscientious heart against sin and hellfire, and bolster a hope for a vocation, and for eternal salvation, which is the example above. Bruce’s case is of value for its diverse internal operations and real motivations. Though in reality, a repressive act can be less dramatic and more subtle.

With this preface, it is possible to see the manner in which St Thomas’ answer,

by analogy, retains its capacity to explain how “the will is moved by a passion of the sensitive appetite” to repress. Repeating St Thomas’ words, it can be seen that:

A passion of the sensitive appetite (i.e., *an irascible power*) cannot draw or move the will directly; but it can do so indirectly, and this in two ways. First, by a kind of distraction: because, since all the soul’s powers are rooted in the one essence of the soul, it follows of necessity that, when one power is intent in its act (i.e., *the rational appetite being intent on activating the irascible appetite against an arduous potential moral threat; i.e., the concupiscible desire for pleasurable sin and the aversion for hellfire, with the hope of answering a vocation and obtaining salvation*), another power becomes remiss, or is even altogether impeded, in its act (i.e., *the reasonable guidance of the concupiscible appetite is impeded or displaced*), both because all energy is weakened through being divided, so that, on the contrary, through being centred on one thing, it is less able to be directed to several; and because, in the operations of the soul, a certain attention is requisite, and if this be closely fixed on one thing (i.e., *the fearful avoidance of sin, hellfire punishment, and the hopeful attainment of a vocation and eternal salvation*), less attention is given to another (i.e., *the proper reasonable governance of the concupiscible power*). In this way, by a kind of distraction, when the movement of the sensitive appetite is enforced in respect of any passion whatever (i.e., *whereby daring/fear enforce the repression of concupiscence, thus overcoming the fearful avoidance of sin and hellfire, and with the added incentive is the hope of answering a vocation and obtaining eternal salvation*), the proper movement of the rational appetite or will must, of necessity, become remiss or altogether impeded (i.e., *displaced or “wedged out” from providing rational guidance to the repressed concupiscible desire*). It can be seen then, that a passion(s) of the sensitive appetite (i.e., *fear, courage/hope*) does not draw or move the will directly; but it does so indirectly.

Secondly, this may happen on the part of the will’s object (i.e., the daring/fearful avoidance of pleasurable sin, the daring/fear avoidance of hellfire, and the courage/hope of answering a vocation and of obtaining eternal salvation), which is good apprehended by reason. Because the judgement and apprehension of reason is impeded on account of a vehement and inordinate apprehension of the imagination and judgement of the estimative power (i.e., phantasms of daring/fear firstly, and courage/hope, secondly, that cause the repression of the concupiscible power), as appears in those who are out of their mind (or in the case at hand, those who are pathologically repressed, i.e., the failure to provide reasonable right judgement for the proper and fitting governance of the concupiscible power which was repressed by the irascible power). Now it is evident that the apprehension of the imagination and the judgement of the estimative power (i.e., the imaginative and cogitative power’s phantasm) follow the passion of the sensitive appetite (i.e., daring/fear), even as the verdict of the taste follows the disposition of the tongue: for which reason we observe that those who are in some kind of passion, do not easily turn their imagination away from the object of their emotion (i.e., the daring/fearful avoidance of pleasurable sin, the daring/fear avoidance of hellfire, and the courage/hope of answering a vocation and of obtaining eternal salvation), the result being that the judgement of the reason often follows the passion of the sensitive appetite (i.e., and confirms the repressing passions of daring/fear), and consequently the will’s movement follows it (i.e., the repressing daring/fear) also, since it has a natural inclination always to follow the judgement of the reason (i.e., avoidance of pleasurable sin and hellfire punishment, with the hope of answering a vocation and obtaining eternal salvation), ST I-II, q.77, a.1.

In summary, the two ways that “a change in the judgement about the object of the

will” came about occasioning repression were:

(i) By a kind of distraction, whereby, the proper movement of the rational appetite or will, of necessity, became remiss or altogether impeded or was displaced from giving rational governance to the concupiscible desire which appropriately was seeking reasonable guidance. However, both reason and will were “busy,” preoccupied, or displaced, and incapable of providing reasonable governance because of the intense preoccupations of the particular and universal reason. Thus, the rational appetite followed the sensitive appetite promptly and easily moved by the cogitative power’s judgement, generated by the interior senses, was aided and abetted by the intellect’s higher goals that were reasonably apprehended as the possibility of avoiding pleasurable sin, of answering a vocation and of attaining the promise of eternal life (see *ST I-II*, q.10, a.3, ad.3). This is an example of the unhelpful redounding of the will (i.e., *rational appetite*) aiding and abetting the repressive process.²⁷⁵

The result was that the judgement of the reason follows the passion of the sensitive appetite (i.e., *the repressing passions of daring/fear*) confirming the will’s object by the rational appetite, namely (i.e., *avoiding sin and thereby punishment and attaining eternal salvation*), left the aroused concupiscible desire still repressed, with the sensitive appetite’s powers still in an enduring conflict. Moreover, most importantly, the repressed passion of desire (i.e., *the concupiscible appetite*) is completely devoid of all reasonable governance. Inappropriately, universal reason is overshadowed by particular reason (see *ST I-II*, q.77, a.2). Thus, Bruce’s sexual desire with its concomitant sub-sensory drive, his natural procreative inclination and feelings, remain in a state of dynamic unresolved tension, frustrated from attaining its legitimate “excellence consisting in its natural aptitude to obey the reason” (see *ST I-II*, q.74, a.3, ad.1). Hence, Bruce’s mind is obsessing, preoccupied, and foggy, and the repressed emotion(s) because of the increase of ordinary affections flowing from friendship, remain dynamically seeking reasonable direction but unable to attain it because of right reason being wedged out²⁷⁶ by the repressing emotion.

(ii) The outcome is that the judgement of the reason follows the passion of the sensitive appetite (i.e., *and confirms the repressing passions of daring/fear*), and consequently the will’s object is confirmed by the rational appetite, thus moving the will to act in agreement with (*the repressing passions of daring/fear*). In addition, since the sensitive appetite has a natural inclination always to follow the judgement of the reason (i.e., *avoidance of pleasurable sin and hellfire punishment, with the hope of answering a vocation and obtaining eternal salvation*), it did just that. However, this was under the influence of a harmfulness judgement of the cogitative

²⁷⁵ “Normally the sense appetites should respond to the governance of *deliberately* willed acts. But a vehement reaction in the will to some intellectually perceived object also redounds *indeliberately* into the passions, producing a parallel reaction at the sensual level.” Stock, “A Thomistic Analysis,” 482-83, 488. See *ST I-II*, q.28, a.5; q.77, aa.1, 2 & 7.

²⁷⁶ The term wedged out is used by Terruwe/Baars to express the displacement of reason. “The repressing emotion has been *wedged* between the repressed emotion and reason” (*PWH* 37, emphasis in original).

power.

By reviewing each of the examples of Terruwe/Baars' pathological categories of sexual repression, it is possible to see that by analogy these two identified aspects are consistently present in one form or another (see *PWH* 58-81). Such is the case whether the sexual repression was voluntary or involuntary. As noted above, a lower sense power can move a higher spiritual power. So the phantasms from the internal sense of imagination by acting on the agent (i.e., active) intellect can move the irascible appetite to repress,²⁷⁷ and simultaneously move the higher rational appetite to reinforce the action (see *ST* I-II, q.77, a.1). It may be said, therefore, that the repressive process as described is tantamount to a disordered act similar to but different from, sin. Thus, when passion is strong, a phantasm apprehended by the agent intellect moves the possible (i.e., passive) intellect through the vehement and inordinate apprehension of the internal senses (i.e., *imagination and cogitation*). Present, then, are the two operations necessary for a lower power to move a higher power, namely (i) the movement of the sensitive appetite *enforcing* "any passion whatever." And (ii), the proper movement of the rational appetite or will is, of necessity, "remiss or *altogether impeded*" (a.1). Identified then, are the two qualities of pathological sexual repression, namely (i) the *displacement* of reason's governance of the will's proper object the concupiscible power, while simultaneously aiding the irascible appetite to repress (see *PWH* 33-34); and (ii) a *conflict* of passions within the sensitive appetite (see *PWH* 34-37).

As seen above, this repressive process has the quality of habit (see *PWH* 36, 47). "Habits of virtue and vice are caused by acts" (*ST* I-II, q.51, a.2). When the vice of repression is a voluntary action (a choice in favour of a greater good, as seen in the case of the seminarian, Bruce); then as St Thomas states, "voluntary action proceeds from various powers, active and passive. The result is that through voluntary actions something is caused or taken away in the man who acts, as we have stated when treating of the production of habits" (*ST* I-II, q.85, a.1, ad.3).

2.4.7. The Cogitative Power and Repression

As seen above, the will can be impeded by distraction as one aspect to the repressive process. And a further aspect to repression is when the will is impeded by vehement passion. Both ways pathological repression hinders the will. The focusing of attention (i.e., cognition) on the object of the passion impedes the rational mind from its proper activity, which consequently effects the action of the will. That is, "passion draws the reason to judge in particular, against the knowledge which it has in general" (*ST* I-II, q.77 a.2). The imagination and the cogitative faculty exert this

²⁷⁷ "For the sensitive appetite is naturally moved, not only by the estimative power in other animals, and in man by the cogitative power which the universal reason guides, but also by the imagination and sense" (*ST* I, q.81, a.3, ad.2).

indirect power over the intellect which in turn affects the will.²⁷⁸ As St Thomas states, “man is directed to right action by a twofold knowledge, viz., universal and particular, a defect in either of them suffices to hinder the rectitude of the will and of the deed” (*ST I-II* q.77, a.2). In this way, the passions can displace what a person may know universally. This hindrance is not only by distraction; and by way of opposition, because a passion has inclined a person to something contrary to what is known in general; but also by what St Thomas refers to as “by way of bodily transmutation” (a.2). Such strong bodily changes interfere with the proper and free exercise of right reason. Hence, universal reason is drawn to judge in accord with particular reason, or the cogitative power.

Simultaneously, the cogitative power’s erroneous harmfulness judgement elicits passions that correspond to its judgement. The actuated assertive emotion in following the erroneous cogitative judgement acts against (i.e., represses) the instinctual knowledge and the natural inclination for procreation which is more elemental. Its biological drive to express itself is not in the order of the interior senses, but on a deeper psychosomatic level. The cogitative power, by the very fact of its judgement error, immediately identifies such instinctual motions and stimuli as the arduous evil that it has been combatting and counters it. It is no longer an attainable object, neither for the cogitative judgement nor for the reason, nor for the will.²⁷⁹ This

²⁷⁸ It is interesting that in *ST I*, q.78, a.4, St Thomas states “the power by which in other animals is called the natural estimative, in man is called the ‘cogitative.’” Yet when he later deals with this same power in its relations with the will, he explicitly refers to it as the estimative power and not cogitative power (i.e., “judgement of the estimative power” [*iudicium virtutis aestimativae*]). He states, “now it is evident that the apprehension of the imagination and the judgement of the estimative power follow the passion of the sensitive appetite, even as the verdict of the taste follows the disposition of the tongue: for which reason we observe that those who are in some kind of passion, do not easily turn their imagination away from the object of their emotion, the result being that the judgement of the reason often follows the passion of the sensitive appetite, and consequently the will’s movement follows it also, since it has a natural inclination always to follow the judgement of the reason” (*ST I-II*, q.77, a.1). St Thomas is indicating that intense passion drives the imagination and cogitation. This reasserts the truth that intense passion can deprive man of the use of free will.

²⁷⁹ Higher reason can achieve understanding and control, because it deals with universals and can therefore understand human nature, even if the individual is emotionally disordered. That is why therapy can restore order within the psyche. The intellect, if it has a correct judgement, can begin a process of supplying the light of truth. It does this by exposing the “lie,” that is, an erroneous cogitative harmfulness judgement. Lower reason can also understand the potency of the specific instincts in relation to their several organs, for what the higher intellect ponders, must come to it by way of abstraction. But the actual existential phenomena of the repressed pleasure emotion cannot be attained, because it is not permitted to exist.

Here then is the point. The irascible appetite presupposes the pleasure appetite, since it only considers the same object under the formal aspect of arduousness. Hence, “arduousness” alone does not exist, but some arduous thing. Therefore, the thing must be manifested in itself along with the quality of arduousness. From this it would follow, that the pleasure appetite is perceived in some way. The cogitative judgement has not only incorrectly judged the object of pleasure (i.e.,

explains why Terruwe/Baars can say that it “lies buried,” but what lies buried is not in act, but rather in potency. Its continued subconscious activity limits both the will and the reason in the two ways mentioned by St Thomas, but at a deeper level of the psyche. It is like when doing a virus scan in the background on an old computer, the processor is so engaged, that you only have limited resources to dedicate to the “conscious” tasks at hand.²⁸⁰

Moreover, St Thomas presents a similar teaching in his commentary on St Paul’s *Letter to the Romans*. Commenting on the text, “When law came, it was to multiply the opportunities of falling” (*Rom 5:20 JB*). St Thomas provides an exegesis that corresponds fully with Duynstee and Terruwe’s insights. St Thomas states:

The law, even though it points out the sin, it does not take away the concupiscence. If somebody is forbidden that which he desires, his concupiscence is then inflamed with greater strength, just as a river when it meets an obstacle flows with greater strength and breaks the obstacle. There is a triple reason for this.

First, one does not give much importance to what is within the power of man; however, what is beyond the power of man is regarded as important. The prohibition of that which is desired places that which is prohibited as if beyond the power of man, and therefore, as long as the prohibition stands, concupiscence becomes more inflamed in relation to the desired object.

Secondly, when one’s interior feelings are held within, so that they are not externalized, by that very fact they burn inside with greater intensity; this is evident in case of pain and anger, which, as long as they are bottled up within, become more intense; if, however, they are externalized in some form or another, their strength diminishes. *Prohibition, because of fear of punishment, forces man to prevent his concupiscence from being externalized and thus the very concupiscence, retained within, becomes more inflamed.*

Thirdly, what is not prohibited to us, we understand to be available to us whenever we want it; therefore, quite often, when an opportunity arises, we avoid it; but when something is prohibited we seize it as if we might never get it; therefore, when an opportunity is given to us of pursuing it without the fear of punishment for attaining it,

love, desire, and joy) to be arduous, it has judged it to be an ‘arduous bad’ (i.e., hate, aversion, or sad). And this qualitative judgement is precisely that which the cogitative power adds over and above to all other sense perception. This additional component is the feedback received from the possible intellect; namely, that sexuality is a serious threat to one’s eternal salvation and therefore dangerous. This is not a moral judgement but an existential judgement of the disproportionate pain associated with hell. Now the natural inclination has the added tag of grave harmfulness. The cogitative judgement does not deal with moral good and evil directly, but only with pragmatic goodness and pragmatic evil. The disordered person fears sex because he had determined it to be an ontological evil. Hence, therapy must attack the false judgement, so that natural goods can again be perceived as natural goods, and as such can be dealt with by the pleasure appetite.

²⁸⁰ This analogy fails a little with the introduction of high performance eight core or i7-7700k processors. But pioneer computer users remember well the tardy processing and “stack failures” that often occurred.

we are more ready for it (emphasis added).²⁸¹

Stated simply, when something desirable is forbidden, it is longed for more ardently. While this is the case for the psychologically healthy sinner by way of a hypertrophied desire; in the pathologically repressed person, fear hypertrophies and desire atrophies because it is not seen as a desirable good but as an arduous evil intensifying fear or energy. Secondly, when feelings or emotions are suppressed, and not externalised, they might appear to be buried, but they remain alive (e.g., when a quaff of laughter is contained during a solemn occasion, it sometimes bursts out inappropriately and unceremoniously a little later). Hence, if emotion is buried because of the fear of breaking the law, then the “restrained” emotion (i.e., be it suppressed or repressed) is all the more intensely buried while remaining potentially active.²⁸² If there be some way to liberate the repressed emotion reasonably, it naturally expresses its potency unrestrainedly in an act, that is, abreactively.

2.4.8. Repression diminishes Goodness, Wholeness, and Freedom

Sexual repression deforms the operations of the sensitive appetite, whereby, the concupiscible, the greater, becomes subject to the irascible, the lesser power of the two. Moreover, the capacity of the rational appetite to direct and control the sensitive appetite is taken away or greatly diminished (see *ST I-II*, q.51, aa.1-2). In this way, it can be seen how sexual obsessions and compulsions are beyond the governance of the rational appetite, though not totally,²⁸³ and how the intellect is so powerfully swayed by, and very much moved by phantasms flowing from the internal senses (see *ST I*, q.84, a.7). This matter will be taken up in detail later since it has significance for moral culpability or the lack thereof (see *ST I-II*, q.77, a.8, ad.3). It can be seen that repression is a privation of psychological goodness, as sin is the privation of moral goodness (*ST I*, q.48, a.2). As an adverse and harmful acquired habit, however, repression can be reversed, as can sin.

²⁸¹ Thomas Aquinas, *Super Epistolas S. Pauli, Lectura*, vol. I, trans. Augustine Mendonça, BA, MA, M.Psych, PhD, MA (Th.), STL (Roma: Marietti Editori Ltd., 1953), §453-54. Also relevant in this discussion is §599, St Thomas’ *Commentary on Romans* 8:1, “The reason, therefore, why those who are in Christ Jesus are not condemned, is that the law of the spirit of life in Christ Jesus has set you free from the law of sin and death.”

²⁸² This seems to be true, even without a perversion of the cogitative judgement. If I think chocolate is forbidden in Lent, I may sense an intense desire for chocolate. I may refrain from eating it during Lent, only to gorge myself on Easter Sunday. However, in all of this, I have not changed a bit my interior estimation that chocolate is indeed good. Fear is certainly a factor in the person’s refraining from sin, but it is also a factor in the virtuous man’s practice of virtue, who also prays: “I am sorry because of thy just punishments.” The virtuous person, though, still discerns between the natural goodness of the object and the circumstances which make its use/enjoyment sinful. But the disordered person has identified the thing as evil, such that he not only fears the punishment, but he fears the thing itself as evil. He wants, namely, to be good.

²⁸³ There is not a total displacement of the free choice because Terruwe/Baars acknowledge that afflicted persons have deliberation and choice in other areas of their life. All the same, persons “while being free in other areas - can claim that they are able to will not to masturbate if they ‘really sets their mind to it’” (*PWH* 110). This assertion is not disputed, however, in the area of repression the unreasonable denial of concupiscence is only possible through a renewed act of pathological repression (see *PWH* 215).

St Thomas in another question regarding sin's operation and its corrupting effect on human nature, highlights the role of the sensitive appetite. Again, by placing the word repression, instead of the word sin, further insight is gained.

An accident does not act effectively on its subject, but it acts on it formally, in the same sense as when we say that whiteness makes a thing white. In this way there is nothing to hinder sin [or, i.e., *repression*] from diminishing the good of nature; but only in so far as sin [or, i.e., *repression*] is itself a diminution of the good of nature, through being an inordinateness of action. But as regards the inordinateness of the agent, we must say that such like inordinateness is caused by the fact that in the acts of the soul, there is an active, and a passive element: thus the sensible object moves the sensitive appetite, and the sensitive appetite inclines the reason and will, as stated above (*ST I-II*, q.77, a.1, ad.2). The result of this is the inordinateness, not as though an accident acted on its own subject, but in so far as the object acts on the power, and one power acts on another and puts it out of order (*ST I-II*, q.85, a.1, ad.4).

Formal sin diminishes moral and psychological freedom (see *CCC* 1733). So too, where there is the onset of repression, there is progressively less freedom, and where there is a decrease of repression through MT, there is increasingly more freedom, and spiritually the increasing capacity for virtue and merit (see *PWH* 49-50, 216).

2.4.9. Displacement Impedes Virtue

The Freudian concept of the repressive disorder takes its name from just one action, the alleged inhibiting effect of the superego. However, Freud was mistaken. It was not the concoction of a repressive superego, rather a far more intellectually satisfying explanation of pathological repression as found in St Thomas. The Duynstee/Terruwe/Baars' Thomist understanding of sexual repression is cogent.

More significant than the *how* of repression is the largely overlooked and more serious effect of the *what* of the repressive process, namely the Duynstee/Terruwe/Baars' identification and explanation of the displacement of the rational appetite. Moreover, the *why* of repression is the power of internal senses (i.e., memory and imagination), and particularly the misinformed or malformed cogitative power which initiates an irascible passion actuating repression. In one sense, repression's goal of sexual continence is achieved. Unlike the sinful process, however, where there is an immediate understanding of wrongdoing and a corresponding sense of guilt due to wilful defect, the repressive process has a sense of achievement and with no sense of guilt, at least at the time, rather there is a sense of self-satisfaction in its spiritual excess. This absence of the sense of vice may be one reason why those who intellectually and volitionally are determined to carry out such pathological repression, albeit unwittingly, continue with this process and can see nothing wrong with it. While the temporary goal for the containment of the procreative drive is achieved by an erroneous means, in no way are the virtues of fortitude, temperance, and thereby continence and chastity established. Indeed, they are thwarted.

Virtue is "a good quality of the mind, by which we live righteously, of which no one can make bad use, which God works in us, without us" (*ST I-II*, q.55, a.4, ob.1).

It is evident from this definition that repression has none of these attributes. Virtue only works for a good purpose (see *ST I-II*, q.68, a.8, ob.3). However, repression is an unnatural vice (*ST I-II*, q.71, a.2). It is not a fitting quality of the mind, in fact, it displaces right reason. Moreover, while being sexually continent is righteous, repression is not virtuous because it is a wrong use of human faculties and a bad means to a temporary and unnatural curtailment of the procreative drive. In this sense, it is unrighteous (see *Rom 3:8*). God can only ever work for good in human persons and is never the direct or indirect cause of evil.²⁸⁴ God in no way contributes to the repressive process in persons, even though they may pray for continence. Even though repression bears a more or less resemblance to continence, it has a relatively short sustainability. In time, unnatural repression “will break down” (*PWH* 111).

In the repressive process, the real casualties are the displacement of the reasonable guidance of the procreative drive, the lack of the development of the acquired virtue of prudence, the proper direction of the concupiscible and irascible powers, and the hindering of any possible development of virtue in the area of the natural inclination for procreation. Secondly, the continual intervention of the irascible power which has supplanted the concupiscible power’s superior role, being unnatural consumes additional psychic energy (see *PWH* 70-71). It makes the person more irascible, contentious, and psychically vigilant, with a heightened sense of depression or mania and produces a host of psychosomatic symptoms. Repression has the tenuousness of any *coup d’état* because it is contrary to the natural legitimacy of the appetite’s reasonable governance.²⁸⁵ If a repressed person seeks healing from all of this, it is unfortunately later rather than sooner. This delay is surprising because as with the defect of sin, there is a host of troubling symptoms that repressed people must endure in the short, or longer, term.²⁸⁶

It can be said that the entire repressive act has deprived the concupiscible power of reasonable governance, caused a conflict within the sensitive appetite and wedged out its possible governance by reason and will, with the exception of a continuation of aiding and abetting the repressive process via the particular reason and other interior senses (see *PWH* 36, 110). Grave psychological damage is caused by displacing the operations of reason and will, but when pathological sexual repression is progressively remediated, authentic psychological well-being, moral freedom, and most especially a proper relationship with God, as God, are returned. Spiritually, many repressed persons are playing god. It is by their effort and not collaboration

²⁸⁴ See *CCC* 311. “If a servant do anything contrary to his master’s orders, it is not ascribed to the master as though he were the cause thereof” (*ST I-II*, q.79, a.1, ad.3).

²⁸⁵ See *ST I-II*, q. 23, a.1, ad.1; q.74, a.3, ad.1.

²⁸⁶ In short, many emotionally wounded and sexually afflicted persons, irrespective of psychological categories, limp through life more or less coping with debilitating symptoms. These can include, but are not limited to, the following symptoms: addiction, chronic physical ill health, nonsensical and repetitive rituals, mental anguish or scruples, which unduly stresses marital concord, anxiety, depression, and psychosomatic disabilities, and degradation. Even though such persons in their professional working life may be coping, they often find their personal life in psychological disarray with an ever increasing foreboding sense of gloom, doom, and doubt regarding eternal salvation (see symptomatology *PWH* 120-28). Such persons are neither bad nor mad.

with divine grace that they are striving for chastity. It is presumptuous on their part. As good as repressed souls may be, God will only tolerate this unnatural vice until such time as a holy intervention can be fruitful. Bruce, in the above vignette, is a classic example. Bruce wants what God wants for him and prays fervently and appropriately for the divine will to be enacted. Harassed by psychic pain and spiritual torment, he finally surrenders to God's intervention through his designated moderator, who fortunately being sufficiently well informed, brought right reason to bear. As noted, virtue is a quality of the mind, whereby one lives reasonably and righteously. Bruce though desirous of the virtue of chastity, both acquired and infused, was handicapped by his distorted nature, especially through his misguided universal and practical reason. Because of his desire for and consent to God's action in his soul, the supernatural virtue of temperance could germinate. "Since grace does not destroy nature but perfects it, natural reason should minister to faith as the natural bent of the will ministers to charity" (*ST I*, q.1, a.8, ad.2). Moreover, natural reason has a role to play in the perfection of one's nature. By seeking another's reasonable guidance, Bruce's reason could be restored to its rightful place. However, before the infused virtues can sink deep roots, God first helped Bruce to restore his distorted nature. For grace to perfect nature, natural reason needs to be liberated to govern in its own fitting manner. When reasonable governance is in good working order within persons, then not only can they strive for acquired virtue, God can concomitantly perfect the human faculties by means of the infused virtues and Gifts of the Holy Spirit. For "virtue is man's goodness, since virtue it is that makes its subject good" (*ST I-II*, q.55, a.4, ob.1). God works in us, without us, to make us good. "Chastity is a gift from God, a grace, a fruit of spiritual effort" (*CCC* 2345).

St John of the Cross devotes a significant portion of Bk. One of *The Ascent of Mount Carmel* to the need for the active mortification and purification of the sensitive appetites. St John means both the concupiscible and the irascible powers.²⁸⁷ Every person serious about their personal spirituality and desirous for a deeper intimacy with divine Persons must do what they can to actively mortify their entire person and as far as they can, liberate themselves from their wretched state of captivity.²⁸⁸ This captivity is not just freedom from moral decadence but also from the eradication of pathological impediments.²⁸⁹ Consent to and cooperation with passive purification is "Ah, the sheer grace! – I went out unseen, my house being now all stilled."²⁹⁰ Duynstee/Terruwe/Baars' mortification therapy is a form of passive mortification which cooperates with the truly spiritual passive purification of the soul enacted by

²⁸⁷ "The chief concern of spiritual masters with their disciples is the immediate mortification of every appetite," John of the Cross, *The Ascent*, 147, Bk. One, Chpt. 13, no. 6.

²⁸⁸ "One inordinate appetite alone, suffices to make a soul so captive, dirty, and unsightly that until the appetite is purified the soul is incapable of conformity with God in union. This is true even though there may be no matter for mortal sin in the appetite," *ibid.*, 138, Bk. One, Chpt. 9, no. 3.

²⁸⁹ "Those are decidedly hindered, then, from attainment of this high state of union with God who are attached to any understanding, feeling, imagining, opinion, desire, or way of their own, or to any other of their works or affairs, and know not how to detach and denude themselves of these impediments," *ibid.*, 161, Bk. Two, Chpt. 4, no. 4).

²⁹⁰ *Ibid.*, 152, Bk. One, Chpt. 15, no. 1.

God.²⁹¹ Hypertrophied irascible emotions are brought to death and atrophied concupiscible passions are liberated to respond to the direction of right reason fittingly. God permits the re-formation of the person's natural faculties so that the infused virtues, aided by the Gifts of the Holy Spirit, can further perfect the human faculties, as grace perfects nature. Bruce's generous, but previously misguided active purifications, are now brought to perfection through the Holy Spirit's grace. Commenting on the first stanza "Ah, the sheer grace!" St John explains:

The soul uses as a metaphor the wretched state of captivity. It is a sheer grace to be released from this prison without hindrance from the jailers. The soul through original sin is a captive in the mortal body, subject to passions and natural appetites; when liberated from this bondage and submission, it considers its escape, in which it is unnoticed, unimpeded, and un-apprehended by its passions and appetites, a sheer grace.

To achieve this liberation it was advantageous for the soul to depart in the dark night, that is, in the privation of all satisfactions and in the mortification of all appetites...and until this very sensuality is stilled in such a way that the appetites do not war against the spirit, the soul will not go out to genuine freedom, to the enjoyment of union with its beloved.²⁹²

Spiritually, every seriously religious person to achieve intimate union with the divine Persons must undergo both active and passive purification of the senses. For the sexually repressed person, there is the need to surrender to the further "passive" purification of the unnatural vice of pathological sexual repression. MT restores to the afflicted person a naturally healthy psychosexuality, with a concomitant restoration of right reason and a new found freedom for morality, and the possibility of an integral and elevated spiritual life. The passive purification wrought through *The Dark Night*²⁹³ provides ample time and means to eradicate pathological sexual repression. Apart from other natural benefits flowing from MT, in the above paragraph can be found a spiritual validation and supernatural value for this psychotherapy.

It was beyond the experience and understanding of Bruce the seminarian to imagine what God was effecting in his soul on that day, "expecting to be asked to leave the seminary and with great trepidation, he raised his 'problem' with his moderator." God was at work in him, without him knowing or accomplishing it, excepting by his cooperative consent. A serious seminarian, Bruce had spent several years in prayer, active mortification, and study. It may be postulated that he had arrived at the point where God would raise him from his active but floundering erroneous efforts to the higher more perfect passive purification of the senses. Even Bruce may struggle to understand how this happens through MT. For "God is at work in you, both to will and to work for his good pleasure" (*Phil* 2:13). God favours spiritually attentive and docile souls, and "gives grace to the humble" (*Jas* 4:6). As for repression's remediation, God continually bestows blessings on those who seek him (see *Mt* 6:33). By faithfully corresponding with grace and through regular prayer,

²⁹¹ The need for passivity within therapy is treated later, 4.1.1.

²⁹² John of the Cross, *The Ascent*, 152-3, Bk. One, Chpt. 15, no. 1-2.

²⁹³ *Ibid.*, *The Dark Night*, 358ff.

God bestows the passive night of sense so that both moral and psychological imperfections are purified, provided there is a willingness to grow spiritually, with a concomitant humility. Throughout one's spiritual journey, God is consistently requesting more and more submission and abandonment to his will. This surrender is not by way of slavery; rather it is to increasing degrees of reasonableness and freedom for spiritual excellence and unitive love. To abandon oneself to the divine is to confidently forsake one's personal liberty by putting on "the mind of Christ" (1 *Cor* 2:16). This abandonment, however, is natural reason ministering through faith and achieving through the obedience of faith, a lively trust in the knowledge that for freedom Christ has set us free. "Stand fast, therefore, and do not submit again to a yoke of slavery" (*Gal* 5:1).

2.5 Some Responses to the Critiquing of Mortification Therapy

In response to the previous section which considered the primary question as to whether or not *Terruwe/Baars's* "*Mortification Therapy: A Thomistic Approach?*" is appropriate; the answer is proposed as affirmative. It treated an analogous understanding of pathological sexual repression from a Thomist viewpoint. In this section, treated now are the various critiques of MT and the objections raised against MT.

2.5.1. Whether Thomism can explain pathological repression?

Objection 13 maintains, by various arguments, that it is not possible to find in St Thomas an explanation of repression.

- (i) Aquinas says that all of the powers of the soul require attention and energy in order to carry out their acts. The more the sensitive appetites are riveted by their objects, the less the other powers of the soul, or other passions, are able to focus on alternative objects. Given the soul's finite resources, one cannot be paralysed by fear and at the same moment be captivated by lust or any other passion. The soul's attention and energy are both zero-sum games.
- (ii) Given this, it is not possible to locate in Thomistic psychology the notion of two contrary passions growing in tandem.
- (iii) Or of intense fears suddenly giving way to lustful actions.
- (iv) Nor is it possible to explain, in Thomistic terms, how a passive process that requires active awareness of an object could take place without one being aware of it; yet this is the assertion that Terruwe and Baars would need to make in order to reconcile Aquinas and Freud (*Logos* 49, ¶1).

On the contrary, St Thomas in treating of the cause of sin and its effects, states that sin diminishes the good of nature and as a vice it diminishes virtue. Similarly, does the vice of a repressive pathology diminish both a person's nature and the formation of virtue.

As regards the inordinateness of the agent, we must say that such like inordinateness is caused by the fact that in the acts of the soul, there is an active, and a passive element: thus the sensible object moves the sensitive appetite, and the sensitive appetite inclines

the reason and will, as stated above (*ST I-II*, q.77, a.1, ad.2). The result of this is the inordinateness, not as though an accident acted on its own subject, but in so far as the object acts on the power, and one power acts on another and puts it out of order (*ST I-II*, q.85, a.1, ad.4).

I answer that as was presented in the last article, there is a plausible explanation concerning the action of sin by defect and the avoidance of sin through a pathology of excess (see 2.4.1). Each of the human powers was accounted for philosophically as exemplified from the vignette of the seminarian's inordinate mental preoccupations and volitionally determined motor reactions.

I respond to Objection 13 (i) that the distinctions previously provided clarify the misunderstanding of this objection (see 2.4.7). In the example provided, the seminarian Bruce was not lustfully seeking a pleasure object, quite the contrary. He was “riveted” by fear in the avoidance of sexual desire while simultaneously seeking eternal realities. He was avoiding the objects of sexual desire using intellectually and volitionally determined motor actions. The objection paraphrasing something of St Thomas recalls that the powers of the soul require attention and energy in order to carry out their acts. But the more the sensitive appetites are preoccupied by their objects, the less the other powers of the soul, or other passions, are able to focus on alternative objects. At the same time, the objection is incorrect in the application of the principle because the repressed person is not “paralysed by fear and at the same moment captivated by lust” as suggested. Nevertheless, a person can be captivated, firstly, by a kind of distraction, and secondly, because the judgement and apprehension of reason can be impeded on account of a vehement and inordinate apprehension of the imagination and judgement of the estimative power (see *ST I-II*, q.77, a.1). As previously explained, this is what takes place when a healthy person freely commits sin or when an afflicted person pathologically enacts repression (*PWH* 18-19, 98-101).

Further, I concede that it is not possible to be paralysed by fear and at the same moment be captivated by any other passion. What happens in sexual repression is that movements of the procreative drive are pathologically repressed by an irascible passion. This is inordinate because the servants have now become the master. For by nature “the irascible passions both arise from and terminate in the passions of the concupiscible faculty” (*ST I-II*, q.25, a.1). When the repressing fear is enacted as explained in the section above, the person far from being “captivated by lust” is entirely distracted; intellectually, volitionally, emotionally, and sometimes in severe repression even imaginatively and at the level of external sense.²⁹⁴ And this can redound even to the procreative drive itself (e.g., *PWH* 57).

Furthermore, Psychic repression is always a grave and substantial loss. It is not “a zero-sum game” (*Logos* 49, ¶1). Indeed, it is not a game at all; it is a human tragedy

²⁹⁴ See Appendix III, vignette 1: Dolores, a sexually abused infant with deafness. See *PWH* 59-62, 61n.

and a spiritual cross.²⁹⁵

I respond to Objection 13 (ii). As refuted in Chapter One (1.4.3: response to Objection 3 (iv)), there are no “contrary passions growing in tandem.” In sexual repression, the irascible passion hypertrophies while the concupiscible passion atrophies. This is why “it is not possible to locate in Thomistic psychology the notion of two contrary passions growing in tandem.” St Thomas never taught this, nor did Terruwe/Baars.

In response to Objection 13 (iii), I affirm that Terruwe/Baars do explain how intense fear can suddenly give way to lustful actions. This can be found in *Psychic Wholeness and Healing*.²⁹⁶ The break-down of the repressing emotion or an out-break of the repressed emotion (i.e., sexual desire or anger compulsively acting out due to the lack of reasonable direction) was explained in 1.4.2: response to Objection 2 (i).

Further, when the concupiscible powers are unreasonably restrained by the irascible powers, such an unnatural situation will eventually force a psychic resolution. The repressed emotion(s) has not attained reasonable guidance so it continues to exert an influence on the human psyche, albeit subconsciously. The repressed emotion (i.e., psychically buried) remains active (i.e., psychically alive). The repressive act, because it is unnatural, remains an unresolved problem only to weaken sooner or later, “suddenly giving way to lustful actions.” Terruwe/Baars using the phrase eventually “breaks down” means that the repressing emotion which requires increasing energy is no longer able to keep the repressed “buried” but “alive” emotion restrained (see *PWH* 71). Sometimes a stronger emotional response triggers a compulsive release. If the emotion of love is aroused with a repressed emotion of desire, then love being the greater adds its power to desire and together they “break-forth” seeking reasonable guidance which sadly has been pathologically displaced. One or more assertive emotions are no match for the superior emotions of love and desire.²⁹⁷

To understand this practically an example may assist. Often when an ex-cleric is prosecuted for criminal child or youth sexual abuse, they will claim that they “love” the youth. While such a statement is incomprehensible to normal adults, it identifies the predominant emotion moving the cleric to act as a perpetrator. Repressed desire conjoined with the emotion of love moves an afflicted person to compulsively abuse. Desire though atrophied is reinforced by emotional love. “How could Bobbie betray me? I *loved* him” (emphasis added).²⁹⁸ St Thomas sees the most fundamental passion

²⁹⁵ See Appendix III, vignette 9: Fr Cedric, a high functioning cleric unaware of his sexual repression.

²⁹⁶ See *PWH* 41, 71, 94, 111, 129, 206, 208, and 220.

²⁹⁷ See Baars, *Feeling and Healing*, 130; John Harvey, *The Homosexual Person* (San Francisco: Ignatius Press, 1987), 117, 217; Elizabeth Moberly, *Homosexuality: a New Christian Ethic* (Cambridge: James Clarke & Co. Ltd., 2001), 7. An example of this is found in Rossetti, *Slayer*, 107.

²⁹⁸ See Rossetti, *Slayer*, 35. See Patrick Carnes who rightly entitled his book, *Don't Call It Love*. Also for an example see Appendix III, vignette 9: Fr Cedric, a high functioning cleric but unaware of his repression.

as love.²⁹⁹ The sexual perpetrator, being unreasonable, is confused emotionally. There is no true love in sexual exploitation, molestation, and abuse. There is always selfishness, lust, and all too often a pathology. “Beauty has deceived you and lust has perverted your heart” (*Dan* 13:57). So when right reason is already wedged out of its fitting governance, the excited emotional love aids and abets repressed desire and together these excited concupiscible emotions are no match for the unnatural repressing emotions of sexual pathology when it is present (see *PWH* 41). The person gives way to lustful actions.

Furthermore, it is an error to state that “intense fears suddenly give way to lustful actions.” It is not the fear that suddenly “gives way.” It is the repressive process that breaks down. That such a tragedy is possible has been explained. Unreasonable and ungoverned, a dynamic repressed emotion when devoid of the repressive process and having been previously buried alive will often act independent of good sense and therefore unfittingly. “Sooner or later, [this] leads to obsessive preoccupation with sexual thoughts and fantasies, and compulsive performance of acts they have always willed not to commit” (see *PWH* 111). This is the nature of compulsion. The repressive process has broken down, and obsessive-compulsive passions can arise whereby actions occur which in turn stimulate “intense fears.” Moreover, as St Thomas explains the rational appetite is capable of being displaced, “remiss or altogether impeded” (*ST* I-II, q.77, a.1). Because “man loses the use of reason altogether” lustful actions may ensue (a.2).

I respond to Objection 13 (iv), it was explained in Thomist terms “how a passive process that requires active awareness of an object could take place without one being aware of it.” This was exemplified in the vignette of the seminarian Bruce, above. Terruwe/Baars rightly assert that it is possible for the irascible appetite to “repress” the concupiscible appetite. By analogy, it was seen how this can come about in Thomist terms.

Further, even though Terruwe/Baars had no desire or intention to reconcile Aquinas and Freud, they were able to show how both voluntariness and cognitive awareness can be diminished in sexually repressed persons (see *PWH* 37, 49-50). Indeed, it was possible to explain, in Thomist terms, “how a passive process that requires active awareness of an object could take place without one being aware of it.” This is exactly what Bruce the seminarian achieved. He was actively aware of the objects of his desire, namely, the avoidance of impurity, the desire for perfect continence in chastity, for vocational celibacy, and for eternal life. Such awareness is possible (see *PWH* 113, 215). Bruce deliberately enacted a “volitionally” and

²⁹⁹ Distinctions, however, need to be drawn concerning love. People say they love wine, or their car, or their house. These lesser useful loves can also be akin to desire, for love is also aroused by the attraction of the good (i.e., the rational appetite). Whereas a true selfless and self-restraining spiritual love is willing the good of another (see *Jn* 15:13). “The love with which a thing is loved, that it may have some good, is love simply; while the love, with which a thing is loved, that it may be another’s good, is relative love” (*ST* I-II, q.26, a.4). However, “when friendship is based on usefulness or pleasure, a man refers this good further to his own pleasure or use, the result is that friendship of the useful or pleasant, in so far as it is connected with love of concupiscence, loses the character to true friendship” (ad.3).

“intellectually” determined repressive energy disorder (see *PWH* 98-100) yet he was unaware of what he was actually doing.

Although everyone experiences some confusion and uncertainty of mind when assailed by strong emotion, the afflicted person experiences heightened mental confusion and bewilderment when a hypertrophied assertive emotion assails the sensitive powers.³⁰⁰ As explained above, the disordered person’s reason, as well as his will, has entered an erroneous alliance with the cogitative power and the irascible appetite. The repressing emotion is not acting in direct opposition to the subject’s intellect and will, at least, at that point where it was elicited by the false cogitative judgement. Later, should the intellect come to see the true light, it will not be easy to change the cogitative judgement, because this is not a rational conclusion, but a sense evaluation which has become habitually grafted into the instincts, as it were. In this manner, cognitive awareness becomes remiss or seriously impaired (see *ST* I-II, q.77, a.2). Essentially, however, the repressed person remains a “free agent.” That he can choose not to do something if he “really [sets his] mind to it” is conceded (*PWH* 110). In the area of repression, however, if the person refrains from some thought or deed, the decision to do so only reinforces the repressive process, and endangers the possibility of compulsive actions later. That is, such a choice is just one more intellectually and wilfully determined act of repression. In this manner, it intensifies the repressing emotion because the originally perceived danger is now recognised as even greater by the cogitative sense, which elicits the emotions. Moreover, cognition’s freedom is reduced both by the vehemence of the repression and by the ignorance (i.e., false cogitative judgement) that caused the repression in the first place.

Although the afflicted person’s reason is not impaired in the way a psychotic person’s reason is, nevertheless, it is sufficiently impaired to render acts in the specific area of pathological repression so compromised as to reduce the voluntariness. Due to the displacement of reason, there is insufficient advertence. Voluntariness is impeded, even though the disordered person may be quite aware that he is experiencing emotional arousal and is performing certain actions. In the case of pathological repression, “If the use of reason be taken away altogether (i.e., displaced), the sin is no longer either mortal or venial” (*ST* I-II, q.77, a.8, ad.3, inclusion added).

Furthermore, voluntariness is very different from cognitive awareness which is the final part of this Objection 13 (iv). Terruwe/Baars draw an important distinction between the voluntariness and the cognitive awareness of actions on the part of the repressed person which is important to explain in a pastoral setting:

The presence of the repressed emotion may be more or less conscious. We have seen that its activity passes beyond the guidance of reason and will, yet the question of voluntariness is not identical with the question of whether or not the person is aware of an emotional arousal. Being conscious of the presence of such arousal in the emotional life is a matter of observing what takes place within oneself. Voluntariness, on the other

³⁰⁰ See Rossetti, *Slayer*, 108. And in the same text, L. Lothstein, “Psychological Theories of Pedophilia and Ephebophilia,” 21-22, 32-40. *JJCRT* 2004, 274.

hand, concerns the control of the emotional arousal by the will. These are two entirely different things and must be sharply distinguished. An emotional arousal may be present more or less consciously even when it is not voluntary (*PWH* 37).

The point is this, someone who is totally swept away by fear of fire in the theatre is quite aware of his fear, but is still scarcely morally responsible for shoving and pushing people to get out, because the intensity of his fearsome passion exceeded the strength of his will. The priest meets this type of scenario particularly in the confessional. The penitent will complain, “I know what I do but I do not want to do it” (see *ST* I-II, q.78, a.4, ad.3). The *Catechism* touches on the matter of voluntariness and cognitive awareness in the second paragraph of 2352, where it refers to the forming of equitable judgements about a penitent’s moral responsibility and with regard to guidance in a pastoral setting.

The problem is not new,³⁰¹ though Terruwe/Baars’ explanation of the repressive disorder throws additional light on this conundrum. Terruwe/Baars explain how, in accord with on the contrary, in an act of the psyche there is a passive and an active element. And an emotion can be more or less conscious depending on the intensity of the repression. They also clarify that repression is not just about a concupiscible emotion:

The emotion is made up of two elements: first, the feeling itself, which is aroused by the object as represented by the senses and especially the imagination; second, the psychomotor reaction, the somatic arousal aimed at optimal involvement with the object. When the repressing emotion attacks this emotion, it may only *prevent* the psychomotor reaction, or it may attempt to efface the image that aroused the emotion (*PWH* 37-38).

An attractive sexual object or person is one of the first things the repressive individual tries to avoid. Indeed, the control and direction of the imagination is one of the competences the mind has over this internal sense.³⁰² Hence, the healthy person will also (though not frantically) direct his imagination away from images that may entice him into sin. But the healthy person will not condemn the image as evil. Rather the cogitative power merely determines that the natural good represented by this image is not fitting and useful at the present time.

When an emotion is refused acceptance for unreasonable motives because of feelings or reasons that generate a harmfulness judgement from the cogitative power, then the disappearance from consciousness and the awareness of that emotion does not magically vanish; rather it undergoes a radical assault at the very genesis of the emotion’s material and formal aspects. This prevents its access to the person’s psychic life. The pleasure emotion itself (not generically, of course, but in the individual’s particular area of “phobia”) is considered as an evil to be shunned or a danger to be avoided. Repression has two possibilities; a) the pleasure emotion develops something of its material and formal aspects before it is repressed, or b) it is refused access into the consciousness from the very beginning. In this second case

³⁰¹ See Thomas, *Commentary on Romans* (*Rom* 7:18-19), no. 567-71.

³⁰² See Appendix III, vignette 3: Sr Gloria an energy pathology with the repression of her imagination.

even the vaguest stirring of the emotion is repulsed with the result that it can never develop, and the person himself believes that it no longer remains. In either case, the psychomotor reactions no longer develop, or only partially so. How does the repressing emotion achieve this? “It does so only *through repression of the cognitive image*” (PWH 46-47).

When only the psychomotor reaction is prevented from occurring, the consequences are much less serious than when the repression also attacks the source of the emotion. In that case the image disappears from consciousness and the awareness of the emotion also disappears; the repressing emotion prohibits the imagination from reproducing images, with the result that they disappear, as we say, from memory. It follows from this that the psychological action of the repressed emotion...will also be more unconscious and the neurotic disorder therefore proportionally more severe. It is evident that there are *degrees of intensity of repression* (PWH 38, emphasis in original).

From all of the above, contrary to Objection 13 (iv), it is clear that a repressed person, depending on the degree of the pathological condition, can have more or less cognitive awareness and simultaneously be devoid of authentic moral freedom. Hence, in Thomist terms, it can be seen (even from the examples in Appendix III) how the repressive process begins with active awareness of an object yet the person, through ignorance, inadvertence, or prohibition can over time become more or less aware of it.

Lastly, Terruwe/Baars, as previously explained, never attempted to reconcile Aquinas and Freud (see 1.4.1). They intuited in St Thomas’ teachings a reasonable explanation for the clinically discernible pathology of a repressive emotional disorder.

In brief, it is clear from the preceding section and this past objection that a plausible explanation for pathological sexual repression can be found in St Thomas’ writings. Indeed, the explanation is very different from and superior to that of Sigmund Freud. Fr Duynstee and Dr Terruwe have cogently identified both the philosophical cause of repression and its clinical remediation.

2.5.2. Whether desires are buried and the apprehended appetible?

Objection 14 attempts to show that Terruwe/Baars hold a mechanistic hydraulic theory of repression that is Freudian but couched in a Thomist framework. Thus the passions are said to have a life of their own and eventually burst forth. Critiqued, then, is Terruwe/Baars’ claim that their theory concerning the passions is Thomist.

(i) The description of repression in *Psychic Wholeness* imports the Freudian hydraulic theory into the Thomistic framework of the passions.

(ii) Sexual desires are said to be “buried alive,” and then to go on to have lives of their own, growing without the person’s knowledge until they burst forth in compulsive sexual acts (*Logos* 48, ¶1).

(iii) To be called Thomistic, a psychological theory must incorporate Aquinas’s

understanding of the passions...Aquinas's first principle is that the passions are passive: they are appetites conditioned by an active principle called an "apprehended appetible"...The wolf is an unmoved mover for the passions of an observing sheep. The sheep's passions are moved movers—moved by the sight of the wolf, moving the sheep to flee. Without an active principle of perception, the passions remain unmoved (*Logos* 48, ¶2).

On the contrary, "the intellectual appetite is a distinct power from the sensitive appetite. For the appetitive power is a passive power, which is naturally moved by the thing apprehended: wherefore the apprehended appetible is a mover which is not moved, while the appetite is a mover moved" (*ST I*, q.80, a.2).

I answer that it is Terruwe/Baars' description of repression and the terms that are used by them can be found in a Thomist framework. To confirm this, however, each term and concept must be considered in the context of their overall theory.

I respond to Objection 14 (i), the reply to the first part of this objection has already been treated in 1.4.2: response to Objection 2. There it was stated that Terruwe/Baars do not refer to a "hydraulic" theory in relation to sexual repression. Such a term is not used in any of their books. Pathological repression according to them is more psychic than hydraulic or mechanistic.

The psychological reflex of pathological repression is the result of an evaluative judgement of the cogitative power. Once a harmfulness judgement is made by the cogitative power, the reflex response is spontaneous and so quick that its inner movement is virtually instantaneous when presented with an unacceptable thought, fantasy, attractive person, or object. The cogitative power actuates this psychic reflex which resonates in the corporeal organism. Within therapy, the person can gradually identify the inner "feeling" associated with the onset of the involuntary repressive action. The person is powerless to negate the repressive force and is surprised by its vehemence and the speed with which it spontaneously activates. This process having occurred once, repeats itself each time the cogitative power perceives the unpleasant excited emotion, until therapy gradually brings it to naught. Its observation is also reassuring in that it is an indicator of its gradual diminishment during MT whereby the reflex and corresponding feelings dissipate (see *PWH* 34-38). Such is the significant realisation of repression. Whereby, it may be recognised that the repressive force is vicious, subtle, easily stirred, spontaneous, recurringly tenacious, and a habituated internal psychic reflex. Moreover, because Terruwe/Baars did not use "the Freudian hydraulic theory" they made no attempt to import it "into the Thomist framework of the passions." Hence, Objection 14 (i) fails.

In response to Objection 14 (ii), as noted above, I affirm that Terruwe/Baars speak of sensate powers being "buried alive" (*PWH* 31, 36; 193-211). I distinguish, however, that the repressed emotion remains a potentially active force within the human psyche with its particular identity and dynamism. Nevertheless, as previously explained the repressed emotion far from "growing" or becoming hypertrophied, over

time atrophies (see 1.4.3). To suggest that repressed passions “have lives of their own” is mistaken. The appetitive powers are passive faculties that are moved by an apprehended appetible through the particular reason and or universal reason via the rational appetite (see *ST* I-II, q.22, a.3; q.23, a.1). The sensitive appetite is not sufficient to cause movement unless the higher power consents, but if it consents it consents via a phantasm of the imagination formed in conjunction with the cogitative power (see *ST* I, q.81, a.2).

Further, due to pathological repression, an excited dynamic emotion (e.g., desire) remains frustrated without reasonable governance and without attaining its desired object (see *ST* I-II, q.74, a.3, ad.1). It does not have its own liberty, or a life of its own. Reasonable governance fails because a different equally aroused but more motivated emotion (i.e., fear) because of an adverse cogitative judgement is blocking it, keeping it in check or burying it alive. It is “alive” in so far as it has been excited; “buried,” however, in so far as it is stubbornly obstructed by an irascible emotion thwarting any hope of reasonable guidance and of seeking its object so that it may come to rest and to peace. This descriptive term of Terruwe/Baars is rhetorical and for vivid effect. It is a non-literal figure “so to speak” (*PWH* 31). So some clarification is required. Firstly, there is no intention to bury another emotional response alive. The intention is to respond solely to an arduous real or potential evil, or danger. If we are to attribute an intention directed at the pleasure emotion, it can only be one of “eliminate,” not one of burial, because the aroused desire is not dead but remains very much alive. Secondly, the “intention” is falsely attributed to the irascible appetite. However, it is the cogitative power that receives an intention due to a cognitive mis-interpretation or its own harmfulness judgement. So it is the intention and judgement of the cogitative power which mandates the intervention of the irascible appetite. As the executing force, it can be said that the irascible appetite is the “bearer” of the intention, but it is not the agent of the intention.

Why do Terruwe/Baars speak of a passion being “buried alive,” if there is neither an intention on the part of the cogitative power nor on the part of the irascible appetite to bury a pleasure emotion? In fact, the common intention of both power and appetite is not to bury but to remove, to extinguish, or to eliminate the aroused pleasure passion in question (*PWH* 47, 52-54). This is precisely because it has been deemed to endanger the personal wellbeing of the individual. But no faculty of a human being can annihilate another innate power. So the action of annihilation amounts to the next best thing, repressing or burying it. Of course, the attempted action of elimination is unreasonable and pathological, but the person does not advert to this or necessarily know it. This is half of the phenomenological status quo of the sexually afflicted person. The second half, while related, is causally distinct. The innate, immutable instinctual intention continues to manifest itself, seeking to elicit the fitting pleasure appetite. This stands in opposition to the inappropriately modified intention that has been stored in memory, and which has become the basis for the cogitative power’s negative evaluation of the sexual stimulation. This results in a constant state of tension, for nature continues to cry out for the reasonable governance of its naturally good object, while the defective cogitative harmfulness judgement continues to reject

it as an arduous evil. It is this state which gives the impression (an illusion) that the irascible appetite is trying to bury the pleasure appetite alive. This illusion has, at least, one of two harmful effects. 1) the afflicted person, when he frequently fails, comes to the conclusion that he just wills to sin, and so either abandons the spiritual life in despair, or turns into a desperate scrupulant; 2) the misguided therapist thinks the problem is an over active irascible appetite and so tries to counsel or calm the person's irascibility. What is needed, however, is a clarified instruction from Thomist psychology³⁰³ on the function of all the various faculties at work, especially the internal senses and their capacity to move the sensitive powers. Then, after psychotherapy which identifies the source of any previous psychic harm (e.g., sexual abuse) or the grounds for a repressive attitude which include the reasons behind historic harmful cognitive and cogitative judgements (e.g., poor or misguided pedagogy). In this way, there is the possibility for a clear understanding of the frustration of the concupiscible appetite, the displacement of reason, and the repressing affect of the irascible appetite unreasonably holding concupiscence in check (see *PWH* 90). The term "buried alive" is only a helpful metaphor.

Furthermore, that a person's unreasonably restrained concupiscence can "burst forth in compulsive sexual acts" at a later time was explained above, 2.2., and 2.3.1. Because the repressed emotion does not attained reasonable guidance which ensures emotional peace, it keeps tapping away at the individual's psyche. Every emotional arousal temporarily disrupts psychic equilibrium. Balance is restored as soon as a person has either attained the desired object or has freely renounced it through rational guidance (see *PWH* 217). Without reasonable attention, however, the state of imbalance can become chronic and results in the psychologically abnormal condition of pathological repression. Obviously, such a process is quite different from a reasonable act of self-restraint. It is for this reason that Terruwe/Baars commenting on the emotional state of a sexually repressed person states, "The thought of gratifying their sexual desire through masturbation momentarily intensifies their emotion of fear or energy, with the result that the sexual act does not take place at that moment" (*PWH* 110-11). Nevertheless, with the displacement of reasonable guidance the excited emotional desire fruitlessly continues to seek right reason. So Terruwe/Baars continue, "Another indication that patients with obsessive-compulsive repressive disorders are not free in sexual matters, is the increase in fear and restlessness that follow when they forgoe the gratification of the sex urge" (*PWH* 111). The "virtuous" renunciation of sexual pleasure not only "involves the integrity of the person and integrality of the gift" of chastity but also, while not immediate, eventual peace and calm (*CCC* 2337). "From the psychological point of view, an operative habit is a quality, difficult to remove, which disposes the subject to function with facility, promptness, and delight."³⁰⁴

Lastly, I affirm that the repressed concupiscible emotion may be more or less conscious depending on the afflicted person's capacity for introspection and the depth and intensity of the repression (see *PWH* 37). However, I deny that the repressed

³⁰³ See Appendix I.

³⁰⁴ Royo, *Christian Perfection*, 55.

emotion grows without the person's knowledge. It does not grow but atrophies (see 1.4.3). As explained in Chapter One, 1.4: responses to Objections 2, 6, 8-9, it is conceded that repressed emotions, unless remediated, have the potential to break forth into compulsive sexual acts.

I respond to Objection 14 (iii) that the Duynstee/Terruwe/Baars' understanding and analogical Thomist explanation for sexual repression has been treated above, 2.4.6. The following response will incorporate an additional understanding of the passions from St Thomas and refute this objection.

Further, I affirm that the human passions are passive. Contrary to Objection 14 (iii), however, I distinguish that these powers, are viewed in two ways, namely, as both passive and active (see *ST I-II*, q.22, a.2, ad.2). That is, they are not just "passive" but also active. The eleven passions constitute the sensitive appetite, the generic power of sensuality (see *PWH* 9-21).³⁰⁵ The sensitive appetite is further divided specifically into the concupiscible and the irascible powers (and are sometimes called sense appetites; see *ST I*, q.81, a.2). Each of the passions is a "mover moved" (*ST I*, q.80, a.2). That is movers that are first moved to action. For example, the furniture removalist truck remains in the garage unless a client hires the company to move some furniture. It takes a telephone call to the business to get the truck moving for a pickup of the furniture.

Firstly, the passions are passive whereby the word is derived from the Latin word "*pati*." This term has the sense of suffering something, as in the passion of the Lord Jesus. The human passions, therefore, undergo something or receive something, they are passively attracted (see *ST I-II*, q.22, a.1). That which moves a passion is an *object* outside of the passion itself. That is, the "apprehended appetible." For example, a cat sees a tasty fish dish. The fish food being the unmoving object is capable of actuating the hungry cat towards the fish.³⁰⁶ It is in this sense that the cat is passively drawn to the dish of fish. The passions received or suffered something, for example, the cat recognises fish by both external and internal senses. That is, it sees, remembers, and estimates, then finally smells and tastes the desirable fish (see *ST I*, q.80, a.2, ad.1). The passions are "moved" passively "by an active principle called an "apprehended appetible" which is itself "unmoved," (i.e., cat food is in the dish, going nowhere).

Passions, however, are more commonly known as emotions (see *PWH* 9-11). It is in this second sense that a passion is a "mover" moved. The more general term of emotion is derived from the Latin, *ex-motus*, past participle of the verb *ex-movere*. The word "emotion" has to do with motion, movement, or motor force. Emotions, like bodily or somatic feelings such as the need to scratch an itch, cause us to move or be moved.

The powers of the sensitive appetite then are first, passions that are attracted through the external and internal senses (i.e., passively moved), and secondarily, emotions (i.e., active movers) by their capacity as psychological motors to actuate

³⁰⁵ See Baars, *Feeling and Healing*, 11-27.

³⁰⁶ See Ripperger, *The Introduction*, 132-33.

particular physical psychomotor reactions and voluntary motor reactions within the animal or human organism (see *PWH* 17-20). As movers moved, the passions are stimulated by sensory perception and they in turn generate the necessary physical and psychic motor actions (see *ST* I, q.75, a.1, ad.1; I-II, q.28, a.5).

Such sensory stimuli can be real and present objects perceived by the external senses or remembered and adjudged by the internal senses (i.e., the particular fish in the dish, or remembered as yesterday's tasty dinner). Alternatively, the object can be an apprehended appetible that attracts the human person who is moved by the rational appetite as a result of the cognitive apprehension of a universal good. In this latter case, the unmoved mover is again the apprehended appetible (e.g., an idea of cold beer on a hot afternoon) that attracts the rational appetite. This universal concept of cold beer (again because of the external and the internal senses of the cogitative power and imagination that "knows" the taste of a particular cold beer) in turn actuates a passion (i.e., as a mover moved) to provoke the person psychically and physically (*ST* I-II q.51, a.2). These are the voluntary motor reactions which are different from the psychomotor reactions mentioned previously. Voluntarily, the passions can be independently moved into action directly by the cognitive power, the rational appetite. Universal intellectual knowledge, however, is mediated through the internal senses or particular reason, and more specifically through the phantasms of imagination (see *ST* I, q.81, a.3, ad.3). Intellectual movements are voluntary motor reactions (see *PWH* 19-20). "The higher appetite moves the lower [appetite]" (*ST* I, q.80, a.2). For "particular reason is naturally guided and moved according to the universal reason: wherefore in syllogistic matters particular conclusions are drawn from universal propositions" (see *ST* I, q.81, a.3). Conversely, the external and internal senses (i.e., cogitative and imaginative powers specifically) can move the passions (see a.3, ad.2), which in turn move the person to various actions (see *ST* I, q.85, a.1, ad.4). So the passions are both passively moved and are actuated as movers in their own right (*ST* I, q.80, a.2).

While the sensitive appetite and rational appetite are distinct, they are, however, both appetites. They both move the person. The individual powers (i.e., the passions) of the sensitive appetite are moved by reason, both universal (i.e., cognition) and particular reason (i.e., cogitation). "Universal reason, attracted by the good of the apprehended appetible moves the rational appetite, which in turn moves the sensible internal powers, particularly the cogitative power and the imaginative sense which in turn move the person to obtain the desired object. Universal reason can only obtain a concrete object (i.e., cold beer) using the particular reason that moves the passions to possess that which is desired. Particular reason can excite the appropriate passion according to its apprehended object. From the above content, "it is clear that voluntary motor reactions proceed from the appetites – sensory as well as intellectual – when action is necessary in order to obtain that which is desired or willed" (*PWH* 20). Passions are passive and active. There is no contradiction between what Terruwe/Baars have presented as their teachings and the doctrine of St Thomas himself.

Furthermore, Objection 14 (iii) though referring to the passions as "moved

movers,” it overlooks the fact that in the *Summa Theologiae* this term is not used for the appetites and is used only once and that is in the Supplement by way of a reference to an instrument being a “moved mover.”³⁰⁷ Whereas St Thomas, as quoted in on the contrary, uses the preferred term of a “mover moved” for the appetites. For “the apprehended appetible is a mover which is not moved, while the appetite is a mover moved.”³⁰⁸ Indeed, St Thomas uses this specific term of a “mover moved” many times for the appetites and the human soul.³⁰⁹ Moreover, Objection 14 (iii) presents only half of the Thomist teaching. It rightly presents the sensitive powers’ passive capacity while failing to fully refer to the active aspect of the sensitive appetite as a mover moved.

The real or imagined object (e.g., the cat food or cold beer) as the apprehended appetible, does not actuate any passion except by means of the external and internal sense powers. The food is seen, the fish is smelt, the touch and taste are recalled through memory, and its deliciousness, usefulness, and natural goodness are all judgements of the cogitative power with the added perception of the imagination. Appropriate for the example in the objection, the perceived object - be it wolf, cat food, or cold beer - moves the animal or person accordingly. This movement is resultant upon the previously and passively perceived knowing (i.e., instinctual in animals and estimative in human persons), of the particular reason or cogitative power, or the universal reason or cognitive faculty (see *ST* I, q.81, a.3; q.82, a.5). According to Aristotle all movements involved three factors: (1) that which originates the movement (i.e., the unmoved mover), or apprehended appetible; (2) that by means of which movement originates (i.e., the external and internal particular sense perception or an intellectual universal concept or memory acting on the appetites, i.e., the mover moved); and (3) that which is moved, the animal with all the accompanying psychomotor reactions and or the person via both psychomotor and or voluntary motor reactions.³¹⁰ Aristotle continues:

That which “originates the movement” is ambiguous: it may mean either (a) something which itself is unmoved or (b) that which at once moves and is moved. Here that which moves without itself being moved is the realizable good, that which at once moves and

³⁰⁷ “Et quia omne movens motum est instrumentum, inde est quod virtus primi motoris in aliquo genere, per multa media deducta, tandem deficit, et pervenit ad aliquid quod est motum tantum et non movens” *ST* IIIa, q.54, a.1, ad.1. [Supplement to the Third Part: “And since every moved mover is an instrument, it follows that the power of the first mover in a particular genus when drawn out through many mediate movers fails at length, and reaches something that is moved and not a mover.” *Summa Theologiae*, trans. Fathers of the English Dominican Province, 2nd revised ed. (1920), online ed. (2017), trans. Kevin Knight. Accessed 12 May, 2020. <https://www.newadvent.org/summa/>].

³⁰⁸ “Potentia enim appetitiva est potentia passiva, quae nata est moveri ab apprehenso: unde appetibile apprehensum est movens non motum, appetitus autem movens motum” *ST* I, q.80, a.2. [That is: “For the appetitive power is a passive power, which is naturally moved by the thing apprehended: wherefore the apprehended appetible is a mover which is not moved, while the appetite is a mover moved, as the Philosopher says in *De Anima* iii, 10 and *Metaph.* xii (Did. xi, 7).” Thomas Aquinas, *Summa Theologiae*, trans. Kevin Knight].

³⁰⁹ See *ST* I, q.75, a.1; I-II, q.9, a.1, ad.1; I-II, q.6, aa.1, 4-5; I-II, q.51, a.2.

³¹⁰ See Aristotle, *De Anima*, translated by J. A. Smith (Bk. III), 10. Accessed March 5, 2016. <https://web.archive.org/web/20190906094814/http://classics.mit.edu/Aristotle/soul.3.iii.html>.

is moved is the faculty of appetite (for that which is influenced by appetite so far as it is actually so influenced is set in movement, and appetite in the sense of actual appetite is a kind of movement), while that which is in motion is the animal.³¹¹

Located in Terruwe/Baars' explanation of the passions are all of the above teachings. Moreover, such a teaching is crucial in understanding the diagnosis of repressed persons, their real or imagined preoccupations (i.e., obsessions and compulsions), and the involuntary nature of psychosexual movements later in therapy. A psychosexual apprehended appetible, whether it be real or imagined, can move the person's psychomotor reactions involuntarily (i.e., abreactively in treatment), yet to profit most from MT repressed persons need to avoid all wilful psychosexual stimulation (i.e., voluntary movements).

Lastly, the active principles of perception and apprehension are the sensitive and intellectual appetites. The emotions as passions are movers moved. Without the prior operation of appetition, that is, by particular and universal reason, the passions remain unmoved. When an appetite is aroused, emotions move the animal or person accordingly. If malformed cogitative power judgements, or misinformed, or misinterpreted cognitive judgements reign, repression is not only possible but also probable. Terruwe/Baars' theory of repression and their understanding of the passions, far from being Freudian, is compatible with a Thomist framework.

In brief, Terruwe/Baars' explanation for the involuntary reflex of sexual repression and the internal conflict between the passions does not align with the Freudian hydraulic theory. The metaphor of the repressed emotion being buried alive is apt. Concupiscible passions when unrestrained by either the repressing emotion or reason can seek their object of pleasure in ways compulsive. To validate a Thomist understanding of pathological repression, philosophical terms need to validate objective realities. So, a confirmation of and the proper use of philosophical terms are provided. The fitting understanding of the apprehended appetible and of the passions as emotions was provided. The apprehended appetible is a mover which is not moved, while the appetite is a mover moved.

2.5.3. Whether repression can be fittingly explained via Thomism?

In Objection 15, Dr Majeres suggests that the concept of repression has a place in St Thomas, however, this differs from the common understanding of the word and particularly that of Terruwe/Baars.

(i) Does repression have a place in Thomistic psychology? Certainly, if one considers repression as the act whereby the intellect moderates passions. Thus fortitude is said to repress unreasonable fears and other irascible passions, and temperance is said to repress unreasonable desires and other concupiscible passions.

(ii) These virtues reside in the passions themselves, and are the perfection and right ordering of those passions guided by the virtue of prudence. They are inculcated in the passion through a process of habituation, in which the repeated experience of desires

³¹¹ Ibid.

tempered or fears endured reshapes the passions in accord with reason (*Logos* 49, ¶2).

On the contrary, Terruwe/Baars define repression as a “conflict between two emotions, one of which is pushed into the subconscious by the other” (*PWH* 239).

The very act of repression is the reason why the activity of the repressed emotion is not subject to the control of the intellect, for the repressing emotion, as we have seen, *has been wedged between the intellect and the repressed emotion as the direct result of the act of repression, and hence reason cannot touch the repressed emotion*. Not only this, but since the repressing emotion does not persist in its repressive action, the repressed emotion is able to do as it pleases in the psychological life (*PWH* 49).

I answer that Dr Majeres’ use of the term repression, as he describes it, is different from the ordinary understanding of repression. The common use of the word repression concerns vigorously subduing something or someone, which is not always reasonable or desirable. There is the notion of preventing or inhibiting feelings or actions. Such as compellingly subduing, constraining, or bottling up human expressions like anger or argument due to their potential harmful nature or out of fear for some worse outcome. Eventually, such chosen behaviour or action can become habitual so that the process of suppressing a thought or desire within oneself remains pent-up and can reside in the subconscious.³¹² Majeres’ explanation of repression is markedly different from the Terruwe/Baars’ definition and description as presented above in, on the contrary.

In response to Objection 15 (i), I believe that the term repression is unhelpful in expressing an act “whereby the intellect moderates the passions.” After all, “our sensitive appetite surpasses that of other animals by reason of a certain excellence consisting in its natural aptitude to obey the reason” (*ST* I-II, q.74, a.3, ad.1). The term repression, as used in this objection, is used equivocally and in a manner that is seldom used because of its potential for confusion with more common usages and the psychological understanding of repression.³¹³ Indeed, the nomenclature of the

³¹² *Oxford Living Dictionary*, “Repression,” Oxford University Press (2017). Accessed January 20, 2017. <https://web.archive.org/web/20200301033326/https://www.lexico.com/definition/repression>.

³¹³ Though repression in English has several meanings and uses, etymologically the Latin is: re- + premo from the transitive verb reprimere, from re- ‘back’ + premere ‘to press’, namely, to press back. That is, 1. a. To hold (natural forces) in check by physical restraint, stop the force or flow of; b. To prevent from developing. 2. To subdue, to act as a repressant. 3. To check (one’s own or another’s course, thought, hand, voice). 4. a. To check the activity of (persons), to restrain; b. To check the advance of; c. To check one’s words, refrain from speaking; d. to refrain from. 5. a. To repress, restrain (actions, feelings); b. to restrain one’s feelings. Edited and abridged from: *Reprimo tr. v. Oxford Latin Dictionary*, edited by P.G. Glare (Oxford: Clarendon Press, 2004), 1622.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does not reference the term repression. The uninformed reader could quickly become the misinformed reader as St Thomas states the principle, “the thing known exists in a knower according to the mode of a knower” (*ST* 1, q.12, a.4). Unfortunately, the noun “repression” has substantially taken on the psychoanalytic understanding over the last ninety years, in many languages. The transitive verb *to repress* is well within its proper usage when applied to a person’s rational appetite moderating, restraining, or governing feelings, emotions, thoughts, and actions (see *ST* I, q.81, a.3, ad.2). In 1920, however, when the quoted Benziger Brothers edition of the *Summa Theologiae* was published the term repression did not have a specifically psychological meaning. It was acceptable to speak of restraining or holding back one’s feelings, words, or actions as repression. Today, using such a term would mean much more. In the context and in the way St Thomas uses this term repression, and as it is translated into English in the edition quoted, it is always understood as reasonable restraint. There are only seven times in the English Benziger translation of the *Summa* that the word repression is used. The first time is about punishment (*ST* I-II, q.87, a.1). It is used once in reference to the grace of baptism which does not curb the *fomes peccati* and concupiscence, excepting by grace (*ST* III, q.70, a.4). In each of the other applications, it is used in the *Supplement* with relation to the Sacrament of Marriage. Whereby marriage is referred to as being an appropriate sacrament that “has some efficacy for the repression of concupiscence. Now concupiscence is not repressed except by grace” (*ST* III.a, q.42, a.3; q.64, a.7). Repression is used concerning the forbidding of marriage in an adoptive relationship (see *ST* III.a, q.57, a.2), and the containment of the demon’s power through a spell on marriage (see *ST* III.a, q.58, a.2, ob.3). The closest use of the word repression to the moderation of emotion is in the treatment of the natural virtue of perpetual restraint of concupiscence through grace, “prayer, and many similar things” (*ST* III.a, q.64, a.7, ad.1). And this reference lends itself to the power of right judgement enlightened and empowered by grace. Concerning fortitude and its repression St Thomas states “the principal act of fortitude is endurance that is to stand immovable in the midst of dangers rather than to attack them,” and secondly, the person that “endures, fears not, though he is confronted with the cause of fear,” (see *ST* II-II, q.123, a.6; and ad.3). Hence, fortitude is more about reasonable endurance than reasonable repression.

When St Thomas speaks of the reasonable restraint of the sensitive appetite, the Latin term he used was *repressionem*. In context, he is referring to the rational governance of the emotion of fear or daring by the acquired virtue of fortitude, which by definition means a habit of natural virtue, standing firm through right reason.³¹⁴

Repress, *v.t.* 1. To keep under control, check, or suppressed (desires, feelings, actions, tears). 2. To keep down or suppress (anything objectionable). 3. To put down or quell (sedition, disorder). 4. To reduce (persons) to subjection. 5. *Psychoanalysis*. To reject (painful or disagreeable ideas, memories, feelings, or impulses) from the conscious mind. *v.i.* 6. To initiate or to undergo repression. And the noun, repression: The act of repressing; the state of being repressed. In psychoanalysis: the rejection from consciousness of painful or disagreeable ideas, memories, feelings, or impulses. Edited and abridged from: *Random House Webster’s Unabridged Dictionary* (New York: Random House, 1998), 1635.

³¹⁴ See Aumann, *Spiritual Theology*, 80-84.

The example as used in the objection concerning the virtue of fortitude and fear/daring is the only time that *repremere* is used in relation to the constraining of emotion. Even then the constraint is by means of reason and the naturally acquired virtue of fortitude.³¹⁵ In a word, St Thomas and his translators are making reference to the proper reasonable guidance of the sensitive appetite. To the ordinary reader, however, even when terms are explained they can very quickly become confused and fall back into more common understandings.

Clearly, this is very different from the meaning with which repression is dealt with by Terruwe/Baars in their works. A reader of Dr Majeres' critique of MT would rightly be confused by his affirming of the term repression as he defines it, in a document that then disavows the Terruwe/Baars notion of repression within Thomist doctrine. Nevertheless, Duynstee/Terruwe/Baars would not object to the use of "repression" as defined by Majeres because they founded their entire psychotherapy and explanation for MT on the same basic principle. Namely, that "*it is the nature of the sensitive appetite to follow reason*" (PWH 26, emphasis in original).³¹⁶ MT endeavours to re-establish in the repressed person freedom for morality lost by the displacement of right reason. Both Majeres and Terruwe/Baars agree that the sensitive appetite is naturally governed by reason. What Majeres fails to identify is that according to a Thomist understanding persons must first be free to develop virtue and maintain virtue, be it acquired or infused. Indeed, the infused virtues require sanctifying grace. Moreover, "grace does not destroy nature but perfects it" (ST I, q.1, a.8, ad.2).³¹⁷ The presumption is that nature is not vituperated by pathological sexual repression over and above the wound of original sin. Nature, therefore, must first be restored from vice to its proper naturalness (albeit wounded) before acquired virtues can be properly developed and the infused virtues can all the better operate supernaturally and beneficially (see ST I-II, q.68, a.1, ad.2-3).³¹⁸ Indeed, even the Seven Gifts as operative habits are infused by God, and under the impulse of the Holy Spirit further perfect the human faculties of the soul to function according to the dictates of reason enlightened by faith. In this way, the infused virtues can operate in the person in a most excellent manner.³¹⁹ Repression, however, is a vice, unlike that to which St Thomas is referring in his discussion of the virtue of fortitude. Dr Majeres

³¹⁵ See the cardinal virtue of fortitude in ST II-II, q.123, a.11. The supernatural virtue of fortitude denotes a combination of right reason enlightened by grace, along with the supernaturally infused virtue of fortitude, in union with the Holy Spirit's gift of the same name (see CCC 1834, 1837, 1845).

³¹⁶ See Duynstee, *Verspreide Opstellen*, 10. "The sensitive appetite surpasses that of other animals by reason of a certain excellence consisting in its natural aptitude to obey the reason," ST I-II, q.74, a.3, ad.1.

³¹⁷ "Grace perfects nature" (ST II-II, q.26, a.9, ob.2). "The grace of the virtues and gifts perfects the essence and powers of the soul sufficiently as regards ordinary conduct: but as regards certain special effects which are necessary in a Christian life, sacramental grace is needed" (ST III, q.62, a.2, ad.1).

³¹⁸ This statement does not deny that God can operate in the soul in a totally sovereign manner and heal all pathology and woundedness. Nevertheless, God ordinarily requires all to grow in natural and supernatural perfection as outlined by the masters of the spiritual life. John of the Cross is particularly helpful.

³¹⁹ See Royo, *Christian Perfection*, 84ff.

makes no reference to this and draws no distinction between the acquired and the infused virtue of fortitude, while the latter requires sanctifying grace and both need a reasonably healthy emotional disposition and proper functioning faculties.

There is no discussion or treatment of the underlying pathology which MT addresses. While St Thomas does not explicitly refer to pathological repression, let alone make use of such terms, it was shown that Terruwe/Baars identify the repressive act whereby an irascible emotion (i.e., courage or energy) represses an emotion of the concupiscible appetite and displaces the rational appetite (see *PWH* 67-76). In short, Majeres and Terruwe/Baars refer to two radically different operations of the psyche. The matter of the virtues will be taken up in the final chapter.

Further, I respond, as explained, neither the virtues of fortitude nor temperance “repress” irascible emotions (i.e., fear, despair, anger, courage). “Virtue is defined as ‘a good quality’” (*ST* I-II, q.55, a.4). As will be explained in the final chapter, MT liberates from vice, promotes freedom, and contributes to the development of virtue, each of which affords an improved spiritual life. It will be shown that MT’s capacity to aid and abet the development of the virtues of fortitude and temperance is a further confirmation for the rectitude of MT. They are virtuously governed via the rational appetite (and also through faith and grace when by a cardinal virtue), they virtuously restrain – not psychologically repress – irascible emotions. The person does this firstly by forming the acquired virtues. Such a development can be perfected through reason enlightened by faith and grace, and further empowered by the moral virtues and the Gifts of the Holy Spirit. This normal, non-repressive psychological and theological process is concomitant with the various faculties of the human person. Right reason has a “royal and politic sovereignty” over the irascible and concupiscible powers (see *ST* I-II, q.9, a.2, ad.3) which is aided by the virtues.

In response to Objection 15 (ii), I affirm the statement that “These virtues (i.e., fortitude and temperance) reside in the passions themselves, and are the perfection and right ordering of those passions guided by the virtue of prudence” is partly correct in its assertion. Nevertheless, I distinguish that fortitude resides in the irascible powers while temperance dwells in the concupiscible powers and both appetites are guided by the virtue of prudence which perfects the intellect. The statement is incomplete in that it makes no reference to those persons who are bound by sexual affliction and who are impeded in their growth for virtue, especially because the action of the virtue of prudence is inhibited due to reason’s displacement. For such persons are in bondage to the pathological vice of repression, even though they may be living habitually in sanctifying grace and gifted by the Holy Spirit. This is because when true pathological repression is present, not only is there a conflict of powers within the sensitive appetite, but there is also the displacement of the rational appetite depriving the person of the liberty of free choice in the area of repression.

Further, Objection 15 (ii) makes no reference to the fact that “It belongs to the virtue of fortitude to remove any obstacle that withdraws the will from following the reason” (*ST* II-II, q.123, a.3). The impeding or displacement of the reason is a significant “obstacle” to the formation of virtue. For “virtue is freedom from those

passions ‘that are not as they should be as to manner and time’” (*ST I-II*, q.59, a.2). Moreover, pathological repression is a tenacious unnatural vice. For “dangers and toils do not withdraw the will from the course of reason, except in so far as they are an object of fear” (*ST II-II*, q.123, a.3, ad.2). However, fear or energy are significant obstacles for the sexually afflicted person. “Hence, fortitude needs to be immediately about fear and daring, and mediately about dangers and toils, these being the objects of those passions” (*ST II-II*, q.123, a.3, ad.2). But pathological repression presumes these objects of those passions. Unless the afflicted person is liberated first from the erroneously perceived dangers and toils stimulating pathological repression, no genuine virtue is possible in the areas of fortitude and temperance. MT provides increasing freedom, so that the virtue of fortitude can assist with the removal of those pathological obstacles that withdraw the will from following the reason. By means of MT, individuals’ cognitive and cogitative powers are remediated in relation to naturally good and appropriate objects.

The rectitude of MT is confirmed by the fact that when fittingly applied it promotes authentic virtue. This benefit occurs in three ways: 1) cognitive and cogitative powers are reformed, repressing irascible emotions are mortified, repressed concupiscible passions are liberated, and the rational appetite is re-established in its royal and politic sovereignty. 2) With the increasing freedom of reason and will, enlightened by faith and grace, growing facility, promptness, and delight are afforded the rational appetite in its prudent governance over the entire person. 3) Finally, with escalating freedom for morality, there is the possibility for the excellence of virtue to avail merit because of increasing liberty of choice.³²⁰

In brief, this objection’s attempt to explain the term repression as a reasonable Thomist concept is a mental strain. Reason governs the lower human powers either with acquiescence or with restraint. The use of the word repression as a reasonable workable term is awkward in modern parlance. To use such a term with modern youth would seem to be fraught with difficulty. Certainly, St Thomas’ teaching that “the sensitive appetite surpasses that of other animals by reason of a certain excellence consisting in its natural aptitude to obey the reason”³²¹ seems more conducive to psychological health and virtue.

2.5.4. Whether reason governs or represses?

Objection 16 continues the argument from the previous objection but asserts that reason, and indeed the passions themselves, can repress. In fact, the reasonable repression of fear via ERP is said to do no harm. Other passions can be used to moderate excessive passion whereby desire, anger, and fortitude can reasonably repress fear.

(i) The intellect can repress a passion on its own, or it may make use of another passion to do so. For example, when someone stands his or her ground in spite of fear, reason is seen working by its own power, overcoming the impulse to flee through the despotic command it has of the movement of the limbs. This is the basis of exposure therapy: if

³²⁰ See CCC 2008; *ST I-II*, q.21, a.4, ad.2.

³²¹ *ST I-II*, q.74, a.3, ad.1.

a patient fears heights, the therapist helps him or her to spend prolonged periods of time in high places, despite the urge to flee, until the fear diminishes (*Logos* 49, ¶3).

(ii) Fear thus repressed is not being buried alive or condemned to a subterranean life – it is being educated, leavened by the influence of reason. Nor do repeated and prolonged exposures cause the passion to grow secretly in intensity below the surface. Passions grow when one gives in to their urgings, not when one consistently opposes them. The way to encourage a fear to grow is to flee from the feared object. Going against this urge will intensify the fear for a moment, but in the long run diminishes it (*Logos* 50, ¶1).

(iii) The intellect can also make use of another passion as an instrument in its work of moderating an excessive passion. Aquinas gives the example of fortitude: in addition to enduring the presence of the feared object, the intellect can make use of the passion of anger to repress cowardly fears. Tell a soldier of the enemy's atrocities and see how bravely he fights (*Logos* 50, ¶2).

(iv) Similarly, desires may be used by fortitude to repress fears, as is the case with people who would prefer to risk dangers rather than lack pleasures. In the case of soldiers, this would be the reason some find it helpful to have pictures of their loved ones with them in battle so that they may fight for the pleasure of seeing them again (*Logos* 50, ¶3).

On the contrary, “Sometimes a person performs the exterior act of a virtue without having the virtue, and from some other cause than virtue” So, “people are said to be brave by way of resemblance, through performing acts of fortitude without having the virtue.” In deed, “a man performs an act of fortitude without having the virtue, through the impulse of a passion, whether of sorrow that he wishes to cast off, or again of anger” (*ST* II-II, q.123, a.1, ad.2).

I answer that as explained in the previous objection, the term repress is used equivocally. Dr Majeres argues one understanding of the term while Terruwe/Baars have a different understanding. The former say repression is “the act whereby the intellect moderates passions.” The latter argues that repression is pathological; an unnatural conflict between two emotions, displacing reason. Considering the following objections elucidates how MT restores rational direction of the emotions.

I respond to Objection 16 (i) that instructing youth or even adults that St Thomas teaches that emotions can be repressed, albeit reasonably, would be an unhelpful pedagogy as previously explained. Terruwe/Baars teach that pathological repression:

Is impossible when there is a proper guidance by the intellect and will - there can be no question of a subsequent neurotic disorder...for natural law teaches one how to act according to reason in every circumstance. Hence, in the natural order moral acts correspond to reasonable acts, for if persons are to attain the good that is proper to them, they must conduct themselves as human beings, that is, as rational beings (*PWH* 33).

Terruwe/Baars emphasise that it is natural for the sensitive appetite to follow reason (*PWH* 26). Psychotherapeutically, “it is the task of the therapist to discover and eliminate [repressive] causes in the course of therapy. As far as mistaken notions are

concerned, the therapist must assume the role of a teacher and clarify the issues to the satisfaction of each patient” (*PWH* 90). There is no need for the therapist to educate individuals to pit one emotion against another. The objection’s example from ERP requires its own detailed treatment. It would be out of place here. This matter of exposure and response prevention therapy (ERP) is thoroughly dealt with in its own right (4.1.1: response to Objection 23).

I respond to Objection 16 (ii) that Dr Majeres endeavours to juxtapose ERP and MT. Terruwe/Baars, however, were not out of order to figuratively refer to repressed emotions as being “buried alive” for all the reasons provided (see above 2.5.2: response to Objection 14 (ii). I believe that it is unhelpful to speak of fear as being “educated, leavened by the influence of reason.” It is not possible to “educate” an emotion. Persons are educated and emotions are to be reasonably habituated. Right reason alone brings fitting governance to the emotions. Besides, St Thomas states that the sensate powers are beyond the influence of the rational appetite when it has been distracted, remiss, or altogether impeded, which is what happens with pathological repression (see *ST* I-II, q.77, a.1). Conversely, when MT corrects and re-educates the person concerning adverse particular cogitative judgements, and universal cognitive misapprehensions and interpretations, freedom is returned to the rational appetite thus re-establishing a fitting kingly and informed political governance over the sensitive appetite.³²²

Further, even without scrutinising ERP in any manner, it can be stated that MT does not subject afflicted persons, physically or psychically, to the repeated and prolonged exposure of feared objects. These stimuli are initially to be received as ordinary movements of nature. They are never to be provoked (see *PWH* 91). The matter of the hypertrophy of the emotions and others atrophying “below the surface” has been treated, along with the increasingly expansive and intensive scope of possible disturbing fear objects (see 1.4.3).

While it may be true that “passions grow when one gives in to their urgings,” MT teaches afflicted individuals that the reasonable reception, acknowledgment, and acceptance of feared objects, passively experienced without any wilful encouragement, promotes their eventual prompt, delightful, and easy direction via right reason. If anyone opposes the passions unreasonably, even once, let alone “consistently opposes” them, then “*it never stops at a single repression*” (*PWH* 49, emphasis in original).³²³

³²² Thomas Aquinas, *On Evil*, trans. Richard Regan, ed. Brian Davies (Oxford: University Press, 2003), III, a.9, ad.14.

³²³ Ordinarily “a habit of virtue, and for the same reason, other habits, is not caused by one act” (*ST* I-II, q.51, a.3). It can happen, however, that a certain active principle (i.e., the possible intellect) can be entirely overcome, by one act, by the power of its passive principle; namely, “the passive principle of cogitative power (e.g., the particular reason) with memory and imagination.”

Furthermore, MT in no manner encourages fight or flight from feared objects. Indeed, *raapra* is suggested as a reasonable means for dealing with whatever senses, feelings, emotions, fantasies, and thoughts present themselves to afflicted persons (see 2.1.2). In this way, afflicted persons learn a method for the reasonable mortification of repressive forces and the liberation of the rational appetite. Terruwe/Baars do not at any time encourage “wilful acts,” deliberately uncovering, or exposure to feared objects. If abreactive secondary effects spontaneously arise in MT because of an uncontrollable urge, then they are to be passively tolerated as the unwilling transitory effects that they are. Moreover, such an occurrence only happens during the reasonable release of repressed concupiscible emotions. This matter will become clear when considering the moral act involved in MT and the appraisal of the principle of double effect. This insight is particularly helpful when it is understood that involuntary and secondary abreactive effects can be tolerated but should never be willed or resisted (see 3.9.3.2: response to Objection 20; and 4.3.1).

I respond to Objection 16 (iii), I concede that MT endorses the calm endurance of feared objects according to right reason, just as “The brave man employs moderate anger for his action, but not immoderate anger” (*ST* II-II, q.123, a.10). Yet as in, on the contrary, an act is not virtuous if a person acts with fortitude “through the impulse of passion” be it anger or any other emotion for the “repression” of cowardly fears (see q.123, a.1, ad.2).

I respond to Objection 16 (iv) that the entire purpose of MT is to restore the afflicted individual to authentic liberty whereby the sensitive appetite is increasingly obedient to reason (see *ST* I-II, q.74, a.3, ad.1). I affirm that such temperate control is human maturity and authentic moral freedom (see *CCC* 1731). Understandably then, reason can use all of the human resources to affect personal well-being and the Commonwealth (see *CCC* 1770).

In brief, it is important to affirm persons in the reasonable governance of their passions in the performance of all human acts. Only the reasonable guidance of emotion, not emotive actions in themselves, are virtuous and meritorious. MT does not encourage the deliberate provoking of thoughts or emotions, as does ERP. Even natural thoughts and movements of the procreative drive are to be passively received and reasonably managed as suggested by *raapra*.

2.5.5. Whether passions can be governed via the assertive emotions?

Objection 17 continues the argument that reason employs emotions to repress intemperate passions, sexual desires especially. Reason’s governance is persuasive not imperative. Without mentioning CBT explicitly, its theory is introduced by way

(*ibid.*) Where a “self-evident proposition convinces the intellect, so that it gives a firm assent to the conclusion” (*ibid.*) So too “bodily habits can be caused by one act, if the active principle is of great power” (*ibid.*). Terruwe/Baars are correct in asserting that a single grave harmfulness judgement of the cogitative power can radically distort a person’s future sensate perceptions (*PWH* 39, 49, 215). Sexual abuse is a case in point, see Appendix III, vignettes: 1-2, 8.

of the remediation of cognition's distorted judgements thus the passions are guided by more accurate thoughts.

(i) Although Aquinas does not address in similar detail whether temperance or purity makes use of other passions to moderate desires, there is no reason to believe they would not. In everyday life, the desire to eat large desserts can be repressed by the fear of gaining weight...As long as the passion is reasonable, there is no reason to doubt that a virtue is capable of making good use of it (*Logos* 50, ¶4)

(ii) This is the natural process by which the intellect directs the appetites. The mode of operating is termed persuasion, since reason cannot fully command the movement of an appetite as it does the movement of a limb; rather, it shapes the appetites by enduring or tempering them (*Logos* 51, ¶1).

(iii) The other way in which man governs his passions by persuasion is by bringing considerations of truth to bear on the thoughts or "cogitations" that are inciting them. The cogitative power, memory and imagination are internal modes of perception that allow the intellect to consider concrete, individual objects. The intellect is ordered to considering universal, immaterial concepts; when working with the internal senses, it gains the ability to consider particulars. Of all the internal senses, the cogitative power is most closely aligned with the intellect, and is the source of the individual thoughts of which we are aware. Guided by the intellect, the cogitative power or "particular reason," as it is also called, can evaluate whether its judgements accord with evidence for and against particular conclusions. At times, however, the cogitative power arrives at a mistaken conclusion and takes the passions, which respond passively to products of the internal senses, with it; this is one basis for the cognitive-behavioural hypothesis that all disorders of mood are first disorders of thought. By choosing to investigate the distorted judgement to bring it into conformity with reality, the intellect can persuade the passions by giving them a chance to respond to a more accurate thought (*Logos* 51, ¶2).

On the contrary, "when the sensory appetite does not actually observe the natural subordination to the intellect, however, its action will not stay within the limits of reason but will proceed beyond them. When that happens, emotions of the pleasure appetite, when aroused, will be no longer guided by reason and will, but, partially at least, by the assertive drive. This results in a conflict of the second group where...repression does take place" (*PWH* 33-34).

I answer that in the light of on the contrary, that it is essential for the avoidance of pathologically repressive acts that a clear and wholesome pedagogy must present age appropriate teachings for the formation of an upright moral conscience. The following objections fail to consider the subjective disposition of the individual receiving such teachings. It is not always easy for adults, let alone children, to receive such knowledge. For "Conscience includes the perception of the principles of morality (synderesis); their application in the given circumstances by practical discernment of reasons and goods; and finally judgement about concrete acts yet to be performed or already performed" (see *CCC* 1780).

I respond to Objection 17 (i) that in light of the teachings of Terruwe/Baars, it

would be unhelpful to speak of utilizing assertive emotions for the guiding of the procreative drive and concupiscence. A child or youth with a well-informed reason, even if they possess a healthy free choice of the rational appetite, with grace, and with the virtues and the Gifts of the Holy Spirit, find it often insufficient to overcome a wounded nature. Indeed, if the youth has been molested or poorly instructed, a teaching which included a formation which spoke of the reasonable repression of the pleasure appetite would be to reinforce erroneous cogitative perceptions. Even pathologically afflicted adults when reminded of their responsibility to enact reasonable self-control actually control themselves by additional unreasonable acts, thereby exacerbating their repressive disorder (see *PWH* 215). Terruwe/Baars explain that experience proves that all too often such situations are the cause of many enduring emotional disorders which originate in childhood.

The child understands the ideas and rules of morality in a childish way, which means that the emphasis is on sensory knowledge. Such knowledge predominates in the child. Consequently, these ideas and rules strongly influence the child's assertive drive which may react, for instance, with fear. If educators do not guide this fear into the proper channels with the utmost understanding and reason, it will not fail to exert an excessive influence with all the ensuing psychological consequences. The same situation is found in adults whose emotional life is abnormally sensitive (*PWH* 34n3).

Certainly, it is particularly unhelpful in the education of pubescent adolescents to refer to assertive emotions governing concupiscence. It is understandable then, that St Thomas does not speak of reason using assertive emotions to control or repress. Rather it is by means of right reason and the acquired and infused virtues that continence and temperance are attained (*ST* II-II, q.151-2, q.155-6). To speak of virtue is to speak of a good act, not a pathologically repressive act, and always under the light of right reason. Naturally, being continent let alone being chaste is a difficulty for much of the human race, therefore teachings on this matter need to reinforce helpful means (see *CCC* 2343-45).

Further, by suggesting that “in everyday life, the desire to eat large desserts can be repressed by the fear of gaining weight” is misleading. Given the previous response, the suggestion to reasonably repress weight gain by invoking the emotion of fear can be counterproductive. Although the example in the objection regarding weight is to be understood as a reasonable restraint, this will not always be understood as such. The eating disorder of anorexia nervosa is typical of the type of pathological repressive disorder that is associated with harmful cogitative perceptions about weight and body image that can be deleterious to mental health, and can even be life-threatening. Fear of getting fat is generally present. A pedagogy that promotes the use of assertive emotions to moderate desires can be counterproductive. In his seminal work *Sexual Anorexia*, Dr Patrick Carnes, an expert in the field of sexual addiction, highlights that the root of this disorder is the presence of fear regarding all things

sexual.³²⁴ Once again, many of the causal factors for sexual addiction are found in the rigid, controlling, and fearful suppression via assertive emotions that are used to “moderate” desire, but actually give rise to a sexual disorder.³²⁵ To recommend the use of the assertive emotions as a reasonable means to contain natural procreative drives and appetites, especially in relation to young people, is imprudent. Moreover, after eleven years of an emergency service chaplaincy apostolate, experience demonstrates that the most common cause of post-traumatic stressor-related disorders³²⁶ is the use of assertive emotions to contain passions of aversion and sorrow, by attempting to eliminate or obliterate, the emotional ugliness of human trauma.

Furthermore, concerning the use of the assertive emotion of fear for the moderation of sinful pleasure, caution needs to be exercised because fear is not about something good, rather fear is about some future evil, and the procreative drive is a significant personal and societal good. “Fear regards evil, not absolutely, but as difficult or arduous, so as to be almost unavoidable” (*ST I-II*, q.41, a.2, ad.3). Servile fear is about material pain or punishment, whereas filial reverential fear refers to natural and supernatural love (see *CCC* 1828). Moreover, the “contrition of fear” is a spiritually graced cognitive process via conscience and not an emotional one (*CCC* 1453).

In addition, St Thomas teaches that “the object of fear is something reckoned as an evil to come, near at hand and difficult to avoid” (*ST I-II*, q.43, a.1). The nutritive drive, the procreative drive, or the self-expressive drive of shamefacedness are all significant goods. Each of these “by way of material disposition, is a habit or any sort of disposition by reason of which this conjoined good becomes suitable or is apprehended as such” (a.1), however, none of these goods are objects of the emotion of fear. The fear of judgement or the fear of hell is not a movement of the sensitive appetite but of cognition. Moreover, the fear of shamefacedness falls short of the perfection of virtue (see *ST II-II*, q.144, a.1). Finally, the Holy Spirit’s gift of fear assists the infused theological virtue of hope and moves the person to avoid sin out of reverential fear of God. The moral virtue of temperance prompts the individual to maintain sensate moderation in the entire sensitive appetite and not only concerning the concupiscible powers (*ST II-II*, q.141, a.3). Here again, the Holy Spirit does not work against natural human inclinations or drives, for “the Holy Spirit does nothing inordinate” (*ST III*, q.66, a.10). It seems that it is inappropriate to counsel fear as a reasonable “repressing” action in matters of goodness and the natural inclinations. Instead, a sound pedagogy on the reasonable governance of the sensitive appetite would be preferable. Of course, both infused virtue and the gift of the Holy Spirit are

³²⁴ See Patrick Carnes, *Sexual Anorexia: Overcoming Sexual Self-Hatred* (Minnesota: Hazelden Publishing, 2013); “The Case for Sexual Anorexia: An Interim Report on 144 Patients with Sexual Disorders, Sexual Addiction & Compulsivity,” *International Institute for Trauma and Addiction Professional*, 5 no. 4 (1998), 293–309. Accessed February 25, 2020. https://web.archive.org/web/20200301005348/https://cdn.ymaws.com/iitap.com/resource/resmgr/arie_files/m1_article_case-for-sexual-a.pdf.

³²⁵ See Carnes, *Don’t Call It Love*, 97.

³²⁶ See *DSM-5*, 271-76.

present with sanctifying grace. Hence, mature Christians who love God are reverential in their “fear” of offending God, who is Love (see *1Jn* 4:18). Here is an exercise of natural reason illumined by faith, empowered by grace bringing about the perfection of the Christian life of which chastity is but one of many virtues.

I respond to Objection 17 (ii), and affirm that there is a fitting process for the governance of the sensitive appetite through its natural aptitude to obey right reason. That reason has a royal and political governance is evident from St Thomas:

The intellect or reason is said to rule the irascible and concupiscible by a politic power: because the sensitive appetite has something of its own, by virtue whereof it can resist the commands of reason. For the sensitive appetite is naturally moved, not only by the estimative power in other animals, and in man by the cogitative power which the universal reason guides, but also by the imagination and sense. Whence it is that we experience that the irascible and concupiscible powers do resist reason, inasmuch as we sense or imagine something pleasant, which reason forbids, or unpleasant, which reason commands. And so from the fact that the irascible and concupiscible resist reason in something, we must not conclude that they do not obey (*ST* I, q.81, a.3, ad.2).

Terruwe/Baars affirm this teaching and promote it through MT and its remedial psychotherapy. It does this primarily through a sound pedagogy from St Thomas, with the opportunity for afflicted persons to develop both their intellectual and connatural experiential knowledge.

Further, it is conceded that “reason cannot fully command the movement of an appetite,” for ultimately this is a work of right reason and grace (see *CCC* 2037, 2825). Terruwe/Baars confirm that “as human nature is imperfect, human beings cannot achieve perfection merely by their natural powers alone. They are obliged to do what they reasonably can, but since it is God who in the end restores human nature, the only proper attitude for a person is to surrender to God’s operations in his or her soul” (*PWH* 99).

I respond to the teaching of Objection 17 (iii) that if Dr Majeres were prepared to consider more closely the doctrines of Terruwe/Baars, then a wholesome rapprochement could be achieved between MT and CBT. Since all truth is one, it is entirely understandable that the teachings of CBT can also be found in the excellence of St Thomas. For, what CBT was teaching in the 1960s, Terruwe/Baars already had in print in the late 1940s. Though therapeutic methods differ, a fundamental principle remains the same: CBT teaches that “one basis for the cognitive-behavioural hypothesis is that all disorders of mood are first disorders of thought.” In 1949, Dr Terruwe, in her doctoral thesis, had already recognised and identified something before “thought” that contributes to mental aberrations.³²⁷ She wrote:

We must ask how the repressing emotion achieves this effect in these cases. It does so only *through repression of the cognitive image*. An emotion is always associated with previous knowledge. One is aroused toward that which is known, even on a sensory level. As long as the cognitive image exists, the arousal can follow. Therefore, if the repressing emotion wants to subdue the pleasure emotion, it must make the cognitive

³²⁷ See Terruwe, *Neurosis in the Light of Rational Psychology*, 47.

image disappear from the imagination - and that is what happens (*PWH* 46-47).

Although the intellect relies upon the senses for its knowledge (see *ST* I, q.78, a.4, ob.4); St Thomas taught that “the operation of the intellect has its origin in the senses: yet, in the thing apprehended through the senses, the intellect knows many things which the senses cannot perceive. In like manner does the estimative power, though in a less perfect manner” (ad.4). Though CBT taught that “all disorders of mood are first disorders of thought,” yet before these intellectual thoughts there are historically formed cogitative power judgements and movements from the internal senses and the perceived input from the external senses. Each of these remembered judgements has a powerful impact on a person’s moods and disorders. “Even though the act of intellectual cognition is purely spiritual and performed without material organs, the intellect is dependent on the body for its operations. In man, a purely spiritual act without any material substrate is by nature impossible” (*PWH* 22).

Rightly, CBT focuses on the intellectual power and proceeds to remediate cognition through psychotherapy. The impact of particular reason (i.e., the cogitative power) on universal reason is an important distinction. MT while exercising cognitive therapy also employs knowledge which reforms the cogitative power through what St Thomas calls a “certain connaturality” (see *ST* II-II, q.45, a.2). Experiential connatural knowing and cognitive knowledge together reform the cogitative power of its malformed harmfulness judgements which are stored in memory and are the source of spontaneous involuntary reactions. Cognition of itself is incapable of fully achieving this (see *PWH* 35, 52-53). CBT can inform the intellect hoping to “persuade” the passions, however, this is much harder than most realise because of the ingrained memories, imaginations, and the cogitative power’s particular harmfulness judgements which have become entrenched, sometimes over decades. St Thomas teaches that “it happens that something which is not natural to man, either concerning reason or in regard to the preservation of the body, becomes connatural to this individual man, on account of there being some corruption of nature in him. And this corruption may be either on the part of the body, from some ailment...or from an evil temperament...or on the part of the soul...or other such things, which are not in accord with human nature” (*ST* I-II, q.31, a.7). MT, therefore, as a psychotherapy brings cognitive and cogitative re-formations, cognitively and connaturally (see *PWH* 23, 109, 115). Where previously there was a connatural disorder, a transformation in the heart and mind of the recovering person becomes the tranquillity of connatural order. Besides, “in the case of a conflict between the emotions of these two appetites – desire and fear – the sensory life does not possess any natural means of solution” (*PWH* 35).

In brief, MT provides a holistic solution at the source of the pathological problem, namely, the correction of the repressed person’s erroneous cogitative power’s judgements (see *PWH* 102). In this way, “the intellect can persuade the passions by giving them a chance to respond to a more accurate thought” (*Logos* 51, ¶2). Dr Majeres rightly wants to emphasise and affirm the need for the free and reasonable guidance of the human faculties. Terruwe/Baars want nothing less. Indeed, “Now a thing is said to be under our control, through the reason and will: and

therefore the more the reason and will do anything of their own accord, and not through the impulse of a passion, the more is it voluntary and under our control” (*ST* I-II, q.77, a.6). All human acts need the fitting governance of right reason.

2.5.6. Whether there is wilful persuasion and redounding?

Objection 18 presents two modes of persuasion that repress the emotions. Again, CBT is juxtaposed with MT. There is also the possibility of the will affecting the passions by means of it redounding upon them, strongly moving the emotions. This redounding can take place by the will’s fixation on the avoidance of a sexual object. It has the effect that the faculty of the will unintentionally redounds into the passions. The final point made is that Aquinas consistently focuses on the role of the will in the development of virtue.

(i) The persuasion by the will has two intentional modes of operation. The first entails changing the behaviour so that endurance may diminish the fears and temperance may limit the desires; in these cases the urging of the passion is withstood by the command of the intellect until the passions diminish of their own accord. The second mode entails challenging cognitions so that particular distortions in thoughts may be rationally engaged. As the judgements are brought into proportion with reality the passions follow, adapting themselves to the true nature of the situation at hand. Both of these modes of persuasion moderate disordered passions and so, in Thomistic terms, they do “repress” those passions. The process, however, has nothing in common with the notion of repression as taught by Freud, Terruwe, or Baars, but it does correspond precisely to cognitive-behavioural therapy: the first mode is the basis of behavioural therapy, the second is the basis of cognitive therapy (*Logos* 51, ¶3).

(ii) Aquinas also mentions several times an indirect process by which the will affects the passions, called the redounding of the will that could explain some of the symptoms addressed by Freud. In this process, a strong movement of the will has, by the force it exerts on the person’s attention, a secondary effect on the passions so that they too are moved along with it...In an example of a person with leprosy, when the desire for an antibiotic is intense, the force of his will would redound into his passions as well, so that he would experience the desire for the medicine in his body (*Logos* 52, ¶1).

(iii) In a similar way, a person could have such intensely negative beliefs about sexual desires that he would intentionally decide to do all he could to avoid them. If sufficiently intense, this aversion of the will would redound without his intending it into his passions, affecting their ability to respond to sexual matters with positive emotions. Since this process takes place through the fixation of the soul’s attention on an object on which the operations of the passions and the acts of the will both depend, the person would necessarily be aware of the redounding aversion. This process is not compatible with psychodynamic concepts of repression, but it may explain cases where therapists claim repression is taking place (*Logos* 52, ¶2).

(iv) Whenever discussing how passions are to be shaped, whether by intentional acts or redounding, Aquinas consistently focuses on the role of the will in the development of virtue. The contrast between this view, which highlights the freedom of the person, and the psychodynamic approach to human development is made most apparent by considering continence, the virtue that perfects the will with regard to wayward passions (*Logos* 52, ¶3).

On the contrary, St Thomas states:

Passion is sometimes so strong as to take away the use of reason altogether, as in the case of those who are mad through love or anger...If however, the cause be not voluntary but natural, for instance, if anyone through sickness or some such cause fall into such a passion as deprives him of the use of reason, his act is rendered wholly involuntary, and he is entirely excused from sin (*ST I-II*, q.77, a.7).

I answer, that in keeping with the teachings of St Thomas, Terruwe/Baars consistently maintained the capacity of right reason, which includes the faculty of the will and its redounding, to be capable of guiding the lower appetites (see *ST I-II*, q.74, a.3, ad.1). The objections above focus on healthy persons who “repress” reasonably or have a redounding of good will. The discussion at hand, however, is regarding whether or not there is any justification for prescribing MT to persons who suffer from pathological sexual repression. St Thomas in, on the contrary, refers to those persons suffering from an involuntary natural sickness, whereby reason is impeded or displaced, and passions have free reign to act contrary to right reason.

In the matter of continence and incontinence, referred to by Objection 17 (iv), it needs to be distinguished that they pertain chiefly to the soul as its subject and not to the body; that is, to the will and not to concupiscible powers. The difference between persons who are continent and those who are incontinent is found in the wilful choices that each makes. “The continent man, though subject to vehement desires, chooses not to follow them, because of his reason; whereas the incontinent man chooses to follow them, although his reason forbids. Hence continence must needs reside in that power of the soul, whose act it is to choose; and that is the will” (*ST I-II*, q.155, a.3). While continence has as its subject the faculty of the will, reason holds sway within both the continent and the incontinent person, unless it is displaced. When undisturbed by passion, the former proposes not to follow unlawful desires while the latter willingly capitulates to them. However as seen in, on the contrary, if the passions gain such strength as to take away the use of reason altogether – as in the case at hand, a pathology – then the essential conditions of continence or incontinence cease. Such people do not retain the independent judgement of reason and true liberty of will (see *ST II-II*, q.156, a.1). Moreover, this latter state is the situation of the sexually repressed person whose internal dispositions are not those of a free person, irrespective of will’s presumed redounding.

I respond to Objection 18 (i) that while CBT entails “first” changing the behaviour of the individual and “secondly” cognition, MT is more about modifying malformations of the cogitative power and the misinterpretations of the cognitive faculty, since behaviour follows thinking, as doing follows being. Reasonable guidance is brought to bear upon both cognitive and cogitative faculties simultaneously through all of the aspects of MT. Whence, the repressed emotions and other natural inclinations are knowingly and willingly liberated through the reasonable mortification of aberrant repressive forces (see *PWH 2*, 182, 227-28).

Repressing assertive emotions are mortified, and repressed emotions are permitted to be experienced (e.g., via *raapra*). Secondly, there is no “challenging of cognitions” via MT; rather there is the re-establishment of rational governance which reverses its displacement (i.e., the use of reason was previously altogether taken away). This process is helped through a trustful exchange between therapist and the afflicted person, whereby a wholesome pedagogy is provided (see *PWH* 103). In this way, vicious habits are passively experienced and fittingly modified as they spontaneously arise. Over time, passions are no longer feared or energetically bottled-up. Erroneous cogitative and cognitive judgements are reformed intellectually and connaturally, so that true feelings are permitted to grow and gradually come under the proper politic governance of right reason (see *PWH* 22-23, 100). As the natural inclinations become more apparent and accepted by the person, they become a source of freedom and psychic strength that opens the door to an elevated spirituality.³²⁸

Further, this objection distinguishes CBT’s two intentional modes of the rational appetites’ persuasion and compares them with MT’s cogitative and cognitive rehabilitation via Christian anthropology and philosophical psychology. Both psychotherapies emphasise the importance of right reason. MT’s terminology, however, is appropriate in that it stresses a philosophical understanding for a healthy mental and emotional approach, while CBT tends not to highlight the emotions, in favour of accentuating more the mental and thinking processes. This objection returns to an earlier critique that Terruwe/Baars are Freudian, but this is mistaken as previously explained. The suggestion that CBT’s “modes of persuasion moderate disordered passions and so, in Thomistic terms, they do ‘repress’ those passions” is debatable. Indeed, as suggested the use of the term “repress” is questionable. Similarly, objecting that MT cannot be found in St Thomas is a misplaced opinion, given the insufficient evidence offered and as compared with the arguments presented above.

I respond to Objection 18 (ii) that the case for the redounding of the will was argued in (2.4.6). The redounding of the will is present in acts of both sin and repression. This redounding is understood from St Thomas in relation to the human being’s capacity to sin, and by analogy to repress (see *ST* I-II, q.77, a.1). If there is any redounding of the will in the repressed person, it is not to uphold reasonable governance which has been displaced, but rather to reinforce further acts of pathological repression; that is, if they “really set their mind to it” (*PWH* 110).

Further, in the example of Bruce the seminarian an explanation was provided that shows the redounding of the will in action. Even though MT is not a psychodynamic therapy, Objection 17 (ii) maintains that such an affect “is not compatible with psychodynamic concepts of repression, but [that] it may explain cases where therapists claim repression is taking place.” The “claim” that the will can be effected by the repressive process has been presented. “The sensitive appetite moves the will” (*ST* I-II, q.9, a.2). During a repressive event, as shown in the example of Bruce, the apprehensions of the intellect in conjunction with the internal senses

³²⁸ See Pinckaers, *The Sources*, 400-5. See *PWH* 124.

move the will, aiding and abetting the pathological process. For “the movement of the will follows the movement of the intellect” (*ST I-II*, q.10, a.1) which can be moved “through the medium of the particular imagination” (*ST I-II*, q.30, a.3, ad.3). Thus, a misapprehension of the intellect, caused by a grave harmfulness judgement of the cogitative power, along with memory and imagination (e.g., fear arising from sexual abuse), moves the will to support the repressive action of the irascible powers (see *ST I-II*, q.51, a.3). “The higher mover is not directly moved by the lower; but, in a manner, it can be moved by it indirectly” (*ST I-II*, q.77, a.1, ad.2)

I respond to Objection 18 (iii) that in keeping with the erroneous assumption that Terruwe/Baars are Freudian and that MT is a form of psychoanalytic therapy or psychodynamic therapy, it need only be stated that MT is not a psychodynamic therapy, or what is generally meant as merely traditional “talk therapy.”³²⁹ It was shown that the redounding of the will is possible in the Thomist explanation of repression. Even though MT may appear to have a longer period of therapy, compared with a briefer application of CBT, MT has the benefit of an enduring psychosexual development and the remediation of the human faculties affected. It is perhaps helpful to indicate that “advocates of psychodynamic therapy argue that for many issues, a deeper treatment is required to produce lasting change. Advocates of CBT argue that their briefer methods are just as effective. And while a subject of controversy, the research data generally support both approaches.”³³⁰ The question over the afflicted person’s cognitive awareness of the repressive process has already been answered in 2.3.3: the response to Objection 12.

I respond to Objection 18 (iv) that as with the earlier response to the objections, the case for either intentional acts or those coming from the redounding of the will is found in Terruwe/Baars’ writings. There are both volitionally and intellectually determined repressive energy disorders (see *PWH* 98-100). The intellectually determined disorder, of course, is rooted in the judgement of reason, not in the will. In this condition, persons manifest “excessive energy...a reaction to a *mistaken understanding of moral and ascetical obligations*, [one of which may be sexual matters]. When persons believe that they owe it to their intellectual and spiritual life to suppress their emotions, and when these persons have an innate disposition to be energetic, they will use all their willpower to oppose the workings of their emotions and repress them” (*PWH* 99).

Conversely, it is possible for a person to suffer a volitional redounding of the will causing emotional pathology. Terruwe/Baars maintain that “In the volitionally determined energy-based repressive disorder, the cause of the excessive energy is *the determination of the will* to reach a certain goal in life. The will becomes so strong that it begins to dominate the whole person, making them eliminate and disregard

³²⁹ Judith Beck, Donald Meichenbaum, Glen O. Gabbard, and Ryan Howes, “Psychodynamic Therapy, Overview,” *CBT or Psychodynamic Therapy* (2015). Accessed March 30, 2016. <https://web.archive.org/web/20170205143243/http://cbtnvspsychodynamic.com/CBTvsPsychodynamic.html>.

³³⁰ Judith Beck, Donald Meichenbaum, Glen O. Gabbard, and Ryan Howes, *CBT or Psychodynamic Therapy*”.

their emotional life to the point that the emotions are repressed when this is deemed necessary in order to reach their goal” (*PWH* 98). Even though such an attitude does not always lead to a full repressive disorder, it unerringly distorts the true nature of the person.

Further, this objection raises a deeper issue concerning the position of free-will in matters of the control and governance of the passions. Voluntarists emphasise the will as the primary source of human control.³³¹ In such an assumption there is a historical divergence from St Thomas. Much study has been given to the history of moral theology and the modifications that eventuated in later ages as compared with the early Church Fathers, the later Patristic Era, St Thomas, and the Period of High Scholasticism. Fr Servais Pinckaers notes a radical shift from the time of William of Ockham and the Nominalist Revolution that followed. For Ockham “freedom meant essentially the power to choose between contraries, independently of all other causes except freedom, or the will itself – whence the term freedom of indifference.”³³² With this introduction, there was a tendency to change the understanding of free will so that it became “a special faculty having the power of judgement over all the other faculties.”³³³ However, this is contrary to St Thomas and has significant implications not only for moral theology but also for psychology. For St Thomas, freedom flowed from both the intellect and the will. Moreover, the will has “as its chief object the good seen as end.”³³⁴ Freedom flows from the combined sources of the intellect, which judges, and the will, which wills, loves, and desires.³³⁵ From the amalgam of reason and will comes free choice. “Free-will is defined as ‘the faculty of the will and reason’” (*ST* I, q.83, a.2, ob.2). Moreover, “Although free-will [*Liberum arbitrium* – i.e., free judgement] in its strict sense denotes an act, in the common manner of speaking we call free-will, that which is the principle of the act by which man judges freely” (*ST* I, q.83, a.2, inclusion in original). It is from this act, which is an independent judgement, free-will is named.

Furthermore, it is difficult to accommodate the statement in Objection 17 (iv) that “Aquinas consistently focuses on the role of the will in the development of virtue.” For St Thomas, unlike the voluntarists,³³⁶ “freedom was the outcome of the mind’s inclination to truth and the will’s inclination to goodness.”³³⁷ “Human virtue...is attributed to reason” (*ST* I-II, q.55, a.3, ad.3). For reason guides the virtuous action and makes *use* of the will. “For the act of virtue is nothing else than the good use of free-will” (*ST* I-II, q.55, a.1, ad.2). Indeed, the will needs direction because “‘if the will is perverse, these movements,’ viz., the passions, ‘are perverse also: but if it is upright, they are not only blameless but even praiseworthy’” (*ST* I-II, q.59, a.2). Finally, “reason directs, not only the passions of the sensitive appetite but

³³¹ See Pinckaers, *The Sources*, 243, 341.

³³² Pinckaers, *The Sources*, 242.

³³³ *Ibid.*, 381.

³³⁴ *Ibid.*

³³⁵ *Ibid.*

³³⁶ *Ibid.*, “For ethicists, virtue became simply a traditional, convenient category for listing moral obligations,” 336.

³³⁷ *Ibid.*, 381.

also the operations of the intellectual appetite, i.e., the will” (*ST I-II*, q.59, a.4). For Aquinas, free judgement is the power behind the principle of the act of free-will (*ST I*, q.83, a.2, ad.1).

Lastly, a distinction needs to be drawn between the voluntarist interpretation of the role of the human will as a choice between contraries, and that of St Thomas’ mind and words concerning the will in the development of virtue. For voluntarists, the emphasis on the will became the touchstone for justifying the action of sin. When a person knows what is right or wrong and chooses to sin, then the explanation falls to disobedience, a lack of willpower, or some other wilful defect. Conversely, St Thomas placed more attention on the conjoined powers of intellect and will, than on the will alone. The action of the will as the primary faculty in choice is misplaced because, concerning prudence as a virtue, Daniel Westberg highlights the myopia of the voluntarist when he writes:

The continued resort to “weakness of the will” in explaining both Aristotle and Aquinas on defective practical reason stems from restricting prudence to good deliberation, and not extending it to decision and execution where St Thomas centred it. A truncated prudence implies that the will is finally decisive in action and that the perfection of the will is the true ‘hinge’ on which good human action turns. When the will is made the crucial factor, then its disposition is the heart of human action, and there is no longer a need to emphasise prudence and the other moral virtues for right action; obeying one’s conscience becomes the focal point for ethics.³³⁸

As compared with the voluntarist view, the Thomist understanding of action is more comprehensive. His emphasis on intellectual prudence is the motive for teaching *raapra* to sexually afflicted individuals. It not only helps people to receive, acknowledge, and accept all of nature’s wholesome movements but it also incorporates the three conditions for a prudential application of cognition and appetite in the process of action (see *ST II-II*, q.49, a.6, ad.3). It does this respectfully and with an attitude of giving thanks to God. Such an approach is a healthy reinforcement in the forming of the virtues which is needed for habituating worthy action and for the development of a person’s character. For “prudence is right reason applied to action” (*ST II-II*, q.47, a.8). MT provides the freedom to develop a wholesome prudence not only within continence (a virtue guided by reason strictly and habituated and deeply rooted in the will) but also and especially within the virtue of temperance. For temperance necessitates that both the will and the concupiscible powers be in conformity with reason. Temperance is deeply rooted and habituated in the concupiscible appetite, thus bringing reason’s measure not only into the pleasure emotions but also implicates stirrings from the natural inclinations, the exterior and interior senses. For “temperance is properly about desires” (*ST II-II*, q.141, a.3, ad.2); and specifically, “about the pleasures of touch” (*ST II-II*, q.141, a.4). It can be seen that the ingredients of *raapra* are all the more vital given this teaching on the central inclusion of prudence and its perfecting of the judgements of right reason in guiding the formation for continence and temperance. Hence, before the role of the will in the development of virtue, the cardinal virtue of prudence even though it is a moral virtue,

³³⁸ Daniel Westberg, *Right Practical Reason* (Oxford: Clarendon Press, 1994), 216f.

is essential throughout one's discerning spiritual journey.

Prudence is a special virtue infused by God into the practical intellect for the right government of one's actions in view of the supernatural end. By reason of origin, infused prudence is given by God with sanctifying grace. By reason of extension or application, infused prudence governs the supernatural order. By reason of the formal motive, infused prudence operates under reason enlightened by faith and informed with charity.³³⁹

The virtue of prudence, and not primarily the will, is paramount for personal governance and righteous action. In summing up, it is clear that there are two modes of persuasion that repress the emotions. CBT has a different focus in its therapy. MT addresses both the cognitive and appetitive faculties. The possibility of the will affecting the passions by means of its redounding is conceded. An argument for a strong movement of the emotions through the will's fixation on the avoidance of sexual sin was presented earlier. This redounding of the will into the passions can be unintentional. Aquinas consistently emphasised that right judgement precedes free choice and virtuous acts.

In brief, the goal of MT is freedom. As noted pathological repression impedes the freedom of reason and will. Since in both healthy and afflicted persons, the will is vulnerable to passionate interference, the will can redound to good or ill. In the sexually abused, the will can redound disadvantageously because of habituated earlier memorised harmful cogitative judgements which interfere with the effectiveness of the will. When the will is capable of being guided by reason good choices are possible. Free choice flows, not from interfering harmful cogitative judgements, but from the free judgements of the intellect which is behind authentic free choice. MT has the capacity to return to the various human faculties wholesome and natural movements, fittingly guided by a prudential free judgement of the intellect which in turn affects good choices guiding will power. Only as the will becomes increasingly free in itself is the development of continence, and other virtues, possible.

2.6 Conclusion

In conclusion, it can be said that the nature of the repressive disorder understood in the light of Thomist psychology is radically different from the Freudian explanation and modern day behavioural psychology with its various therapies. Of particular importance in this chapter was the analogical explanation of the process of repression as drawn from St Thomas. The excellent personal qualities that are usually present in the repressed person provide an encouraging and optimistic prognosis. Since a repressive disorder is an acquired emotional deviation whose cause is rooted in the malformation of the cogitative power's judgement, therapy is found in MT. The reasons for the tenacious habit of repression and how this affects man's bodily and spiritual faculties were considered. To reverse sexual pathology, a practical methodology is the application of *raapra* while employing MT. This pedagogy gives a practical and easy method for the reception, acknowledgement, and acceptance of all that it means to be human and procreative. While acknowledging respect for

³³⁹ Aumann, *Spiritual Theology*, 276.

oneself and others, and referring things to God with praise, the central point is the inculcation of the prudential act, to take counsel, to judge, and to command an action or to command a reasonable abstaining from it. It is only in this last aspect of prudence that morality enters into decision-making. This spiritual and moral insight is a significant revelation to repressed persons.

By including the example of Bruce the seminarian and the various aspects of his emotional disorder from a Thomist viewpoint, it was possible to highlight the many factors involved. Moreover, the spiritual significance of this example underscores the importance for formators and spiritual directors to understand the nature of sexual repression and a means by which it can be remediated. The impact that a repressive disorder can have on one's spiritual life, especially when a vocation is involved, is undeniable. Failure to recognise this fairly common phenomenon among intelligent and conscientious people who wish to serve in the Church is lamentable. Understandably, when those in authority have the knowledge of this emotional problem a great deal of good can be achieved. Similarly, in marriage counselling a repressive disorder when suspected, is discernible by means of a respectful discussion. Moreover, this sexual disorder has its own symptomatology. Observable by the afflicted person is the palpable "transmutation" that accompanies the reflexive repressive act. Psychological counsel and spiritual catechesis assist the tormented person in regaining reasonable guidance of the sensitive appetite using MT. It is insufficient to educate developing youth in the mortification of the concupiscible powers if the irascible appetite is not simultaneously reasonably mortified.

Several significant objections concerning the teachings of Terruwe/Baars were clarified, distinguished, or refuted. These objections concentrated on repressed emotions being buried alive, the importance of reasonable guidance of the sensitive appetite, and the intellectually and volitionally determined acts of repression. Also considered was Dr Majeres' appeal for a Thomist justification for the use of the term repress, as a means of the reasonable direction of the passions. The matter of the redounding of the will was considered and particularly the role of the intellect, not just the will, in the formation of virtue.

It now remains to explain the rectitude of MT as found from traditional moral principles. Given a clear understanding of the fundamental cause of pathological repression and a sound diagnosis, a wholesome prognosis can be found in the application of Catholic morality. Spiritually, sexually repressed persons either limp along "The Way of Christ," arrested in their psychosexual and ascetical development, continually troubled and sexually tormented even into old age, or they are fittingly remediated with sound counsel and climb, with God's grace, to the heights of perfection and unitive love.

The Rectitude of Mortification Therapy

Chapter Three

The Morality of Mortification Therapy was omitted deliberately.

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CHAPTER FOUR

4 The Three Directives of Mortification Therapy

4.1 Mortification Therapy

Before considering the three directives of Mortification Therapy in themselves, their purpose in therapy and the objections to them, it is necessary to understand something of the reasoning behind MT in general and each directive in particular.

“Mortification Therapy” is the term coined by Dr Terruwe to express the process of disciplining aberrant emotions (see *PWH* 104ff.). It works on two levels. Whereas the Latin verb, *mortificare* which means to kill or to bring to death, the Christian spiritual tradition took mortification to mean an ascetical practice to train and discipline the lower faculties so that they would become docile to reason and will. It might also be conceived as a death struggle with sin or, as in this study, a death struggle with aberrant pathological processes. The first meaning might be said to follow the literal sense of the word, namely “bringing to death.” Certainly, there is need to “put to death” the deleterious and vicious process of psychological repression arising from aberrant cogitative judgements in the human psyche. The second meaning is more the sense of discipline which is found in ascetical theology. Here the sensory appetites are intelligently and freely mortified or restrained for the motive of pure love of God. In fact, Terruwe/Baars use the term mortification in both ways concerning therapy. MT brings “death” to the pathological repressive process actioned by the cogitative power moving the irascible appetite and re-establishes reasonable and virtuous “discipline” to the concupiscible appetite. Such a discipline is essential if a prayerful person is to attain the unitive life of the perfect.⁵⁴³ St John of the Cross maintains, “One inordinate appetite alone, suffices to make a soul so captive, dirty, and unsightly that until the appetite is purified the soul is incapable of conformity with God in union.”⁵⁴⁴

Like penance, mortification, and reparation which are about repairing the harm done through sin and forestalling future spiritual damage; MT is about overhauling the damage caused by the non-sinful ravaging of sexual repression. MT is both a psychological and spiritual therapy. It is concerned with re-habituating the internal senses, the sensitive appetite, and liberating the displaced rational appetite for *freedom for morality* (see *PWH* 112-13). Every person in sanctifying grace, afflicted or not, benefits from the diverse actions of the Holy Spirit in their soul (*CCC* 2002-3, 1830-31). For the sexually afflicted person as authentic freedom is progressively re-established (by means of the mortification of the repressing action and the gradual reassertion of right reason), the infused virtues in union with the Gifts of the Holy Spirit have a greater facility in animating and perfecting each of the human faculties. The person becomes as God designed, free from unnatural and repressive forces and

⁵⁴³ See Appendix II: Reginald Garrigou-LaGrange, *Three Ages of the Interior Life*, vol. II (Louis Herder Book Co., 1957), 655.

⁵⁴⁴ John of the Cross, *The Ascent*, 138, Bk. One, Chpt. 9, no. 3.

fittingly guided by reason and will.⁵⁴⁵ In this way, a sexually repressed person can increasingly grow meritoriously, and under the impulse of grace further cooperate with the Holy Spirit and concurrently permit the perfection of himself or herself naturally and supernaturally.

MT is a means by which persons suffering from sexual affliction are psychologically rehabilitated. Terruwe/Baars explain that sexual repression affects several faculties of the human psyche. It inhibits freedom in areas affected by the pathological repression, both specific and expanded. Repression comes about through a person's malformed or misinformed cogitative judgement. This judgement can take place because of either sexual molestation or a young person's cognitive misinterpretation of rules, laws, or Commandments. Repression can occur through the cogitative power's evaluation or in union with the cognitive faculty. Malformed cogitative judgements and misinformed cognitive judgements activate an irascible passion which not only represses an unacceptable concupiscible passion thwarting its freedom but also has deprived it of its proper governance by reason and will. Repression involves a disorder of the irascible passions.⁵⁴⁶ MT starves the power of the repressing emotion(s) by means of the afflicted person renouncing its influence, and thus restores it gradually to its proper functioning.

Essentially, only when the repression within the sensitive appetite has been eliminated, is it possible for the afflicted person to perform truly free and human acts. Then the person's nature can take its course and enable them to lead a normal natural and supernatural life. MT provides the afflicted person with pedagogic and philosophical input, and with directives to experience and to develop an affective connatural knowledge of the procreative drive. In this manner, pleasure is viewed as a natural good, and God's gift of human sexuality is known for what it is – a delightful marital blessing capable of imparting grace and being experienced as a joyful supernatural fruit bespeaking the Creator's design. MT remediates the impairment of several essential human faculties, including the procreative drive, whereby individuals and couples are capable of delighting in the Creator's "mystery" (CCC 1602-4).

Christian mortification as a grace can be enacted both as something negative and as something positive (see CCC 2015). A person may choose to mortify themselves negatively by going without something good in itself, and this is done not just by way of discipline but for love of God. It is not the going without something that is important but going without it for love of God that is essential. Positive mortification is doing something good for oneself or another for love of God. Applying this to Terruwe/Baars' mortification therapy would mean, negatively speaking; the omitting of the many pathological behaviours, rituals, and beliefs that have previously been used to contain one's anxiety and self-assertive control. This is scary for the afflicted person, but when done for the love of God it is achievable. Positively speaking, it

⁵⁴⁵ See CCC 160, 377, 1730, 1993.

⁵⁴⁶ See irascible passions: hope, despair, fear, daring and anger, *ST I-II*, qq.40-48. In this text irascible passions are sometimes referred to as utility drive and energy emotions by Terruwe/Baars, and the irascible appetite, or powers, and assertive drive or passions. The assertive drive is the preferred term. See *PWH* Chapter VII, "The Assertive Drive," 197.

would mean the willing and docile cooperation with the therapy as recommended by psychologist or priest. This cooperation with the therapy is done for the love of God. In either case, mortification therapy is a conversion of the afflicted person's heart while being a source of grace and merit. "Jesus' call to conversion and penance, like that of the prophets before him, does not aim first at outward works, 'sackcloth and ashes,' fasting and mortification, but at the conversion of the heart, an interior conversion. Without this, such penances remain sterile and false" (CCC 1430). MT well employed is as much a spiritual act as it is a psychological one (see CCC 2015).

As explained earlier (1.4.4), MT as a psychotherapy is far more than the three directives. In this chapter, however, the focus is specifically on the three directives of MT. It is these that usually cause the concern in critics. The moral appraisal and justification of MT were considered in the previous chapter. Initially, a few objections are considered here before treating each of the directives individually.

4.1.1. Whether MT violates a person's morals?

Objection 23 considers MT's three directives and concentrates on obsessions and compulsions. It objects that MT promotes "acting out" in a way that is detrimental to the person since it is exposure done in violation of the person's morals.

(i) Cognitive-behavioural therapy, more than any other development in psychiatry, has led to advances in understanding the nature of obsessions and compulsions. The first step in treating someone with this disorder is to teach him what obsessions are: thoughts that are irrational, unwanted, repetitive, intrusive, and anxiety-provoking. Any thought with these five characteristics is an obsession. Simply giving this definition is in itself liberating, for it allows patients to distance themselves from the obsessive process and gain the perspective of an observer (*Logos* 42, ¶3).

Once the patient understands the nature of obsessions, work can begin on constructing exposure exercises, which, when combined with the prevention of anxiety-neutralizing compulsions, can put an end to the obsessive process. The effectiveness of this cognitive-behavioural approach, called "exposure and response prevention" (ERP), has been repeatedly demonstrated in well-designed research trials, and is universally accepted as a first-line intervention for OCD, either alone or in combination with serotonin-acting medications (*Logos* 43, ¶1).

(ii) ERP is simple to understand. If a patient were to obsess about being contaminated with dirt, he would need to touch increasingly dirty objects while allowing himself to experience the anxiety this triggers. During these exposures, he would feel a strong urge to wash his hands, and so he would be instructed to resist this neutralizing compulsion and instead observe how the anxiety reduces on its own over time. This process would be repeated and extended (e.g., by having him contaminate his clothing or his face) over the course of successive treatments. Within a relatively short period, well-constructed exposures can effectively rid the person of obsessions and compulsions (*Logos* 43, ¶2)

(iii) If this patient were to develop sexual or blasphemous obsessions, he would still be able to employ ERP to overcome them. Exposure here does not need to contain sexual or blasphemous material—it is enough for the patient to expose himself to obsessive thoughts. For instance, if he were to obsess about his sexual orientation, he would be advised to repeat to himself, or write out repeatedly, the obsession exactly as it occurs ("Sometimes I obsess about being gay") while resisting any neutralizing mental rituals,

for an extended period of time until his anxiety has receded to low levels on its own (*Logos* 43, ¶3).

(iv) ERP and medications are both effective in treating OCD, regardless of the content of obsessions. It is the same with other mental illnesses: in depression, the particular depressive ruminations do not determine the response to antidepressants and cognitive-behavioural therapy; in schizophrenia, the particular delusions do not impact (*Logos* 43, ¶4).

(v) In cognitive-behavioural terminology, “acting out” an obsession about harming others or committing sexual acts would constitute exposure therapy, and it would result in a diminishing of fears. This explains those cases related in *Psychic Wholeness* in which mortification therapy worked, even if it begs the question of why it took so long to have an effect. But a person who suffers from obsessions about sex or harm would only perceive them as a threat if they were to violate an essential part of his or her moral life; and so this therapy is exposure done in violation of the patient’s morals, which is never recommended in cognitive-behavioural interventions (*Logos* 45, ¶3).

On the contrary, it is not essential for persons with an emotional disorder to understand what obsessions are. Terruwe/Baars maintain that it is a misinformed cognitive judgement stimulating a repressing emotion that clinically determines the onset of OCD (see *PWH* 35). The repressing process “is always coloured by the repressing emotion which predominates in the clinical syndrome. This evidently will result in a clinical syndrome which differs according to the emotion which brings about the repression. And as there are two such emotions which can bring about a repression, namely, fear and energy, there must be two different syndromes” (*PWH* 63).

I answer that comparisons between MT and other psychotherapies are problematic at best. MT is a philosophically and theologically based psychotherapy. It is causally diagnostic and prognostic in its approach. MT has its own unique psychological frames of reference, specifically identifying its own types and categories of disorders, and clinical syndromes. MT acknowledges that “there cannot be any fundamental conflict between sound moral theology and sound philosophical anthropology” (*PWH* 120). Such is its Christian ideology and apologetic. It has a decidedly spiritual dimension guiding both the psychotherapist and therapy. It acknowledges that because of inadequate pedagogies often “a deep-seated, deeply rooted fear of God and of acts against God are almost always present in persons with fear-based repressive disorders” (*PWH* 186). However, far from devaluing the importance of God in individual’s lives, MT tries to correct and further the best of religion knowing that God is infinitely attractive to the human appetites because “the only object which is good in all respects is God,” (see *PWH* 24). Therefore, MT values and promotes a transcendental ultimate end. Behavioural psychologies, for all their goodness, do not predominately and consistently emphasise such truths. Pitting one therapy against another is as useful as comparing apples and oranges.

I respond to Objection 23 (i), while CBT initially teaches the obsessing person that “obsessions are: thoughts that are irrational, unwanted, repetitive, intrusive, and

anxiety-provoking,” MT concentrates on the causes of a particular repressive emotional disorder. Far from being concerned about the content of any obsession, MT is primarily concerned with the presenting repressing emotion. When a person is suffering from a sexual affliction, it is usually caused by sensate misinformation through sexual abuse or through faulty or misleading cognitive instructions that moved the person emotionally, so much so, that they believe that something is harmful when it is a concrete good and therefore pleasurable. When the person’s cognitive power evaluates something objectively good as harmful or potentially dangerous, then a cogitative harmfulness judgement can be formed incorrectly about that object. In both cases, a future pleasurable sensation of the procreative drive will be perceived as potentially harmful in itself, and the cogitative judgement will move to avoid this urge. The cogitative power guides the person’s emotional response and the individual may react fearfully or assertively. Either way, there is no normal subordination of either of these emotions to reasonable guidance. Increasingly, they act beyond the control of reason and will. Distinguished are the two possible expressions of repression by means of the emotions of fear or energy (i.e., daring). Terruwe/Baars state that “a *repression will always occur* as the result either of *energy* or of *fear*” (*PWH* 40). Depending on the individual’s personal disposition, the repressive disorder is characterised by either of these assertive emotions. The content of particular obsessions, worries, and perceived dangers, does little more than identify the cogitative power’s erroneous judgement and manifest the emotion causing the repressive pathology. MT is not a content oriented therapy. While CBT/ERP focuses on constructing exposure exercises and the prevention of anxiety-neutralising compulsions, MT is primarily concerned with mortifying the repressing assertive emotion, which liberates the repressed concupiscible emotion and this process together liberates the rational appetite and restores reasonable guidance to the sensate appetite. From this explanation, it is clear that there is little comparison between CBT (combined with ERP) and MT. CBT and ERP are concerned with mitigating obsessive effects while helping afflicted persons to distance themselves from the oppressive process and gain the perspective of an observer. On the contrary, MT is providing an education in the causal reasons for obsessions and compulsions and a therapy to reverse this acquired emotional deviation and disorder.

I respond to Objection 23 (ii) that although the methodology of ERP is explicable, it differs in several ways from MT. This objection (ii) provides an ERP example. It is clear from this description, however, that ERP differs from what Terruwe/Baars suggest concerning the treatment of repressed issues. MT does not recommend the wilful prompting of repressed concerns. These are always to surface naturally and of their own accord. This passivity is a significant difference between ERP and MT. In MT, neither the therapist nor the patient is ever to promote deliberately, stimulate, or generate the emotions or content of the obsessions (*PWH* 94). “The advice that one must *never force the expression of repressed emotions* in persons with fear-based repressive disorders is merely a special application of the general principle not to force their fear” (*PWH* 95, emphasis in original). In MT, the person must await the spontaneous movements of nature, the natural inclinations. In this way, drives are never wilfully stimulated. Nor are they wilfully provoked. In this

sense, MT is more wholesome than ERP.

Further, while the objection 23 (ii) is referring to a large variety of obsessive and compulsive objects and affirms ERP's effectiveness, the objection does not, however, consider the morality of encouraging an already obsessive and compulsive person to deliberately and wilfully expose himself or herself to sexual or blasphemous material that arises during ERP.

Unfortunately, the objection's example is unhelpful in that it uses a non-moral object such as dirt. This case cannot be compared with the moral concerns about which Terruwe/Baars are being critiqued because it is the moral and spiritual preoccupations that add anxiety to the repressed person's concerns about their relationship with God. Moreover, MT is concerned with causal reasons emanating from the person's cognitive and sensate faculties and remediates these as the source of the obsessions and preoccupations. ERP, as effective as it may be, concerns itself with effects by means of self-discipline. Not all recipients of ERP, even when they benefit, are content with this methodology. Indeed, Fletcher Wortmann admits that he benefitted from undergoing ERP but blogs that "he remains cautiously optimistic." He writes:

There is a form of therapy that consistently alleviates OCD symptoms, but it's among the cruellest and most agonizing procedures in all of psychotherapy. And it doesn't involve protecting the person with OCD from his or her worst fears...And there are as many forms of ERP as there are people with OCD. *A sufferer with religious obsessions could be asked to curse or desecrate religious objects.*

In fact, this treatment requires that the sufferer *confront them, directly, and without any kind of protection.* "By confronting my worst fears, I not only learned to manage my OCD—I developed an entirely different method for confronting fear and perceived danger."

So, can you "cure" OCD? Not yet. But *I've learned that it's possible to manage OCD.* ERP didn't just help me fight my OCD—it changed the way I live my life. I'd recommend it to anyone who struggles with anxiety, whether it's pathological or run-of-the-mill" (emphasis added).⁵⁴⁷

These comments are not reproduced by way of criticism of ERP, rather they are presented to demonstrate that it differs fundamentally from MT's causal methodology. MT may take longer because it requires passivity on the part of the afflicted person and the remediation of causal factors that are at the root of the problem. Not only does MT not violate any degree of personal moral norms, but it

⁵⁴⁷ Fletcher Wortmann, "Full Exposure: The Sickening Treatment for OCD" *Psychology Today* (May 21, 2012). Accessed December 7, 2015. Original: <https://www.psychologytoday.com/blog/triggered/201205/full-exposure-the-sickening-treatment-ocd>. Archived: <https://archive.ph/Cimij>.

also heals beyond tolerable recovery⁵⁴⁸ and the “management” of symptoms.⁵⁴⁹

Furthermore, passivity on the part of the therapist and recipient is of the essence.⁵⁵⁰ Terruwe/Baars state explicitly, “conflicts and hurts must be allowed to emerge gradually and spontaneously” (see *PWH* 91). MT cannot be correctly understood unless this matter of spontaneity (i.e., unplanned, of its own accord, without external constraint) be truly grasped by all concerned. The afflicted person is rightly counselled, “repressed feelings, no matter what they are, sexual or non-sexual, are *never to be aroused intentionally*” (*PWH* 118). For example, blasphemous or sexual thoughts, fantasies, or feelings are never to be wilfully provoked. All the more so, it was stressed and explained in Chapter Three that sexual ruminations, voyeurism, and masturbation are never to be willed as an end, nor as a means to psychic health. Terruwe/Baars specifically state:

[There] must be a *gradual and spontaneous process* in which the therapist *does not intentionally activate these emotions*. To do otherwise would be absolutely wrong, for it results in unnatural, deliberate will acts, rather than in naturally emerging emotions. This is a real danger in persons with energy-based repressive disorders. As soon as they have realized that the absence of a certain feeling represents an imperfection and that they cannot recover without it, they will employ all their sensory energies to restore it to its rightful place. They want to feel love; they want so intensely to be happy, that they may face the issue and actually retard the normal growth of this feeling. These persons *must aim at passivity* in their psychological life; for them this is the most difficult thing there is, but it is the only way to recovery (*PWH* 100-1, emphasis in the original).

Once it is understood that passivity within therapy by the psychiatrist, priest and afflicted person is paramount, the afflicted person can go forward confidently (but not wilfully), receiving and accepting the healing process. Words that promote a passivity on the part of the repressed person such as allow, receive, accept, bear with, and tolerate within the therapy and what it releases are all conducive to good wholesome psychic and moral outcomes. This proviso ensures that no willed action occurs within MT. Indeed, the afflicted person is not about seeking direct and deliberate voluntary sexual pleasure nor blasphemous thoughts, fantasies, and feelings contrary to the Commandments. Rather MT initially permits whatever physical, emotional, or mental expression the repressed emotions provoke. This understanding allows their concomitant feelings to come gradually to consciousness and reasonable guidance. Tolerated then are the ordinary connatural experiences of release, relief, or pleasure which simultaneously mortifies the aberrant interference of fear/energy. After that, the recovering person reasonably permits what every healthy and virtuous person does on a daily basis, namely, to have the freedom to

⁵⁴⁸ Smith, Ed. *Healing Life's Hurts through Theophostic Prayer*. Kentucky: New Creation Publishing, 2005.

⁵⁴⁹ For a personal testimony from the former professor of New Testament at Nijmegen, see Rev. Dr Willem Grossouw SJ (1906-1990) who wrote his memoirs in 1981. See Willem Grossouw, *Alles is van U. Gewijde en profane herinneringen* (Baarn: Ambo, 1981), 157-58. Grossouw affirms the teachings of Dr Terruwe and the quality and the benefits he personally received from MT. See Van Wieringen, “Twee Visies,” 4.4.2.

⁵⁵⁰ *PWH* 91-92, 94-95, 99-101, 103-4, 109-10, 118.

guide the sensitive appetites deliberately and reasonably.

Afflicted persons need only grasp what passivity within MT means for them. To be passive is not just to suffer but also to receive something. In this sense, to be passive is to be perfected rather than to suffer. The recovering person receives appropriate pleasurable movements which were previously disallowed. Then, the person need only enjoy it and thank God. In this sense the person is perfected. In another way the word passive, does mean to suffer something. Hence, when the afflicted person receives what is healthy and perfecting, the recovering person suffers the loss of pathological repression. So recovering people need to passively receive that which is wholesome to all human beings, perfecting and capable of being virtuous. Simultaneously, they are to passively suffer the loss of their disordered affections and their habit of emotional pathology (see *ST* I-II, q.22, a.1). Passivity then is not doing nothing, nor is it just suffering something. They need to learn what ordinary mature people do; what allowing but not deliberately exciting means. It is possible to grasp this distinction because it is normal and natural. That is, refraining from voluntarily exciting the procreative drive physically or psychically. While at other times, accepting the natural tensions and movements of sexual arousal from the procreative inclination, yet reasonably and deliberately allowing the grace of God to develop gradually the natural and infused virtue of temperance, and the free choice for continence within a healthy chastity (see *CCC* 2343, 2223).

Lastly, it is important to point out that with repressed sexual material, if it results from a true pathological disorder, that while ERP may allow the promotion or toleration of sexual thoughts, imaginings, and feelings in a therapeutic session the dynamism of such repressed emotions may leave the person in a state of sexual frustration because of further repressive acts during the ERP session. While nothing untoward may take place at the time of the therapeutic session, the person may be left in a state of heightened sexual tension or restlessness (see *PWH* 111). It is to be recalled that the obsessive and compulsive release of the repressed emotion through psychomotor reactions can compel a person to act contrary to their will at a later time. In this way, Terruwe/Baars' understanding of this moral conundrum for the repressed person, provides a psychologically acceptable and tolerable solution to abreactive emotional and sexual tension. No doubt, ERP is effective for the obsessive person in the presence of the therapist and during the exposure sessions. Outside of therapeutic sessions, it is presumed that the afflicted person practices ERP themselves at home. MT, in that sense is very different. It has the added advantage of *raapra* and a clear moral understanding that aids in the eradication of obsessions at their roots while reinforcing reasonable guidance, with the connatural re-formation of the cogitative power and other internal senses and a moral and spiritually acceptable methodology to assist this.

I respond to Objection 23 (iii) MT is not like as ERP. MT professes a component of moral uprightness during application. As has been stated above, MT never condones or promotes the violation of objective moral norms by the repressed person, nor at the instigation or suggestion of the psychologist or priest. So MT is not exposure and response prevention therapy. MT never advocates the wilful excitation

or exposure of fear producing objects. MT does, however, stipulate the passive reception, acknowledgement, and acceptance of spontaneous movements of the procreative drive for the liberation of repressed sexual desires from the past or present, bringing about the mortification of the repressing emotion and the reestablishment of rational control over the sensitive appetite. This is, however, done prudently, respectfully and identifies God in the process.

I respond to Objection 23 (iv) that it is presumed that MT is obsolete because ERP and medications are proven to be a better way. The assertion is debateable. That MT has a beneficial psychological and moral methodology in its specific realm of application, namely, sexual obsessions is clearly proposed. That MT is a more fundamental therapy than some other therapies is asserted given that it addresses causes and not merely obsessional effects, irrespective of the content of the obsessions.

I respond to Objection 23 (v) that as previously explained in the explanation of the moral object (see 3.5), MT does not promote acting out on any obsession or compulsion and certainly does not encourage or condone harming others or committing sexual acts. Moreover, as previously mentioned, such acting out is both psychologically counter-productive and morally inappropriate and would not in any way diminish pathological and repressing fears (see *PWH* 118 no. 2).

Further, it is a misrepresentation of the favourable case histories that are presented in *PWH* to suggest that healing came about through immoral “acting out.” Because MT is concerned with a thorough remediation of the causal factors of a repressive disorder, the matter of time within therapy has already been considered as an appropriate circumstance of the object (see 3.6). Remediating causes, especially historic ones, is time consuming because of the additional encrustation of further emotional woundings that need attention. Moreover, as mentioned above there is timely need for a docile passivity on the part of the afflicted person.

Furthermore, an analogous argument for the repressive process was provided from St Thomas (see 2.4.6 and 2.5.2: response to Objection 14). It is noted that afflicted persons can suffer from obsessions concerning the procreative drive, not only because “they may violate an essential part of his or her moral life” but also because there may be a greater spiritual good that can be lost by acting on such urges. It was previously explained that a person can have an intellectually or volitionally determined repressive disorder. Moreover, either of these can arise when a person is sufficiently committed to significant or transcendental values. If a person views feelings, imaginings, emotions, or thoughts as potential threats to higher values, then repression can occur. MT, however, is not “exposure” done in violation of the patient’s morals because it is never a wilful decision, rather it is an allowance of ordinary natural inclinations or a toleration of secondary involuntary abreactive effects. The objection is a misunderstanding of MT and therefore a misrepresentation of it.

Lastly, a CBT clinician’s professional opinion about MT does not deprive MT

of its rectitude nor the validity of its appropriate application. Indeed, a comparative study between ERP and MT highlights MT's curative ability at the source of the problem and a clearer presentation of moral rectitude in the application of a therapy which incorporates a spiritual component.

In brief, MT identifies and differentiates the repressing irascible powers. It educates concerning the causal reasons for the pathology and does not violate a person's moral code while enacting the therapy. The three directives operate at the source of the problem; the erroneous judgements of the cogitative power, the repressed concupiscible powers, and the repressing irascible powers. MT, in contradistinction to ERP, encourages the passive reception and acceptance of wholesome natural movements and provides a means for the virtuous perfecting of the same. MT while awaiting the ordinary movements of nature, does not condone wilful acts which it explains is neither psychologically nor morally appropriate nor advisable. It promotes virtue consistent with a transcendental ultimate end.

4.1.2. Whether there is any scientific assessment or proof for MT?

Objection 24 critiques from a scientific viewpoint MT's therapeutic principles. It concentrates on the absence of any proven scientific validation for the theory and therapy. It objects that there is no demonstrable justification for MT's methodology. It further claims that such scientific proofs probably will never be done. Similarly, it is claimed that ERP has shown itself effective while MT has not. There is no statistical or empirical evidence confirming MT's effectiveness. It is maintained that MT cannot be applied without violating a patient's moral code.

(i) On a purely scientific level, the main problem with the Terruwe-Baars method is that it has never been proven to work. To date there are no published studies on mortification therapy. The series of case reports presented in *Psychic Wholeness* does not constitute this proof either, since these case reports only comment on patients with positive outcomes—they do not give us a picture of how many of those treated achieved remission of symptoms. There is no control (placebo) condition to which patients are randomly assigned, which is a particularly essential research component when studying an illness like OCD that spontaneously remits; indeed, several of the cases mentioned took years to resolve, and may simply represent the natural course of OCD, which is to wax and wane over time. In addition to a placebo-controlled trial, new forms of therapy need to demonstrate superiority, or at least equivalence, to the best current treatment. In the case of mortification therapy, this would mean comparing it with ERP, with a sufficient number of patients randomized to receive one or the other (*Logos* 46, ¶1).

(ii) This study will never be made, for several reasons (*Logos* 46, ¶1). First, there is no rationale to suggest that mortification therapy would work better than ERP in any set of patients. Without any theoretical reason to suspect a benefit, and given that we know ERP works with all subsets of obsessions, there is simply no reason to attempt another treatment (*Logos* 46, ¶2).

(iii) Second, there is no evidence that mortification therapy would work faster than ERP, or would be more efficient. Terruwe and Baars suggest that it takes months or even

years to work, unlike ERP, which can bring relief within weeks of treatment (*Logos* 46, ¶3).

(iv) Third, ERP can be done without violating a patient's moral code. It is a dangerous matter to tell patients that they have lost the ability to act morally, and are no longer responsible for their actions; even if they do not act out in ways that endanger others, one cannot predict all the consequences of such a strategy. The supporters of mortification therapy should admit that a treatment that is effective, shorter, and does not enter into moral difficulties is preferable—and that treatment is exposure and response prevention (*Logos* 47, ¶1).

On the contrary, “The principles of any science are either in themselves self-evident, or reducible to the conclusions of a higher science” (*ST* I, q.1, a.2, ad.1). Indeed, the human sciences and their “lesser matters should be judged in the light of higher principles” (*ST* I, q.1, a.6). And “the slenderest knowledge that may be obtained of the highest things is more desirable than the most certain knowledge obtained of lesser things” (*ST* I, q.1, a.5, ad.1).

I answer that Terruwe/Baars relied heavily for their teachings on the sound opinions of St Thomas who in turn relied on Aristotelian philosophy and “sacred doctrine which derives its principles not from any human knowledge, but from the divine knowledge, through which, as through the highest wisdom, all our knowledge is set in order” (*ST* I, q.1, a.6, ad.1). Accordingly, from this philosophical and theological basis they could be confident in their theories and therapy and in their assessment of other psychologies (e.g., Freudian). So they were correct not to be “concerned to prove the principles of other sciences, but only to judge of them” (*ST* I, q.1, a.6, ad.2). Moreover, their faith tradition confirmed them in those eternal truths which transcend and direct those practices which apply natural truths that affect human persons.

I respond to Objection 24 (i) that as seen above in *On the Contrary*, St Thomas relates that “The principles of any science are...reducible...to the conclusions of a higher science” (*ST* I, q.1, a.2, ad.1). While commenting on the study of sacred doctrine, he relates that it is nobler than all other sciences because “this doctrine is wisdom above all human wisdom; not merely in any one order, but absolutely” (*ST* I, q.1, a.6). Moreover, “Since this science is partly speculative and partly practical, it transcends all others speculative and practical” (*ST* I, q.1, a.5). And practical sciences are concerned with human operations; as moral science is concerned with human acts, and architecture with buildings. By analogy, when considering a less noble science such as psychology, according to the guiding principles of revealed truth, confidence in MT's psychotherapeutic conclusions have greater verification than the behavioural psychologies that depend on statistical and empirical proofs alone. Terruwe/Baars in treating MT aligned their theory with principles from transcendental wisdom, which can inform and guide human knowledge and understanding prudently and fittingly. In addition, they were extremely careful to have their therapy considered by moral experts and according to traditional objective

moral norms founded on revealed truth. St Thomas claims that it is possible to judge lesser sciences from the highest wisdom:

It is the part of a wise man to arrange and to judge, and since lesser matters should be judged in the light of some higher principle, he is said to be wise in any one order who considers the highest principle in that order: thus in the order of building, he who plans the form of the house is called wise and architect, in opposition to the inferior labourers who trim the wood and make ready the stones: “As a wise architect, I have laid the foundation” (1Cor 3:10). Again, in the order of all human life, the prudent man is called wise, inasmuch as he directs his acts to a fitting end: “Wisdom is prudence to a man” (Prov 10:23). Therefore he who considers absolutely the highest cause of the whole universe, namely God, is most of all called wise (ST I, q.1, a.6).

Terruwe/Baars while having the professional competency of their own psychiatric science, subjected these sources of knowledge to the more elevated principles of philosophy and sacred doctrine. In this way, they judged both their psychological theory and therapy by a more exalted standard and superadded to their specialist insights.

Further, it is an exaggeration for Objection 24 (i) to state that “the main problem” with MT is that it has never been proven to work. It can likewise be asserted that it has never been proven not to work. By analogy, when the world’s largest double-decker, 555 passenger airliner with its wide-body, massive four-engine configuration weighing 560,000kg (or 1,234,600 lbs) first took to the skies with all its advanced technology and innovative design, it might’ve been argued that the Airbus A380 had not been proven to work. Of course, the engineers were relying heavily upon the physical principles of physics, aeronautics, and hydraulics to name just a few. Principles of their very nature are sure. MT is founded upon the ancient and sure principles of philosophy, considered as the mother of all knowledge. Just as it took only one flight to prove all the principles underlying the A380, so too the principles underlying MT are proven in just one recovery. Yet there have been many, even if they are not individually recorded as scientific data. For someone not to know that a recovery from an emotional disorder is possible via MT does not make it so.

The objection is an appeal to ignorance. The argument is fallacious in that the proposition is that MT is false or of no value simply because it has not been proven true.⁵⁵¹ The purpose of this present study is to verify the rectitude of MT. In doing so, it is important to state that it is insufficient for critics to object that a psychological therapy is deficient, erroneous, or unpopular simply because it has been inadequately studied. An idea is neither right nor wrong simply because it is new or old; rather it must be judged on its merits. It is conceded that there is a lack of published studies on MT. This is unfortunate. However, it is not proof that MT is unhelpful or inadequate for healing sexually repressed persons. For a long time, people thought that the Earth was flat before the truth was fully understood and verified. Attempting

⁵⁵¹ An *Argumentum ad Ignorantiam* is an argument based on “the fallacy that a proposition is true simply on the basis that it has not been proved false or that it is false simply because it has not been proved true. This error in reasoning is often expressed with influential rhetoric.” Lander, “Introduction to Logic.”

to disprove of MT simply by expressing rhetoric that endeavours to influence opinion by proving the lack of scientific studies is unscientific. While it is true that there are no published studies on MT, there are some well-known historic reasons for this fact. Historically, the primary reason was a negative perception of MT by a misinformed Catholic hierarchy and the uninformed criticism that followed in its wake from MT's opponents. Moreover, as mentioned in 1.4.1: the response to Objection 1 (iii), Terruwe/Baars' teachings and their philosophical psychology accompanied by Catholic theology and Christian anthropology have never been favoured by the predominantly secular psychiatric/psychological profession. A lack of serious study or understanding of the truths that Terruwe/Baars present in their teachings says more about those who have failed to study it than about the teaching itself. There have been outspoken devotees of MT and its success.⁵⁵²

As mentioned in 1.4.8: response to Objection 8 (i), Terruwe/Baars were less concerned about secular psychiatry and psychology judging MT. It certainly did not help that their literature was made available only through Catholic publishers. Nevertheless, this was not of their wanting or making.⁵⁵³ Moreover, it is fair to say that the case histories provided in *PWH* were just that, case histories. They were clearly provided not as proofs of therapeutic competency; rather they were furnished by way of example and for additional clarification.

Furthermore, it is beyond the scope of this text to enter into a discussion surrounding placebo-controlled studies which might involve MT and OCD persons. A placebo is a term used in medical studies that refers to a type of therapy, treatment, or drug that appears to be standard medicine but in fact it is an inert substance or treatment that only pretends to be an authentic medication or therapy but it is not. The idea being, that from the medical trial it could be determined which treatment benefited patients the most and in what circumstances and under what conditions different treatments proved the most efficacious and how timely. A placebo-controlled study incorporates authentic medicine or therapies while also providing as part of the study the inactive "look-alike" placebo therapy. The use of placebos is a standard control component in many clinical experiments. These clinical trials attempt to make some quantitative assessment of the efficacy of therapy, medicinal drug, or treatment. In a bid to assess or quantify the benefits of any medicinal drug or trial, where a placebo-controlled trial is carried out, a standard component of such clinical experiments is that some participants receive no or an inferior treatment. Placebo-controlled trials raise ethical questions. When a trial is a positive-control study, it involves previously tested therapies, drugs, or treatments. Conversely, a

⁵⁵² See Grossouw, *Alles*, 157-59. On a personal note, I have ministered Terruwe/Baars' teachings to hundreds of persons of all ages and states of life for 30 years with significant results for healing and life changes. The accumulation of knowledge and experience shows that MT is effective and is even more so when combined with a prayerful ministry. When MT is ministered concomitantly with the healing prayer known as Transformation Prayer, afflicted persons manage MT better and curative success rates are significantly enhanced. An estimation of increased recovery would be above 90% bringing freedom for morality and spiritual progress. See Dr Ed Smith, "Transformation Prayer Ministry" (2015). Accessed November 18, 2016. <https://web.archive.org/web/20190722201820/http://www.transformationprayer.org/>.

⁵⁵³ See Baars, *Doctor of the Heart*, 209.

placebo-controlled trial involves a component where some participants receive no therapy or treatment or an inferior type of remedy. Such a test or clinical experiment is called a placebo-controlled study, and its control is of a negative type. Such trials, though common, are often disputed for ethical reasons.⁵⁵⁴ “Certainly in all proof studies, the principle of no harm should be maintained.”⁵⁵⁵ Various moral opinions are in conflict concerning the consideration of a framework to assist an ethical review of placebo treatments (see *CCC* 2295). They fall under the headings of right-based, duty-based, and goal-based placebo-controlled trials. Claire Foster clarifies the importance of these terms for placebo-based trials:

This is the conflict between goal-based and duty-based morality; goal-based morality says the research should happen; duty-based morality says not. If the goal-based moralist wins the argument, what harm might be for the research participants? If the duty-based moralist wins, what developments in medicine might thereby be curtailed? If the research is therapeutic, equipoise is demanded by the duty-based thinker...However, the goal-based argument for the need for placebo controls tips the balance against duty-based acceptability, for in placebo-controlled trials, unless the standard treatment for the condition under research is, in fact, no treatment, strong equipoise is not present.”⁵⁵⁶

As beneficial as scientific psychological trials may be for the consideration of MT, the “main” point of any study is its philosophical truth and moral probity. It was with ultimate and eternal truths that Terruwe/Baars were primarily concerned: “Like everything created, human beings are by their very nature directed to a certain good. It follows, therefore, that the person also possesses a drive to obtain this good. This drive is not dependent on any conscious knowledge in human beings themselves, but presupposes the knowledge of Him who has created and directed human nature to this goal.⁵⁵⁷ ...This natural drive is directed to that which is an essential and necessary good for the human person” (see *PWH* 1-2). Terruwe/Baars sought to help sexually afflicted persons but always according to proven higher principles than those used in statistical behavioural studies alone. That such an emphasis is valid was highlighted above by St Thomas; “through the highest wisdom, all our knowledge is set in order” (*ST* I, q.1, a.6, ad.1).

Lastly, irrespective of any scientific trials, persons are free to choose whatever therapy they believe beneficial to themselves. Clearly, all forms of therapy need to demonstrate moral appropriateness, competence, and worthiness. At the same time, there is no mandate that obliges anyone to choose a superior, or even an equivalent

⁵⁵⁴ The National Catholic Bioethics Center and the Catholic Medical Association, “A Catholic Guide to Ethical Clinical Research,” *The Linacre Quarterly*, 75:3 (August 2008, published online July 18, 2013). Accessed April 4, 2016. <https://web.archive.org/web/20200301031918/https://www.tandfonline.com/doi/abs/10.1179/002436308803889521>.

⁵⁵⁵ See Massachusetts Medical Society, “The Ethics of Placebo-controlled Trials — a Middle Ground Sounding Board,” *The New England Journal of Medicine*, vol. 345, no. 12 (September 20, 2001), 915-19. Accessed December 5, 2015. https://web.archive.org/web/20170407194111/http://www.or.org/files/Placebo_Ethics.pdf.

⁵⁵⁶ Claire Foster, *The Ethics of Medical Research on Humans* (Cambridge: Cambridge University Press, 2001), 137.

⁵⁵⁷ See *ST* I-II, q.26, a.1; I, q.6, a.1, ad.2; I, q.103, a.1, ad.1 & 3.

therapy, or what is perceived as best current practice.

I respond to Objection 24 (ii), that the criticism of MT through the comparison with ERP is an unfair pairing. The two psychotherapies are different forms of therapy. MT's methodology is very different both foundationally and therapeutically from ERP. ERP may be a statistically proven therapy for obsessive-compulsive persons over a range of emotional disorders, and this is good in itself. Meanwhile, MT without statistical proof already has a deep verification in its alignment with immutable philosophical and anthropological principles. As affirming as it might be to also have empirical fact based evidence, there is no rationale to "prove" MT. While MT has been predominantly aligned with sexual repression, the principles of MT are affective and effective for other repressive conditions. Obviously, the three directives are not always applicable or necessary. Pastoral practice shows that when MT is faithful to its principles it is at least equal to other current therapies and in time may prove more beneficial because it remediates causal factors. Indeed, some who have recovered from OCD through ERP remain critical of such a treatment.⁵⁵⁸

I respond to Objection 24 (iii), the argument from speed for recovery with regard to CBT and ERP again is out of place in its comparison with MT. The former therapies are dealing with a form of tolerable recovery, with or without enduring medication. MT is more concerned with fundamental causes for repression and a morally sound affective and effective therapy for the same. MT effects and remediates a reformation of the cogitative power and the re-education of the cognitive faculty. The matter of time far from being a negative, in fact, is a positive component of MT whereby there is no expectation on the patient to perform, in as far as getting better, for the person's "own developing nature is the best pace setter" (see *PWH* 113). MT is concerned with the healing of an afflicted person and not merely "treating a psychological disorder" (*PWH* 120). A goal within MT, far from being speed, is thoroughness. MT in considering persons, permits them to grow gradually. This patient therapeutic approach is in full accord with human nature and the proper teaching of the Church regarding the stages of growth and the gradual development of the appropriate reasonable direction of one's passions (see *CCC* 2342-43). The reformation of a habit that radically affects the inner workings of a person cannot be achieved through pharmaceuticals alone.⁵⁵⁹ MT repairs a malformed human disposition and gradually replaces vice with virtue. "The moral life must be developed through education and exercised, with discipline, through successive stages. Growth is essential to freedom."⁵⁶⁰ As the habit of repression developed over time, so too must the therapy remediate human faculties through several stages or phases (see *PWH* 45).

I respond to Objection 24 (iv) that it is based on the erroneous premise alleging that MT is immoral and that other treatments such as CBT and ERP are said to be

⁵⁵⁸ See Wortmann, "Full Exposure."

⁵⁵⁹ Brendan L. Smith, "Inappropriate Prescribing," *American Psychological Association*, vol. 43, no. 6 (June 2012), 36. Accessed May 12, 2016. Original: <https://www.apa.org/monitor/2012/06/prescribing>. Archive: <https://archive.ph/Cv8ve>.

⁵⁶⁰ Pinckaers, *The Sources*, 375, no. 2.

better. Given that this first premise is incorrect as explained in Chapter Three the objection fails. Moreover, the objection does not present the fullness of truth. As previously explained, at no time does MT, the therapist, or the priest “tell patients that they have lost the ability to act morally, and are no longer responsible for their actions.” Indeed, both therapist and priest carefully explain the morality of MT and inform the person that they are very much responsible for every human act that is not affected by pathological repression, and this is the vast portion of any afflicted person’s daily life. Moreover, the sacrament of penance is to be regularly and worthily received according to the mind of the Church (see *PWH* 110). It would be untrue and uncharitable, however, to leave people in the moral misunderstanding that they are culpable for obsessive-compulsive acts.

Further, the rectitude of CBT and ERP are not the focus of this study. All the same, it is hoped that such therapies are provided and followed with moral integrity. The matter of effectiveness, time, and moral probity are key questions that are explained to the afflicted person in the prescribing of MT (see Chapter Three).

Furthermore, it is being suggested that psychic wholeness, moral freedom, and spiritual holiness can be gained from a variety of different psychotherapies, with the argument in favour of CT, BT, or their combined efforts of CBT and ERP, but this is not fully proven. Conversely, there have been multiple objections critiquing MT because of the possible and transient un-willed materially evil secondary corporeal effects. Particularly favoured and mentioned by name are the therapies of CBT and ERP as compared with MT. Again, the argument is that MT is a lesser psychotherapy compared with the others suggested. Often in situations like this, opinions will be stronger concerning the individual therapists’ personally preferred methodology. As argued above, every person is free to choose that particular type of medical procedure that he believes with a clear conscience is best for him or her. Professionals may argue vehemently that their particular therapy would produce the best effects. It is understood, however, that there are many variables with every therapy and its particular application in a person’s life. This has been highlighted in the objections, and it is affirmed that CBT and ERP, with or without medication, are reasonable therapies with the possibility of a good prognosis. MT, however, while being a therapy is both reparative and preventative. Though it is conceded that the ground swell for MT is small, its inherent capacity to promote the overall psychic and spiritual well-being of all sexually afflicted persons in their body, soul, and spirit assures natural and supernatural happiness. Neither CBT nor ERP make this assertion. In the last chapter of this text, the spiritual benefits for MT’s validity will be argued.

Moreover, I distinguish that while CBT addresses the cognitive faculty of the person and that this, in turn, may have a beneficial effect on the internal senses, specifically the cogitative power, in itself it does not target this particular cause of psychological affliction. As indicated above, ERP does not consider the moral implications of the application of its therapy, though a good moral therapist, of course, may certainly do so. Conversely, Christian therapists applying MT have clear spiritual presuppositions, psychological parameters, and well-founded doctrinal,

moral, and spiritual boundaries. All psychological therapies depend largely on the therapist to promote the spiritual aspect of the human person. However, given that most psychotherapies are secular, it is only more or less likely that the spiritual dimension of the individual will be appreciated and nurtured by the therapist. This does not deny, of course, that a CBT therapist may be holier, more learned, and more competent than an MT therapist. Though, the likelihood is more in favour of Christian MT therapists.

As mentioned from its earliest days MT has had some serious opposition. Nevertheless, in the life of the Church many teachings, devotions, religious orders, and therapies have started slowly and gained extraordinary momentum after grave persecution. The history of MT may well be a case in point. Nevertheless, even though it has had hierarchic opposition, it has never been condemned. Moreover, although the works of Terruwe/Baars have only been distributed by Catholic publishers, as compared with other psychological and empirical therapies, MT has a significant contribution to make towards the well-being of all persons.

Depending on the symptoms of the obsessive-compulsive disorder, the repression of unwanted thoughts or actions will often lead to compulsions. When the OCD is of a sexual nature, it is not uncommon for sins against the 6th and 9th commandments to already be occurring prior to therapy. That such formal (e.g., wilful) or material (i.e., involuntary) evil effects are very often already present Terruwe/Baars explains, “Because their disordered neurotic condition is foreign to human nature, time is always against them. Sooner or later, their outwardly successful repressive mechanism will break down with all its frightening and disabling consequences” (*PWH* 111). MT provides cogent arguments in favour of right reason and moral integrity. The rectitude of MT is affirmed on theological, philosophical, and psychological principles. It confirms and maintains objective moral norms and is conducive to personal fulfilment and ultimate human ends.⁵⁶¹ MT does not violate afflicted persons’ moral code or spiritual predilection.

Lastly as seen, there are two fallacious arguments in this objection. 1) Objection 24 (i) raised that MT is irrelevant because CBT and ERP are superior and proven therapies. The objection maintains that MT has “never been proven to work.” The proposition that MT is an inferior or irrelevant psychotherapy is fallacious when it is asserted on the basis that it has not been proven. 2) Objection 24 (iii), argued that CBT and ERP are “universally accepted as a first line intervention for OCD, either alone or in combination with serotonin – acting medications” (*Logos* 43 ¶1). This presumption too is a fallacious argument, it is assertion that “large numbers of persons are more likely to be right than a given individual is likely to be right.” Also, by appealing to popular appeal and “in light of peer pressure, many persons feel it’s better to be normal than to go against the crowd.”⁵⁶² An appeal to the majority of persons merely attempts to win widespread assent to a supposition (e.g., CBT or ERP) hoping to provoke the enthusiasm or support of the reader. Such an argument does

⁵⁶¹ See CCC 260, 308, 1024.

⁵⁶² Lander, “Fallacies of Relevance:” Argumentum ad Populum.

not disprove MT's validity or rectitude. Nor does it "theoretically" make MT less effective, slower, inefficient, or irrelevant.

In brief, just because it is said that MT is less than other psychotherapies, it doesn't make it so. In favour of MT, it has been shown that as a psychotherapy it is in accord with the higher principles of philosophy and the revealed principles of theology. It is comfortably accommodated to right reason and those laws emanating from an informed conscience. While MT may not have been "scientifically" proven to work, likewise it has not been disproven. ERP and MT are not comparable psychotherapies. There is never an expectation on the recovering person to get better sooner rather than later. Nature, and a good therapeutic process, is promoted as the best healer. The goal of MT is not just to cure a pathology, rather it is to heal an entire person.

4.1.3. Whether one cannot know if one is repressing?

Objection 25 states that afflicted people fixate about their commission of serious sin. It claims MT questions an individual's ability and culpability when beset with repressions and obsessions. Scruples are stimulated by this state of anxiety and it is argued that MT further exacerbates persons' doubts because they can never know for sure if they have been repressing sexual feelings or not.

- (i) A person with scrupulous obsessions fixates on whether he or she has committed a serious sin.
- (ii) Questioning this person's ability to commit any sins adds even more complexities to obsess about: Was I *fully* obsessing? Was I repressing? Am I culpable?
- (iii) Due to the nature of the illness and the strong desire for certainty it entails, this can be agonizing.
- (iv) One can never know for sure if one has been repressing sexual feelings (*Logos*, 47, ¶2).

On the contrary, Terruwe/Baars comment concerning the second directive and its purpose:

By our instructing these patients that they are to ignore rules, laws and commandments, we free them of interpreting them in the wrong way. Persons with obsessive-compulsive repression are incapable of proper interpretation. This is an unavoidable consequence of their longtime inflexible understanding of, and rigid adherence to, these rules, laws, and commandments, which know no alternative (*PWH* 112).

I answer that for Terruwe/Baars the philosophical underpinning of scrupulous obsessions has more to do with the emotions than with the mind. The intellect unable to bring reasonable governance to stimulated emotions remains frustrated, as do the concupiscible powers. The appetite is in tension since it "is not allowed to attain the object to which it is directed by nature, for repression has eliminated this object, but it is more or less suspended in air, searching for an object...It is here that we find the

explanation of the well-known clinical observation that a repressed sexual urge may provoke fear (*scrupulosity*, for instance) or lead to an extraordinary activity” (*PWH* 53-54). That is, scrupulous obsessions or compulsions.

I respond to Objection 25 (i) that it is true, “a person with scrupulous obsessions fixates on whether he or she has committed a serious sin.” It is for this very reason, however, that Terruwe/Baars formulated the second directive. The directive’s purpose is to liberate the afflicted person from moral anxiety, affliction, and the misinterpretation of laws, rules, and commandments. In the counselling sessions and catechesis, at the same time, a proper interpretation of moral rules, laws, and commandments is thoroughly provided. “The first task of the therapist is to correct...mistaken notions” (*PWH* 100). Moreover, after this a necessary freedom is provided because “in therapy the person with obsessive-compulsive repression has to walk the same developmental path as the child does” (*PWH* 113).⁵⁶³ As will be explained, a connatural understanding of human sexuality and of law, with a corresponding feeling knowledge of the goodness of both must gradually develop, be appreciated, interpreted, and understood appropriately by the recovering person (see *PWH* 109 and 113, respectively).

I respond to Objection 25 (ii), that the objection as it is worded, “Questioning this person’s ability to commit any sins adds even more complexities to obsess about” is highly misleading. At no time and in no manner, do Terruwe/Baars support or encourage the questioning of the afflicted person about sin, which would be to illegitimately interrogate the person regarding the sacrosanct domain of conscience (see *CCC* 1776). Nor do they enquire of matters concerning what is called the internal forum (see *CCC* 1779). There is no evidence in *PWH* to suggest that 25 (ii) is a valid objection. Terruwe/Baars do not ascribe to or follow a quasi-psychoanalytic methodology (see *PWH* 91-92). Moreover, the prescribed second directive is worded in such a manner as to forestall the alleged questions. In this way even the person, as an individual, is liberated from such scrupulous enquiry (see *PWH* 112).

I respond to Objection 25 (iii) and concede that “due to the nature of the illness and the strong desire for certainty it entails, this [questioning] can be agonizing.” Again, it is for this very reason that the three directives are provided to the afflicted person. As previously treated (see 2.3.2 and 2.3.3), the distinction between *feeling* and *thinking* is difficult for the person. Each of the three directives within MT is to free the person from too much thinking and moralising until they are better formed in their theoretical and practical intellect (see *PWH* 22-23). As persons become intellectually informed and connaturally formed each of these symptoms listed in objections (i), (ii), and (iii) increasingly lapses. Connatural knowledge is a valuable knowing, a beneficial teacher, guide, and consolation.⁵⁶⁴

⁵⁶³ “Now possibility or faculty of action is due to an interior habit or disposition: since the same thing is not possible to one who has not a virtuous habit, as is possible to one who has” (*ST* I-II, q.96, a.2).

⁵⁶⁴ See Budziszewski, “The Natural, the Connatural,” II.

I respond concerning Objection 25 (iv) that it is incorrect to state that “One can never know for sure if one has been repressing sexual feelings; and so one can never know for sure whether one is free, and therefore culpable of sexual sins.” This objection was partially answered above in the consideration of afflicted persons’ “Pathological Feelings towards the Procreative Drive” (2.3.2). Objection 25 (iv) manifests a lack of knowledge and understanding not only about the repressive cause but also about the intimate and concomitant physical effects connected to that cause, namely its accompanying “feeling” and “knowing.”

The feeling knowledge of sexual repression and/or its absence is related both to cause and effect. The effect is physiological. And because of MT this connatural knowledge provides a known diminishing felt *affect* during therapy to the point of absence, when therapy has accomplished its task. And because feeling is a tangible experience within the physical nature of the person, it is unambiguously discernible in four distinct occurrences: a) the gradual knowledge of the obvious existence of sexual repression through a palpable sensitive conflict, namely, sexual desire and arousal with a simultaneous, but pathological, arousal of an irascible emotion (see *PWH* 37-38). b) Knowledge and awareness of the spontaneous reflexive psychomotor reaction that occurs spontaneously at the particular time of the repressive act (see *PWH* 45-47, 113). Both a) and b) have discernible physical internal transmutations. c) The habitual and enduring experience of the feeling of sexual repression, which is unmistakably un-willed and unwanted (see *PWH* 109, no. 1-2). It is “the characteristic feature of this symptom is that it is *entirely out of the reach of the will*” (*PWH* 214, original emphasis). d) And its gradual diminishment over time and its eventual and absolute felt and known absence, which gradually marks the presence of psychosexual wholeness and healing (see *PWH* 217), the freedom for morality (see *PWH* 113, 216), and the freedom for spiritual excellence.⁵⁶⁵ The feeling and understanding (i.e., a connatural experience) of peace and joy in the presence of love and desire (without any admixture of the “feelings” of fear and/or daring), also unambiguously demonstrates the increasing known presence of the natural and supernatural virtue of temperance; continence and chastity (*PWH* 109).

Every emotion has a corresponding feeling. Yet, not all feelings are emotions. “Feelings originate in our body and cause us to be aware of certain changes in a part or the whole of our body or any of its organs. These somatic feelings, or bodily sensations, serve the purpose of alerting us to our bodily conditions and needs, and of giving us an opportunity to make adjustments to bring about or maintain a healthy or comfortable bodily state.”⁵⁶⁶ Within the earlier sessions of assisting the sexually afflicted person, the psychologist or the priest will give a basic, yet fundamental overview of the philosophical psychology of the human person (see Appendix I). One of the best ways to help people understand themselves psychologically, is to set them “homework” whereby the person has to identify every part of themselves psychologically. In the early stages, it is beneficial for afflicted persons to keep a

⁵⁶⁵ See Pinckaers, *The Sources*, 375, no. 1-7.

⁵⁶⁶ Baars, *Feeling and Healing*, 12.

basic journal of what they feel, when they feel it, and most especially how and where in the body they feel it. In addition, Terruwe/Baars teach:

Emotion is made up of two elements: first, the feeling itself, which is aroused by the object as represented by the senses and especially the imagination; second, the psychomotor reaction, the somatic arousal aimed at optimal involvement with the object. When the repressing emotion attacks this emotion, it may only *prevent* the psychomotor reaction, or it may also attempt to efface the image that aroused the emotion (*PWH* 37-38).

Once the reflexive psychomotor reaction of sexual repression is present and becomes habitual (and this is from the youngest to the oldest sexually afflicted person) the feeling will be more or less experienced. More or less? Obviously less in those who are at the beginning of the formation of a repressive habit, and decidedly more for those who have lived with his habit for decades. Though this is not always certain, given that with profound repression awareness of the repressed emotions can be obfuscated (see *PWH* 37-38). Conversely, once afflicted persons are aware of their pathological condition the feelings of the repressing emotion are clear. The feeling and degree of the repressive reflex depends largely on the person's capacity for introspection. But it can also happen that,

This awareness gradually diminishes until it practically disappears altogether, if the repression continues long enough and becomes second nature. In such cases *these persons no longer realises that they are repressing* or to what degree they are repressing. In treatment they often becomes aware of this only when the repression ends at a certain moment and they see, to their great amazement, that even in their treatment they had been repressing (*PWH* 50).

At the onset of therapy, some afflicted people quickly identify the repressive habit, for others, however, the understanding of this "tell-tale sign" dawns more slowly. But if the person truly does have a pathological conflict within the sensitive appetite a corresponding "feeling" is eventually palpably observable. When this has been identified, the docility and cooperation of the afflicted person within MT determines the pace of therapeutic recovery. Care, however, must be taken that therapy is a passive toleration and never a wilful act (*PWH* 118 no.2).

The reason for this is that as St Thomas teaches, that apart from that knowledge of truth flowing from divine help, as when the intellect is moved by God, human beings have the natural aptitude to know natural things naturally. And since this is so, this knowledge even though it is given to people by God it is known intelligibly through the senses (see *ST* I, q.86, a.4, ad.2; *ST* I-II, q.109, a.1). Even though what is being explained is initially perceived as something very subtle, progressively this sensual knowledge is increasingly understood and identifiable. St Thomas refers to these physical changes and feelings as "transmutations." "Passion is properly to be found where there is corporeal transmutation. This corporeal transmutation is found in the act of the sensitive appetite, and is not only spiritual, as in the sensitive apprehension, but also natural" (*ST* I-II, q.22, a.3). These transmutations are perceivable feelings associated with the passions which Thomas often identifies, "on the part of the bodily transmutation, daring is caused through the incitement of hope and the banishment of fear, by those things which raise the temperature about the

heart” (*ST I-II*, q.45, a.3), and also as regards pleasure and delight (*ST I-II*, q.31, a.4, and ad.2), sorrow (*ST I-II*, q.38, a.1), fear (*ST I-II*, q.41, a.1; q.44, a.1), and anger (*ST I-II*, q.48, a.2; *ST II-II*, q.158, a.8). This matter of knowing and experiencing feelings is relevant. Even the healthy person knows and feels the movements of concupiscence. Such a connatural experience is a reality that is truly known. Bodily transmutations also occur during repression which “are not to be referred to outward deeds, but to the inner movement of concupiscence” (*ST I-II*, q.77, a.7, ad.1).

The afflicted person comes to know, identify, and understand this “objective” feeling, “subjectively felt,” of the tenacious, habitual, and reflexive experience of sexual repression (*PWH* 36-37). Because every emotion has a corresponding feeling, the afflicted person can actually feel the repressive act at the moment it occurs (*PWH* 46-48). And because it is one of the irascible emotions that interferes with the concupiscible appetite, it is perceived as something unnatural and out of place (i.e., why would I feel fear/daring when sexual desire is in no way arduous or to be feared?). There are discernible and corresponding feelings to all that has been explained. Indeed, this is why Fr Duynstee in 1935 entitled his original Dutch explanation as “*De verdringingstheorie*” or the literal English translation, “the displacement theory,” and not the common and in vogue Freudian translation at the time, the theory of repression. It would be unreasonable to believe that a conflict within the sensitive appetite, among significant and powerful emotions, would not have some reverberation in the entire sensate person. Certainly, this is confirmed by repressed persons and by the symptoms previously enumerated. The displacement of the rational appetite’s fitting coordination and direction of the sensitive appetite is a reason why the obsessive-compulsive disordered person hyperactively “thinks everything out in the most minute details” as distinct from those less intelligent persons who suffer from an hysterical repressive disorder (see *PWH* 59-63). The over active thinking processes are stimulated by emotional feelings continually seeking reasonable guidance, yet until therapy such feelings are blocked from receiving reasonable governance (see *PWH* 92-93, 62-63).

Still, for those who are truly sensitive and observant, the feelings are unmistakably identifiable once basic human faculties are known and understood. But both therapist and priest do well to refrain from suggesting any identification of this “feeling” of the reflexive habit of sexual repression through probing questions or via promptings. Besides, only the person knows the moment when the reflex of pathological repression spontaneously kicks in. It is best for the person to identify this themselves, because it genuinely comes as a true revelation. They marvel that they have lived with it sometimes for decades, yet have never previously identified it for what it truly is.

The earlier sentence “the objective feeling, ‘subjectively felt’” is deliberate. The sexually afflicted person is the subject, who “feels.” What is felt is the psychomotor reaction, un-willed and yet palpably actioned (that is elicited via the cogitative power which brings into play the irascible emotion(s) of fear and/or energy) and this internal action is markedly and discernibly “objectively” felt. That is, the subject has no control over this powerful sensation at the time of the objective repressive reflex

action. The reflexive feeling objectifies the unwilled and uncontrollable pathological condition. Indeed, ordinarily early in therapy some repressed persons even spontaneously repress even this reflexive excitation of fear or energy (e.g., the camouflaged fear disorder, see *PWH* 72-73). It is an unwilled “reflex” stimulated by either external or internal sensate stimuli (see *PWH* 17-18). That a pathological reflex is present can be confirmed neurologically by medical examination, even in children (*PWH* 128 no. 19). The presence of a psychological pathology can also be identified neurologically when repression occurs in sexual trauma and post-traumatic stress victims (see *PWH* 126-27).⁵⁶⁷ Moreover, the act of repression is scientifically verifiable from neurological positron emission tomography (PET) scans. These scans demonstrate measurable findings taken at the time of various emotive movements.⁵⁶⁸ Such neurological indicators witness to an objective (unbiased/neutral/fact-based) confirmation that is not just a subjective impression, opinion, or feeling, but actually correlates with Thomist philosophical and psychological data. The term objective is used to highlight to the individual that this is a totally un-willed action that happens independent of their better judgement and choice. Only when the sexually afflicted person realises that this internal reflex action (for example, generally in the heart, stomach or solar plexus, or thighs for those who are fearful, and in the entire torso, chest, jaw, head for those who are more daring or energetic) takes place independent of any willed choice on their part, do they understand its objective nature. When persons come to know and accept this felt moment as the sign of the spontaneous repressive action, simply because they saw, experienced, imagined, or thought of something sexual, they are ready to be open to the three directives of MT. The therapist in a discussion can then enquire of afflicted persons about their feelings. It is in that discussion that the repressive moment can be explained and used from thereon to evaluate progress. It cannot be willed away. A change cannot be hurried, though persons can regress to former repressive ways (see *PWH* 113). A discussion between the therapist and the person considers whether or not his or her subjective sensual feelings truly correspond with objectively sound philosophical and psychological truths. Clearly, sensual feelings do not need to be feared or

⁵⁶⁷ Viatcheslav Wlassoff, “How Does Post-Traumatic Stress Disorder Change the Brain?” *Neuroscience & Neurology* (January 24, 2015). Accessed May 14, 2016. <https://web.archive.org/web/20190213174038/http://www.brainblogger.com/2015/01/24/how-does-post-traumatic-stress-disorder-change-the-brain/>.

⁵⁶⁸ “In a series of PET experiments aimed at investigating the neural basis of emotion and feeling, 41 normal subjects recalled and re-experienced personal life episodes marked by sadness, happiness, anger or fear. We tested the hypothesis that the process of feeling emotions requires the participation of brain regions, such as the somatosensory cortices and the upper brainstem nuclei that are involved in the mapping and/or regulation of internal organism states. Such areas were indeed engaged, underscoring the close relationship between emotion and homeostasis. The findings also lend support to the idea that the subjective process of feeling emotions is partly grounded in dynamic neural maps, which represent several aspects of the organism’s continuously changing internal state.” Antonio R. Damasio and Thomas J. Grabowski, Antoine Bechara, Hanna Laura Damasio, L.B. Ponto, Josef Parvizi & Richard D. Hichwa, “Subcortical and cortical brain activity during the feeling of self-generated emotions,” *Nature Neuroscience* 3:1049-1056 (2000). Accessed December 10, 2015). https://web.archive.org/web/20190601134127/https://www.nature.com/articles/nn1000_1049.

energetically eliminated.

Lastly, for Objection 25 (iv) to state that “one can never know for sure if one has been repressing sexual feelings” is philosophically, physiologically, psychologically, and neurologically unfounded. Terruwe/Baars taught that the emotion’s psychic component is accompanied by a somatic component, a transmutation (see *PWH* 18-19, 19n22).

In brief, MT liberates from moral misinterpretations and misunderstandings. By means of counsel and catechesis it provides a reasonable insight into those things that make someone truly human, reasonable. During counsel, at no time does the therapist or priest worsen scruples or moral conundrums by enquiring about sin, and more especially the internal forum. The reflex of pathological repression is a physiological fact. Transmutations are subjectively observable and are objectively present. It is a feeling that is unwilling, uncontrollable, and unchangeable except via therapy. MT as a psychotherapy affords the recovering person an opportunity to progressively diminish this unnatural pathological feeling. Recovering persons definitely know when the repressive reflex occurs and so know when they are repressing.

4.1.4. Is MT Justifiable?

The tenor of Dr Majeres’ entire critique is that MT is not a justifiable psychotherapy. Although he does not state this explicitly, it is, however, implicit in all his objections. Hence, the need to justify MT and its rectitude.

It is “the [neurotic] person’s interpretation of moral rules, laws, and commandments, that have been the source of, and continue to stimulate, the repressing emotions in response to certain emotions and feelings which in themselves are good and natural” (*PWH* 112). In the final analysis, the repressed person is basing his lifestyle and responses on an anthropological paradigm that is false and contrary to Christian revelation. In a word, there is a unorthodoxy at play that denies the fundamental goodness of human nature, in particular, the essential goodness of human sexuality. The fact that the person is unaware of this distortion of Christian anthropology, while it reduces or even obviates personal culpability, it does not alter the fact that he has been trying to build his moral life on a foundation which is not the Man Jesus Christ. Consequently, the moral and spiritual principles, which he has been applying to his life, being false, have wreaked havoc in his humanity. The key error, as has been pointed out earlier, consists in the false identification of the sexual drive and its impulses as potentially dangerous, hateful, or evil. In as much as they are rooted in human nature itself, this doctrinal error is tantamount to self-hatred,⁵⁶⁹

⁵⁶⁹ Thomas states: “Properly speaking, it is impossible for a man to hate himself. For everything naturally desires good, nor can anyone desire anything for himself, save under the aspect of good...A man must, of necessity, love himself; and it is impossible for a man to hate

since evil can never be loved directly. Moreover, from this deplorable doctrinal morass a conclusion is drawn. In the measure that the individual discovers the falsity of this doctrine, which impinges on his capacity to love himself, his neighbour and God (in heaven and in the Incarnation), the person heals. For Jesus was fully God and fully man (see *CCC* 423, 294). The person needs to repudiate this error and to take the fitting means to extirpate it from his psyche. This reality is stated bluntly because many a repressed person is frightened to follow MT for fear of sinning. At the same time, such afflicted persons need and deserve a moral evaluation of this therapy in the light of Christian doctrine.

The repressed person is understandably ever fearful of transgressing moral precepts and thereby offending God. A psychologist, accordingly, benefits greatly from the assistance of a well-informed priest or spiritual director, who can confirm for the afflicted person that the therapy being proffered does, indeed, meet the criteria of Christian spirituality and moral propriety (see *PWH* 106-7). Confidence in the therapist's approach is essential (see *PWH* 85ff.). Significant harm is done to the therapeutic process and the repressed individual, particularly when doubts are sown about the moral validity and spiritual rectitude of MT.⁵⁷⁰

MT is prescribed "because persons with obsessive-compulsive repressive disorders cannot live a normal life as a result of the many and varied consequences of the chronic repression of their sexual feelings by fear and energy, or both, it is necessary for them to learn to undo this pathological process" (*PWH* 107). The keynote here consists in the fact that the cause of the obsessive-compulsive disorder can be traced back to "irrational fear or excessive energy [because they] were excessively and prematurely stimulated by mistaken teachings on the part of their educators in their early life" (*PWH* 107-8). To these sources of error, we may also add omissions in fitting education which opened the door for a young person drawing false conclusions about the nature and goodness of human sexuality and the moral regulation of the same. Terruwe/Baars do not include under this heading "those patients in whom the fear or energy had their origin in traumatic sexual experiences early in life" (*PWH* 108). What is meant here is that some repressed persons have cognitive causes for sexual repression which resonate in their feelings and thereby direct the cogitative power. In fact, sexually molested and abused people are more

himself, properly speaking.

But accidentally it happens that a man hates himself...they love themselves according to what they take themselves to be, while they hate that which they really are, by desiring what is contrary to reason. And in both these ways, "he that loves iniquity hates not only 'his own soul,' but also himself" (*ST* I-II, q.29, a.4). The afflicted person dislikes the struggle for sexual continence and chastity. He hates his procreative drive for all the chaos it causes, because deep down he truly loves himself and just wants peace.

⁵⁷⁰ For an example of the harm that can result from priestly misinformation, see Appendix III, vignette 10: Inadequate Priestly Spiritual and Moral Knowledge. This example was provided in correspondence by Dr Denise Mari in 1992 to Fr Jordan Aumann OP, who shared it with Fr Gerard Ryan CCS. This letter for a clarification resulted in an unpublished thirty page response to Dr Mari concerning MT's moral rectitude, *Freedom for Morality*. Dr Mari is the founder of Hope Family Resources, New York. Accessed May 24, 2016. <https://web.archive.org/web/20200301024513/https://hopefamilyresources.webs.com/who-we-are>.

seriously afflicted because their molestation is a negatively assimilated direct assault. Hence, the repression is less cognitive and wholly cogitative. In this case, the sexual perpetrator is even more responsible than poor pedagogy for the development of sexual pathologies. Not only is there a harmful instruction by sexually acting out with serious scandal, but also through inflicting a grave psychic wound to the victim's external and internal senses, the perpetrator inflicted malformed, critical, and chronic sexual repressive factors which are from that moment onwards pitted in the victim's memory. Of course, it is possible to be affected by both types of malformation, cognitive and cogitative. But whatever the case, there will be a degree of false doctrine which concomitantly causes or reinforces the repressive reflex (see *PWH* 39).

Briefly, MT aims at correcting the repressed person's false but overpowering usefulness or harmfulness cogitative judgement, which has led the repressed person to "believe that the moral law is a protest against, and a condemnation of their sexual feelings" (*PWH* 108). Terruwe/Baars identify two essential ingredients necessary to reverse the pathological repressive process, irrespective of the depth or length of time the disorder has existed. They state:

[The repressed person must first] be taught that sex is a sense good to which the natural response should always be an arousal by the pleasure appetite (according to the principle that every emotional response has its origin in the object, not in the subject who experiences the emotion)...[Secondly,] these patients must be given to understand that this sequence of events was never possible for them because from the beginning sex had been presented to them as something harmful. This had left them no choice but to respond with an arousal of an emotion of their assertive drive, fear or energy (*PWH* 109, inclusions added).⁵⁷¹

The preceding statement needs some explanation because it is somewhat equivocal. The instinctual drives are always naturally ordered to some good (end) in the real world (e.g., food and drink), whereas, the passions and the emotions only come to the

⁵⁷¹ Terruwe/Baars' statement here is extremely abbreviated and therefore simplified, perhaps because they intend to reach the less professional readers of their book. While it is true that the external senses perceive the accidental signs of sexuality, the real existence of sexuality (intention) is discerned by the cogitative sense, insofar as this is one with instinct. To this must be added their own form of personalism, which anticipates the *Theology of the Body* of Pope St John Paul II, but is also reminiscent of the position of Thomas, namely, that the practical reason is permeated with the cogitative sense. They write: "We define affectivity [which is passion made personal through the presence and influence of intellect and will] as 'the habitual disposition of the heart to be moved by the good of the other (and other things and beings) and to act on his or her behalf.' Affectivity consists of the fully or adequately developed emotions of the pleasure appetite in their close interaction with the intuitive intellect. Persons living *affectively* find their greatest happiness in what is good for the other, more so than what is good for themselves. For him the good, the happiness of the other is the fundamental source of their own fulfilment and greatest happiness as an authentic human being. This capacity or disposition, however, is the very thing that has been made impossible, or at least strongly diminished, in persons with obsessive/compulsive repressive disorders. Healing for them will exist in the reduction and ultimate elimination of their overdeveloped emotions of the assertive drive insofar as they interfere with the emotions of the pleasure appetite, and in the belated flowering of their atrophied, underdeveloped feelings of love, desire, joy, affection, tenderness, compassion, and kindness" (*PWH* 116).

knowledge of the latter through the cognitive faculties. That is to say, the goods of the external world are made present to the appetite only through their proportionate cognitive faculty. Accordingly, if the cognitive faculty is misinformed concerning the relative goodness or evil of something found in the real world, the appetite necessarily follows the information offered by the cognitive faculty. For example; the wounded men cringed before the approaching troops, mistaking them for the enemy; in fact, they were members of the medical corps, come to their rescue. Both the will and the passion necessarily follow the false perception of the cogitative power.⁵⁷² The scenario is similar but only worse with the repressive sexual repressed person, for having falsely judged his nature, he lives in a state of perpetual fright and flight from himself. It is precisely this possible discrepancy between the object in itself and the object as known (i.e., the first, is good; the second, is stamped “evil”) which gives rise to a repressive reflex. Moreover, it is this error which must be corrected by MT.

Terruwe/Baars’ emphasis is on the need for a re-education of both the intellect and the cogitative power (along with the damaged images in the imagination and memory). According to St Thomas, the object which *stimulates* the appetites (whether will or emotions) is the object as known by the practical intellect or cogitative power (respectively) and not the object as it exists in reality. It remains true that what is loved and desired naturally (instinctually) is not the image in the soul, but the reality outside. Subjectively, though, the individual can scarcely advert to this discrepancy, for he is convinced that his concurring judgements of the practical and particular reason have properly ascertained the objective truth. It is on this that St Thomas explains why an individual has an obligation to follow a sincere but *erring* conscience.⁵⁷³ The object of the will is not the truth of things in themselves, but the “truth” of the object as abstracted by the mind. It is precisely this possible discrepancy between the object in itself and the object as known (the first, good; the second, stamped ‘evil’) which gives rise to repression.⁵⁷⁴ Terruwe/Baars’ statement

⁵⁷² Thomas explains this anomaly, which lies at the root of repression, namely, the natural appetite (instinct) always wants its natural proportionate good in nature, whereas the cogitative power and the mind may falsely perceive that good as evil and fight against it. Aquinas explains: “But it must be noted that, since every inclination results from a form, the natural appetite results from a form existing in the nature of things: while the sensitive appetite, as also the intellective or rational appetite, which we call the will, follows from an apprehended form. Therefore, just as the natural appetite tends to good existing in a thing; so the animal or voluntary appetite tends to a good which is apprehended. Consequently, in order that the will tend to anything; it is requisite, not that this be good in very truth, but that it be apprehended as good” (*ST I-II, q.8, a.1*).

⁵⁷³ If a person’s “ignorance is invincible, or the moral subject is not responsible for his erroneous judgement, the evil committed by the person cannot be imputed to him. It remains no less an evil, a privation, a disorder. One must therefore work to correct the errors of moral conscience” (*CCC 1793* and see *CCC 1790-91*).

⁵⁷⁴ “Since the object of the will is that which is proposed by the reason, as stated above (Article [3]), from the very fact that a thing is proposed by the reason as being evil, the will by tending thereto becomes evil. And this is the case not only in indifferent matters, but also in those that are good or evil in themselves. For not only indifferent matters can receive the character of

concerning the emotional response originating from the object and in the subject (*PWH* 10-11), may confuse some, but it reiterates the principle enunciated by St Thomas that a voluntary appetite tends to a concrete good or at least as an apparent good. The sensitive and rational appetites tend to good existing in something in its apprehended form. “Every appetite is only of something good...Consequently, in order that the will tend to anything, it is requisite, not that this be good in very truth, but that it be apprehended as good” (*ST* I-II, q.8, a.1). The instinctual impulse of nature is also, taken in itself, good and true; and this regards the proper individual ordering and response of the subject to the surrounding world. In human beings, of course, these instincts need the further guidance of reason. Where this influential process breaks down through inadequate education or poorly drawn conclusions, an individual will draw conclusions contradictory to the innate instincts, which, if not corrected, will lead to deep repression. Procreative inclinations, sensual, and emotional arousals are in themselves naturally wholesome and pleasurable, something which the repressed person at either the level of phantasm or intellect or both, has mistaken as potentially harmful or displeasing.

Therapeutically, the process of correctly educating the repressed person involves intellectual, psychological, moral, and spiritual components. Each is a necessary and fruitful element of MT’s sound pedagogy. To achieve the desired re-education of repressed persons any incorrect cognitive and cogitative notions concerning sexuality must first be replaced by appropriate connatural truths which affect the person’s sensual, emotional, cognitive, intellectual, and ultimately spiritual levels. Moreover, these must not remain merely speculative, but embrace both the practical intellect as well as the connatural judgements of the cogitative power. An informed spiritual director can do much in leading the way in this re-education of the repressed person; thus helping the person to understand himself, to re-evaluate moral norms correctly, and to become truly free morally and psychologically. Hence, Pope St John Paul II taught that “It is often necessary to relieve people of the widespread conviction that the sexual drive is something naturally evil which must be resisted in the name of the good... We must, as it were, ‘give back’ to people their consciousness of the freedom of the will and of the fact that the area of sexual experience is completely subject to the will.”⁵⁷⁵

goodness or malice accidentally; but also that which is good, can receive the character of evil, or that which is evil, can receive the character of goodness, on account of the reason apprehending it as such. For instance, to refrain from fornication is good: yet the will does not tend to this good except in so far as it is proposed by the reason. If, therefore, the erring reason propose it as an evil, the will tends to it as to something evil. Consequently the will is evil, because it wills evil, not indeed that which is evil in itself, but that which is evil accidentally, through being apprehended as such by the reason” (*ST* I-II, q.19, a.5). From this it follows, that the healing of a repressed person cannot even begin, until it has been made clear to him, that he is following a falsely formed conscience. Terruwe/Baars indicate the correction of the false cogitative judgement as a first step of psychological therapy. Actually, of course, the conscience must also be corrected.

⁵⁷⁵ See Pope St John Paul II, *Love and Responsibility*, “Therapy,” 286ff.

4.1.5. Connatural Knowledge and Sexual Molestation

It is not possible, nor necessary, to go into an entire Thomist presentation of epistemology. For the purpose of understanding the condition of sexually afflicted persons, however, there is a need to have a brief excursus into connatural knowledge.

4.1.5.1. Acquired Connatural Knowledge

There are three fundamental principles which assist in an understanding of the psychology of knowing. Knowledge is: 1) the result of a union of someone with something; 2) the thing known is in the knowing person according to the nature of that knower; 3) “the perfection of knowledge is in proportion to the immateriality of the knowing subject.”⁵⁷⁶ Knowledge is defined as: “Any act, function, state, or effect of mental activity. Essential to knowledge is that some of the reality from outside the mind is represented in the mind by what is called an intentional likeness or similarity to the object known. Knowledge, therefore, is assimilation of the mind with an object. As a result there is an intentional (assimilative) union between knower and known.”⁵⁷⁷ Knowledge presumes that the object known, is one with the knower. This unity by way of assimilation is fundamentally immaterial.⁵⁷⁸

A person can learn all about aviation and its aeronautic laws as a neophyte pilot. However, he will never be a “skilful” pilot until he learns the “feel” of a plane’s controls and the use of them while flying. The young physician may know anatomy and physiology perfectly, but he will never become a surgeon until his first incision with a scalpel. Similarly, in life’s choices, we learn the goodness of virtue by the delight it brings in its accomplishment. “Having completed well my prayers, my duties, my responsibilities, I *feel* right and *know* that I have done a good thing.” The ugliness and evil of sin are similarly learnt by the feelings of revulsion, disgust, shame, and guilt that accompany evil. For example, having awoken with a hangover and being physically sick, I now know experientially that drunkenness is unnatural. Having had an adulterous encounter, I feel the self-loathing and am ashamed when this comes to my spouse’s and other people’s awareness. So, connatural knowledge is not always about the good, it is also about that which is harmful, and even evil.

An intellectual understanding of the procreative drive is appropriately received in early adolescence (see *CCC* 1653). A wholesome pedagogy on love and life for pubescent youth awakens the child through prudent education which “teaches virtue; it prevents or cures fear” it guarantees freedom (*CCC* 1784). Similarly, a psychologically healthy reception of the experiential knowledge of one’s sexuality is typically acquired each day so that one may become psychosexually mature (see *CCC* 1804, 2339). Connatural knowledge is more than either acquired rational knowledge or an existential knowing, more or less perfected.

⁵⁷⁶ Matthew Schumacher, “The Knowableness of God: Its Relation to the Theory of Knowledge in Thomas,” University of Notre Dame (1905). Accessed December 20, 2016. <https://web.archive.org/web/20160325031840/http://maritain.nd.edu/jmc/etext/kog.htm>.

⁵⁷⁷ Hardon, *Modern Catholic Dictionary*, 304.

⁵⁷⁸ Schumacher, “The Knowableness of God: Theory of Knowledge,” Chpt. I, Section 1.

It is a knowledge resulting from an interaction between sensitivity and affectivity, intellect and will, knowing and loving. It is thus a type of knowledge caused in some way by the unitive tendencies of man's appetites, in particular his rational appetite, or will. As knowledge, it is essentially an act of the intellect; as connatural, it involves appetite and will. Because it is a mode of knowing involving desire as well as intellect, it is a highly personal act, evidencing in the concrete that knowing is an act of the whole man, of a person, who knows through his intellect but whose knowledge is affected, at times intrinsically, by noncognitive factors.⁵⁷⁹

Connatural knowledge involves the entire person at every level. The importance of connatural knowledge is seldom reflected upon in itself, yet it is called upon in many ways daily. Connaturality can also be understood as something that becomes second nature because acquired habits and habitual graces work with our nature and perfect it. Being generous to beggars on the streets of Rome does not come easily at first and can go against good sense, however, after a while it becomes second nature to be generous (see *ST I-II*, q.32, a.6).⁵⁸⁰ All of the descriptive aspects of the concept of acquired connaturality are the good side of connatural knowledge.

As noted, there can be a negative aspect to acquired connatural knowledge through sexual abuse, molestation, and a disquieting pedagogy. The false feeling knowledge that sexually afflicted persons possess needs to be brought into harmony with right reason because it not only prompts false cogitative judgements but has also penetrated and formed the conscience. In the measure that repressed persons understand the beauty of a wholesome connaturality, they will be healed. Virtue throws a special light on the subject matter of morality. When, however, this light is befogged by harmful childhood sexual molestation, a psychological therapy such as MT, is necessary to establish a proper esteem for nature's inclinations to the good, the true, and the beautiful; which includes the natural inclination of procreation.⁵⁸¹

4.1.5.2. The Distortion of Knowledge in the Sexually Afflicted

"The first object of our intellect in our present existence is not being and true of any sort, but being and true viewed in material things, through which we come to a knowledge of all other things" (*ST I*, q.87, a.3 ad.1). How knowledge comes from material things to the intellect through the body's physical organs which perceive real external objects, in reality, is a communication through the five external senses to the four internal senses and then the intellect. It is via the internal senses that material data is de-materialised in a way that is collated, remembered, and about which phantasms of a particular nature are formed and then apprehended by the agent intellect. As previously mentioned, it is at this point of the collation of sense data via the cogitative faculty that judgements are made about good objects such as those pertaining to the procreative drive and its healthy inclination. When sexual objects have been distorted through sexual abuse or a fearsome pedagogy, the cogitative

⁵⁷⁹ William May, "Knowledge, Connatural" *New Catholic Encyclopaedia*, 2nd ed., vol. 8 (Washington, DC: Thomson Gale, 2003), 205.

⁵⁸⁰ See Budziszewski, "The Natural, the Connatural, and the Unnatural," III.

⁵⁸¹ Pinckaers, *The Sources*, 437ff.

sense judgements made about the material object is one of error concerning the objective reality of sexuality, which is now perceived as harmful, negative, or even evil. From this point on the knowledge is tainted by distortion (see *PWH* 39). The mind apprehends through the internal senses, and its agent intellect presents forms knowable to the intellect as universals.⁵⁸² It is the agent intellect that presents a phantasm from the internal senses via an intelligible species to the possible intellect. The agent intellect illumines the phantasm and renders it suitable to arouse the passive intellect to an act of knowledge. The intellect is passive in its reception, but when stimulated by its agent intellect to understand, it is in act. Then the singular and particular species is capable of being abstracted to form a concept of the known object as a universal by the knower. Thus the unified, but distinct, active and passive operations of the intellect enable the knower to know things universally. The external and material knowable object is proportionate to the immaterial intellect which knows via intelligible phantasms or images. When particular phantasms are distorted from the outset, so too is the conceived universal.⁵⁸³

From the moment an individual is sexually molested or abused, the person's agent intellect receives from the internal senses a phantasm of something irregular, abnormal, and distorted. The agent intellect's abstractive power exercises itself solely on the intelligible species from sensible things.⁵⁸⁴ When there is a harmful sexual encounter during childhood or adolescence, the individual's agent intellect does not present to the mind a sexual object with its appropriate natural goodness as ordinarily exists in the material object. When the phantasm arising from the internal senses is submitted by the agent intellect for assimilation by the possible intellect the universal concept is not one of sexual pleasure and procreative purpose; rather it is one of disgust and future avoidance. The intellect now has a universal knowledge of the procreative drive which is unnatural and one of distaste, fear, and often pain, albeit sometimes with a confused admixture of curiosity and pleasure.

In the abusive encounter, the abstraction is of a known thing existing individually in corporeal matter, but not in the manner in which it truly exists. In the case of human procreative powers, something healthy and beautiful created by God, the intellect now has a universal concept contemptuous of all that is sexual, and sometimes even sensual. "To know what is in individual matter, not as existing in such matter, is to abstract the form from individual matter" (*ST* I, q.85, a.1). It is normal to learn from the more known to the less known, from the imperfect to the perfect, or from the material particular to the immaterial universal concept (see *ST* II-II, q.1, a.7, ad.3). It is evident, then, that an initial harmful abstraction by the agent intellect through the internal senses brings about an erroneous universal understanding of human procreation. This awareness is because intelligible likenesses or species are drawn from material objects so that the universal nature of things are known. Particular objects are perceived by our senses and this includes those singular good or bad activities that accompany an object. These same singulars first judged by the

⁵⁸² See Ripperger, *The Introduction*, 54, C.

⁵⁸³ See *ST* II-II, q.8, a.1.

⁵⁸⁴ See *ST* I-II, q.50, a.2.

cogitative power and the memory are then reproduced as sense images, through the imagination, to the agent intellect. Moreover, “the senses receive greater power from their connection with the intellect, so the phantasm by the power of the active intellect are put in a condition from which the intelligible species can be readily abstracted.”⁵⁸⁵ The intelligible species mirror the product of the internal senses, for good or for bad.⁵⁸⁶

Understandably, it is possible for people suffering from sexual abuse to perceive things differently from those who have not been molested. St Thomas asks, “Whether one person can understand one and the same thing better than another can?” He answers affirmatively that this can be the case. “First, as regards the intellect itself, which is more perfect [in one person than another]...Secondly, this occurs in regard to the lower powers of which the intellect has need in its operation: for those in whom the imaginative, cogitative, and memorative powers are of better disposition, are better disposed to understand” (*ST I*, q.85, a.7). Sadly, in the sexually afflicted, the internal sense powers are ill-disposed towards the procreative drive. In addition, therefore, so too is the cognitive faculty.

A principle of knowledge is that the thing known is in the knowing person according to the nature of that knower (see *ST I*, q.12, a.3; *I*, q.75, a.5). Even sexually afflicted people can “know” intellectually that human sexuality is a good,⁵⁸⁷ but they cannot “feel” that the procreative power is right for them (see *PWH* 8, 32, 39). This erroneous feeling can be the result of a false “judgement” of the cogitative power, that impedes positive sensual affectivity and which can bespeak repression and self-alienation. The inclination to sexual union and the rearing of offspring is common to humankind and animals (*ST I-II*, q.94, a.2).⁵⁸⁸ Not only is the proper psychology of man’s emotional life to be taught through pubescent sexual education (or recovered through MT), but more importantly, sound intellectual knowledge must also be accompanied by a “feeling knowledge” that sex is a sensate good in itself. By sensate good, is meant the normal, involuntary, and healthy movements of the natural inclination for procreation. It does not mean acting out sexually with oneself or with another, excepting in the procreative embrace of natural and supernatural marital love.

So when the notion of connatural knowledge is applied to sexually afflicted and molested people the concept of knowledge remains the same, but the reality is extremely different in its habitual presence in the lives of these individuals. Of course, it is true that it is a form of knowledge which involves the whole person, the sensitive appetite, the rational appetite; that is, feeling, knowing, and willing. A distinction needs to be drawn between those who were molested before the age of reason and those affected afterwards. Before the age of reason, infants damaged by

⁵⁸⁵ Schumacher, “The Knowableness of God: Theory of Intellectual Knowledge,” Chpt. II.

⁵⁸⁶ See Appendix III, vignette 8: Susan, wife and mother; sexually abused and unknowingly repressed.

⁵⁸⁷ See *Gen* 1:28-31; *CCC* 2331-32.

⁵⁸⁸ See Pinckaers, *The Sources*, 437-40.

sexual abuse repress more deeply their various sensate powers (see *PWH* 37-38).⁵⁸⁹ After the age of reason, the sensory-cognitive faculties in youth are more “influenced by the intellect at an early age” (*PWH* 75).⁵⁹⁰ Almost irrespective of the age at the time of the abuse, later in life sexually abused people, in their own unique manner, are permeated with a biased knowledge that actuates both the sensitive and rational appetites. This assimilation is because knowledge is primarily an act of the intellect. It is connatural to the entire person because it occasions operations that are affective and intellective. The connatural knowledge of sexual molestation and abuse is a mode of knowing that involves aversion and arduousness which affects not only the sensitive appetite but also the intellectual appetite. Each case of sexual interference will occasion a particular knowing that the above description of connaturality does not mention, and that is judgements of the cogitative power significantly impacted by the memory. Each and every abusive sexual encounter occasions unique and highly personal reactions. These are repercussions that are profoundly evident in the person’s body, soul, and spirit. They become second nature. The physical and psychological harm that results from sexual interference is well documented.⁵⁹¹ A single event of sexual abuse, at any age, consciously remembered or not, manifests as a profound concrete reality in the affected person (see *PWH* 49-50, 51). Harmful connatural knowledge is malignantly deleterious because it retains much affectivity which combined with cogitative and cognitive errors occasions subsequent unwise judgements. For the sexually afflicted, it is damage to the sensitive and rational appetites that remains with them all lifelong unless healed. It occasions imprudence because knowledge is in the intellect where even the natural virtue disposes practical reason to discern what is useful in daily circumstances and to choose the proper means for achieving it. Following Aristotle, St Thomas writes: “prudence is right reason applied to action. Now, this belongs to none but the practical reason. Therefore prudence is in the practical reason only” (*ST* II-II, q.47, a.2). However, given all that has been said about sexually afflicted persons in the area of knowledge, they are significantly disadvantaged affectively, but even more so intellectually. This shortcoming is significant when it is remembered that the rational appetite is largely impeded or displaced in the affected areas, both actual and expanded, through pathological repression. Pope St John Paul II in his book *Love and Responsibility* states in the final section on *Therapy* that “It is often necessary to relieve people of the widespread conviction that the sexual drive is something naturally bad which must be resisted in the name of the good.”⁵⁹² He is not only referring to the need for an intellectual reformation but also an experiential transformation. For it is wholesome to have a connatural knowledge of the procreative drive and the power of sexuality that is properly received, acknowledged, and accepted as a wonderful potency from God. This understanding gradually convinces the repressed person that the sexual drive is a sensate good that is capable of being reasonably directed. To inculcate the

⁵⁸⁹ See Appendix III, vignette 1: Dolores, sexually repeatedly abused infant who became deaf.

⁵⁹⁰ *Ibid.*, vignette 4: Simon, the paperboy with a camouflaged fear disorder.

⁵⁹¹ See Klingberg Family Centers, *Stop It Now*, “Tip Sheet: Warning Signs of Possible Sexual Abuse in a Child’s Behaviors.”

⁵⁹² Pope St John Paul II, *Love and Responsibility*, 286.

conviction that sexual reactions are perfectly natural, takes more than book learning, especially for the repressed person (see *PWH* 109 no. 1-2).

St Thomas states that a certain connaturality can prompt, aid, and abet sin. He writes, “A sin is difficult to avoid in two ways. First, on account of the violence of its onslaught; thus anger is violent in its onslaught on account of its impetuosity; and ‘still more difficult is it to resist concupiscence, on account of its connaturality’” (*ST* II-II, q.162, a.6, ad.1). It is this latter type of connatural knowledge that the repressed person inordinately perceives and fears because he has failed to understand and live both the innate natural goodness of these inclinations (namely, their fitting connaturality) and the fact that the lower faculties are innately ordered to submission and assimilation to right reason. Hence, their impetuosity is attributable to the repressed person’s failure to accept and order them properly through the development of the fitting virtue. Sin (objective and material) seems all too easy (and all too pleasant) to commit. The obsessive and compulsive person neglects the innate goodness of such connatural knowledge and thus feels obliged to obliterate such natural inclinations. Since the judgement of his mind passes into and forms his cogitative judgement, he feels that these inclinations are intrinsically harmful (evil) thus triggering the chronic repression of the instinctual inclinations of the pleasure appetite by passions of the assertive appetite (viz., fear, daring, anger). This state of repressing frustration will continue as long as the conscience is falsely formed and the same false judgement remains lodged in the cogitative power.

When the procreative drive, or another natural inclination, is distorted through abuse or erroneous formation or information, erroneous cognitive judgements arise.⁵⁹³ Sexually afflicted people have the acquired connatural knowledge of the woundedness of sexual abuse and the emotional pain it causes. This experience of sorrow, however, can be a stimulus to seek healing. Moreover, in the application of MT when abreactive secondary effects occur as a material evil due to the repressive disorder, the experiential knowledge of such disturbing effects prompts a longing for freedom and psychological and moral healing, albeit sometimes by further unhelpful and misguided repressive acts (see *PWH* 113). The importance of connatural knowledge is particularly significant in the discussion on pleasure in the third directive of MT. St Thomas writes, “A connatural operation, which is unhindered, is a second perfection, as stated in *De Anima* ii, 1: and therefore when a thing is

⁵⁹³ The following graphic example depicts the gravity of such a malformation. Heidi was four when she was fully exposed to her mother masturbating herself naked on her bed. The mother allowed Heidi to watch and sometimes involved her in this behaviour. Although Heidi did not fully understand what was happening, she intuited that it was something wrong. Added to this scene was the mother’s words “this is how you keep men away.” Heidi now 57 years old having had two failed marriages and a chronic masturbator herself, sought counsel. She has longed to get this recurring image from her head and to eliminate the mantra “this is how you keep men away” that has plagued her throughout her adult life. Although sometimes physically pleasurable, masturbation was always accompanied by great fear, pain, and guilt. When through counsel and prayerful insight Heidi realised that she had been punishing herself for what she had been exposed too, she wept uncontrollably for a long time. She had never understood why she attacked her private parts so mercilessly with objects of pain. For Heidi sexual pleasure was always wrong. It was a means of avoidance and punishment though she had never understood why.

established in its proper connatural and unhindered operation, delight follows, which consists in a state of completion” (*ST I-II*, q.31, a.1, ad.1). The goal of therapy, then, is the integration of the repressed person’s mind and feelings; the return of physical, emotional, and mental health; freedom for morality; for spiritual excellence; with natural and supernatural happiness flowing from the perfection of charity.

Human beings by their very nature desire to know the truth about things and are emotionally and intellectually uneasy until noble virtues, and righteous conduct ensue (see *CCC* 30). St Augustine professed this teaching from experiential knowledge in the opening page of his *Confessions*.⁵⁹⁴ St Thomas on the subject of connaturality wrote, “Now rectitude of judgement is twofold: first, because of the perfect use of reason, secondly, because of a certain connaturality with the matter about which one has to judge” (*ST II-II*, q.45, a.2).⁵⁹⁵ In the matter of right human judgements St Thomas makes it clear that “rectitude” of judgement is firstly the product of the “perfect use of reason.” However, if reason’s formation or information is in any manner imperfect because of an erroneous cogitative judgement of objective reality or a faulty cognitive comprehension, then the person’s judgements are going to be askew. Secondly, when Thomas highlights the importance of “a certain connaturality” which corroborates the rectitude of judgement naturally drawn through inference, he indicates the importance of a fitting or sound experiential identification of the knower with the known object (*PWH* 23-24, 115, & 109n).⁵⁹⁶ The *Catechism*, while not condoning sin, alludes to this when it states that chastity has laws of growth which are “marked by imperfection and too often by sin” (*CCC* 2343).

It is interesting that St Thomas when speaking about the influence of connaturality, takes chastity as his example. Oppressive forces of historical sexual abuse, fear, habit, and psychological factors can mitigate sins against chastity since they can intensify passion and thereby sexual acting out (see *CCC* 1735). One may not infer, however, that unchaste individuals know more about sexuality than chaste persons. In “matters of chastity, a man after inquiring with his *reason* forms a right judgement, if he has learnt the science of morals while he who has the habit of chastity judges of such matters by a kind of connaturality” (*ST II-II*, q.45. a.2). That is to say, by science we have head-knowledge of what ought to be done; whereas the virtuous

⁵⁹⁴ Augustine, *The Confessions of St Augustine*, trans. Frank Sheed (London: Sheed and Ward, 1944), 1, Bk. I, 1.

⁵⁹⁵ Christian ethics is characterized by and presupposes a spiritual interiority. As *Veritatis splendor* affirms, ‘What is essential is a sort of “connaturality” between man and the true good’ (*VS* 64; see *ST I-II*, q.68, a.2; *II-II*, q. 45, a.2). The Gift of the Holy Spirit bestows this wisdom (see *ST I-II*, q.68, a.4, ad.5).

⁵⁹⁶ Thomas is comparing natural wisdom (the intellectual virtue of inquiry) to the supernatural gift of Wisdom, which comes through the experience of charity. Still, there is a certain analogy between the natural instinctive knowledge which man has regarding the goodness of things and knowledge acquired through investigation or instruction. This is all the more true as Thomas considers the gifts of the Holy Spirit to be supernatural instincts. He states, “The gifts are habits perfecting man so that he is ready to follow the promptings of the Holy Ghost, even as the moral virtues perfect the appetitive powers so that they obey the reason. Now just as it is natural for the appetitive powers to be moved by the command of reason, so it is natural for all the forces in man to be moved by the instinct of God, as by a superior power” (*ST I-II*, q.68, a.4).

man has a living, experiential, existential knowledge regarding the excellence of virtue, and so, well knows and appreciates it. After living chastely, albeit perhaps with the experience of earlier failures, the psychosexually mature person fosters and protects chastity with the aid of grace and the infused virtue of temperance, knowing full well the benefits, beauty, and grandeur of being happily, easily, and promptly chaste without an undue sense of forfeiture, restlessness, or arduousness (see *PWH* 111, 35-36). Conversely, the sexually afflicted person does not have the freedom to forego unchaste acts, or they are still deeply repressed. The concupiscible powers of such people remain pathologically contained by the irascible appetite. They are in desperate need of psychological liberty and a healthy connatural knowledge of the procreative drive.

Now, how does tainted connaturality apply to the repressed person? There are two possibilities. Firstly, the person did not receive proper intellectual formation about the natural inclination for procreation; hence, he lacks the science of morals. Defaulting here, he arrived at a false moral judgement in his practical reason, such that his conscience is erroneously formed. A misinformed conscience, in turn, influenced the cogitative power to form a false judgement regarding the fundamental goodness of sexual impulses, thus militating the assertive powers globally against sexual impulses and images.⁵⁹⁷ Therefore, he acquires no appropriate connaturality regarding human sexuality because he is not capable of forming the virtue of chastity in the concupiscible appetite. This conclusion, in fact, is a tautology, given that the virtue of chastity is the assimilation of the concupiscible appetite in matters of sexuality to right reason. Since ‘right reason’ has been excluded by error both in the practical reason and in the particular reason, a thorough formation of virtue is thwarted. Without authentic virtue, there cannot arise the connaturality about which St Thomas has spoken.

Secondly, with respect to intellectual knowledge, St Thomas introduces a rightness in judging through a certain natural congeniality with the things one is judging. He states: “It belongs to wisdom as a gift of the Holy Spirit to judge aright about [divine things] on account of connaturality with them.” (*ST* II-II, q.45. a.2). It should be noted that the spiritually minded repressed person needs an openness to being formed both intellectually and connaturally about the godly design of the procreative powers. Such an understanding and formation has a substantial impact on wholeness and holiness for repressed individuals because grace informs their intellect and will, and both are psychologically impeded in pathological repression (see *PWH* 217). A wholesome acquired connatural knowledge is perfected by a higher type of connaturality. Such a goal is the perfecting work of the Gifts of the Holy Spirit, in particular, Wisdom and the Fear of the Lord when considering chastity.⁵⁹⁸

4.1.5.3. A Higher Type of Connaturality

While it is important that a recovering sexually afflicted person has a wholesome

⁵⁹⁷ E.g., Appendix III, vignette 4: Simon, the paperboy.

⁵⁹⁸ See *CCC* 1299, 1303, 1831, 216.

connatural knowledge of the procreative drive, it is important that these individuals are formed in a higher type of connaturality under the impulse of the Holy Spirit, namely the gift of wisdom. St Thomas teaches that “wisdom denotes a certain rectitude of judgement according to the Eternal Law” (*ST II-II*, q.45, a.2). In this way, human beings cannot only participate in the wisdom and goodness of the Creator but can also have mastery over their acts and have the ability to govern themselves with a view to the true and the good (see *CCC* 1954). Hence, Pinckaers writes:

As it sets about its work of research, the practical reason receives a certain perception of the good and a feeling for it from the natural inclination [that] accompanies the practical reason throughout its work of research. With moral progress in virtue this pristine moral sense develops a clearer knowledge and a clearer taste for the good. Thus there is formed within us what St Thomas calls a “connaturality” for the good, a special capacity conferred by each virtue in its own setting, which allows us to discern and esteem the good with swift, sure judgement, often more penetrating than the reasoning of the learned...The known good includes, therefore, all the knowledge of goodness that we can gain through study, education, reflection, perception, and, above all, personal experience.⁵⁹⁹

Sexually afflicted and repressed persons are blessed if they live in sanctifying grace. As previously mentioned, grace perfects nature, and so the state of grace will always be an advantage to those who have been in some way gravely wounded through pathological repression.⁶⁰⁰ Nature, however, to fully benefit from grace needs to be rightly ordered, as seen. Hence, the need for MT which remediates afflicted persons through a certain connaturality which wisdom bestows to all who live in sanctifying grace. A higher and more perfecting type of connaturality is that which comes through the Holy Spirit. This form of connaturality can be summed up by the Holy Spirit’s Gift of Wisdom.⁶⁰¹

The repressed person needs an opportunity that allows the required feeling knowledge that human sexuality is a natural “good.” He or she may permit repressed pleasurable emotions to be passively experienced so that they are released and accepted as an expression in harmony with right reason. For those who wish to think in agreement with God, to see reality as God sees it, and to live this human life as Jesus Christ did, must be psychologically and morally whole. People graced by God travel towards perfection not only by education but also by suffering divine things in union with the impulse of the Gift of the Holy Spirit. This connatural compassion with God accompanies charity whereby God unites to himself all those who are willing to attain a certain conformity, and “become one spirit with him” (*1Cor* 6:17). This kind of knowing of God promotes a degree of suffering that far from bringing discouragement or depression fosters a degree of rejoicing in sufferings. There is a

⁵⁹⁹ Pinckaers, *The Sources*, 418-19.

⁶⁰⁰ A frequent question from the sexually abused is: “Why did God let this happen to me?” An initial response may be that God who has given individuals free choice does not then frustrate the deliberate acts of evil people. Nevertheless, God brings good even out of evil (see *Rom* 8:28). Even though God could not stop the perpetrator of the evil molestation, God can and will bring healing to the afflicted by various means. In the meanwhile, grace and merit increases by bearing one’s cross in union with Christ crucified (see *Mt* 16:24).

⁶⁰¹ See Aumann, *Spiritual Theology*, 271.

knowledge whereby suffering produces endurance, or patience, which in turn produces character and a hope that does not disappoint “because God’s love has been poured into our hearts through the Holy Spirit which has been given to us” (*Rom* 5:3-5). This connatural sense of suffering, enduring, being patient with ourselves and God, produces character, hope, and profits love in one’s heart.

Recovering sexually afflicted persons if they are to be truly wise, judge rightly and be free, need a connatural experience within therapy that is one of patience; in two senses. Firstly, that they would patiently allow Mother Nature to take her course and that they would receive and accept God’s design for sexuality connaturally within their own nature. Secondly, that they would suffer (i.e., *pati*). That is, to suffer not only the reception of all that has happened to them for love of God, and all that transpires within MT, but also to agreeably suffer their condition and its gradual improvement, passively. The person is “perfect in divine things, for he not only learns, but is patient of, divine things” (*ST* II-II, q. 45, a.2). God calls the person not only to health but also to holiness. For the sexually afflicted person learns not only right judgement but also to be receptive, and patient with God and the designs of God, which is something they have not previously done.⁶⁰²

Right judgements are capable of being formed when both acquired and infused connatural knowledge are in play, because, in this way, judgements will be in accord with divine things. When something is habitually virtuous, it appropriately predisposes the inquiry, deliberation, and command according to right reason. For example, it is better to live chastely than know perfectly the definition of the virtue of chastity, though one does well to have both forms of knowledge.⁶⁰³ As the recipient is increasingly open and receptive to the grace of the infused connaturality which wisdom affords, an impulse from the Holy Spirit provides a more profound “sense” of the divine. The natural inclination and potency for procreation need to be acknowledged and accepted as something holy, pure, and a sign of God’s fecundity. The infused wisdom and sense of the holy are not about doing anything, but they should be capable of being fittingly received and actualised in correspondence with grace.

The gift of wisdom is distinguished from philosophical and theological wisdom.⁶⁰⁴ Briefly, the supernatural gift of wisdom is greater than the other sources of knowledge from the human sciences. Indeed, even simple people devoid of an education can have the gift of wisdom and possess a profound knowledge of divine

⁶⁰² R. J. Snell, “Connaturality in Aquinas: The Ground of Wisdom,” *Quodlibet Journal*, vol. 5, no. 4 (October 2003), Part I. Accessed December 20, 2016. <https://web.archive.org/web/20170305065632/http://www.quodlibet.net/articles/snell-aquinas.shtml>.

⁶⁰³ See Thomas à Kempis, *Imitation of Christ*, trans. Edgar Daplyn (London: Sheed and Ward, 1973), 1, Bk. 1, 1.

⁶⁰⁴ Metaphysics is the study of being, as being. It is certain and evident knowledge and the understanding of things through ultimate causes. It is a scientific knowledge that considers approximate and immediate causes. Theological wisdom investigates truths coming from divine revelation. This study is guided by the light of faith and is capable of deducing conclusions from the revealed data. Wisdom is an intellectual virtue perfecting the speculative intellect for the ‘consideration of truth’ (*ST* I-II, q.57, a.2). Wisdom ‘considers the highest causes’ (*ibid.*).

things. The reason for this is that through prayer and contemplation one comes to understand things by means of the assistance of the Holy Spirit. Wisdom is a supernatural habit that comes with sanctifying grace and charity. Charity unites us with God from whom we benefit from all that God bestows; namely, the theological virtues, the infused virtues, and specifically the Gifts of the Holy Spirit. Charity resides in the will and is perfected by the gift of wisdom. Wisdom, however, resides in the intellect as its proper subject. Wisdom is a practical gift, not purely speculative. The gift of wisdom assists individuals to judge by a kind of connaturality of divine things. Wisdom is the greatest of the seven gifts of the Holy Spirit. It actuates the other gifts of the Holy Spirit in the recipient. It cooperates with the theological and infused virtues which are greater than the gift of wisdom, yet they need this gift, and all are operating habits. The gift of wisdom is available to all who fittingly seek it. For the purpose of this study, afflicted people should be counselled that this gift assists them to judge rightly concerning the things of God, and divine things through the ultimate and highest causes under a special instinct and movement of the Holy Spirit. Furthermore, the gift of wisdom is graced faith judging divine and human things through their ultimate causes by a kind of divine instinct.⁶⁰⁵ Such a gift, over and above common connatural knowledge, assists recovering sexually afflicted persons to wholeness and holiness.

Although wisdom comes through sanctifying grace as gift, the recipient can do much to enhance this endowment by cooperating with the Holy Spirit and remaining in deep union with God. After the sacraments, prayer is a highly beneficial means. As seen in the description above, a recipient of the gift of wisdom operates with a certain spiritual connaturality and “knows through his intellect whose knowledge is affected, at times intrinsically, by non-cognitive factors.”⁶⁰⁶ Through the gift of wisdom, persons become attuned to God.⁶⁰⁷ For great saints like Thomas Aquinas and John of the Cross, such non-cognitive factors result from profound mental and spiritual contemplation. For St Thomas it is a “taste,” a savour, a relish, or sweetness [*saporem*] for God and the things of God (*ST* II-II, q.45, a.2, ad.1). For St John of the Cross, “the soul sees and tastes abundance and inestimable riches in this divine union.”⁶⁰⁸ It can be seen from these two saints that the knowledge of divine persons gained is more affective than it is intellective. It is a high degree of infused knowledge. The terms used are more akin to external senses and yet connatural knowledge is purely spiritual. It is a “taste,” a “seeing,” a “touch,” and a “sound.” St John states: “The love-stirring breeze satisfies the appetite of the one desiring such refreshment.”⁶⁰⁹ Even greater than spiritual touches is listening to “silent music” and “sounding solitude,” of truths ineffable; “spiritual sounds of the excellence of God,” all of which is inaudible to the natural senses and faculties.⁶¹⁰ It is a sounding knowledge for the spiritual faculties. St John states: “I open the eyes of my intellect and found myself above all natural knowledge, without this knowledge, and alone on

⁶⁰⁵ Aumann, *Spiritual Theology*, 271.

⁶⁰⁶ May, “Knowledge, Connatural,” 205.

⁶⁰⁷ Snell, “Connaturality,” Part II.

⁶⁰⁸ John of the Cross, *The Spiritual Canticle*, 526, Stanzas 14 & 15, no. 4.

⁶⁰⁹ *Ibid.*, 530, no. 13.

⁶¹⁰ *Ibid.*, 536, no. 26-27.

the housetop, which is above all low things.”⁶¹¹ This connatural knowledge of God and the things of God bring a wisdom that is much more than theological book learning (see *2Cor* 12:2). “The effects of this knowledge were produced in them without their having been aware of it. These effects are: an elevation of the mind to heavenly knowledge and a withdrawal and abstraction from all objects, forms, and figures, and from the remembrance of them...For even though the harmonious interaction of their sensory and spiritual faculties ceases the intellect is occupied with knowledge.”⁶¹² For everyday people, including the sexually afflicted, it is a knowledge arrived at primarily, not through concepts, but by way of a supernatural experiential knowing. Connaturality, in this sense, can be spoken of as a kind of *pathos*, a feeling or sympathy. It resonates in the affections, yet it is true intellectual knowledge (*ST* II-II, q.45, a.2). Pinckaers commenting on St Thomas’ passage on wisdom writes:

Chastity is not the virtue of the childish and timid, who fear to look things and people in the face, a weak virtue compounded of deprivation and frustration. If it is true that we can take the measure of an adversary best after having fought him and laid bare his ruses, it is also true that chastity is not as ignorant as we might think. Because its glance is pure, chastity can explore the hidden recesses of the human heart and penetrate its passions far more easily than the unchaste glance, which is caught in their toils.⁶¹³

A psychotherapy that aims at a recovery from a sexual pathology must be capable of encouraging an authentic formation in the virtues of prudence and temperance. MT, therefore, exemplifies rectitude in the fact that it can remove the obstacles to virtue while simultaneously assisting with the formation of chastity. MT’s formation engenders a person with connatural knowledge consonant with a virtuous individual. “This person is the best connoisseur and the best judge of concrete actions.”⁶¹⁴ There is no significant gain from experience as such. Experience is only raw material. It can be studied and provide a way forward for the next encounter. A person can have many experiences with little profit, on the other hand, there are those who can gain wide, rich knowledge from a single experience.⁶¹⁵ For this, keenness of mind is

⁶¹¹ Ibid., 535, no. 24.

⁶¹² Ibid., *The Ascent*, 195-96, Bk. Two, Chpt. 14, no. 11.

⁶¹³ Pinckaers, *The Sources*, 93.

⁶¹⁴ Pinckaers, *The Sources*, 93.

⁶¹⁵ The virtue of chastity reveals a light that darkness cannot abide. Pip a highly intelligent, good-willed, healthy, and balanced young man was in initial priestly formation when he confided to his moderator that once as a teen he had fornicated on a single occasion. The remembrance of the action now disturbed him, and he only revealed this because he wrongly believed that he had tarnished his chances for becoming a good priest in the future. The moderator was correct in his discernment that Pip was not repressed nor did he have a malformed cogitative power. Pip loved God and had just experienced a worthy moment of compunction over his past excursus into venereal pleasure. So the moderator was able to reassure him that even this single act had been unfortunate; still he acquired through this ‘*felix culpa*’ a useful connatural experience which provided him with some insight into human weakness; and the knowledge of venereal pleasure. The sense of guilt for serious sin which he was revisiting, was an insight into the difficulties that

needed and sensitivity of soul. Experience cannot produce its fruits without graced reflection.⁶¹⁶ Since MT encourages the sexually afflicted to pray to the Source of all healing, namely God, it may be asked when such a gift of wisdom will truly bear great fruit in the recovery from a pathological vice? The answer to this is in *The Dark Night of the Senses*. When a person exemplifies the love of God through longing, and consistent prayer, God gives the person entrée into the dark night of the senses. It is in this spiritual encounter through the passive nights that the Holy Spirit by means of the infusion of the gifts brings wounded individuals, be they wounded through their fault or by another, and either morally or pathologically injured or both, a purification that is rightly called mortification of the senses. Eventually, these blessed individuals, judge aright about the divine things. One of these is God's eternal design found in the procreative drive for the population of the world and heaven (see CCC 2205). The benefits of the purification of the senses during the dark night become evident because it "cleanses and purifies the soul of all imperfections."⁶¹⁷ Among these are involuntary vices, both moral and pathological. The purification of the passive nights is essential "for if a soul is not tempted, tried, and proved through temptations and trials, its senses will not be strengthened in preparation for wisdom."⁶¹⁸ The higher connaturality which is being referred to is not simply about knowledge, but union with God. MT encourages this.

MT addresses the intellect's inadequacies concerning rightness in judging. There is, however, a need for both a wholesome connatural re-formation through science and experience and the more exalted and supernatural connaturality through the gift of wisdom. As a thorough pedagogy is provided to the intellect of afflicted individuals, they are informed with that knowledge and understanding that corrects errors and re-educates for future fitting judgements. For the faith filled person in grace, as the intellect is increasingly restored to its rightful operation through MT, the infused theological and cardinal virtues further perfect its operations. Moreover, the gifts of the Holy Spirit complete and perfect the operation of the infused virtues. In this way, acquired virtue in the natural faculties can receive a divine infusion which supernaturalises them and makes them capable of acting supernaturally. The intellect

other people would bring to him in the future, and this should engender in his heart a fitting compassion for sinners. His sense of failure would be a beneficial antidote to intellectual and moral pride that he sometimes displayed in the community. His contrition should open for him a greater understanding of God's paternal care and a host of other valuable insights. By one sad experience and another of true contrition, Pip had made St Paul's words autobiographical. "Do not let sin reign in your mortal body that you should obey its lusts, and do not go on presenting the members of your body to sin as instruments of unrighteousness; but present yourselves to God as those alive from the dead, and your members as instruments of righteousness to God" (*Rom* 6:12-13). From the viewpoint of connatural knowledge the *Imitation of Christ* exhorts: "I would rather feel compunction than know its definition." à Kempis, *Imitation of Christ*, 1:1.

⁶¹⁶ For "without faith it is impossible to please him. For whoever would draw near to God must believe that he exists and that he rewards those who seek him" (*Heb* 11:6). Since the definition of virtue is derived from the formal object of its pursuit...true virtue can only exist in an individual animated by loving faith in God. Any arrow (human action) that is not ultimately aimed at this target will fall short of the perfection of human virtue. See Pinckaers, *The Sources*, 93.

⁶¹⁷ John of the Cross, *The Dark Night*, 362, Bk. One, Chpt. 2, no. 3.

⁶¹⁸ *Ibid.*, 393, Bk. One, Chpt. 14, no. 4.

is refined through faith which is perfected by the gifts of understanding and knowledge. Prudence, which disposes practical reason to discern the true good in every circumstance and chooses the right means of achieving it, is further perfected by the gift of counsel, which assists the intellectual faculties with right judgement (see CCC 1806). Since no infused virtue or gift is specifically appropriated to the internal senses, the presumption is that through the virtue of prudence there is an overflow of grace through the intellect which also corrects the internal sense powers. By aiding in the restoration of the cognitive faculties, MT promotes the restoration not only of the intellectual faculty for right reason through prudence but also through its guiding influence the virtuous formation of the sensitive appetites. The irascible appetite is perfected through the infused virtue of fortitude which in turn is perfected and completed by the gift of the same name. The concupiscible appetite is perfected through the gift of temperance which in turn is completed and perfected (secondarily) through the Gift of Fear of the Lord. All virtue needs prudence because it “immediately guides the judgement of conscience. The prudent man determines and directs his conduct in accordance with this judgement. With the help of this virtue we apply moral principles to particular cases without error and overcome doubts about the good to achieve and the evil to avoid” (CCC 1806).

Finally, since the gift of wisdom affects both intellect and will and perfects charity, which is the form of all virtues in as much as it guides them suavely to the ultimate end, it follows that wisdom will also exercise a positive influence in the therapy of a repressive disorder and the re-formation of chastity. The Gift of Wisdom then aids in correcting erroneous judgements of the cognitive faculties and awakening an appropriate appetitive connaturality. Then the concupiscible appetite can be enhanced by the connaturality of the Gift of the Fear of the Lord which completes and perfects chastity (see CCC 1831). A holy Fear (i.e., a filial reverential love) of God makes us solicitous in God’s service according to the perfection of our nature and grace. Hence, this Gift will help the repressed person overcome the false inhibitions which stimulate emotional fear resulting from his aberrant judgements (see CCC 1432). “Restore us to thyself, O Lord, that we may be restored! (*Lam 5:21*).

4.1.5.4. A Reformation that is Connatural

In order to be healed repressed persons need: 1) a proper moral instruction and formation of their improperly formed particular and practical reason; 2) the acceptance of the natural goodness of their innate drives; 3) the assurance that these drives can be guided by the rational appetite; 4) that they can be formed and properly channelled through the virtues; and finally, 5) the peaceful, joyful experience of these virtues integrating and harmonizing their whole being, body, and soul, in the holy service of God and for their well-being.

Connaturality in the context of psychotherapy highlights that the human person is not just a receiver of natural scientific knowledge; he is also a receiver of supernatural divine knowledge. The human mind intuits insightfully via a certain closeness or openness to God. Human persons are spiritual by nature. Once diagnosed

and the nature of the repressive pathology is understood by the afflicted person, much can be done by way of co-operating with every aspect of therapy. Particularly, by modifying one's outlook on life and living in the world which God loves according to his will and design (see *Jn* 3:16-17). Indeed, God sent his Son to restore not only the world but each person living in the world (see *1Pet* 5:10). Every new sense experience, every sensual moment, every emotional liberty, every imaginative fantasy which can be rightly enjoyed needs to be not only intellectually accepted and acknowledged but also embraced as a gift from God, felt and appreciated with thanksgiving given to its Creator (see *Rom* 14:5-8). "Always and for everything giving thanks in the name of our Lord Jesus Christ to God the Father" (*Eph* 5:20). This practice is *raapra* in act (see *Phil* 4:8-10). The repressed person needs to acknowledge intellectually whatever is both known and felt as good, true and beautiful; receive it, accept it, appreciate it, respect it, enjoy it but most especially refer it back to God to whom thanks and praise is due and to whom all glory belongs. All are called to give formal glory to God in all things (see *1Cor* 10:31). The repressed person, albeit a wounded spiritual wayfarer, must know, feel, and appreciate this glory before he can fully, formally and thoroughly return glory to the Creator; namely, to acknowledge the divine goodness, to praise God for his excellence, and for communicating something of this to the world. Repressed people need to recognise and appreciate their personal excellence based on their participation in God's excellence and goodness.⁶¹⁹

In the meantime, there is little doubt that the healing of a repressive disorder is a difficult moment in the life of the person, yet even this can be referred to God's glory for one's sanctification. The connatural knowledge, speaking therapeutically, for all the good that it is, begins with a wholesome understanding of the natural inclinations and their place in the proper psychology of human beings.⁶²⁰ Moreover, as important as this is unless the repressed person refers his new found knowledge back to God it would remain merely natural, thus falling short of our call to glory. The Christian vocation is so much more; it is a spiritual knowledge leading to a supernatural end (see *CCC* 360). "You have put off the old nature with its practices and have put on the new nature, which is being renewed in knowledge after the image of its Creator" (*Col* 3:9). The three directives have a significant role to play.

4.2 The Three Directives Considered

In this particular section, the three directives that Terruwe/Baars provide the sexually afflicted person are considered from the point of view of language. Are the directives to be taken literally or figuratively? Secondly, as a psychotherapy for the treatment of an emotional repressive disorder the directives are unique. They are specifically tailored to remediate the displacement of the rational appetite, and to reform the conflict that takes place within the diverse powers of the sensitive appetite.

⁶¹⁹ Aumann, *Spiritual Theology*, 38.

⁶²⁰ See Pinckaers, *The Sources*, 437-42.

4.2.1. Hyperbole

When Terruwe/Baars teach the three directives, it is as if they speak figuratively, not literally. Hyperbole evokes attention and creates strong impressions and emotion. It is that type of language which exaggerates or portrays something as better or as worse than reality. Hyperbole often leaves the speaker open to criticism or rebuke because of an overstatement. It is an excess of language similar to the excess of striving for perfection through repression. There is little doubt that the three directives at first astonish. Nevertheless, both the Old and New Testaments include hyperbole.⁶²¹ Indeed, Jesus speaks hyperbolically in the Sermon on the Mount placing important truths right alongside unreasonable exaggerations (see *Mt* 5:25-32; 39-42; 43-48). St Augustine in his *The City of God* commenting on *Genesis* 13:14-17, writes:

For the clause, “and I will make your seed as the dust of the earth,” may seem to refer to this, being spoken by that figure the Greeks call hyperbole, which indeed is figurative, not literal. But no person of understanding can doubt in what manner the Scripture uses this and other figures. For that figure (that is, way of speaking) is used when what is said is far larger than what is meant by it.⁶²²

What is important is St Augustine’s clarification. “But no person of understanding can doubt in what manner the Scripture uses this and other figures.” At the same time, hyperbole carries a message even if delivered with exaggeration. Like analogy, where two things are similar in some respects they will probably agree in others. All the same, while analogies usually assist with some immediate mental understanding, in the end, likeness goes on to reveal more unlikeness. Hyperbole is similar in that it grabs the listener or reader’s attention, even shocks or startles, but then as increased understanding is applied a clearer application of knowledge is gained.

Hence, when the three directives are properly understood, they are less startling than the words of Jesus. What Jesus exhorts using hyperbole for those in the moral defect of sin, Terruwe/Baars do likewise for those who are fixated in the excess of pathological repression. There is no question that speaking in exaggerated terms runs the risk of some people taking the instruction literally. Even the words of Jesus have been misunderstood and misapplied by some. Such a danger, however, did not stop Jesus from speaking in such a way. Indeed, the words are recorded in the Gospel for all time for everyone to read, both the mentally sane and those less balanced. Conversely, when Terruwe/Baars provide the three directives to a patient, it is after a sound diagnosis has been obtained and the mental and emotional stability of the person has been professionally assessed. It is necessary to understand what exactly Terruwe/Baars mean. It is in this sense that the three directives can be understood by thinking persons, both figuratively and literally. Each of the three directives will be elucidated.

⁶²¹ See *Ezek* 5:9; *Dan* 9:12; *2Kgs* 18:5, 23:25.

⁶²² Augustine, *City of God*, Translation by Gerald G. Walsh, SJ., et al. (New York: Doubleday, Image Books, 1958), Bk. XVI, 21.

4.2.2. MT as a Psychotherapy

In the early response to Objection 4 (1.4.4), the three directives were broadly considered. Each of the directives will now be taken in its own right. Given the importance of a thorough understanding of the three directives in themselves, their significance within MT, and why they are worded the way they are, the following explication clarifies additional philosophical and moral misunderstandings about MT that were not treated by Dr Majeres' critique. Those objections which are provided, are answered in the context of this presentation. Each of the three directives will be considered independently with a major heading and lesser points associated with it.

By way of revision the directives are listed as:

(i) "You may everything"

(ii) "For you there are no rules, laws, or commandments"

(iii) "The pleasure you experience as the result of abiding by the other directives is the most perfect thing for you" (*PWH* 112-15).

Morally serious medical practitioners exercise the science and art of their profession for the overall good of the patient. Psychological therapies even though they do not endanger natural life do impact on the person's supernatural life, such that critics of MT are understandably cautious. MT aims at not only healing wounded sinful nature but more importantly availing it of being more readily disposed to all God's graces and gifts.

When the psychologist gives the three directives to a suffering repressed person, the calculated moral presumption is based on professional competence and experience similar to a medical surgeon. Of course, for the baptised Catholic maintaining the repressed person in a life of sanctifying grace is and always must remain essential in therapy. The Holy Spirit should be the first agent evoked in any healing process. The Holy Spirit is "the principle of every vital and truly saving action in each part of the [Mystical] Body" (*CCC* 798).

The worthy presumption is that the good is being done for the afflicted person both by way of end and means, for ultimately this is a most important matter. The previous chapter presented a thorough moral appraisal of MT. Leaving a person struggling with a repressive disorder is unfortunate. Indeed, history has proven that there is a pressing need to promote sound psychiatric and psychological models of therapy. In this way, innocents are not endangered by obsessive and compulsive persons who sexually abuse the vulnerable; something which is intolerable and humanly unacceptable, uncharitable, and even criminal.

Firstly, to be remembered is that the three directives are just one aspect of an overall treatment of the repressive sexual pathology. Secondly, generically speaking therapy is to be a good means to a good end, where evil is not done so that good may avail (*Rom* 3:8, see *CCC* 1753). Thirdly, the three directives must be judged precisely in their clinical context; outside of these parameters, their application would offend Christian principles of morality. Indeed, should someone suggest such directives to anyone, outside of the appropriate therapeutic context, he or she would not be free

from the grave sin of scandal (see CCC 2284). To understand the mentality behind the three directives of MT, it is important to keep the afflicted person in mind. Terruwe/Baars clarify:

It is a common observation that persons with obsessive-compulsive repressive disorders have an intense need, even in therapy, to continue relying on the repressing emotion for the sake of leading a moral life. Persons with fear-based repression are intensely afraid of mortifying his fear because they have always been led to believe – usually by authoritative sources – that fear of sin is virtually the only way to lead a blameless moral life. Persons with energy-based repression have always been attracted by the idea that they can “earn” heaven by their own unrelenting efforts to do what is right and virtuous, i.e., in their case, to relentlessly repress all sexual feelings. To change this attitude is not at all an easy or appealing task, for either type of disorder.⁶²³

Because of this resistance of persons with obsessive-compulsive repressive disorders to become free persons – persons who relies on God to protect them and are eager to surrender to Him in faith and trust – we offer special help in the process of mortifying, of literally killing, the pathological fear and energy. This help aims at making this process as easy and as spontaneous as possible, so that these patients do not have to determine the particular moral details of each and every occasion that they are aware of a sexual desire, e.g., whether they have dwelled on a sexual fantasy longer than they should; whether they allow themselves to experience the sexual feeling longer than they should and so on *ad infinitum*. This help is an extension of our basic advice to substitute “you may” for “you must” (*PWH* 111-12).⁶²⁴

When considering the three directives it needs to be stated that there are many differences regarding sexually afflicted persons. Each person is unique and has his or her own personal, often tragic, story to tell. Then there is the consideration of age; maturity within any particular age group; other mental, psychological and sociological factors; particular types of sexual or other trauma experiences; how long the repression has been present in the child, adolescent or adult’s life; at what age the repression started; or at what age it has privately or publically broken out; particular language barriers and cultural differences; levels of intelligence; degrees of docility or suspicion; one’s gender; the extent of psychosexual repression with or without a superimposed emotional deprivation disorder; the particular type of obsessive-compulsive pathology involved; types of sexual deviancy due to one’s early sexual template; same-sex attraction; and even whether or not there has been any criminal misbehaviour involved, such as paedophilia or ephebophilia; and other factors.

In short, it can be stated that there is a particular type of person to whom MT might need to be prescribed. Hence, Terruwe/Baars’ emphatic statement “our therapeutic advice, always given to an individual with an obsessive-compulsive repressive disorder and never to all such neurotic persons in general” (*PWH* 104). The therapeutic directives are formulated sufficiently broadly to be able to address

⁶²³ The reformation of the repressed person’s attitude is often quite difficult. This is why much counsel is necessary before the three directives are prescribed.

⁶²⁴ It should be noted that most repressed persons believe very much in a loving God and not only in fear. But because they have identified the morally neutral impulses of the concupiscible appetite with sin, they cannot “avoid sinning” unless they wage a war of terror (namely, repression) against this perceived “sin.”

the particular degree of the disorder and to assist the manifold types, ages, and backgrounds of persons who, though having a similar problem from a single cause, came from a variety of different states of life, career, vocation, and circumstance. Of course, the wisdom of God in formulating the Decalogue was exactly this. The formulation of the Ten Commandments is magnanimous in that they could be applied to all peoples, for all times and all languages, cultures, and nations. Again they were meant for the re-educating and healing of man's cognitive faculties damaged through original sin. The Decalogue was God's gift to help human beings find their way back to natural and supernatural happiness (see *CCC* 1962, 2057, 2070). "Man, having been wounded in his nature by original sin, is subject to error and inclined to evil in exercising his freedom" (*CCC* 1714). Sexual repression, like original sin, is alien to man's true nature (*PWH* 37). Authentic freedom needs to be restored. The afflicted person needs to be healed. Terruwe/Baars' clinical intuition in the formulation of the therapy was most delicate. Like the Ten Commandments, MT and specifically the three directives needed to be both liberating and limiting, directive and prohibitive without causing further psychological or spiritual harm. There was what needed to be done and what needed to be avoided so as to arrive at natural and supernatural happiness.

The very understanding of the Decalogue grew with various peoples and ages. The *Catechism of the Catholic Church* expounds the Decalogue in over 500 numbered paragraphs. This development is a long way from Moses' ten simple instructions and the later Church precepts of St James and the Apostles when accepting neophytes into the Church (see *Acts* 15:29). So too in initially providing the three directives to her patients, Dr Terruwe wanted people to walk a similar developmental moral road that is afforded children and adolescents (*PWH* 113). The very formulation of the three directives was to avoid all obligationist black and white moralising.⁶²⁵ The three directives are an opportunity to delete a person's mental and moral hard drive, so to speak, of those things contrary to right reason so that it might then be re-formatted with appropriate cognitive and cogitative judgements with the dependability of a renewed connatural experience. Like the child, and more so for the mature person, a good heart and a healthy conscience are still present in the repressed person. Not all moral barriers are obliterated when a patient is prescribed the three directives. Conscience remains to guide and to guard (see *CCC* 1706). As St Paul wrote to the Romans: "When Gentiles, who do not possess the law, do instinctively what the law requires, these, though not having the law, are a law to themselves. They show that what the law requires is written on their hearts, to which their own conscience also bears witness; and their conflicting thoughts will accuse or perhaps excuse them" (*Rom* 2:14-15).

Duynstee and Terruwe endured much criticism for their therapy.⁶²⁶ It was particularly Dr Terruwe's clinical advice which seems to have been taken out of context. Her critics failed to perceive their unique wisdom in their proper therapeutic

⁶²⁵ For examples of Ockham's morality of obligation: see Pinckaers, *The Sources*, 343, 14-15, 193, 241-53, 247-48, 267, 329, 375.

⁶²⁶ See Bosscher and Monteiro, "Dutch Roman Catholics," 12.

setting, for which she formulated directives that promised a workable way forward to “freedom for morality” for obsessive-compulsive persons (see *PWH* 113). The formulation of the directives was original. It took into consideration a multifarious background of afflicted persons where there was a real and present danger of not just materially sinful actions that could bring harm to the individual but also the danger of the sexual interference of others, and especially the criminal victimization of innocents by repressed persons who could no longer keep the lid on their obsessive and compulsive acts (as public scandals from otherwise “good” people have demonstrated).

4.3 First Directive ~ “You may...everything.”

Repressed persons, when provided with an understanding of philosophical and theological principles, together with the psychological causes of their condition, gradually come to accept that MT is designed to promote their psychological and moral freedom which corresponds to their human nature. Clearly, repressed persons can never be free as long as they hold erroneous cognitive judgements that stimulate repressing assertive emotions. The process of therapy, however, not only takes time but can also be thwarted by the afflicted persons’ suspicions. In the global context of Terruwe/Baars writing and therapeutic practices, the directive “*You may everything*” is the rhetorical short-form for a more elaborate moral statement: the human person is free to consider all moral options and situations and also to passively experience the natural impulses and inclinations, including images which come to mind, for these are the very material upon which moral decisions must be based and made. Any violent interference with this internal freedom of consideration debilitates freedom and derogates the dignity of man as man. Yet Terruwe/Baars chose not to begin with this elaborate formulation from moral theology because experience with many patients had shown that they become too easily embroiled in tortuous distinctions, which is most counter-indicative for their emotional health (see *PWH* 92-93).

The point of this first directive is that repressed person’s need to be given the freedom to permit and tolerate feelings and thoughts, giving them free expression (see *CCC* 1737). Spoken of here are not sinful thoughts or actions, rather they are the ordinary procreative movements of everyday life. Hence, the teaching of *raapra*. Persons need to be able to say to themselves, “I may think about whatever I want,”⁶²⁷ “I may look at whatever I want,” “I may feel sexual desire,” among the many possibilities. Repressed persons have had such a fear of thinking, feeling and doing anything regarding sexuality that even in therapy they will often resist allowing themselves to *think* about the possibility of *feeling* things or even of doing things (*PWH* 113). Until the fear of thinking, feeling, and doing “everything” is relieved, however, such individuals will remain enslaved, they will not be free to feel a desire and peacefully evaluate it and act in a morally free manner (*PWH* 45-48). Unless the lower faculties can express their natural inclination freely, they cannot be guided by

⁶²⁷ It is noted that “to think *about* something” is to reflect upon it, to consider. This takes place before judgement and command. While “I think what I want” means that I have already come to a judgement and maintain my position. “*You may everything*” is the version which is the key to therapy, and “I can think about whatever I want” is but a paraphrase.

reason and will; if they are not guided by reason and will, they do not belong to the moral life.

Regarding the directive “*You may everything*” an intelligent and emotionally healthy person has no difficulty understanding that he may freely observe, feel, or consider anything while judging its morality. No one is bound to apply rules, laws, or commandments to particular actions before considering them. Prudence as a virtue requires persons to consider something, to take counsel before they can judge it wisely; and only after that can they act or refrain from acting by commanding this.⁶²⁸ Seeing, feeling, considering, in a sense, experiencing (a hypothetical projection of a possibility or an eventuality whose advantages and disadvantages are to be considered), is not under the commandments but is the first step in applying a commandment. Conscience cannot work otherwise; it must review practical actions, in particular circumstances, with particular intentions and ultimate finalities. Persons may enjoy considering the possibilities life presents; passively experiencing the spontaneous sense attractions, be it hunger, thirst or sexual arousal, emotional desires, and movements all belong to the existential context of life in which true moral decisions are to be made. Voluntary choices are not made in a vacuum. Acts of the will are not “entire from the first moment” as if there is no middle ground between being free and not being free, choosing and not choosing.⁶²⁹ The repressed person, however, had chosen the vacuum, and now pathologically (i.e., without the intervention of reason and will) prohibits or impedes such natural spontaneity.

MT seeks to restore the necessary freedom for the exercising of natural prudence. After a thorough spiritual catechesis of the theological virtues which orient the recovering person in the supernatural order to their end appropriately, it is necessary to ensure the aid of the moral virtues which direct and assist the person to secure this desired spiritual end. Chief among these is the cardinal virtue of prudence which guides the person in daily life and promotes a sensitivity to the movements of the Holy Spirit who bestows the further gift of counsel. All of this helps the person know and apply attentively, but not pathologically, fitting norms of conduct. Prudence is right reason applied to action. It is in the practical reason only (see *ST II-II*, q.47, a.2). Prudence includes having a goal or a desire to see something happen or not happen, deliberating the means to achieve this, deciding on a course of action and taking the steps to carry it out. Essentially the steps are: see, judge, and command or withhold an action. Seeing or discovering your end and taking appropriate counsel concerning that end, judging how best to achieve it and then actually commanding something to bring it about is prudence (*ST II-II*, q.47, aa.4 & 8). Hence, a very necessary part of taking counsel is to gain experience, whether directly or vicariously, and consider whatever the physical, sensate, and rational appetites have to communicate.⁶³⁰ The

⁶²⁸ See CCC 1806; *ST II-II*, q.47, a.8, ad.2; q.49, a.6, ad.3; q.53, a.4, ad.2.

⁶²⁹ See Pinckaers, *The Sources*, “The Freedom of Indifference,” 375 no. 2.

⁶³⁰ It is not a necessary part of prudence that one experience “all” that the senses can

sensible person “strives to interpret the data of experience and the signs of the times assisted by the virtue of prudence, by the advice of competent people, and by the help of the Holy Spirit and his gifts” (*CCC* 1788). “Prudence disposes the practical reason to discern, in every circumstance, our true good and to choose the right means for achieving it” (*CCC* 1835). Prudence is “right reason applied to action” (*ST* II-II, q.47, a.2). Prudence guides the other virtues by setting rule and measure. This teaching, and its practical habituation are benefits that can flow from MT. It promotes the development of both acquired and infused prudence which affects all the other virtues and therefore the person’s actions. Indeed, prudence not only guides the judgements of conscience but also helps reform particular judgements and phantasms for universal reason. The prudent person determines and directs his conduct in accordance with these renewed and fitting judgements. Normally with the help of prudence, moral principles are applied in particular cases without error and they can overcome doubts about the good to be done or the evil to be avoided. Conversely, sexually afflicted persons, especially due to their erroneous cogitative judgements, are assailed by doubts (see *CCC* 1806). Indecision is particularly a problem for scrupulous persons and other timid souls. MT provides the freedom to develop a wholesome prudence not only within continence (a virtue strictly in the will) but also and especially within the virtue of temperance (a virtue in the pleasure appetite, thus implicating the interior senses and the emotions as well).

Afflicted persons think they are very much aware of their inclinations towards moral evil. They have not understood that the tendencies which they perceive as sin or potential sin are merely the neutral inclinations of human nature, about which one with true freedom can make a moral choice by ordering them, either by commission or omission, to the true good of the person. Hence, such inclinations are the material of virtue and vice. At the same time, repressed persons are rigorists with an erroneous sense of what is right and wrong. Their conscientious understanding of charity and justice, and of not offending or of using or abusing another person predisposes them to act fairly with others while under therapy (*PWH* 117 no. 1). If someone were to ask for proof of this last statement, it is sufficient to refer them to a scrupulous person and tell them that he or she can do anything, whatever he or she likes. The reaction would be immediate. They would be dismissive of the statement and even more so of the person who spoke it. Until it is understood that the person under consideration is so fixed in goodness that they take no advice, and countenance no contradiction of “their interpretation of the law,” the three directives will always seem amiss. As any experienced priest knows and as any recovered scrupulous person knows, the pathologically repressed fearful person is “obsessed” with doing what is right. This preoccupation with rightness is to such a degree that they are emotionally sick.

The most radical objection raised against the first, and other directives is the

communicate. If this were true, consecrated virginity would be imprudent, because virgins have not first fornicated...as part of the “all” knowledge and experience necessary for prudent decision making and commanding. Similarly, a heart specialist does not need to have experienced a massive heart attack to prudently counsel heart health. Nor does the oncologist need a bout of cancer to prudently treat cancer patients. Nevertheless, appropriate connatural knowledge and prudence are not mutually exclusive.

claim that the directives in themselves are simply false. If they are substantially false, then no accidental qualifying limitation could redeem them. However, this is not the case. Terruwe/Baars are struggling, precisely in terms of philosophical psychology, to find a way to help repressed individuals out of an imprisoning labyrinth which repression has imposed upon them. Otherwise afflicted persons will spend a lifetime fraught with erroneous moral and psychological judgements. Their task places them between the horns of a dilemma. Firstly, Terruwe/Baars, taking into consideration the afflicted person before them, must provide truths that liberate the person from their memorised erroneous harmfulness judgements within their cogitative power and the misinterpretations that reside in the cognitive faculty. Secondly, they must use a morally sound therapy to remediate the pathological vice that has habituated itself in the spontaneous natural workings of the psyche. Such individuals in virtue of their ingested misbeliefs and mistaken judgements have been deprived in significant ways of their freedom for human actions, since this disease displaces the direction of reason and will over, at least, one sphere of the pleasure appetite. The spiritual and sacramental care of this problem in the past, taking for example the counsels of St Alphonsus de Liguori, while pointing in the right direction, were insufficient, since he, along with other theologians, did not have a scientific analysis of the pathological condition of the repressed person and their disposition.⁶³¹ Confessors saw it as a problem of conscience with concomitant fear. If that were the case, strict obedience to a confessor would be sufficient therapy. That is not the case; the erring conscience (an act of the practical reason) is but a catalyst which deforms the cogitative power-judgement (particular reason) in such a way that the individual is trapped in slavery to fear unless help comes from without. Commanding such individuals to consider nothing a serious sin unless they can swear an oath in this regard before God ultimately can aggravate the disease. It needs to be recognised that this solution erroneously asserts that the problem is with the mind, but in fact, it is in the cogitative power's erroneous judgement which cannot even understand an oath.⁶³² It only "understands" its fear, and now this fear is intensified with a greater threat of hell.⁶³³

⁶³¹ See Alphonsus, *The Way of Salvation*, 451-60.

⁶³² An interesting and significant parallel with this argument concerning the inadequate amelioration of compulsive scruples through obedience to the confessor (which worked more or less, given that nothing else did) is similar to the success and the failure of Cognitive Behavioural Therapy. CBT in recent decades has proven to be highly effective for many people who suffer from a number of psychological disorders, though it too is insufficient. "CBT has a fairly impressive success rate of around 50%, although estimates do vary somewhat." Jerry Kennard, "10 Reasons to Consider CBT" *Health Central* (December 16, 2007). Accessed April 12, 2016. <https://web.archive.org/web/20200301020938/https://www.healthcentral.com/article/10-reasons-to-consider-cbt>.

⁶³³ Notwithstanding, this historical pastoral therapy did help in two instances: in less grave cases, where the repression was not deeply entrenched, and in the case of heroic souls. In each case it seems that the efficacy can be traced back to the same repressive process: in docility, the penitent ceased its frightened circular patterns of thinking which perpetually reinforced the pathology, such that in this silence the natural order within the sense appetites could be restored. Terruwe/Baars' three directives aimed at this very end with greater scientific precision, and hoped to help the rest

A healing of this enigmatic illness cannot be furthered by directives based on inaccurate suppositions, which belie the true pathological nature of the repressive pathology. Moral directives, to be effective, must correspond to objective norms and the spiritual wellbeing of the person and to the true nature of illness if they are to be therapeutic.

You may everything. Is this really false? In creating angels and men, God made them in his image and likeness. Specifically, he made them free (see CCC 392, 1730, 1738). Human freedom is meant for excellence, not for an indifference towards God.⁶³⁴ Freedom is in the service of ordered love. Angels and men are free to accept or reject God (see *Deut* 30:19; CCC 1033). They are also free to choose and order the means that lead to a perfect love for God. Here there must be a “wedding” between the mind and the will, between the true and the good. Herein consists the trial. For in our freedom we are also free to choose and do that which is an apparent good but which in reality is contrary to our created nature and the divine law. The interesting thing is that most people who generally ignore God and do everything contrary to their ultimate good in pursuit of temporal pleasure or gain, are neither pathological nor obligationists; they are sinners, spiritually self-destructive, yes, but not emotionally pathological. Even though they may have the more serious problem of both a nagging conscience and future unhappiness, with eternal repercussions, yet they are not usually psychologically repressed. Even the Psalmist complained, “for I was envious of the arrogant; I saw the prosperity of the wicked. For they have no pain; their bodies are sound and sleek. They are not in trouble as others are; they are not plagued like other people...Such are the wicked; always at ease, they increase in riches” (*Ps* 73:3-12). The Psalmist too knew that eventually, “The Lord lifts up the downtrodden; he casts the wicked to the ground” (*Ps* 147:6).

Dr Patrick Carnes’ statistical case study demonstrated that an individual raised in disengaged and rigid families are much more likely to be sexual addicts than those who grow up in chaotic but enmeshed cohesive families; figures that were similarly confirmed in a different equivalent set of co-addicts.⁶³⁵ In lay man’s terms, if you

of the patients as well, namely those in whom the disease is already deeply entrenched and those who do not have the heroic strength of the few. Even for the many, who might have such moral mettle, no cure was guaranteed by the classical method, for it failed doubly: first of all, to specify the real object against which the heroic effort should be directed. (Is it not, at once, ironic and significant that repressed persons “heroically” direct their energy in the wrong direction?) And secondly, an eventual “cure” was more in terms of “damage control” and not a full restoration of the human emotions and passions, with a restored freedom for and docility to right reason. That is to say, life continued to be plagued, at least, by a tacit distrust and deprecation of the goodness of human sexuality. MT avoids both of these inadequacies.

⁶³⁴ See Pinckaers, *The Sources*, 354ff.

⁶³⁵ Psychiatrists are well aware of the power of family dysfunction and its ability to foster repressive propensities. Such dispositions stem from perceptions that ultimately become “core beliefs” which are central to the addictive system. Psychologist Dr Patrick Carnes, an expert in love and sexual addiction, conducted a case study of over 1000 confirmed love and sex addicts. By

come from a chaotically adaptable and cohesively disengaged family where “everything goes” you stand a much better chance of not being a repressed or addicted person.

The mature and emotionally healthy person knows, of course, that he can do whatever he likes. Indeed he “may everything” but he freely and happily chooses only to do that which is good for himself and others. He knows he may do everything but he is also free not to do so (see CCC 396). The repressed person has a strong morally upright inclination⁶³⁶ and intuitively knows that there are understandable limits to the application of MT. His therapist has instructed him that the directive “*you may everything*” intends to liberate his repressed emotions, such that he is not afraid to experience all the inclinations of his own nature passively. At the same time, as an intelligent person, he correctly intuits that there are some limits and therefore does not literally *do* “everything.” For example, he would not rob a bank. He is capable of appreciating this distinction, namely, being afforded the necessary freedom to allow himself to *feel* everything, and so recuperate the instinctive awareness of the innate goodness of nature and eradicate the false usefulness/harmfulness cogitative judgement that holds him repressively captive. The person well knows, and is catechised by the therapist and/or priest that the directive does not mean “wilful cold-blooded deeds,”⁶³⁷ in as much as the latter, being void of any particular emotion, will

studying the family models and attitudes of both addicts and co-addicts, he discovered that a disproportionate percentage of self-confessed love and sex addicts came from rigid and disengaged families. Disengagement promotes fears of abandonment and low trust, while rigidity leads to feelings of shame and dependency. Thus addicts’ relationships are controlling and emotionally unsatisfying yet they create comfort in that they are familiar. Carnes maintains that measured against national norms 78% of the 1000 sex addicts came from disengaged rigid families, where “doing it right” measured highly. Conversely, the cohesively enmeshed families whether they be chaotic, flexible, structured or rigid families measured 0% in each family adaptability category. This is a staggering statistic when compared with the other three family models that assess family adaptability. For example, chaotic and disengaged families only rated 2.5% of love and sex addicts; flexible and disengaged homes had 3.9% of sexual addicts, while structured and disengaged families amounted to 12.3% of the overall number of sexual addicts. Carnes reports: “We found that 78 percent of sex addicts came from rigid families. And in rigid families, “doing it right” is one of the highest priorities.

“Rigid families in our sample were further characterized by being extremely judgemental and disapproving of anything sexual...Children in families with rigid, repressive environments, especially sex-negative ones, are prime candidates for evolving profound shame about themselves and their families.” Carnes, *Don’t Call it Love*, 97, 422-3.

See David Olsen, “Circumplex Model of Marital & Family Systems: Empirical Approaches to Family Assessment,” *Journal of Family Therapy* (1999). Accessed October 31, 2015. <https://web.archive.org/web/20170829131906/http://erurfamilies.uwagec.org/ERFLibrary/Readings/CircumplexModelOfMaritalAndFamilySystems.pdf>.

⁶³⁶ Indeed, this inclination belongs to the very generation of the repressive fear disorder, for it comes about through the influence of an error in practical reason regarding that “good,” which is tantamount to a misinformed conscience.

⁶³⁷ As will be seen later, this insight needs to be articulated within the directive. This rule must

contribute nothing to the healing process.

When the repressed person asks if this directive “*you may everything*” applies to sexual activity with another person or for that matter any immoral conduct involving another person, the answer is decisively in the negative (see *PWH* 117 no. 1). Such a response is not, of itself, problematic since this matter involves the virtue of justice, which is rooted exclusively in the will and not in the lower appetites (see *ST* II-II, q.58, a.4). Moreover, to abide by this advice it is not necessary for him to repress (utterly crush out of consciousness) his sexual desires toward another person. The justification for this, again, is that the human being cannot virtuously direct his emotions unless he has the psychic freedom to experience, consider, and acknowledge their existential acts. The person is conscious of the repercussions of infringing another’s rights or implicating another in objective moral evil. The repressed person’s decision not to involve another person does not cause further repression.⁶³⁸

Note, however, Terruwe/Baars do not burden the patient with this appropriate rule or law in an early explanation of the therapy. They have that inner confidence, based on much experience that the afflicted person will come to his own mature point of asking the question because he/she has now progressed to that level of mature, conscious moral awareness towards the other (see *PWH* 117 no. 1). Besides providing this directive and other instructions in the context of a 50-minute psychological counselling session, it is not immediately necessary, nor desirable, where every

be applied to the repressive disorder. Just such an addition to the directive “*you may everything*” when applied to the pathology more pointedly brings healing to the false cognitive judgement. The wrong cognitive judgement, for example, in the case of a scrupulant is that every sexual affection is sinful. He thinks he cannot permit any natural sexual inclination. Hence, the rule: he may (and even needs to allow himself to) experience sexual stimuli because these are a good of nature that needs to be ordered by right reason.

⁶³⁸ Notwithstanding appeals to the nobility of the sexually repressed person, there is a heavy but professional burden that is laid upon the psychiatrist, psychologist, or priest who makes the call to prescribe, or not, the three directives of MT. Much discernment must be undertaken in considering and prescribing the three directives. Yet in the final analysis it is a professional judgement that at best has only moral certitude. Clearly, were a registered or self-proclaimed child sex offender to present for therapy particular caution would need to be exercised. But the problem remains regarding the scope of the therapy. The three directives are not a solitary or mandatory therapy for helping the sexually pathological person. However, without a therapy that radically modifies the cogitative sense faculty which produces a proper and wholesome connatural knowledge of the natural goodness of the procreative drive and its appropriate end, then the person, including the paedophile, is condemned to a tortuous life. This is an obsessive and compulsive roller coaster ride that in the end is dangerous to the individual and a real danger to innocent victims. Obsessive and compulsive behaviour is just that, obsessive and compulsive. There is little doubt that the three directives as they stand are not applicable to the paedophile or epehebophile. Every discrepancy between their articulation and their practice needs to be considered and this is no small undertaking of responsibility. Even so experience demonstrates that the “reforming” paedophile requires obligatory ongoing scrutiny and daily surveillance, concomitant with the grave risk of reoffending; for even just one lapse can bring catastrophic trauma to a victim. Clearly, individual psychiatrists and psychologists tailor their counsel and articulate any directives to suit the individual according to the depth and breadth of the person’s pathology and any other eccentricities.

possible moral scenario or question is dealt with. Terruwe/Baars also want patients to mature along the road to psychic health and not just be told what to do. Repressed patients are usually good willed and conscientious, and Terruwe/Baars have assessed the calibre of the individual to whom the directive “*you may everything*” has been given. Unfortunately, the “*you may everything*” of the fornicating world within which most young couples live today, can have a significant negative force.⁶³⁹ God leaves all free to choose, even after bringing about a significant healing in a relatively short time. However, in the example provided in the footnote, it was not the directive “*you may everything*” that was at fault but Jenny’s attraction for a lesser good. In a sense, the “*you may everything*” of Terruwe/Baars’ therapy did lead Jenny to the internal freedom for moral choice, even if she and her fiancé ended up choosing immorally prior to marriage (see *Deut 30:18-20*).⁶⁴⁰

⁶³⁹ As an aside, the following example is of an erroneous application of the directives. Jenny was 26, a practicing Catholic, single career woman, good looking, but sexually frigid by her own admission. She was always uncomfortable around men but now fearful of never getting married. Having approached the priest in a pastoral setting, she began receiving counsel. It quickly became apparent that a diagnosis of ingrained sexual repression was not misplaced. The repression was caused by frequent maternal admonitions from an early age that may be summarised as a foreboding admonition about men and their sexual appetites. Following MT, over the period of a year, she found new freedoms and much happiness. Eventually, she shared that she had met a man whom she liked very much and who liked her. She stated that he had a minor embarrassing physical impairment that he had told her about. Far from putting her off, she found his body very exciting and attractive. Enquiring about the suitability of marrying such a man she was relieved to know that there was no impediment to marriage and that love is of the person and not just of the body. They seemed well matched and happy together. Eventually, she asked, since she was still on the three directives, whether it would be ok to be more intimate with him. A proper moral explanation was given and the answer to “how far can we go?” was provided. This advice seemed to satisfy her. Over the next months, their love blossomed and they were talking engagement. She returned for what became the final session, even though she was invited back for further catechesis. Jenny informed the priest that they were going to get married and were moving in with each other. Even though the priest afforded her a kindly and clear moral presentation of the greater good of premarital chastity and the illegitimacy of premarital cohabitation, it was to no avail. It is unknown how much encouragement came from her less informed potential fiancé. Sadly, she never came to grasp and experience true freedom with excellence (i.e., Pinckaers, *The Sources*, 354-68).

⁶⁴⁰ This failure draws attention to another major attribute of the repressive pathology. The very pathology, whereby fear crushes the pleasure appetite and prevents reason and will from exercising their due dominion in this faculty, also necessarily prevents the formation of the virtue of chastity in these individuals. That is to say, the “chastity” that they have through fear is not chastity at all, but a terrified distrust or hatred of one’s natural inclinations. What there is of virtue is cerebral, that is, it is a measure of the virtue of continence, which resides in the will and resolves not to offend the divine law regulating the fitting exercise of human sexuality. In terms of sexuality, therefore, these individuals, regardless of their age, are emotionally immature. Hence, “there can be no true promotion of man’s dignity unless the essential order of his nature is respected,” Congregation for the Doctrine of the Faith, “Declaration on Certain Aspects of Sexual Ethics,” Vatican (December 29, 1975), 3. Accessed October 16, 2016. http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19751229_persona-humana_en.html.

It remains true that “Psychology helps us to see how the immaturity of adolescence (which can sometimes persist after that age), psychological imbalance, or habit can influence behaviour, diminishing the deliberate character of the act and bringing about a situation whereby subjectively there may not always be serious fault” (“Declaration on Certain Aspects of Sexual Ethics,” 9). This is very much the state of sexually afflicted persons in the process of healing, and so they stand in great need of moral support through, priest, family, and friends.

As the breadth and degree of repression are understood, the repressed person gradually understands his own progress on the way to becoming free and responsible. Sexual repression often includes, by extension, related feelings and concerns. Consequently other sense experiences, by way of intensity and expansion (see *PWH* 37-38, 49-50, 214), can be identified. These matters are usually those things that are related to sexual interests such as newspapers, magazines and other literature, TV, movies and music, moral duties, and even religious practices can all be affected by repression and therefore come under the umbrella of “*you may everything*” (see *PWH* 49-50ff.). Hence, the first directive sometimes needs to be also applied to such matters not immediately of a sexual nature. This claim, however, is questioned.

4.3.1. Whether MT advocates sexual sin?

Objection 26 argues that MT provides three directives that allow and tolerate acting on sexual impulses. It maintains that persons on MT are said to have no freedom and that they may...everything. It claims that Terruwe/Baars even provide examples to their patients’ demonstrating the tolerance of immoral acts.

(i) After receiving the three directives, patients are directed to “tolerate” acting on their sexual impulses until they lose their fear of sexual feelings (*Logos*, 38, ¶1).

(ii) Instead of using free association and other psychoanalytic techniques to release the repressed emotion, Terruwe and Baars propose mortification therapy. This method teaches obsessive-compulsive patients to mortify their fears in two ways: first, by allowing the unacceptable desires to become present to their awareness; and second, by tolerating the occurrence of any acts that the desires elicit (*Logos* 40, ¶1).

(iii) Thus, Terruwe and Baars tell the patient that “the acts which might follow his gradually emerging, gradually less repressed, sexual feelings, e.g., masturbation, are in his case not the acts of a free person, and therefore not acts for which he is morally responsible.” The repressing emotion has “eliminated the will” of the patient so that no freedom remains. For such a patient “only the substitution of ‘you may’ for ‘you must not’ in sexual matters will eventually set him free” (*Logos* 40, ¶2).

(iv) The authors insist that this statement does not advocate sexual sins but only “tolerates” their occurrence. Since obsessive patients repress more than just sexual feelings, the authors provide two additional illustrations:

To give an example, a scrupulous person in addition to his primary fear of sex is also fearful of a transgression of positive laws of the Church...Because his fear of a wrathful God must be transformed into a healthy reverence and love of God, he will repeatedly have to tell himself, for example, “I may stay at home today, Sunday, and work all day in the yard;” or, “I may receive Holy Communion today because I desire it (even though I masturbated yesterday). (*Logos* 40, ¶3).

On the contrary, St Thomas states, “God neither wills evil to be done, nor wills it not to be done, but wills to permit evil to be done; and this is a good” (*ST* I, q.19, a.9, ad.3).

I answer that as God tolerates our sins, human beings may at least tolerate their

involuntary thoughts and actions which remain obsessive-compulsive while awaiting healing from a pathology. Since “an effect can be tolerated without being willed by its agent” (see *CCC* 1737).

I respond to Objection 26 (i) and affirm that repressed persons after receiving the three directives need to “permit” their sexual impulses until the tenacious and habitual repressive process has been mortified to the point of psychological and moral freedom. Nevertheless, distinctions and clarifications are needed.

a) Objectively immoral acts which the repressed person may happen to perform during MT need “to be tolerated because the patient could only abstain from them by further repression” (*PWH* 118 no. 2). Terruwe/Baars’ tolerance of such materially evil phenomena was scrutinised in the content of the moral act (3.5.3.2-3). Sexual repression is a diagnosable psychiatric pathology (see *PWH* 124-28). That tolerance of objective “material” evil is morally permissible was made clear by Pope Pius XII; “*It can, for the moment, tolerate what remains inevitable*” (*PWH* 118).

b) The term “*tolerate*” is appropriately and specifically used. This word must be distinguished from other terms such as willed, permitted, and allowed. Fr Vermeersch SJ in his learned work on religious tolerance, clarifies:

Strictly speaking, tolerance has always some evil for its object, such as a physical defect, and intellectual error, or immoral deformity...Tolerance denotes an attitude towards evil, and every word describing that attitude is characterised by caution and deliberation. We may say, then, that tolerance consists in a certain patience of evil, a forbearance which restrains us from showing anger or inflicting punishment.”⁶⁴¹

When Terruwe/Baars explain that the recovering repressed person must “tolerate” secondary materially evil effects, they in no way deny objective moral norms, they affirm the presence of evil by using the word tolerate (see *PWH* 34, 195). The evil of pathological sexual repression results from “a physical defect, and intellectual error.” They know that in permitting the application of the three directives that the repressive disorder can be healed. However sometimes but not always, there can be transient and secondary abreactive evil effects (e.g., fantasies, sexual touching, masturbation, voyeurism,) as a result of MT (*PWH* 104). The temporary toleration of material evil is not absolute; there are certain parameters as will become clear. The toleration of transitory material evils results from and remediates the pathological physical, cogitative, and cognitive repressive evils. The material evil tolerated is not an immoral deformity that is, a material sin. MT does not employ material evil nor sin, either as a means or as an end.

c) Those who apply MT must learn to “permit” that which is good. That is, that which is natural, spontaneous, and objectively good, namely, the normal, healthy, and natural movements of the procreative drive. To these “un-willed” movements of the natural inclination of the procreative drive, recovering repressed persons learn to apply an appropriate reasonable guidance. By enacting *raapra* spontaneous and natural sexual feelings, imaginings, thoughts, and ordinary movements of the sexual

⁶⁴¹ A. Vermeersch SJ, *Tolerance* (New York: Benziger Brothers, 1912), 5-6.

drive increasingly come under the leadership of right reason and, therefore, the rational appetite. All of these unwilled and spontaneous excitations of sensuality are received and accepted as pre-moral (see CCC 1767-68). MT as therapy “permits” the goodness of natural inclinations to which every human being has the right and the duty to apply reasonable guidance. If, however, in this process there arises transitory un-willed secondary abreactive effects that are materially evil, obsessive and compulsive, thoughts and actions, these secondary effects are “tolerated” in the knowledge that as yet they are unable to apply fitting, reasonable control. In fact, this is something of which the recovering person is not at all accepting (*PWH* 111, 113, 215).

d) The toleration of material evil in the course of therapy is necessary when; i) a repressed person can only abstain from such an act by means of further repression (*PWH* 118 no. 2); ii) because the development of rational guidance of the natural inclinations, the sensitive appetite, and sensual excitations are not possible without this apparent liberty or as Terruwe/Baars called it “*freedom for morality*” (see *PWH* 113, 205, 114, 216); and (iii) the spontaneous and tenacious repressive habit and the “feeling” of repression only diminishes gradually if and when MT is applied (see the following section 4.3.2: Response to Objection 27).

e) Terruwe/Baars make it very clear in their teachings that objectively immoral acts are always sins and are never to be advocated as a means or as an end within MT (*PWH* 104). *Veritatis splendour* is transparent in this teaching. “If acts are intrinsically evil, a good intention or particular circumstances can diminish their evil, but they cannot remove it. They remain “irremediably” evil acts; per se and in themselves they are not capable of being ordered to God and to the good of the person.”⁶⁴² Hence, within MT, no objectively immoral, formal or material acts are to be willed or condoned (*PWH* 118, and see 90-92). The matter of “passivity” on the part of the recovering person and the therapist is explained under the circumstances of the moral act (3.6). The “passive” allowance of the “inevitable” natural inclination of the procreative drive with its movements, sexual feelings, imaginations, emotions, thoughts, and psychomotor reactions is permitted “for the moment” while reasonable guidance is re-established.

f) St Thomas in his treatment as to whether or not it is possible for the human law to suppress all vice recognises that it is sometimes incumbent upon human legislators to allow things to be done which are repugnant to the natural law. “Laws imposed on men should also be in keeping with their condition, for, as Isidore says (Etym. v, 21), law should be ‘possible both according to nature, and according to the customs of the country.’ Now possibility or faculty of action is due to an interior habit or disposition: since the same thing is not possible to one who has not a virtuous habit, as is possible to one who has” (*ST* I-II, q.96, a.2). Due to the “nature” of the repressed person’s disposition, the virtuous observance of the law is “not possible” because of the pathological disorder, at least, not until therapy has remediated the repressive “interior habit.”

⁶⁴² VS 81.

The distinction here is between the impossibility of the person to act reasonably while still accepting that there is the natural law which identifies objectively immoral acts. The distinction is between tolerance of the repressed person's transient impossibility to maintain the natural law while remaining committed to and steadfast against formal objectively immoral acts. The sinner is loved while the sin is abhorred (see *Jn* 8:11). Persons are permitted freedom, but they may not desire or will sin. The intolerable is only tolerated. Found in *The Epistle of Mathetes to Diognetus* is the statement, "When God had made all his plans in consultation with his Son, he waited until a later time, allowing us to follow our own whim, to be swept along by unruly passions, to be led astray by pleasure and desire. Not that he was pleased by our sins: he only tolerated them. Not that he approved of that time of sin: he was planning this era of holiness."⁶⁴³

In exacting the law, St Thomist quoting Justin the jurist says, "By no reason of law, or favour of equity, is it allowable for us to interpret harshly, and render burdensome, those useful measures which have been enacted for the welfare of man" (*ST* I-II, q.96, a.6). Mercy and justice meet in Jesus, who came not to condemn but to save (see *Jn* 3:17). If God in divine goodness tolerates the formal sinner of objectively immoral acts awaiting the person's repentance, how much more appropriate to tolerate unwilled, secondary abreactive materially evil acts of those infirm persons burdened by an involuntary repressive pathology who conscientiously strove for virtue, albeit by an erroneous pathological means? All the same, Pope Pius XII states, "in the presence of material sin psychotherapy cannot remain neutral" (*PWH* 118).

g) That material evils can be tolerated is taught by the *Catechism*, "an effect can be tolerated without being willed by its agent...A bad effect is not imputable if it was not willed either as an end or as a means of an action" (*CCC* 1737).

h) The Church, and those who exercise authority within the Church, are conscious and careful to follow the manner of the Master who did not "break a bruised reed or quench a smouldering wick" (*Mt* 12:20; see *Is* 42:3). Moreover, "a clear and forceful presentation of moral truth can never be separated from a profound and heartfelt respect, born of that patient and trusting love which man always needs along his moral journey, a journey frequently wearisome on account of difficulties, weakness, and painful situations."⁶⁴⁴ As Pope St Paul VI wrote:

While it is an outstanding manifestation of charity towards souls to omit nothing from the saving doctrine of Christ, this must always be joined with tolerance and charity, as Christ himself showed by his conversations and dealings with men. Having come not to judge the world but to save it, he was uncompromisingly stern towards sin, but patient and rich in mercy towards sinners."⁶⁴⁵

i) In response to Objection 7 (1.4.7) concerning the argument from authority,

⁶⁴³ Mathetes, *The Liturgy of the Hours According to the Roman Rite*, vol. 1 (Sydney: E. J. Dwyer: 1974): 127, Advent, Proper December 18; *The Epistle of Mathetes to Diognetus* (Chpt. 8, 5-9, 6; Funk 1, 325-27).

⁶⁴⁴ *V*S 95.

⁶⁴⁵ *H*V 29.

moral theologians after thorough examinations and critical investigations have determined that the teachings of Terruwe/Baars, including the three directives of MT when properly applied, are in full accord with both the faith and morals of the Catholic Church. This theological opinion is one among many other affirmations (see *PWH* xiv).⁶⁴⁶ Fr Jordan Aumann OP declared that “the authors’ mortification therapy, as described in this sub-chapter, is in full accord with the teachings of the magisterium of the Church on faith and morals, and particularly the Church’s teaching on sexual morality” (*PWH* 129; *Logos* 41, ¶1). Also clear from Aumann’s moral appraisal are the reasons for the tolerance of unwilled abreactive secondary effects, namely: i) obsessive-compulsive neurotics are not capable of exercising free will and self-control in the area of repression; ii) the objectively immoral acts, which may occur during the process of mortification of the repressing emotions—or, for that matter, whenever the repressive process breaks down prior to the patient’s admission to psychiatric therapy—are not subjectively sinful; and iii) these acts must be tolerated—never advocated—by both patient and psychiatrist. Otherwise, there is no hope of releasing the repressed emotion (see *PWH* 129).

j) Terruwe/Baars have judiciously and prudently fully clarified MT in *Psychic Wholeness and Healing*. Cautions and salutary warnings are clearly presented (see *PWH* xiv, 104-7, 129). At no time in their printed teachings have they misled the reader concerning the good that is permitted within MT and the transitory material evil that sometimes needs to be tolerated. Indeed, the resistance of repressed persons to enact the three directives of MT, even within therapy is itself a sign of their conscientious goodness to avoid all evil (see *PWH* 111, 215).

k) Finally, though not ideal sometimes evils are tolerated that greater evils are avoided. St Thomas answering a question about the toleration of the rites of unbelievers’ states:

Those who are in authority, rightly tolerate certain evils, lest certain goods be lost, or certain greater evils be incurred: thus Augustine says (*De Ordine* ii, 4): “If you do away with harlots, the world will be convulsed with lust.” Hence, though unbelievers sin in their rites, they may be tolerated, either on account of some good that ensues therefrom, or because of some evil avoided (*ST* II-II, q.10, a.11).

Clearly all acts contrary to purity infringe the divine and natural law. Nevertheless, the toleration of houses of ill-repute is endured by the State to avoid greater evils. That this is the case is witnessed by the proliferation of rape of Western girls and women after the recent refugee crisis in Europe and other Western countries during 2015-6. Even within the Church the abuse scandals that have happened have usually been committed by clerics who had psychosexual immaturity and repressive pathologies.⁶⁴⁷ MT as a psychotherapy uses a morally good means to remediate sexual affliction and repression, the transitory, unwilled, secondary abreactive effects, though materially evil, are only tolerated “for the moment.” Indeed, as St Thomas

⁶⁴⁶ See Baars, *Feeling and Healing*, 282.

⁶⁴⁷ See Rossetti, *Slayer*, “Psychological Theories of Pedophilia and Ephebophilia,” 21-22, 32-40, 108. And JJCRT (2004) 3.6, 63. JJCRT (2011), 77. Bosscher and Monteiro, “Dutch Roman Catholics,” 9, 14, 39.

writes “those who are in authority, rightly tolerate certain evils, lest certain goods be lost, or certain greater evils be incurred” (*ST II-II*, q.10, a.11). With all of the above it can be postulated, therefore, that in the application of MT the toleration of transitory acts of material evil in the short term, though not preferable, are permissible.

I respond to objection 26 (ii) that it was refuted in the response to Objection 1 (1.1) that Terruwe/Baars do not use psychoanalytic techniques. These are contraindicated for all repressive sexual disorders (see *PWH* 91; with only two rare exceptions being the hysterical disorder and an excessive energy disorder, see 83 and 99, respectively).

Further, I affirm that Terruwe/Baars teach their patients to mortify their fears via MT. I further affirm that allowing acceptable natural inclinations to become present to the awareness of repressed persons, according to *raapra*, is natural and morally acceptable. Such a practice is a prudent act before any command is willed. The toleration of the “occurrence of any acts” that the desires elicit is a generalisation as explained above, and other places within this text, and especially within *PWH*. That is, all “willed actions” must be conscientiously excluded (see *PWH* 100-1, 118); as must all sexual activity involving another person (see *PWH* 117); and all imaginings and thoughts contrary to one’s nature and right reason (i.e., all fantasies of unnatural acts similarly should be wilfully modified or avoided, as best one can, as the therapy progresses).⁶⁴⁸ Throughout therapy MT consistently engages the person increasingly in the development of right reason and the development of virtue to the degree that they are capable.

I respond to Objection 26 (iii), and affirm that the first sentence of the words of Terruwe/Baars as presented in this objection are a true presentation of their teaching (see *PWH* 110-11). Moreover, the reasons for this statement are fully explained and justified throughout Chapter Three.

Further, I distinguish that although the repressing emotion has displaced the rational appetite and “eliminated the will,” this is only in the area of the repressive disorder and not every willed decision. It is incorrect to state that “no freedom remains” in the person. Indeed, it was noted that a repressed person can pathologically avoid even material evil if “he really sets his mind to it” (see *PWH* 110). Even repressed persons exercise liberty of choice and therefore culpability in many other areas of their life. While the displacement of the rational appetite is conceded in areas of the repressive disorder, in many other areas of work, family, financial decision-making and other areas of life, even sins of selfishness, unforgiveness, avarice, lying, failure to love God through worship are just some of the many areas where repressed persons do well to seek the mercy of God through the sacrament of penance and regular acts of contrition. All of this is thoroughly explained by the therapist and priest so that the person has an understanding that although one area of their life is disordered their entire life is not in complete disarray.

⁶⁴⁸ See Baars, *I Will Give Them*, “The Homosexuals Search for Happiness,” 198-200. See Ripperger, *The Introduction*, 276-77, 690-94.

Furthermore, as explained above the importance of “you may” as compared with the misinterpreted law based understanding of “you must not” has been explained above in the treatment on the understanding of law (4.1.3-4), along with the introduction to this first directive (4.3). Additional information will be provided in (4.4.3-4).

I respond to objection 26 (iv), as explained above MT at no time advocates sexual sin. The toleration of materially evil secondary abreactive effects was treated above (3.5.3.2). The expansion of repressive objects is “an unavoidable consequence of [the person’s] long-time inflexible understanding of, and rigid adherence to rules, laws, and commandments, which know no alternative” (*PWH* 112). It remains true that obsessive patients repress more than just sexual feelings (see *PWH* 131-34, 150-52). The reality of this truth concerning repressed persons’ expansion of repressive objects is very clear in pastoral practice (see *PWH* 49-50). Moreover, it is permitted by Canon Law for the pastor of a parish “to grant in individual cases a dispensation from the obligation of observing a feast day or a day of penance or can grant a commutation of the obligation into other pious works”⁶⁴⁹ for just reasons. A repressive pathology would certainly be a just reason. Yet, the purpose of MT’s instruction is not to dispense from appropriate laws but to have the obsessive-compulsive person mortify the hypertrophied fear that is exacerbated by the presence of the law. Repressive persons struggle with the freedom that they are given while “under” the law. That is, with the law in place, such persons struggle to mortify their fears about their individual and personal blameworthiness under the law whereby they feel themselves “rightly” judged and condemned. Under pastoral care, no matter how much liberty is afforded the recovering person they “feel” compelled to go to confession, and this does not always need to be the sacrament of penance. They often just need to tell the authority figure. Over time, this diminishes significantly until the person’s right reason has become the appropriate moral judge. This confidence often dawns as therapy nears completion. The purpose is not to just remove law: divine, natural, human, or Church law. Rather, it is to give the person the correct interpretation of rules, laws, and commandments as they learn to apply them appropriately. MT promotes the re-formation of the cognitive and cogitative faculties and the mortification of the repressive emotion that is central to the application of MT, and not merely the removal of the law. This aspect of the law will be further treated under the second directive.

Further, Terruwe/Baars in the example of the objection fully explain the reasons and the context for this teaching. Note that the example begins with, “scrupulous persons in addition to their primary fear of sex are often also fearful of a transgression of positive laws of the Church...and their fear of a wrathful God must be transformed into a healthy reverence and love of God” (see *PWH* 112).

The apparent “scandalous nature” of the first directive (applicable only to appropriately diagnosed persons) is understandable once it is realized that in many areas of human action this person has been acting out of fear and has not been

⁶⁴⁹ *CIC* 1245.

performing free human acts. Moreover, such prior attempts at “squeaky clean conduct” were not in the least virtuous because they were not even free actions. They were acts of a human, but not human acts (see *CCC* 1745, 1732, 1749-54). In reality, far from acting on these examples, repressed Catholics are consistently running to confession, and are faithful to their Sunday liturgy. The rigorous striving was not an act of virtue because such conduct is not directed by the will but slavishly commanded by repressive forces (fear or audacity), which of course, were previously commissioned by an erroneous cogitative judgement and the erroneous interpretations of conscience. In a word, the repressive person’s preoccupation to be morally good is inhuman, a pure slavery (see *CCC* 1828). He desires to please God more than anything else. Gradually he comes to understand that by following this directive in the area(s) of repression he will increasingly grow free psychologically, to be and to do good. Moreover, this has a profound effect on the person’s attitude towards God, as God. The relationship matures from servile compliance to a reverential love of divine Persons. While it may be argued that the repressed person could misuse the directives, it should be remembered that the nature of the pathology is the very opposite. Even in therapy, the person has, in fact, little inclination or no motivation to follow the therapeutic directives (see *PWH* 113). Some repressed persons refuse to accept the truth about their personal situation and walk away from therapy. There is no convincing them; this is particularly the case with the repressive energy disorder. Others are stubbornly resistant to the application of the therapy and prolong their healing interminably. This resistance can be a frustrating aspect for the therapist to endure but no coercion must be applied (see *PWH* 94-95).

Lastly, it might be said that the repressed person is internally limited by his conscientious goodness, which is both his pathological “vice” and his saving “virtue.” The afflicted person’s own exacting intellectual perception of right and wrong and his inner moral goodness provide the unspoken limits to an “anything goes” mentality. Moreover, this process takes place within the therapeutic context, where open discussion with professionals contributes to and measures the growth process (see *PWH* 96). It is as much a journey of faith in God, as it is confidence in MT and those assisting.

In brief, that MT provides three directives to remediate pathological repression is affirmed. That there is sometimes a need to tolerate unwilled secondary abreactive material evil is conceded, for the only means to avoid such obsessive and compulsive actions would be through further acts of pathological repression. That afflicted persons suffer from a degree of moral impossibility in the area of repression is certain, even though a qualified liberty remains. It is clear that Terruwe/Baars do not advocate wilful sexual misbehaviour, even though there may be a need within therapy to tolerate material evil. Abreactive secondary bad effects are never condoned. They are neither to be desired nor willed in themselves by the recovering person. MT is not a psycho analytic therapy, the permission to receive and accept natural movements of the procreative inclination in itself is appropriate. When these arise spontaneously they are prudently directed via *raapra*. The matter of the extension of objects related to pathological repression is acknowledged. MT via its ongoing therapy reforms pathology and informs the recovering person with a reverence for Almighty God and

for goodness in general.

4.3.2. Whether one can know if one is free and morally culpable?

Objection 27 raises doubt about an afflicted person's capacity to discern increasing freedom from the act of repression and thereafter personal culpability. It highlights an apparent dilemma concerning the simultaneous acts of healing and culpability.

(i) It is stated that "one can never know for sure whether one is free [from repression], and therefore culpable of sexual sins" (*Logos*, 47 ¶2).

(ii) There is a further complication: if one is inculpable of sins due to repression, a therapy that overcomes repression will therefore restore culpability when its work is complete (*Logos*, 47 ¶3).

On the contrary, moral restraint which comes from right reason simultaneously restricts inordinate acts. "The New Law, by restraining the mind from inordinate movements, must needs also restrain the hand from inordinate acts, which ensue from inward movements" (*ST* I-II, q.108, a.1, ad.3). MT releases a new found "freedom for morality."

I answer that based on the philosophical principles presented in *PWH*, a conversation with repressed persons about their feelings swiftly substantiates the truth that they are acutely aware of the physiological changes that transpire within them when in the presence of a feared sexual object (see *PWH* 18-19).

I respond to Objection 27 (i) that this objection was previously partially explained in the response to Objection 25 (iv); "One Cannot Know if One is Repressing," (4.1.3). In fact, afflicted persons can become acutely aware of the perceivable and repressive emotional reflex force within them. This is an objective repressive characteristic. It reacts spontaneously but can also be stimulated via the intellect and internal senses in the presence of sexual objects and remembrances. When stimulated, the feeling continues as the touchstone of repressive awareness and of mental and emotional progress within MT. It is incorrect to assert that the afflicted person does not know, or could not know, degrees of increasing emotional freedom and thereby "freedom for morality" (*PWH* 113, emphasis in original, & 216). The recovering person, although initially, very much panic-stricken or scrupled over their obsessive-compulsive condition, becomes increasingly conscious to pray for the infused virtues of temperance and for the specific grace of continence to restrain the will, and for the virtue of chastity in the concupiscible appetite. Through therapy, they have gained a connatural knowledge or a "taste" for virtue, whereby they increasingly desire and apply reasonable and virtuous means to attain authentic chastity. Moreover, as expressed in, *on the contrary*, this is not something merely mental but sensate and practical. When recovering persons cooperate with grace, MT liberates from sinful actions because the ugliness of sin is known connaturally. Virtue is of the

heart (see CCC 1775). Jesus, in the context of a discussion on chastity, spoke of the grace simply, “He who is able to receive this, let him receive it” (*Mt* 19:12). As St Thomas says virtue, “restrains the hand from inordinate acts, which ensue from inward movements” (*ST* I-II, q.108, a.1, ad.3). Only reasonable guidance, enlightened by faith and graced by the Holy Spirit is capable of the fruit of self-control. Such a phenomena is alien to the repressed person moving through therapy. Yet, it is palpably perceived gratefully and acknowledged by the end of therapy.

St Thomas in his treatment of the gift of wisdom explains the supernatural aspect of connatural knowledge as a quasi-experiential intuition from God. He refers to it as a “taste” for God (see *Ps* 34:8). By analogy, the recovering person by means of a certain, connaturality comes to understand the ugliness of impurity and the goodness of chastity and increasingly experiences a taste for this virtue. Knowing it, he or she desires the virtue and welcomes the appropriate grace and reasonable means to obtain it. It can be seen from the words of St Thomas that this analogy is appropriate. “Wisdom denotes a certain rectitude of judgement according to the Eternal Law...Thus, about matters of chastity, a man after inquiring with his reason forms a right judgement, if he has learnt the science of morals, while he who has the habit of chastity judges of such matters by a kind of connaturality” (*ST* II-II, q.45, a.2).

MT firstly restores the “perfect *use* of reason” through counsel and catechesis, and then by the mortification of the repressing emotion which caused reason’s displacement. Secondly, MT helps repressed persons understand with a genuine experiential knowledge that which must be judged.

Further, the recovering person, loving Christ, being intelligent and conscientious (see *PWH* 108, 102), longs to fulfil the new “law of love, a law of grace, a law of freedom” (*CCC* 1985, see 1965-74). The above response to objection 27 (i) concerned itself with awareness and liberty. The recovering person (increasingly free from the abnormal distortion/corruption of a repressed sensitive appetite), having been counselled in a thorough philosophical psychology of human nature and the necessity of grace, he or she is much less inclined to be rigidly preoccupied and scrupled with legal imperatives and very much more concerned about charity. About this St Thomas teaches:

He acts freely, who acts of his own accord. Now man does of his own accord that which he does from a habit that is suitable to his nature: since a habit inclines one as a second nature. *If, however, a habit be in opposition to nature, man would not act according to his nature, but according to some corruption affecting that nature.* Since then the grace of the Holy Ghost is like an interior habit bestowed on us and inclining us to act aright, it makes us *do freely* those things that are becoming to grace, and shun what is opposed to it.

Accordingly the New Law is called the law of liberty in two respects. First, because it does not bind us to do or avoid certain things, except such as are of themselves necessary or opposed to salvation, and come under the prescription or prohibition of the law. Secondly, *because it also makes us comply freely with these precepts and prohibitions, inasmuch as we do so through the promptings of grace.* It is for these two reasons that

the New Law is called “the law of perfect liberty” (*Jas* 1:25; *ST* I-II, q.108, a.1, ad.2; emphasis added).

The words of St Thomas confirm not only the recovering person’s initial inability to live the law of liberty because of pathological vice (i.e., “*according to some corruption affecting that nature*”), but also with increasing freedom and willingness to live the law of liberty. “*Because it also makes us comply freely with these precepts and prohibitions, inasmuch as we do so through the promptings of grace*” (*ST* I-II, q.108, a.1, ad.2). The recovering/recovered person knows full well the progression (i.e., the law of gradualness towards freedom⁶⁵⁰) from pathological bondage to freedom for morality and rejoices in the increasing ease, promptness, and delight of virtue.⁶⁵¹

Furthermore, objection (ii) is answered in response (i), because the recovering person not only does not want to be and remain on the three directives but knows full well (in his or her own person) the palpable “absence” of the previously spontaneous repressive reflex sensation as explained earlier 4.1.3: response to Objection 25 (iv). This physical “absence” is known, understood, and profoundly appreciated by previously afflicted persons. They now possess what they always desired, and tried in vain to attain via pathological repression and never could - continence and chastity as an expression of their love for God.

In brief, recovering persons can have every confidence in the knowledge that they are in a repressive state because of the tell-tale sign of the repressive reflex. Similarly, they likewise understand the diminishing tenacity of this reflex and also know without doubt when this reflex is no more. Since they never desired sin in the first place, they are very pleased to be done even with material evil. It is with moral certitude that the recovering person is not caught in the horns of a dilemma. They understand full well when they are free from repression and likewise know that they possess freedom for morality and endeavour to live the freedom for excellence with the help of God’s grace.

4.3.3. Whether MT tolerates sin as a means to psychic wholeness?

Objection 28, in a similar vein to Objection 27, implies that MT tolerates/uses sinful behaviour as a cause to overcome repression. Because repressed persons are incapable of discerning their increasing degrees of freedom, they eventually will sin and thereby be fully culpable.

(i) Mortification therapy uses tolerance of sinful behaviour as a means to overcome repression;

(ii) When its work is complete the patient will be tolerating sinful acts while fully culpable. This is a fundamental flaw in the logic of mortification therapy: the patient must either stop using the therapy while remaining repressed and inculpable, or he or she must continue until repression is overcome and culpability is restored (*Logos* 47,

⁶⁵⁰ See Pinckaers, *The Sources*, “Freedom for Excellence,” 375, no. 1-7.

⁶⁵¹ See *ST* II-II, q.23, a.2; q.123, aa.8 &10.

¶3).

On the contrary, Terruwe/Baars were at pains not to have such an objection made against them or MT:

Moral theologians who do not understand the fundamental difference between neurotic repression and rational guidance of emotions, might conclude that our therapeutic advice fails to meet the criteria of the moral laws. Others might accuse us of letting the end justify the means, if they were to believe that we directly prescribe, rather than merely tolerate, the inevitable transient behavioral consequences of our therapeutic advice. Others again might jump to the conclusion that our therapeutic advice—always given to an individual with an obsessive-compulsive repressive disorder and never to all such neurotic persons in general—constitutes license for all persons with neurotic disorders to commit objectively immoral acts (*PWH* 104).

I answer that the first objection is mistaken. As shown, MT does not tolerate sinful behaviour as a means to overcome repression (see 3.5.3). Secondly, a fundamental flaw is not in MT's therapeutic process but in the objection's understanding of it. The timing between the cessation of non-culpable, involuntary, abreactive secondary effects recedes to the point of withdrawal long before the recovering person is free from MT. The philosophical, theological, psychological, and spiritual principles have become ongoing helpful attitudes for the recovering person's life. The catechesis on the freedom for morality leads a person to understand that the correct application of laws, rules, and commandments is only the initial stage of the freedom for excellence. That is goodness.

The second stage is the freedom and knowledge that in fact "I may everything." I choose, however, always to do only that which is the better thing. After all, afflicted persons have now learnt to do reasonably what they always willed to do anyway, albeit previously by pathological excessive fear, to avoid sin. They choose to do that which is better by not relying on their own fearful effort. They prefer to trust in grace and so achieve what they desire but now in an elevated way. This they freely and happily will to do because it is much better than anything they ever experienced before.

Lastly, divested of fears, energetic strivings, scruples, and many other life draining symptoms, they rely on their natural inclinations and senses, their heart and mind, their virtuous habits and gifts to be open to all that life has to offer. Thus, they experience all that is good, true, and beautiful. In such a state, it is natural to give thanks and praise to the Creator of all that is good. In fact, they do so with delight and take great pleasure in it, experiencing a hitherto unknown happiness. They have learnt to freely let their good be better, until their better is best. Sin is the furthest thing from their heart. They have learnt to know and love themselves unselfishly; to govern themselves reasonably and lovingly; and to give themselves to others unselfishly and willingly.

I respond to Objection 28 (i) that Terruwe/Baars cautioned readers to be fully

with the entire therapy and the moral principles on which it is founded before judging MT. It is a misunderstanding of MT to claim that it tolerates, let alone condones, sinful behaviour as a *means* to overcome repression. The error lies in the failure to distinguish between MT's willed primary effects and MT's unwilled secondary effects.

I respond to Objection 28 (ii) that the above answers from 4.1.3, and 3.5.3.3, are sufficient to refute this objection. Almost from the beginning, MT is restoring both psychological and moral freedom. MT is far more than a psychological therapeutic process, as previously argued. MT is a means to recover authentic freedom *for* morality, spiritual excellence and an opportunity for virtuous living. As the vicious "felt" reflex of repression recedes throughout MT, similarly the afflicted person is increasingly aware of their liberty, and is decreasingly obsessed and compelled. Thereby, MT is a means to afford an increase of actual graces that accompany virtue and the gifts of the Holy Spirit which in turn lead to an augmenting of sanctifying grace and the growth of merit.⁶⁵²

In brief, the recovering person proceeds with greater alacrity in the pursuit of pleasing God. They are on the road to an enhanced holiness and spiritual wellbeing. They are free from anxiety over mortal and venial sin, and voluntary and involuntary imperfections. It is worth recalling that the afflicted person has been in the pursuit of virtue, albeit erroneously, since the beginning. Unlike so many uninformed people who wrongly believe that freedom is "the power to choose between contraries" the recovering/recovered person has learnt connaturally, in its fullest sense, that "the power to act freely with excellence resides in reason and the will together."⁶⁵³ It is true that they "may everything." However, liberated from their pathology they are now free to choose righteously and be equivalently blessed (*Mt* 5:6).

4.4 Second Directive: "For You, No Rules, Laws, or Commandments."

The second directive is "*For you there are no rules, laws or commandments*" (*PWH* 112). Human nature though inherently good, is damaged through original sin. It is inclined to evil and is subject to error (see *CCC* 374, 1706-7). The passions are impetuous and lack docility. God has revealed what is best for man (see *Deut* 5:1-21). Indeed, it is inscribed in the heart: "do good and avoid evil." As noted, the repressed person is very aware of moral norms. Intelligent and conscientious, repressed persons endeavour over many years to live according to these standards but labour under their own mistaken, rigorous moral criteria. Faced with repeated failure and frustration, repressed persons usually redouble their efforts by force of will power, unaware that each time they do this they are reinforcing the pathological process (see *PWH* 36). To break the vicious circle of repression, the first and second directives are designed "to help each patient to become a person who is free to opt for or against God in the realization that they are fully dependent for their happiness on a loving, merciful, and forgiving God" (*PWH* 113). To release the afflicted person

⁶⁵² See *CCC* 2010, 1732, 2008.

⁶⁵³ Pinckaers, *The Sources*, 375.

from pathological repression, Terruwe/Baars provide the second directive which states: “*For you there are no rules, laws or commandments.*” Without surprise then, Terruwe/Baars were accused of being lawless. However, this was not so.

4.4.1. Whether MT encourages sin? Is it antinomian?

Objection 29 argues that MT is an encouragement to commit mortal sin. In essence, it is antinomian. Natural moral law is misrepresented and degraded. MT promotes sinful inclinations and does further significant harm to recovering afflicted persons.

- (i) The attitude the authors have toward culpability and their encouragement to commit mortal sins - is the unavoidable gist of the three directives, even if the word “tolerate” is used instead of “commit.”
- (ii) The attitude of the authors... bears the mark of all antinomian theories.
- (iii) The moral law is treated as posited, not natural. The ill effect of violating a posited law is treated as being simply guilt, and so the focus is on whether or not a person is culpable of formally committing a sin.
- (iv) But moral laws are degraded if seen as simple prohibitions posited by the Deity, and are not understood as written into our nature by God, our Creator and Father, as the design for our integral development.”
- (v) Apart from questions of culpability, violations of the moral law produce disorder within the person by strengthening immoral desires. The resulting inclination harms the person in a far more significant way than the harm done by having obsessions (*Logos* 47, ¶4).

On the contrary, Terruwe/Baars in numerous places affirm and promote both natural and divinely revealed law. “We want to make it clear beyond a shadow of a doubt by means of this chapter that there is absolutely no need, either for the prevention or the treatment of neurotic disorders, to lower or abandon moral values” (*PWH* 106).

I answer that the prevention or cure of a sexually repressive disorder is never avoided or remediated by lowering or ignoring objective moral norms. Sexually afflicted persons are never helped “by abolishing, or tampering with, these laws” (*PWH* 207).

I respond to Objection 29 (i). The entire content of Chapter Three, *The Moral Evaluation of Mortification Therapy*, is sufficient to repudiate thoroughly this Objection 29 (i). It analysed the moral act concerning MT, and in doing so, it was shown how the terms culpable, mortal sin, and tolerate are appropriately used. MT neither encourages nor tolerates the wilful commission of sin. Through a thorough explication of the traditional moral principles justifying occurrences whereby a secondary effect may be tolerated (3.5.3.2), the confusion surrounding the Objection

29 (i) is clarified. Moreover, it was confirmed that at no time is there to be any promotion of wilful sin (as a means or as an end) by the afflicted person, the psychologist, or the priest (see *ST* II-II, q.43, a.3).

As explained in an earlier section of this present chapter (4.1.1) when considering ERP, the afflicted person is clearly instructed as to the nature of both psychological and moral passivity and what this means while applying MT (see 4.1.1: Response to Objection 23). In addition, within Chapter Three (3.6), the intention of passivity on the part of all involved was clarified.

Further, I deny that MT encourages the commission of mortal sins as the unavoidable gist of the three directives. To commit a mortal sin, one must have a clear knowledge of a grave wrong and freedom with full consent (see *CCC* 1857). This was clarified in Chapter Two (2.5.2) in the response to objection 14 (ii) concerning *Sexual Desires being Buried Alive*. The pathologically afflicted suffer a moral impossibility in the area of their repression. The sexually afflicted person is not a free agent in the area of repression as was clarified in 3.7 (see *PWH* 212-18). Moreover, it is the afflicted person's disposition that he or she loathes to commit any sexual sins, and it is this that initially set in train the habitual vice of pathological repression. Terruwe/Baars clearly teach: At no time during therapy is the psychiatrist to instruct the patient to masturbate or do anything else that is morally wrong. No person can do this without being guilty himself of a moral wrong. Moreover, such advice or instruction would also be psychologically irresponsible and counter-productive because the patient then would start to will these acts (*PWH* 118). It would be scandal (see *CCC* 2284-85, 2287). Terruwe/Baars had neither a lax attitude toward the culpability of sin nor did they encourage the commission of mortal sins. A misreading of the content of *Psychic Wholeness and Healing*, which suggests to the recovering person "to leap before one looks" (*PWH* 93) may leave a person thinking that somehow Terruwe/Baars contradict themselves concerning passivity in the application of MT and encourage a degree of wilfulness. Nevertheless, the reason for the explanation makes it very clear that it is not about the commission of sin, and even less so about grave acts, but rather the permission to feel what every human being under God may feel. Moreover, Terruwe/Baars exemplify this point in context.

Another patient, also with a severe obsessive-compulsive repressive disorder, was equally unaware of the aforementioned paradox [always thinking and not feeling], especially as he claimed to be capable of normal emotional reactions (which were actually willed emotional manifestations as he did not wish to appear fearful). In one of our books he had read that a thorough understanding of the nature of neurotic disorders is of great benefit to patients in therapy. He had interpreted this to mean that he should, that is was obliged to, understand his disorder fully, and to that end he felt compelled to read the book over and over again, until he became so enraged by this perverted action of his practical reason that he tore the book to shreds. When we complemented him on having done that, he replied, "I realised already before I came to you that I should ignore all 'I must's' or 'I must not's' and 'I should's' or 'I should not's,' and just do as I please, but I never really dared to do that. We told him that he was absolutely correct, and that his attitude was the underlying principle and aim of our therapy – learning to trust one's feelings, "to leap before one looks," in the confident realisation

that the more the feelings emerge, the more they will become amenable to guidance by the higher faculties, instead of being opposed and suppressed by fear or energy. From then on the patient improved steadily; his emerging emotions became increasingly integrated with his common sense, and he was able to live spontaneously and happily (*PWH* 93, inclusion added).

As can be seen from this example, which is typical of MT, there is no committing, or encouraging of sin, let alone grave sin. There is, however, a necessary permission to feel and to allow normal spontaneous psychosexual manifestations. MT provides freedom for the afflicted person to receive, acknowledge, and accept, to be prudent in that respectful acceptance, and to adore God with gratitude and praise. *Raapra* makes it morally possible to counteract fears. When a person does this systematically by following the first impulses of the natural inclinations, and not being deterred but mortifying subsequent negative and resistant thoughts which undoubtedly would be impaired and inspired by fear, the afflicted person gradually comes to an authentic freedom. The person's motto, therefore, is to learn to trust, to feel, and to put much less emphasis on thinking, and to "leap before you look" (see *PWH* 93). "Receive, your 'feelings' let them manifest themselves and acknowledge them, accept them and learn to trust them." When this is consistently put into practice the person discovers that they do the right thing and that they do not do anything wrong or strange. The person's connatural experience proves that they are on the right track. This knowledge brings confidence and the necessary encouragement to continue in therapy while natural feelings, imaginings, emotions, make themselves felt more and more while simultaneously mortifying the repressing fear, which gradually recedes. Increasingly, a sense of sentiment, of desire, and in time, of joy and happiness, which were previously absent, begin to manifest themselves spontaneously (see *PWH* 156).

I respond to Objection 29 (ii) that it is important to reaffirm that Terruwe/Baars, now deceased,⁶⁵⁴ were reputable persons who lived notable and virtuous lives. Both died as honourable Catholics having "fought the good fight, having kept the faith" (*2Tim* 4:7).⁶⁵⁵ It appears improper to state in Objection 29 (i) that "the attitude the authors...bears the mark of all antinomian theories." To claim that the authors had this bias is unjust given that they cannot defend themselves. Even in a theological critique, care needs to be taken not to attempt to degrade opponents by attacking them with *ad hominim* arguments in an effort to sway persons with derogatory "tags." As the *Encyclopaedia of Biblical Christianity* states: "few, if any, would explicitly call themselves "antinomian," hence, it is usually a charge levelled by one group against

⁶⁵⁴ "Say nothing but good of the dead." This maxim is found in an early Latin text. *De mortuis nil nisi bonum dicendum est*, is a phrase that indicates that no one should refer to the dead in a way that brings ill-repute upon the deceased person. The obvious implication is that the dead cannot defend themselves. Ambrogio Traversari. *Benedictus Brognolus: Laertii Diogenis vitae et sententiae eorum qui in philosophia probati fuerunt*. Impressum Venetiis: Nicolaum Ienson Gallicum, 1432.

⁶⁵⁵ Both Dr Terruwe and Dr Baars were invited as consultants to the 1971 Synod of Bishops in Rome on priestly celibacy and chastity.

an opposing group.”⁶⁵⁶

Further, in theology antinomianism is used as a pejorative term because it has been connected with heresies since the Reformation, even though the concept dates back to the earliest Christian times.⁶⁵⁷ Briefly, it is stated as “Christians are under no obligation to obey the laws of ethics or morality.”⁶⁵⁸ Nevertheless, Terruwe/Baars were at pains to point out that their teachings as contained in *Psychic Wholeness and Healing* consistently argued in favour of maintaining traditional and objective moral norms.⁶⁵⁹ The words of Terruwe/Baars are on public record:

Finally, in view of certain popular but ill-conceived practices in modern education, we deem it necessary to state emphatically that prevention of repressive disorders is never accomplished by lowering moral norms. Just because certain persons with neurotic disorders are constantly living in fear of transgressing moral laws, and frequently do so anyway in spite of all their efforts not to, it is not logical to conclude that they can be helped by abolishing, or tampering with, these laws (*PWH* 195-96).

Terruwe/Baars did not promote lawlessness. Indeed, they state “there cannot be any fundamental conflict between sound moral theology and sound philosophical anthropology” (*PWH* 120).

I respond to Objection 29 (iii) that Terruwe/Baars did not ascribe to or teach the content of this objection. They emphasised the natural law. They taught repressed persons that:

The rules of natural law, provided they are properly understood, can never exert a repressing action. For natural law teaches one how to act according to reason in every circumstance. Hence, in the natural order moral acts correspond to reasonable acts, for if persons are to attain the good that is proper to them, they must conduct themselves as human beings, that is, as rational beings. By acting according to reason, their actions are morally right, because the rules of morality are merely formulations of what is intrinsically rational (*PWH* 33).

To develop a connatural knowledge of the goodness of moral laws. The patient has to discover for himself or herself the feeling knowledge *and* the intellectual knowledge that moral laws are both good and necessary, since they are but the expression of human nature (*PWH* 113).

⁶⁵⁶ See Theopedia, “Antinomianism,” *An Encyclopaedia of Biblical Christianity*. Accessed December 5, 2015. <https://web.archive.org/web/20160314044817/http://www.theopedia.com/antinomianism>.

⁶⁵⁷ “As early as apostolic times it was found necessary to single out and combat this heresy in its theoretical or dogmatic as well as in its grosser and practical form. The indignant words of Paul in his Epistles to the Romans and to the Ephesians (*Rom* 3:8, 31; 6:1; *Eph* 5:6), as well as those of Peter (*2Pt* 2:18, 19), seem to lend direct evidence in favour of this view.” Francis Aveling, “Antinomianism,” *The Catholic Encyclopaedia*, vol. 1 (New York: Robert Appleton Company, 1907), republished online as *New Advent*, v.2.1 (2009). Accessed December 9, 2015. <https://web.archive.org/web/20191205045615/http://www.newadvent.org/cathen/01564b.htm>.

⁶⁵⁸ *Theopedia*, “Antinomianism.”

⁶⁵⁹ See *PWH* xiv, 33-34, 43-44, 86-87, 100, 106-7, 113, 117-18, 129, and ‘*Guidelines*’ to *Quicksand*, 233-36.

It was the very point raised by this objection that had Terruwe/Baars repudiate the Freudian concept of the *superego* (PWH 34). Right reason in accordance with the natural law is the basis for a healthy sense of moral guilt and what it signifies. The divine and natural law and the objective moral norms derived from them are healthy for all persons. Provided they are properly understood; they can never exert a repressing action. Indeed, both Fr Duynstee, who was a doctor of laws (i.e., civil and canon) and a moral theologian, and Dr Terruwe are on public record stating that their philosophical psychology is first and foremost founded on the Thomist dictum: “Our sensitive appetite surpasses that of other animals by reason of a certain excellence consisting in its natural aptitude to obey the reason” (ST I-II, q.74, a.3, ad.1).⁶⁶⁰ “The precepts of the natural law are to the practical reason, what the first principles of demonstrations are to the speculative reason; because both are self-evident principles” (ST I-II, q.91, a.3; q.94, a.2). Moreover, “the law of [the] intellect” is an expression of the natural law (ST I, q.79, a.13). Divergence from the natural law by a malformed cogitative power through the malevolence of sexual abuse or the faulty formation and interpretations of particular and universal reason in matters contrary to the natural law are causative of radical repressive pathologies and disorders. Terruwe/Baars did not treat either the natural or moral law as merely “posited” law.

The distinction Terruwe/Baars draw between moral guilt and psychological guilt is well founded and in no manner contradicts traditional understandings of morality, law, or philosophical psychology.

There will be a defect in the psychic life if a sense appetite acts contrary to reason. This is not a defect as regards the sensory inclination itself, however, because the particular appetite will become quiescent once its goal has been attained. But it is a defect in the relationship of appetite to reason, which is experienced as a feeling of discomfort and uneasiness. Hence, it is more than an intellectual awareness of the wrong that has been done; it is an actual feeling of incompleteness. This is the way in which well-balanced, mature individuals spontaneously react and it forms the basis of the *feeling of guilt* which results from performing acts that are morally wrong. It is an experience of the psychological incompleteness of the human act (PWH 27).

In this passage can be seen the relationship between right reason and right doing. Human beings appropriately feel guilt when they act contrary to right reason, and to the natural law. Distinguished from a healthy sense of guilt, is pathological guilt, scrupulous guilt, mistaken guilt. Pathological guilt is a psychological manifestation of psychic incompleteness that is not based on right reason but pathology. Terruwe/Baars in referring to guilt draw several distinctions, namely, healthy moral and psychological guilt together, moral guilt absent of any psychological guilt and psychological guilt without any moral responsibility.

Here we touch upon the important distinction between the intellectual awareness of guilt, which is a function of practical moral judgement or conscience, and the feeling of guilt which is experienced in the sensory appetites. Both are normally present in the well-balanced person, but it is possible for an individual to have only the intellectual awareness of guilt without any sensory feeling, or to have a feeling of guilt which is not

⁶⁶⁰ See Duynstee, *Verspreide Opstellen*, 10. And Terruwe, *Neurosis in the Light*, 27.

substantiated by any rational judgement. The successful treatment of patients will often depend upon the therapist's knowledge of these possibilities (*PWH* 27n)

Terruwe/Baars' thorough treatment of moral law, natural law, posited law; and appropriate moral guilt, the guilt of *psychopathic personalities* (see *PWH* 27-28; 27n) and pathological guilt; and the culpability resulting from the commission of sin, belies Objection 29 (iii).

I respond that Objection 29 (iv) is sufficiently treated above in the answer to 29 (iii). It is true that moral laws are degraded if seen as simple prohibitions posited by the Deity. However, neither Terruwe/Baars nor MT do this as explained.

I respond to Objection 29 (v) that similar content to this objection was previously answered in 1.4.9: response to Objection 9. As shown from Chapter Three, recovering repressed persons, when applying MT appropriately, are neither culpable for their pathology nor for any secondary abreactive effects that flow from therapy. MT far from producing disorder or harming the repressed person, promotes freedom for morality and psychological health. Immoral desires are not strengthened, rather they can be brought under reasonable control for the first time in the recovering person's life. Spontaneous sexual movements, manifestations, and inclinations far from harming the person are received, acknowledged, and accepted as natural inclinations of the procreative drive. Both obsessions and compulsions diminish to nothing in the proper application of MT, and right reason replaces repression with increasing virtue, assisted by grace.

In brief, as emphasised more than once Terruwe/Baars respect and promote objective moral laws. Both natural and eternal law have their source in God. Terruwe/Baars were both reputable persons. Guilt feelings are appropriate in the presence of moral evil. However, guilt feelings are inappropriate if they result from a pathology. That material evil arises during therapy results from the pathology of repression and not from MT in itself. Abreactive and involuntary secondary effects are tolerated as an undesired necessity. MT as a psychotherapy promotes both psychological and moral norms and both promote the tranquillity of order which is peace.

4.4.2. Is the Second Directive Justified?

As seen from the above Objection 29, it is not uncommon for MT as a therapy to be criticised concerning the second directive. Regarding this directive, it has been argued that the psychologist misleads or does not speak truthfully when he says, "*For you there are no rules, laws or commandments.*" To understand that the psychologist does not mislead or speak untruthfully when he states the second directive, a distinction is to be drawn. Terruwe/Baars do not deny in faith or in practice the reality of objective moral absolutes (see *PWH* 106). Nor do they repudiate their importance and application, for Jesus reaffirmed them (see *Mt* 19:18-21). They are explicitly

taught by the Church (see CCC 1751, 1755).⁶⁶¹

In the second directive the psychologist does not say, “there are ‘no’ rules, laws, or commandments” but that “*for you*” the repressed person, there are no rules, laws, or commandments. This instruction is due to the pathological condition marked by a false mindset.

The psychologist is basically saying to the repressed person seeking a therapy: “For the time being, ‘for you there need to be no rules, laws, or commandments.’ Most specifically in those areas affected by your repressive sexual pathology and in whatever other areas you suffer from under its influence. In short, you will come to see that you are afflicted by a malformed cogitative power. You have cognitive misinterpretations that affect your conscience, and which in turn habitually contaminate and deform your cogitative power, such that your judgements habitually command emotions in a manner unbefitting right reason. On account of this repressive condition, which habitually militates against the actual law of God and human nature, there is a need for a reformation of your cogitative power and your cognitive faculty which includes your conscience.⁶⁶² There is a need for you to resist and reform the parody of ‘right reason’ issuing from your cogitative power that is commanding the repression of your concupiscible appetite and the procreative drive. It is your false interpretation of the rules and laws of your emotionally disordered psyche that you need to reject and remedy. Moreover, you can achieve this interior reformation of the cogitative judgements by radically repudiating and ignoring (i.e., mortifying) their false dictates. This directive is necessary *for you* at this time because of your need to reverse existing erroneous cogitative judgements for a renewed psychosexual insight and for reformed moral growth towards full freedom” (see *PWH* 113).

The psychologist, therefore, does not mean the person to understand the directives in an absolute sense, but to be heard in a limited sense. And this is explained as part of the ongoing counsel and catechesis that MT requires. Concerning the possible danger of the repressed person going “*too far*,” this is internally tempered for all the reasons previously offered. The therapist leaves the repressed person to become intuitively aware of the limits to the directives, while taking care that they are not overly limited subjectively (see *PWH* 117).

Taken absolutely, this directive is objectively false, but the psychologist neither understands nor applies this directive absolutely. The directive is formally similar to what the Church has prescribed for the pastoral care of severely scrupulous souls because in each case the individual falsely construes the law of God and fabricates an unnatural labyrinth of rules contrary to right reason and nature. The psychologist would have this be understood by the repressed person in this particular unique setting. The reason such broad directives are employed is that they must cover all areas of repression since it will not be clear initially what the boundaries of repression are in each afflicted person (see *PWH* 49-50). This instruction is necessary because

⁶⁶¹ See VS 80.

⁶⁶² See CCC 1783-85; 1798; 1457.

the person thus far has sincerely believed his mistaken interpretations of moral norms as being in conformity with divine law. If this directive is not given in this emphatic form the person, when confronted with moral decisions affecting the area of repression, will unwittingly fall back into the pit of his errors and so reinforce his repression (see *PWH* 112-15). The scrupulous and fearful person is adroit at focusing on any and every possible thought, word, deed, or omission making it a matter of moral concern which thereby stimulates his repression and scrupulosity when this is present. There are objective rules, laws and commandments and the wise person does well to follow them. However, in the short term for the recovering person the burden of law is appropriately lifted temporarily.

4.4.3. The Repressed Person is Morally Immature

The temporary cessation of rules, laws, and commandments for the repressed person provides a necessary respite from moralising. The repressed person needs to “feel” or “sense” that he is as free as a child so that he may gradually learn to appreciate and correctly interpret true objective moral norms. Alternatively, as St Thomas wrote, “Thus the same is not possible to a child as to a full-grown man: for which reason the law for children is not the same as for adults” (*ST* I-II, q.96, a.2). Terruwe/Baars incorporated this teaching into their therapy, and so they state:

In therapy, the person with obsessive-compulsive repression has to walk the same developmental path as the child does. The child’s emotional life has to grow without unnatural obstructions if he is to learn to conduct a truly moral life. Feelings and emotions are necessary to develop a connatural knowledge of the goodness of moral laws. The patient has to discover for himself or herself the feeling knowledge and the intellectual knowledge that moral laws are both good and necessary since they are but the expression of human nature. This is a gradual process that takes less time than it does in children because patients are already grown in many other areas of their personality (*PWH* 113).

Cooperation with the therapeutic directives allows the repressive pathological habit to diminish. Throughout therapy, the tenacious habit of repression is gradually mortified. This process stands in direct proportion to the correction of the aberrant cogitative judgement that has been deploying the repressing emotion. In the early stages of therapy, resistance to therapy is a constant characteristic of the afflicted person’s attitude and behaviour (*PWH* 111, 113). Over time, however, the resistance gradually gives way to a reluctance in following the therapy; then even the reluctance is relinquished as the benefits of the therapy are “felt.” With the experience of this new found freedom, there is a readiness for greater cooperation with the healing process. This hope-filled reassurance feeds cooperation with MT in so far as progress is, in fact, being made. The person walks the gradual developmental path as a healthy and normal child or youth does, albeit belatedly (*PWH* 113).⁶⁶³ This psychological process is something akin to what St Paul writes regarding advancing in the spiritual life. “When I was a child, I used to think like a child, and argue like a child, but now

⁶⁶³ See Pinckaers, *The Sources*, “Freedom for Excellence,” 375 no. 2. And *CCC* 2342-43.

I am a man, all childish ways are put behind me” (1 *Cor* 13:11; *Rom* 5:1-5).

Nevertheless, there can be no quick fix for years and even decades of pathological repression. St Thomas understood this truth about human nature and how it bears on our readiness for living a moral life, as well as what needs to be allowed and tolerated in different persons of different ages and levels of maturity (see *ST* I-II, q.96, a.2). This insightful teaching of St Thomas applies to sexually afflicted persons and therapy prescribed for their disorder in three ways. Firstly, because the law should be “possible according to nature.” As noted, however, in the repressed person moral culpability is displaced, diminished, or altogether impeded (*ST* I-II, q.77, a.1). Secondly, the “possibility or faculty of action is due to an interior habit or disposition.” But as explained, repression has vituperated the repressed person’s nature, so that he or she lives with a tenacious pathological vice instead of a freely formed virtue. As Aquinas states, “the same thing is not possible to one who has not a virtuous habit, as is possible to one who has” (*ST* I-II, q.96, a.2). Lastly, because the sexually afflicted person lacks proper reasonable governance and direction, what is possible to a psychologically free person is not feasible for a pathologically afflicted person (see *ST* I-II, q.77, a.8, ad.3).

The laws of nature are learnt from the inside out, and not only from the outside in. Actions flow from the person, outwards from the heart (see *Mk* 7:12; *ST* II-II, q.59, a.3). Laws or obligations imposed from outside, unless they are assimilated in the heart of the person, do not bring moral perfection on an initial and singular occasion. If the repressive person has pathologically interpreted particular laws or obligations via an erroneous cogitative judgement and has acted in a disordered manner, this is far from moral perfection. There is a need for patience and to tolerate all manner of mistakes. Everyone should be allowed to grow in his or her knowledge via sound teachings and formation, even to the establishing of a pattern of behaviour, before corrections or discipline is meted out. Intelligent, conscientious, and healthy children pick up on moral teachings early, quickly, and well. They assume the philosophy of their parents as they assimilate the customs and language of those that educate them. Conversely, there is the understandable maxim that “parents with neurotic disorders raise children with neurotic disorders” (see *PWH* 185). On the upside, there is the knowledge that these are the best of children; for not every child in the home is so conscientious or intelligent as to pick up on a parent’s neurotic cogitative judgements (see *PWH* 108).

The breadth of freedom the second directive affords is a vital overall aspect of MT. For it is only over time, that the disordered person experiences the repressed emotions of the pleasure appetite with all their ordinary and concomitant natural psychomotor reactions. This change comes about through the release of the repressed pleasure emotions from their tenacious habitual repression by assertive emotions, along with the simultaneous mortification of these emotions of fear or energy or both. Only very steadily, as the previously repressed emotions of pleasure are released will

there be the re-formation of the cogitative power ⁶⁶⁴ and the correction of previously erroneous judgements. These changes will promote gradual but increased degrees of freedom for morality.

This insight is a significant doctrinal point regarding the order and mode of the correction of the cogitative judgement. Such a methodology is a major justification of the very broadness of the second directive. Clinically, the cogitative power judgement can only be corrected by the proper connatural experience of the repressed phenomenon in its ontological goodness, and not by any “school method” of instruction; as enlightening and helpful as intellectual insight is (see *PWH* 39-40, 90, 224). The reason is that such information can only modify the intellect whereas MT also addresses and corrects the cogitative power. Hence, the directives must be broad enough to contain and respond universally to *all* the fears, triggered by false cogitative judgements. Each of the three directives, but particularly the first and second, are not a priori categories independent of experience, but a consequential methodology demanded by the pathological state of the habitually aberrant cogitative judgement that cannot be remedied in any other fashion, though healing prayer is also advised. Indeed, the relative broadness of the first and second directive is apparently justified, given that the corrective procedure of the cogitative power can only take place connaturally in a sensate manner. Repressed persons need the freedom to feel.

For Terruwe/Baars, therapeutic connatural knowledge is a necessary ingredient for helping the repressed person to become free. That this can eventuate, the person needs the opportunity to permit the required feeling knowledge that human sexuality is a natural “good.” Simultaneously, repressed pleasurable emotions are to be passively allowed so that they reawaken and are allowed expression according to right reason. This release is achieved concomitantly by reformulating the cognitive faculties. This is achieved not only by relieving them of old interpretations and applying the proper understanding of law but also by a thorough re-education through proper interpretations while mortifying the repressing emotion. Terruwe/Baars states:

To enable patients to develop this *feeling knowledge* the therapist must also help them to rid themselves of the *cause* of their repressing fear or energy, i.e., their usefulness judgement that sex is harmful. Since the usefulness judgement was formed and sustained by the admonition, “you *must not* feel pleasure in sexual things” (to mention only one of many such admonitions), the patient must learn and dare to substitute “I *may* feel pleasure in sexual things.” Or to give this advice a simple and practical form for all possible eventualities – feelings, fantasies, thoughts, memories, etc. – we tell them that only the substitution of “you *may*” for “you *must not*” in sexual matters will eventually *set them free* (*PWH* 109, emphasis added).

⁶⁶⁴ This is no superficial point. Afflicted persons suffering from this sexual disorder know firsthand the feeling and slow diminution of the vicious reflex of repression (see 4.3.2: response to Objection 27). To believe or to state that this can happen quickly is to belie reality and the experience of the truly sexually repressed person. Grace can, but does not ordinarily work miraculously in this matter. All the same, grace certainly accompanies and expedites the healing of the repressive disorder. This statement concerning the speed of recovery neither doubts nor denies God’s healing love. Persons should always, and regularly beseech God for healing (see *Ps* 6:2, 41:4, *Jer* 17:14; *CCC* 1503).

Unlike healthy, mature and psychosexually integrated persons, the repressed person cannot distinguish between an appropriate fear of committing a particular objective sin and the pathological hypertrophic emotion of fear connected with the internal arousal of the sensitive appetite. For the repressed person these distinct fears, one reasonable and the other unreasonable, are co-joined and stimulate each other. When stimulated by an erroneous cogitative judgement the repressing fear can attack the emotion of desire's corresponding feelings and/or its psychomotor reaction repressing them. Indeed, it can even efface the image that initially aroused the emotion (see *PWH* 38, 46-47).⁶⁶⁵ A harmful cogitative judgement can be so ingrained (i.e., habituated, see *PWH* 36, 47, 216) and so quick a psychic reflex of protection against a presumed potential evil, that the feeling is rightly called a repressive "reflex." MT aims at helping the fearful repressed person not only to distinguish such pathological fears and their corresponding reflex but also to eliminate the unreasonable fear's repressive force coming from the cogitative power.

By prescribing the second directive to a repressed person, Terruwe/Baars state "by our instructing these patients that they are to ignore rules, laws, and commandments, we free them of interpreting them in the wrong way" (*PWH* 112). By interpretation is meant the habituation (i.e., fixation) of erroneous cogitative judgements which will take time to reverse; firstly, with a true interpretation and secondly, with the formation of a habit of appropriately applied interpretations. While thinking knowledge can be adjusted through a wholesome education; internally, connatural sense knowledge and habit lag behind true intellectual knowledge and free choice with their accompanying deeds. Thus the maxim, "old habits die hard." Faulty interpretations are a result of the repressed person's long time inflexible convictions and rigid adherence to rules, laws, and commandments, about which, at least at the beginning of therapy, the person believes there is no alternative. In fact, even once his mind has been converted, the ingrained "convictions" of the cogitative power and the sense memory are most tenacious, and it is they who command the emotions (see *PWH* 113).

One reason why the three directives are worded the way they are is that they are almost too broad to be of any seeming help initially. Most afflicted persons are just flabbergasted and remain hesitant. Firstly, the directives are not given in early counselling sessions before much formative ground work. They are not a magic formula but a serious method to reverse a very grave condition. Moreover, they are only given at the appropriate time and in a suitable manner, to a particular disordered person.

The range of presenting afflicted persons as previously explained, can be from the most recently sexually traumatised child all the way through to the most severely afflicted repressed person who has been hospitalised due to an emotional breakdown. Terruwe/Baars well knew that the three directives are so broad that they are somewhere to start but also so nebulous in another sense that the repressed person

⁶⁶⁵ See Appendix III, vignette 3: Sr Gloria with a repressed imagination from an energy disorder.

does not know what to do with them and therefore does nothing and waits ongoing clarification. This fact becomes most apparent in the counselling situation. It is good to recall that most repressed persons excessively fear God and his just punishments. In this sense, these individuals are virtually paralysed from applying the directives. They rightly have in their mind: "To choose deliberately, that is, both knowing it and willing it, something gravely contrary to the divine law and the ultimate end of man is to commit a mortal sin. This destroys in us the charity without which eternal beatitude is impossible. Unrepented, it brings eternal death" (CCC 1874). There is little wonder that the repressed person refrains from any wilful action even when prescribed the three directives.

The non-repressed reader needs to try and see the directives from a repressed person's point of view. The repressed person is good willed, conscientious, and afraid of divine punishment so much so that they are often scrupulous to a fault. The person is usually already overburdened with homemade rituals, not to mention positive rules, laws, and commandments. Additionally for afflicted clerics, there are the liturgical rubrics and canon law, and for everyone natural and eternal law. Moreover, for repressed consecrated lay and religious persons, there can be all of the above plus a religious constitution, statutes, directory, and horarium. Even after extensive explanations for the causes of the disordered condition, when the three directives are offered as a solution for the pathological condition, the person is usually reeling with bewilderment and puzzlement. Certainly, there is no quick response or passionate abandonment of law and headstrong acting out. Moreover, the normal therapeutic appointment for a repressed person is weekly, or twice weekly visits for the serious case. The time is ordinarily limited to about 50 minutes, and there is always much to do in the time. The entire process of therapy, of which the three directives are but one aspect, needs to be borne in mind. The three directives are not given flippantly, nor are they received lightly. It is to be remembered that the disordered person longs to keep God's law; that he fears his dreadful punishments and that he tries carefully to avoid all sinful occasions, thoughts, words, deeds, and even feelings. He can only begin to appreciate the directives when he understands that he has been suffering under an erring conscience that has led him into this emotional captivity, where free will and right reason are wedged out of action. Once he sees that his convictions and pre-programmed responses to sexuality are contrary to nature and the law of God, he will begin to see and understand the directives in their proper light: they are not directed against the precepts of God, but against the false laws fabricated through his misconceptions of the law.

When we look deeper, we can see that there is a critical psychological principle underlying the scope of the three directives that needs to be emphasised. It is crucial that at no time may the therapist or the repressed person himself wilfully stimulate repressed material; be that by the imagination (or other internal senses), the sensitive appetite or rational appetite. This principle must be safeguarded for both sound moral and psychological reasons. The very breadth of the three directives provides the appropriate scope for the avoidance of any unwitting stimulation by the therapist himself, or of being the agent for unleashing repressed material and any consequent

action.⁶⁶⁶ Passivity on the part of the therapist and priest is critical. At the same time, the three directives provide exactly what is needed for afflicted individuals so that they may permit what takes place, the gradual liberation of emotion, and if necessary the toleration of repressed material. If the three directives provide a very broad scope, the repressed person limits them and reins them in by his yet fearful interpretations and habituated cognitions.⁶⁶⁷ Sometimes, well on into the therapy, a person will choose to read something possibly salacious or watch a movie with MA15+ content and be shaking with fear just because they are daring to do so.

The world of pathological repression is alien to emotionally healthy persons who just wonder “what all the fuss is about?” On the other hand, when the repressed person does *not* allow the gradualness of the therapy to take place but wilfully goes poking around in his psyche, something which he is often obsessively doing, he will at least be able to cope with the re-surfacing of his repressed emotions. And if there is some abreactive release of repressed emotion, at least the person will know that his or her moral culpability is “lessened, if not, even reduced to a minimum” (*CCC* 2352). It is good to recall that repressed individuals do not trust their feelings and over confidently rely on their thinking powers which stimulate the imagination that conjures up all of the terrible punishments imagined (see *PWH* 92-93). The disposition of repressed persons and the disorder becomes clearer when it is understood that: “Frequently, patients cannot bring themselves to express these conflicts except very gradually, for they have locked the conflicts within themselves and have built up resistances that first must be torn down. As a rule, these conflicts have not become entirely unconscious; in fact, sometimes the patient is constantly aware of them, although this does not lessen the resistance in any way” (*PWH* 90-91). No matter how broad the directive, it may be reasonably presumed that sinful self-indulgence is psychically opposed by repressed persons. Not only does their repressive disposition excessively avoid all evil, but they can also be reminded of the instruction of St Paul, who cautioned the Galatians concerning their new found liberty. The repressed person is similarly well advised regarding MT. “For you were called to freedom, brothers and sisters; only do not use your freedom as an opportunity for self-indulgence, but through love serve one another” (*Gal* 5:13). The matter of personal passivity is crucial during the application of MT.

One further practical effect of the broad enunciation of the three directives is the liberty they provide when absent from the therapist. When the repressed person has received a professional diagnoses and is offered a morally sound prognosis, and he or she is prescribed MT, a host of questions and conundrums surface for the person. Some recovering people energetically apply therapy in an unhelpful manner willing to get better which never assists healing; others procrastinate interminably; some implement the therapy intermittently, others are just real plodders; and some walk

⁶⁶⁶ See *PWH* 91-92, 94-95, 99-101, 103-4, 109-10, 118.

⁶⁶⁷ There is one clarification to this instruction, namely, the a person who is so hesitant in applying the directives that they needs to allow themselves to trust his or her feelings and to “leap before one looks” (*PWH* 93). In this manner, their feelings which at first they cannot recognise as such gradually emerge, whereby they can receive them, acknowledge them as such – only feelings – accept them and eventually learn to open them to the guidance of reason and will.

away (see *PWH* 101). For some all the expertise, time, kindness, patience, and truth will not be sufficient, nor will it ever be (see *PWH* 90). After receiving a psychologist's diagnoses, priests because they are more accessible and cheaper than therapists know firsthand how burdensome a scrupulous person can be. The real difficulty in assisting repressed persons can be their gnawing need for support, encouragement, and ongoing direction and ordinary encouragement, especially if a person has a mild to severe emotional deprivation disorder combined with their obsessive-compulsive disorder (see *PWH* 106).⁶⁶⁸ Since their mind is working overtime, day and night, to try and understand and work out a way forward for their predicament the breadth of the three directives at least provides some "out of hours" counsel to the troubled person, slim comfort though it might be. Worry is never far from the repressed person. "For if there were exceptions or limitations to this rule (i.e., the second directive), these persons, and particularly scrupulous persons, would immediately begin to focus all their attention on these limitations and exceptions, and thus keep their fears and anxieties alive" (*PWH* 109-10, inclusion added).

At the beginning of therapy the presenting repressed person is "deeply convinced of the correctness of their own interpretation of moral law, and identifying their interpretation with the objective meaning of moral law, these individuals draw the conclusion that their human feelings...are dangerous and must be mortified and gotten rid of" (*PWH* 108). It is the repressed person's preoccupation with obligations and his inappropriate *interpretation* of authentic objective laws, often heroically adhered to since youth, which need to be corrected. In particular, the sixth and ninth commandments are experienced as dictates against all sexual feelings and desires (see *PWH* 107-9). Unable to subject his natural impulses and feelings to accord with his interpretation of the law, this person is left with no other option but to repress all feelings and arousal perceived to be inappropriate. The second directive aims at reversing the repressed person's erroneous interpretation of all rules, laws, and commandments which continue to stimulate repressive fear or energy vis-à-vis his sexual feelings and emotional desires. Terruwe/Baars expound this matter of the interpretation of law(s) and state:

If a commandment is not interpreted by patients in the way it should be understood, namely as the help and support God intends it to be for them, then that interpretation is of no practical use in helping them to live a freely willed moral life. Instead they live a life full of anxiety and other neurotic symptoms because of that commandment. By our instructing these patients that they are to ignore rules, laws and commandments, we free them of interpreting them in the wrong way. Persons with obsessive-compulsive repression are incapable of proper interpretation. This is an unavoidable consequence of their long-time inflexible understanding of, and rigid adherence to, these rules, laws and commandments, which know no alternative (*PWH* 112).

Again, something akin to a traditional pastoral wisdom of the Church, namely, those scrupulous penitents should not follow their own "conscience" but rather surrender

⁶⁶⁸ See Appendix III, vignette 5: Cyrus, Emotional Deprivation Disorder with Superimposed Repressive Disorder.

themselves to the guidance and discernment of their confessor.⁶⁶⁹ By a stroke of painful paradox, the repressed person is, de facto, a person with “no laws or commandments” for these are articulations of right reason. However, the habituated harmfulness cogitative judgement regarding things sexual has frustrated the fitting function of right reason and free choice. What he “feels” is right reason, is rather a malformed sense judgement provoking an emotion which supplants and vitiates right reason. Hence, the repressed person *must abandon his interpretation* (i.e., pathological judgement and feeling) about the law in order to be led to the freedom of the children of God and throw himself at his mercy without fear and with an abiding trust. The *Catechism* states, “The precepts of natural law are not perceived by everyone clearly and immediately. In the present situation, sinful man needs grace and revelation so moral and religious truths may be known “by everyone with facility, with firm certainty and with no admixture of error” (CCC 1960).

A distinction needs to be made between what is known as “the law of gradualness” (i.e., step-by-step advancement in virtue)⁶⁷⁰ and gradualness of the law (i.e., only obey the law as I see fit, bit by bit. Such is the immoral approach of the ‘cafeteria’ Christian). The former, the “law of gradualness” allows for the ever-increasing moral development and ability to live the moral norms according to right reason.⁶⁷¹ “Chastity has laws of growth which progress through stages...” (CCC 2343). The latter concept of the gradualness of the law, however, undermines objective moral norms. There are not different degrees or forms of precept in either the divine or natural law for different individuals and situations. The former law of gradualness is a worthy principle and applicable to the repressed person’s situation

⁶⁶⁹ The word “conscience” is in quotes here because it is a misnomer. What the scrupulant repressive considers to be his conscience, is not a judgement of practical reason, but rather an emotional feeling dictated by the erroneously formed cogitative power (i.e., *particular* reason). While it is true that this initially originated in an aberrant theological position, yet even after this latter has been corrected, the individual continues to be subjected to the strong feelings ordained by the cogitative power judgement which can only be modified by an abundance of corrective connatural experience. Hence, the repressed person may not rely on his own aberrant judgements at this point of therapy, he needs to reject his own supposed “judgements” (viz., feelings) and rely on the moral guidance of another. There is a real need to guide these people authoritatively. Once convinced, intelligent persons can be docile and learn to understand the law and humbly apply it properly under the Gift of Wisdom which leads to order and peace, whereby the person becomes “easy to be persuaded” (*ST II-II*, q.45, a.6, ad.3). And this is the Church’s approach in guiding ordinary scrupulous penitents See Jone, *Moral Theology*, 41-42. E.g., Alphonsus, *The Way of Salvation*, 451; and Jean Pierre Camus, *The Spirit of Francis de Sales*, “Scruples, Upon a Change of Confessor” (1910). Accessed April 3, 2016. <https://web.archive.org/web/20200108093844/http://www.storyofasoul.com/resources/desales.html>.

⁶⁷⁰ Pope St Gregory the Great in a letter to Augustine of Canterbury in 601, wrote “He who would climb to a lofty height must go by steps, not leaps.” Pope St Gregory to Augustine of Canterbury, *responsionum* (601), *The Oratory of Sts. Gregory and Augustine* (2016). Accessed May 14, 2016. <https://web.archive.org/web/20160324131938/http://www.benedictineoratory.com/ministries/1239-2/>.

⁶⁷¹ See Pinckaers, *The Sources* “Freedom for Excellence,” 375 no. 2.

while the latter the gradualness of the law must necessarily be rejected as false.⁶⁷²

Having been liberated from distorted preconceptions about morality, the repressed person can experience sexual feelings as they truly are, i.e., pleasurable without any admixture of fear or despair. Eventually, he arrives at a richer understanding and a fuller integration for the reasonable guidance of his emotional life. Paradoxically, through MT and specifically the second directive, the repressed person discovers the mystery of the true revelation of authentic human freedom of which Jesus spoke, “you will know the truth, and the truth will make you free” (*Jn* 8:32). MT is no “sleight of hand.” Nor is it the promotion of “lawlessness,” for such a situation can never lead to the truth which makes one free. Terruwe/Baars discovered that they needed to apply radical precepts (i.e., the three directives), which, although appear alarming to many pious Christians, including some clergy, when taken out of context, are in fact theologically sound. Clinical practice shows that the directives do, in fact, *free* the repressed person *from* their slavery to a false pseudo system of law (which is a parody of divine and natural law), such that they finally become free to live in a morally upright manner by right reason. A gospel truth is applicable here: “Beware of false prophets, who come to you in sheep’s clothing but inwardly are ravenous wolves. You will know them by their fruits. Are grapes gathered from thorns or figs from thistles? In the same way, every good tree bears good fruit, but the bad tree bears bad fruit” (*Mt* 7:15-17). The repressed person’s false conception of law was just such a “false prophet,” just such thorns and thistles that produced no fruit but fear, scruples, sadness, and moral captivity. Terruwe/Baars intuited this captivity; their second directive unmasked and uprooted the moral disorder so that these individuals achieve the interior freedom to live the gospel. Though often misunderstood and maligned, MT may be judged by its fruits. St James wrote, “But the wisdom from above is first pure, then peaceable, gentle, willing to yield, full of mercy and good fruits...” (*Jas* 3:17).

Conversely, those who, for whatever reason cannot or will not accept such a radical teaching, continue to limp from confession to confession, whereby the fruits of growth which ought to accompany a sincere confession are strikingly wanting. They abound with obsessive and compulsive sexual impurities and/or addictions, yet they refuse to accept the truth of their pathological disposition with all its debilitating effects. Priest confessors are, sadly enough, only too aware of this reality which finds no healing outside of the traditional pastoral guidelines for scrupulants, which are formally one with those presented by Terruwe/Baars’ MT, with this sole distinction, that their psychological analysis is more precise, and so their therapy more refined and efficacious. While recalcitrant repressed penitents remain locked into pathological behaviour; the humble and the docile discover freedom via MT. Certainly, the priest confessor must use all his knowledge and skill to guide penitents, correcting and guiding their understanding, in such a way that the truth brings authentic freedom. MT is a process from error to truth; from erroneous cognitive

⁶⁷² See Pope St John Paul II, Apostolic Letter, *Familiaris Consortio*, “The Role of the Christian Family in the Modern World” (November 22, 1981), 34. Accessed 22 November, 2016. http://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio.html.

judgements to right judgement; from a parody of law to the law of love; and from a fear-filled, eviscerated freedom to, “the freedom for excellence”⁶⁷³ (see *Jn* 14:21). Perfect love and liberty are devoid of pathological fear (see *1Jn* 4:20). Sometimes, the severely scrupulous repressed person, controlled by his obsession, will try to control the priest by asking him if he (the penitent) can say his sins or Confiteor again. This repetition is a pure reinforcement of his disease of the soul, which the three directives counter at the root, even as did the docile obedience of the scrupulous to the confessor that Catholic theology has traditionally recommended. He might even go so far as request the priest himself to say the prayer of absolution again because he mumbled or mispronounced a word. In summary, the penitent is in agony for fear of eternal damnation. Even if the priest can spot such a repressive disposition with ease, he is limited in what he can do to assuage such a troubled and misguided soul if docility is lacking.⁶⁷⁴

An important aspect of psychotherapy is the instruction in the proper understanding of reasonable free choice and the nature of moral law. Terruwe/Baars see the therapist’s role as that of helping the repressed person understand in a renewed manner God’s loving design of the law, as a support for all to exercise an authentic freedom. They profess the necessity of objective moral law and favour an instruction and accompaniment of the repressed person so that the habitual error of an over-rigorous interpretation of the law is replaced with the actual mind of the Lawmaker. God does not overwhelm a fragile grasp of the truth. A “bruised reed or a smouldering wick,” is safe with God (*Mt* 12:20).

4.4.4. The Virtue of Epikeia

Through their clinical practice, Terruwe/Baars came to realize that repressed persons often were never given the advantage of sound life teachings. Moreover, this was not only regarding their natural inclinations but also the foundations of law. The natural law, originating from the Creator, is, as St Paul states, written in our hearts: “When Gentiles who have not the [revealed] law do by nature what the law requires, they are a law to themselves, even though they do not have the law. They show that what the law requires is written on their hearts while their conscience also bears witness” (*Rom* 2:14-15). The formulation of law in human terms and language is always a limited and incomplete matter. It cannot foresee and expressly cover every situation and circumstance, though in the vast majority of cases it is just. Therefore, the proper application of law principally regards the understanding and compliance with the intention of the lawgiver. St Thomas, writing on the Christian virtue of *epikeia*, states: “For if legal justice denotes that which complies with the law, whether as regards the letter of the law, or as regards the intention of the lawgiver, which is of more account, then *epikeia* is the more important part of legal justice” (*ST* II-II,

⁶⁷³ Pinckaers, *The Sources*, 369-71.

⁶⁷⁴ At best the priest might invite the penitent to discuss the matter with him in the church later or at a more suitable time. The confessional is not the time nor the place for in-depth psychological teaching or therapy. Few penitents, however, will avail themselves of this significant opportunity for healing.

q.120, a.2, ad.1).⁶⁷⁵ When Terruwe/Baars formulated their directives they reflected a sound application of this moral *principle of epikeia* or equity which is a virtue in itself and part of the virtue of justice (see *ST II-II*, q.120, aa.1-2). Repressed persons, in fact, have an obsession regarding the letter of the law, which alienates them more and more from the intention of the lawgiver. As St Thomas writes “Without doubt he transgresses the law who by adhering to the letter of the law strives to defeat the intention of the lawgiver” (*ST II-II*, q.120, a.1, ad.1). God wants people to have a proper understanding of all law. The repressed person’s understanding of law needs a serious renovation and inner psychic remediation. Something which Terruwe/Baars well knew was not easy or quick to establish. The second directive, however, has the potential to bring repressed persons to the upright intention of the divine lawgiver.

The critique that Terruwe/Baars by prescribing the second directive are undermining objective moral norms does not hold because St Thomas provides a distinction. “It would be passing judgement on a law to say that it was not well made; but to say that the letter of the law is not to be observed in some particular case is passing judgement not on the law, but on some particular contingency” (*ST II-II*, q.120, a.1, ad.2). A repressive sexual pathology is one such unexpected and “particular contingency.”

Every therapy by definition attempts the remediation of some physical, emotional, or mental health issue. Following a diagnosis, there is some therapy which often demands a cessation of something; of some food, or of some life activity or a lighter load, or even stopping the heart as in open-heart surgery, and its obligatory recuperation period. For a workable prognosis, there is a need for some necessary moderation within a person’s life. Applying this same understanding to a repressive sexual pathology, an appeal can be made to St Thomas regarding the appropriateness of the second directive and repressed persons’ intractable adherence to their misinterpretation to the letter of the law. Terruwe/Baars maintain that “persons with obsessive-compulsive repression are incapable of proper interpretation. This is an unavoidable consequence of their long-time inflexible understanding of, and rigid adherence to, these rules, laws and commandments, which know no alternative” (*PWH* 112). Regarding law, it is said, “it belongs to ‘epikeia’ to moderate something, namely, the observance of the letter of the law” (*ST II-II*, q.120, a.2, ad.3).

In psychotherapy, an appeal to the virtue of *epikeia*, namely, to the actual intention of God as our Creator and Saviour and the proper interpretation of law helps repressed persons. Firstly, this appeal to the principle of *epikeia* helps recovering people transcend their frightful passion for lawful detail and so come to comprehend the genuine purpose of law and the intention of the Lawgiver. St Thomas comments, “To follow the letter of the law when it ought not to be followed is sinful. Hence it is written in the Codex of Laws and Constitutions under Law v: ‘Without doubt he

⁶⁷⁵ Epikeia: “A liberal interpretation of law in instances not provided by the letter of the law. It presupposes sincerity in wanting to observe the law, and interprets the mind of the lawgiver in supplying his presumed intent to include a situation that is not covered by the law. It favours the liberty of the interpreter without contradicting the express will of the lawgiver (Etym. Greek *epieikes*, meaning reasonable.)” Hardon, *Modern Catholic Dictionary*, 190.

transgresses the law who by adhering to the letter of the law strives to defeat the intention of the lawgiver” (ST II-II, q.120, a.1, ad.1). Repressed persons have unintentionally, via misjudgements and misinterpretations, turned the virtue of legal adherence into a pathological vice through excess. So there is need for moderation on the part of repressed persons in their misinterpretation of law. Such an appeal, though, is reserved for a later stage in the course of the therapy, when the person begins to regain a certain reasonable clarity regarding the goodness of nature and the true intention and finality of law. Strictly speaking, it is more in tune with the truth and the fostering of therapy to show repressed persons that their understanding of both uncompromising adherence to and their perceived meaning of the law are foreign to the divine intention. The persons themselves sense that something is radically discordant in their lives. The therapist or priest, at the appropriate juncture within therapy, addresses these matters. In the case of Christians, this is done more easily with the light and authority of divine Revelation. For example, *Romans* 14:17 states, “For the kingdom of God is...righteousness and peace and joy in the Holy Spirit.” Something is clearly wrong within afflicted individuals because their interior life is not habitually marked by this peace and joy. On the contrary, it is found that joyless tension, sadness, irritability, restlessness, and even depression are their trademark (see *PWH* 66-67, 122). Only when the error in their cogitative and cognitive reason⁶⁷⁶ is brought into the light of Christ can any progress be made towards the healing of their emotional problem. There is need for recovering individuals to come to “know the mind of the Lord” (*2Cor* 2:12-6). Moreover, when the person sees that science is working in the service of faith, gaining, and retaining the trust of the individual which is essential for the success of the therapy, it will be that much easier to convince and assist the person (see *PWH* 103).

In the second place, given that repressive disorders are rooted in aberrant judgements of the cogitative power, and that this faculty is incapable of abstract thought, it follows that as long as, cognitive misinterpretations distort an accurate understanding or affective appreciation of the law, the cogitative power’s judgements will likewise be misguided. As a consequence, repressed persons are trapped in a “legalism of details” (since particular details are the proper object of the senses), wherein the actual good is falsely identified and combatted as evil. Terruwe/Baars, understanding this, formulated the second directive to help and restore these people to a proper understanding of both themselves and the law of God. In this way (short of a miracle),⁶⁷⁷ can they come to enjoy the freedom of mental and emotional health. Normal rational discourse is not possible because of radical problems in both their feelings and thinking which by default contradicts the actual nature of things. In the beginning, therefore, appeals to cognitive reason in the particular area of suffering is

⁶⁷⁶ The conscience, of course, is not a separate faculty, but simply an act of judgement by the practical reason regarding the moral goodness or evil of a particular, existential act (see *ST* I, q.79, a.13).

⁶⁷⁷ “It would be possible for God to infuse knowledge directly into the intellect of an individual, but knowledge thus acquired would be completely supernatural and in no way natural” (*PWH* 22n; see *ST* I, q.84, aa.7 and 8).

not only ineffective but also counter-indicative.⁶⁷⁸ Since the ‘intellectual world’ of the repressed person is based on an untruth and this naturally penetrates the cogitative power, the emotions are in turn misled.

Terruwe/Baars understood that only by the temporary suspension of rules, laws, and commandments from afflicted persons’ lives could they discover connaturally the falsity of their deep-seated moral misinterpretations and convictions. By instructing them that they are to ignore rules, laws, and commandments, Terruwe/Baars freed them from interpreting them in the wrong way (see *PWH* 112). This also provided a concomitant silencing of their cogitative power’s rote thinking-feeling process. In this manner these individuals could gradually be freed from their psychic labyrinth of moral misconceptions. Terruwe/Baars maintained:

This is a necessary instruction because it is precisely the person's interpretation of moral rules, laws, and commandments that have been the source of, and continue to stimulate, the repressing emotions in response to certain emotions and feelings which in themselves are good and natural. If a commandment is not interpreted by patients in the way it should be understood, namely as the help and support God intends it to be for them, then that interpretation is of no practical use in helping them to live a freely willed moral life. Instead they live a life full of anxiety and other neurotic symptoms because of that commandment (*PWH* 112).

Terruwe/Baars, in the words of St Thomas, are not “passing judgement on a law saying that it was not well made; but [they are] saying that the letter of the law is not to be observed in some particular case, [they are] passing judgement not on the law, but on some particular contingency” (*ST* II-II, q.120, a.1, ad.2).

Against this background, each of the three directives of MT is directed against the dysfunctional worldview and legalism of repressed persons, which has caused their moral hypervigilance and the ultimate failure of their ethical functionality. Convictions arising from trauma and misinformation cause repression, which in turn excluded the reason and will from intervening and fittingly directing the cogitative power. The three remedial directives are intended to make possible a re-thinking of prior beliefs and convictions. This means that their false doctrine must be radically excluded, both from their reason and from their cogitative power. In this way, their emotions begin once more to function according to their natural intentionality, which by nature should be docile to reason and will in the pursuit of the good for love of God. In this context, namely, for the sake of mortifying their false moral philosophy which has enslaved them, the three directives are in conformity with right reason and the natural law. The art of the therapy, of course, lies in the discernment of the gradual restoration of right reason’s guidance over their affective appetites.

With wishful thinking, sometimes repressed persons will precipitously curtail the therapy which only plunges them, however, back into their repressive process which

⁶⁷⁸ In passing, the fact of their incapacity to think correctly in a single area of human discourse, while retaining a high degree of rationality in other areas, is a strong indication the problem of personal disorder is essentially emotional and not mental.

has always paraded itself as right reason (see *PWH* 113, 215).⁶⁷⁹ This is why, in all ordinary circumstances, MT's healing process must be accompanied by another professional (i.e., therapist and priest) who has the capacity to encourage, discern, and lead the person towards full psychic and spiritual development and interior freedom. By revealing the true understanding of law and God's intent, recovering persons learn to live the law with love (see *Rom* 13:8-10). Evident among the signs of this healthy growth will be the repressed person's strengthening capacity to ponder calmly without fear procreative movements with *raapra*. By fostering God's presence, and by respectfully acknowledging and cooperating with the power of grace, the proper exercise of the internal senses and the sensitive appetites, even while passively permitting the sensual drive's movements, the former area of emotional repression is remediated according to the Maker's intentions. In the third directive, the matter of pleasure is introduced into the mix. Pleasure is a concomitant witness to psychic health.

4.5 The Third Directive: "Pleasure...is the most perfect thing for you."

The third directive of MT, "*The pleasure you experience as the result of abiding by the other directives is the most perfect thing for you*" focuses particularly on the aspect of pleasure (*PWH* 115). The purpose of this directive is to redevelop the atrophied concupiscible appetite and to re-establish its primacy in relation to the irascible powers. This re-formation results from a re-education of all of the cognitive faculties. Within repressed persons, the assertive irascible emotions repress, directly and by association, the emotions of the concupiscible appetite. The pleasure appetite falls into habitual disuse concerning sensate objects. This repression gradually and increasingly deprives the person of the ready and spontaneous ability to be joyful and to experience a spontaneous pleasure response in the affections, even though the person usually retains the experience of physical pleasure. Nevertheless, since the first principles of the natural inclinations (e.g., of the procreative drive) are inalienable, the concupiscible appetite continues to love its fitting and proper objects. In their own way, these are presented to it at a biological level, notwithstanding the habitual activity of the irascible appetite mandated by the cogitative power to overcome and ward them off as arduous difficulties. In this conflict, the opposing emotions (e.g., desire and fear) are innocent; they are working fine. This is because they are doing precisely what the cogitative power commands. The repressive disorder lies entirely in the cogitative power's malformed judgement. The abnormal tension that occurs between the sensitive appetites, which is physically unpleasant, conveys the "feeling" that all is not right (see *PWH* 55-57). Nevertheless, the person believes that they are acting appropriately.

The pleasure emotions have been doubly misjudged: first, as harmful in themselves, and secondly, as arduous evils. Now, since the individual has a moral obligation to follow a sincere, but erring conscience, it is paramount to show the repressed person the error. In this way, the individual's conscience can now reflect the objective truth of the natural law regarding human sexuality. This initial step

⁶⁷⁹ See Appendix III, vignette 10: Inadequate Priestly Spiritual and Moral Knowledge.

overcomes the simple false condemnation of sexual pleasure as evil, that is, potentially sinful and dangerous. Once procreative pleasure is recognised to be ontologically good, it is much easier to amend the false evaluation that it is an arduous evil. At times, of course, even for healthy individuals, chastity may not be easy to govern due to intense passion. These passing moments of arduous temptation are overcome by the reasonable exercise of virtue, grace, and the avoidance of near occasions of sin. However, the mere expression of the sexual appetite is not by nature something arduous, but merely pleasurable, even as ice-cream is sweet to the tongue. To the repressed person, however, it appears arduous because of false convictions. Even after the cognitive faculty is corrected and the conscience is properly formed, the cogitative power continues in its false evaluation. Since the passions are naturally bound to follow the dictates of the cogitative power, it follows that MT must also correct the aberrant cogitative evaluation of sexuality as evil, or at least potentially so. This means the person must be helped not only to recognise sexuality as good theoretically but also to accept the first motions of sexual stimulation (i.e., pleasure) as a natural asset. *Raapra* needs to be learned and more importantly applied every time there is sensual or sexual arousal. Eventually, this becomes second nature, and *raapra* will have done its job not only to reform a repressive pathology but also to have avoided future unreasonable repression. Only when all sensuality is seen and felt in this way, can the person respond to it virtuously through the guidance of right reason. Otherwise, the cogitative power will continue to pre-empt reason, by commanding the irascible appetite to fight against this apparent arduous sexual evil. Once repressed persons have grasped the doctrinal issues, they will understand that they do well to allow the connatural rehabilitation of their cogitative evaluations according to the law of God. This is not by way of an obligation but rather as truths to be freely and spiritually lived, in this way recovering persons can “Delight in the Lord” (*Ps* 36:4).

4.5.1. Pleasure ~ The most perfect thing?

The third directive within MT states: [pleasure] “*is the most perfect thing for you.*” However, the Most Perfect Thing, absolutely speaking, is Almighty God. A “communion of life and love with the Most Holy Trinity is the most perfect thing for human beings; it “is called ‘heaven.’ Heaven is the ultimate end and fulfilment of the deepest human longings, the state of supreme, definitive happiness” (*CCC* 1024). For the sexually afflicted repressed person, however, the most perfect thing for them, at this stage of their recovery simply speaking, is the enhancement of ordinary pleasure because it promotes a goodness in the operation of MT and manifests progress within it, the reversal of repression. What is meant by perfection?

“The word perfection signifies the state or condition of being completed or finished, without any excess or defect.”⁶⁸⁰ Only God is absolutely and infinitely perfect. Human beings are relatively perfect because they are finite and have the capacity to reflect the image and likeness of God (see *Gen* 1:27). Relative perfection

⁶⁸⁰ Aumann, *Spiritual Theology*, 102.

has three different senses: a person lacks nothing according to his or her proper nature (i.e., essential perfection); that she or he has neither excess nor defect in their faculties of operation (i.e., operational perfection); and lastly, that the person has attained their ultimate end (i.e., final perfection; see *ST I*, q.6, a.3; q.73, a.1). Applied to individuals recovering from a repressive disorder, it can be said that they have the first type of perfection in that they lack nothing according to their proper nature. Four fundamental qualities are present in those who suffer from a repressive disorder. They have a “superior intelligence, with a naturally healthy emotional disposition, and [are] possessed of sincere desire and strong will to do what is right,” and for those with the gift of faith, a sincere love for Almighty God (see *PWH* 108). Nevertheless, they do not yet possess the second form of operational perfection. They suffer from a vicious pathology via an extreme avoidance of ordinary sexual pleasure, which through repression affects the operations of their psychological faculties (see *PWH* 34-38). Lastly, recovering persons have not yet arrived at their final perfection or ultimate end (see *CCC* 260).

Now regarding the second form of relative perfection, namely operational perfection, while recovering persons might be happy that they are not yet at their final destination of ultimate perfection, there are proximate (final) goals that they certainly achieve throughout therapy. These indicate that they are bringing their normal daily operations to a new level of perfection. For example, throughout MT they experience increasing degrees of freedom and operational perfection as signs of recovery. Among some of the many milestones that they pass on their journey to psychic wholeness, health, and holiness are; the identification of their disorder; their increasing understanding of the condition; their introduction to philosophical psychology and the clarity with which they now understand themselves and their various faculties; their unique and personal identification of the reflex of repression; the diminishment of anxiety, panic attacks, scrupulosity, and general fears; a newfound emotional buoyancy; a decreasing awareness of physical and psychosomatic symptoms; a satisfaction in the success of the application of the three directives; a more profound sense of God’s acceptance of them and spiritual peace; a sense of accomplishment in the mental application of *raapra*; an increased desire and a hope in finally becoming free; and an excitement in the newfound understanding of freedom for morality and for excellence; and the application of this new knowledge; and although this is not the last of the many accomplishments as one undergoes MT, there can be an abiding and renewed vigour in the practice of the faith and its sacramental benefits. Although there are no certificates or diplomas for each of these accomplishments, and for the many other psychological achievements within therapy, there is that (final) sense of personal perfection that accompanies these successes for those persons who are goal oriented. This feeling of success is particularly relevant for those who suffer from an energy disorder, while those with a fear disorder can enjoy the pleasure that comes from the personal knowledge and the affirming comments of therapist and priest at the successes thus achieved. In this way, there is a formal pleasure (i.e., enjoyment) in the realisation of these operational perfections, concomitant with moments that are only apparent setbacks. In this way, the person has a formal awareness and enjoyment in the operational perfections that accompany

them on their way to their final goal of psychic well-being.

Further distinctions concerning perfection are the primary and secondary perfections. Primary perfections refer directly to essential perfection which was the first of the three types of perfection listed above. Primary perfections are related to the nature or the being of persons. As operational perfections unfold, there is an increasing personal perfection of the individuals in and of themselves. In this way, it can be said that the essential perfection of each of the recovering persons is becoming increasingly perfect in his or her nature. This advancement constitutes a greater degree and source of further perfection. In this way, essential personal perfections are being increasingly actualised. St Thomas states that “in the order of the material cause, the imperfect comes first, and in this way nature proceeds from the imperfect to the perfect” (*ST II-II*, q.1, a.7, ad.3). Certainly, this is good news for recovering persons. Secondary perfections are related to the integral actions of the person’s increasingly perfected faculties. For example, the recovering person by the application of MT is less irascible and more concupiscible, in a good sense. By openness to the process of recovery, docility leads to an increase of humility, and indiscretion gives way to increasing degrees of prudence, and vicious and excessive avoidance of things sensate are welcomed moderately through increasing degrees of the virtue of temperance, to name just a few of the personal qualities that come by way of secondary perfections. Finally, we might distinguish that which constitutes perfection essentially and that which perfects it instrumentally. We have already treated of essential perfection and have noted how as operational perfection improves, the very person is enhancing his or her essential perfection. It is interesting to note that it was through the instrumentality of MT that such an increase of perfection was made possible. MT was the means by which persons fostered each of their personal perfections: essential, operational, and (proximate) final.

Over and above all of these natural distinctions concerning perfection, there is the supernatural essential perfection of baptised persons that is present with sanctifying grace and is increased through cooperation with God’s will. There is the operational perfection of charity in itself. It works within the person perfecting and sanctifying the various human operations of the person’s faculties. Then there are further infused operating habits that are transcendent perfections that come with charity and increasingly perfect wounded human faculties through the infused virtues which enhance the acquired virtues. There are the infused Gifts of the Holy Spirit that augment the supernatural powers of the person and bespeak Christian perfection itself, especially the gift of wisdom. Moreover, if the individual is also a consecrated religious or layperson, there is the instrumental perfection attributed to the evangelical counsels. Each of these perfections is a further supernatural perfection of the recovering person because they perfect the person according to the dictates of reason enlightened by faith. By maintaining sanctifying grace these qualities remain and assist the perfection of the person with ease, promptness, and delight. Connatural to the person they become second nature. Operationally, “The perfection of the Christian life consists simply in charity, but in the other virtues relatively” (*ST II-II*, q.184, a.1, ad.2).

Significantly, the supernatural perfection of charity is concomitant with the recovering person's cooperation with MT, for sanctifying grace can be present even in the afflicted. About the perfection of charity which is necessary for final perfection, St Thomas writes that charity, "removes from man's affections not only of whatever is contrary to it but also of whatever hinders the mind's affections from tending wholly to God" (*ST I-II*, q.184, a.2). Afflicted persons recovering through MT are reassured that while they have essential supernatural perfection through grace, their willingness to remediate their pathological vice can be a further supernatural operational perfection as they happily purify their aberrant affections to be able to "tend wholly to God." In this way, even "The perfection of the human senses would seem to consist chiefly in their concurring together in the unity of truth, according to [St Paul], 'That you be perfect in the same mind [*sensu*], and in the same judgement' (*1Cor* 1:10). Now this is effected by charity which operates consent in us men. Wherefore even the perfection of the senses consists radically in the perfection of charity" (*ST II-II*, q.184, a.1, ad.1, [inclusion added]).

"Christian perfection consists primarily in affective charity and secondarily in effective charity. This is the way in which St Francis de Sales explains it: There are two principal exercises of our love of God: one affective and the other effective or active, as St Bernard says. By the first we are attached to God and to everything that pleases him; by the second we serve God and we do whatever he commands,"⁶⁸¹ which is chiefly the love of God, the love of neighbour, and the love of self (see *Mk* 12:29-31). Of course, essential and operational perfection of their very nature tend to final perfection, which is Beatitude (*CCC* 294). Recovering persons undergoing MT, being in a state of potency and co-operating with the therapist, and hopefully the Holy Spirit, truly come to a new level of natural personal perfection that enhances their potential for even greater supernatural perfection. Afflicted persons, by means of MT, are increasingly predisposed to an authentic perfection devoid of excess or defect, "for moral virtue is a habit of choosing the mean" (*ST I-II*, q.64, a.1). Although this all seems very theological, the reality is recovering persons not only rejoice in greater pleasure, they enjoy along the way an enhanced psychic well-being, and they thereby have the hopeful reassurance of eventually possessing the fullness of Christian perfection and eternal happiness. When the third directive states that pleasure is "*the most perfect thing for you*," it is alluding to all of those perfections listed above because as St Thomas writes, "the goodness of pleasure is the cause of goodness in the operation" (*ST I-II*, q.34, a.4, ad.3).

4.5.2. Pleasure and Joy ~ A Significant Restoration

To understand how pleasure or joy can be the most perfect thing for a repressed person at the present time, it is necessary to appreciate the place and the role of

⁶⁸¹ Aumann, *Spiritual Theology*, 108.

happiness (pleasure)⁶⁸² in human existence and how the repressed person's grave error has and continues to exclude joy from a primary area of the individual's life and being. The inhibition of pleasures is a fundamental error in repressed persons. The repression of pleasure gravely affects their understanding of God, of themselves, and of their sexuality, such that their capacity to appreciate, love, and take delight in their personal being is largely deformed. Their ability to fittingly interrelate with other persons is radically reduced or even shut down. Recall St Paul's statement: "the kingdom of God is righteousness, peace, and joy in the Holy Spirit" (*Rom* 14:17). A modest knowledge of St Paul's writings suffices to assure us that he does not exclude an affective peace and joy from this affirmation; without them, the kingdom of God would remain disingenuous.

For St Thomas, man's life should be lived in the sphere of the pleasure appetites and that the irascible appetites are only actuated when either the good desired or the evil from which one recoils is arduous and a privation of the good (see *ST* I-II, q.25, a.2). All of the assertive passions terminate in the concupiscible and are, therefore, the handmaids or servants of the pleasure appetite. "Even the passions which are in the irascible faculty are followed by joy and sadness which are in the concupiscible faculty" (*ST* I-II, q.23, a.1, ad.1). This vision supposes the fundamental goodness of man's every natural inclination and impulse: for life, food, drink, society, physical intimacy and truth. In the human being, the selection and rejection of these goods does not follow simply upon primitive impulses, acting and commanding through instinct, as in the case of animals without reason. In human beings, the estimative sense is ennobled by the superimposition and guidance of reason and will, and so is accordingly renamed the *cogitative* power. By nature reason and will ought to exercise their guiding office in the selection of the appropriate emotional response to any given phenomenon that has become present in the imagination. More correctly, emotional responses are to be spontaneous. The rational appetite merely governs the best response from persons as a result of their sensitive awareness.

The grave error of the repressed person begins accordingly in the particular reason. Through inadequate or false instruction or foul play, the sexually repressed person came to the conviction that sexual impulses which arise spontaneously within the body and imagination are harmful or potentially evil (i.e., sinful) and therefore must be rejected. If in another area, like eating, the person were to think falsely that some particular food, for instance, poppy seeds were harmful, he could easily refuse

⁶⁸² While Terruwe/Baars speak of the pleasure appetite, the classical name is the concupiscible appetite. However, Terruwe/Baars needed to remind repressed persons that the concupiscible appetite is about pleasure. For joy is a wonderful emotion. The denotation of pleasure lies more on the side of physical gratification, while joy is more an expression of a person's delight in the enjoyment of the good, and so is more easily predicated in a universal way of the physical (viz., to delight in an apple), the emotional (viz., to enjoy someone's company) and the spiritual (viz., to rejoice in God with eternal happiness). Pleasure is broadly understood to include affective or emotional delight.

to eat them by the normal determining⁶⁸³ influence of the will. Because the will has control over the choice of food since eating requires the use of hands, which under the command of the will could oblige in eating what we do not like, and in refraining from what we like. There would be no need to call up the irascible appetite in this case since there is nothing arduous in this choice. Moreover, no disorder would ensue, nor would the patient suffer any chronic loss of joy or pleasure, because the food appetite is left with a relatively unlimited selection of foods.

Far different, though, is the case with sexually repressed persons, for they have universally condemned and banished in their mind *all* manifestations of the sexual drive. Hence, whenever such thoughts arise in the minds of repressed persons, they more or less cause them the feelings of hatred, aversion, and sadness,⁶⁸⁴ rather than the vital natural responses of attraction and joy. This disordered mental conviction is communicated in turn to the cogitative power in such a way that this unnatural conviction is psychically grafted onto the sexual inclination, such that all sexual impulses arising from within the instinct will be loathed, abhorred, and rejected. At the same time, since sexuality also embraces the physical genital organs, with the entire biochemical hormonal complex necessary for the proper functioning of the procreative drive, a negative response occurs during normal biological sexual rhythms of both men and women in whom sexual stimulations take place.⁶⁸⁵ Hence, notwithstanding the negative cogitative power mandated against “harmful sexual phenomena,” permissive modern media further excites cogitation which is frequently being “badgered” by sexual images and impulses. Accordingly, what initially began as hatred or aversion in the presence of these phenomena, becomes *arduous*. So the affective response necessarily passes from the pleasure appetite over to the irascible appetite with its passing feelings of hope, daring, or anger, or chronic feelings of despair or fear (see *ST* I-II, q.25, aa.3-4, and I-II, q.41, a.1; depending on whether the “evil” sexual impulses are viewed as present or as future challenges, respectively). Repression sets in and soon shuts down the intervening capacity of reason and will. By way of example, this is like the meltdown of the nuclear reactor at Chernobyl. Once there was a radical disturbance of the nuclear reactor’s cooling, there was no further built-in mechanism to control the process (see *PWH* 35, 51). Analogously, the repressing action mandated by the cogitative power wedges an assertive emotion (mostly fear) between the pleasure appetite and reason and will, such that the latter can no longer gain access to the process. Repression now runs out of control and can eventually block out all images, pleasure sensations, even interrupting biological, hormonal messages within the body (e.g., *PWH* 57).⁶⁸⁶ The individual becomes a

⁶⁸³ The point here is not that the will has such determining power over the pleasure appetite regarding food, but rather, whereas sex is basically one reality, there is a great variety when it comes to the choice of food. The comparison would be closer in the case of a convert to Judaism, who would begin to feel guilty, since he deeply relished blood sausage. He might think this very attraction was a sin.

⁶⁸⁴ This is the natural order of these three passions (see *ST* I-II, q.25, a.4).

⁶⁸⁵ This can manifest itself psychosomatically as extremely painful menstrual cycles in women and painful preoccupying genital congestion in men.

⁶⁸⁶ See Appendix III, vignette 3: Sr Gloria, with a repressed imagination due to her energy disorder.

worrying, pleasure-less, joyless, sort of cranky automaton, firstly in the area of sexuality, and later sensuality. Since this is linked to the human social instinct, pathological repression flows over in some measure onto every human relationship.⁶⁸⁷

The preceding is the depiction of the illness. The cure consists precisely in the reversal and utter rejection of the grave cognitive and cogitative errors that stamp human sexuality and its manifestations as an arduous potential or real evil. Such errors must be remediated with intellectual and connatural knowledge. The cure is not an exaltation of sex or sexual pleasure. Rather it is a fitting integration of this affective power into the human psyche. In this way, this natural inclination and gift of procreation can assume its place and mission in the repressed person's life, whether in marriage or in a celibate life. Where this faculty's psychic pleasure and energy under the positive guidance of reason can be peacefully and joyfully channelled into higher expressions of loving service through renunciation.

4.5.3. Pleasure is Good: Physical or More than Physical

Anthropologically speaking, openness to pleasure is "best" in a fundamental sense. The awareness and acceptance of the pleasure sensation is first in the order of delight and joy, for all human knowledge begins in the senses and therefore all human love, and all joy (see *ST* I, q.77, a.5, ad.3; I-II, q.25, a.2). This is because the person is an incarnate spirit (soul), whence it comes that anything that frustrates a person's sense perception, of love, desire, and joy (i.e., the three primary emotions of the pleasure appetite) will ultimately frustrate the integrity of the entire person. Of course, there are qualities of being that are more perfect than mere physical pleasure, such as spiritual consolations and contemplative delights (see *ST* II-II, q.180, a.7). However, it is likewise perverse and naturally disordered, when persons are so psychologically dis-integrated that they cannot find the proper and fitting joy in goods that are ordered to their natural well-being and in the pursuit of their final happiness. This condition is the state of repressed persons, for they not only hate sin but also hate (viz., out of a fundamental error in reason) that which is naturally good. They dislike their natural sexual impulses, thinking that they are sinful. By necessary implication, this is tantamount to a hatred of the body as evil, which is practically a form of Manichaeism.⁶⁸⁸ Spiritually, this is a greater evil than any sin of sensuality, for Manichaeism is an *evil* of the *mind*, which necessarily depreciates not only the human person but also God, whereas sensuality is a weakness of the *flesh* which does not necessarily imply any evil or deficiency in God. By rights, repressed persons have a moral duty to exonerate both God and their human nature from error and dishonour.

⁶⁸⁷ Since human reproduction is a social necessity for the human race and not an individual necessity per se, sexual repressive disorders are not intrinsically life-threatening, as are extreme pathological food-disorders (yet anorexia unchecked, of course, can lead to death through starvation). Nevertheless, a repressive sexual pathology can reduce a person to become a joyless, physical, and emotional wreck.

⁶⁸⁸ Mani was an Iranian prophet of the third century AD. The Manichaean heresy regarded the mind as intrinsically good and matter as intrinsically evil. So, the human body, with its procreative inclination, is evil.

They need to recognise the Manichaeian lie which degrades God and their nature (see *Ps* 139:14-17).

By accepting MT, the repressed person makes a choice to seek psychic wholeness, gradually understanding that pleasure is a good without which the person will not be fully emotionally free. While pleasure is a good; it is not the highest good.⁶⁸⁹ Still, pleasure for the repressed person needs to be understood and experienced as a natural good, given by God. However, pleasure as a “useful” good is not an end in itself, but rather a means to a greater Good, who is God.⁶⁹⁰ All the same, it is a paramount good. It is that stimulus that nature uses to allure us to the proper use of our abilities. It is also a subjective experience sought for its own sake. A deprecatory attitude toward pleasure is not praiseworthy. St Thomas in his treatment on the concupiscible emotions deals with pleasure under the aspect of delight (see *ST* I-II, qq.30-34). One of the many articles treated is whether pleasure is helpful or harmful in the use of reason (*ST* I-II, q.33, a.3). Commenting on this article Peter Kreeft states:

Pleasure is in itself an inherent good. For “at God’s right-hand there are pleasures evermore” (*Ps* 16:11). Pleasure is good because it motivates good acts. St Thomas speaks of a great pleasure that many people in our society never think of: the pleasure of learning, the pleasure in the very act of reasoning (i.e., discovering truth) or, even more, in comprehending and contemplating and appreciating the truth attained.

In Heaven the tremendous *pleasure* of the Beatific Vision will motivate us to enter into it more deeply... We will never be bored, because God is infinite (literally infinite!) and we are forever finite, so there will be new truth and new pleasure at every moment. “Such pleasure does not hinder the act of reason but helps it... God invented pleasure.”⁶⁹¹

Where physical pleasure is reduced, so too is the capacity for enjoying intellectual and spiritual pleasure diminished. Moreover, St Thomas states, “Whereas the other animals take delight in the objects of the senses only as ordered to food and sex, man alone takes pleasure in the beauty of sensible objects for its own sake” (*ST* I, q.91, a.3, ad.3). Outside of this, pleasures of the senses need to be ordered to a higher good, ultimately, the love of God. Hence, MT does not view pleasure as an end in itself or as mere bodily gratification. St Thomas makes this very clear:

It is evident that good which is fitting to the body, and which causes bodily delight through being apprehended by sense, is not man’s perfect good, but is quite a trifle as compared with the good of the soul. Hence it is written (*Wis* 7:9) that “all gold in comparison of her (i.e., wisdom), is as a little sand.” And therefore bodily pleasure is

⁶⁸⁹ While “the greatest pleasures are those which are afforded by the touch,” (*ST* I-II, q.31, a.6) “Without doubt intellectual pleasures are greater than sensible pleasures” (*ST* I-II, q.31, a.5).

⁶⁹⁰ “The Augustinian concept of ‘use’ should not be understood in a modern sense, reduced to the relationship of means to end as an instrument. Rather it is understood within the context of love and its movement. Desire and love, when they attain a good, must conform themselves to its nature. In the case of a created good they cannot rest in it but must continue their search for the supreme good” Pinckaers, *The Sources*, 208.

⁶⁹¹ Conversely, “Extrinsic, alien pleasures do hinder the use of reason, by distracting it” Peter Kreeft, *Practical Theology* (San Francisco: Ignatius Press, 2014), 104.

neither happiness itself, nor a proper accident of happiness (*ST I-II*, q.2, a.6).

Accordingly, the seeking of pleasure may never be isolated from charity, which is the inner “form” of every good moral virtue, whereby they are ultimately ordered to the love of God. For repressed persons, their acclimatization to the third directive is always with the understanding that whatever pleasure develops as a result of the lessening of the habit of repression, it is to be appreciated in union with the adoration of God (i.e., *raapra*). As St Paul wrote: “And it is my prayer that your love may abound more and more, with knowledge and all discernment, so that you may approve what is excellent, and may be pure and blameless for the day of Christ, filled with the fruits of righteousness which come through Jesus Christ, to the glory and praise of God” (*Phil* 1:9). When the repressed person applies MT, it should always be with the knowledge and understanding that he is doing something pleasing to God that is excellent and most appropriate, and therefore, give him thanks and praise (see *1Thess* 5:18). Moreover, it is with the knowledge that this enjoyment, even of bodily pleasures, is wholesome and may be received and accepted for God’s glory. As Paul wrote: “So, whether you eat or drink, or whatever you do, do everything for the glory of God” (*1Cor* 10:31). All human beings (healthy or repressed) should always with love, give thanks and praise to God, who created the world and everything in it for our delight, and as a reason for us to adore him and give him formal glory (see *CCC* 294, 353, 2566). In applying MT, this is an outstanding teaching, for the repressed person has always imperceptibly affected a dichotomy between his body and soul; his sensuality and God. It is by this reunification of the whole person that the virtue of religion can be exercised. The pleasure obtained is not some selfish hidden little amusement or a twisted dirty perversion. Ultimately, it is the opportunity for the person to raise his mind and heart to God, as all should, and to offer God thanks and praise for the delight experienced, the pleasure that now blossoms anew.⁶⁹² As the Psalmist rejoiced: “Thou hast turned for me my mourning into dancing; thou hast loosed my sackcloth and girded me with gladness, that my soul may praise thee and not be silent. O Lord my God, I will give thanks to thee for ever” (*Ps* 30:11-12).

The repressed person is inhibited by sense impairment and an attitude of reserve (see *PWH* 47).⁶⁹³ A small infant is usually fed on mashed and bland food; it is the most perfect thing for them; it cannot eat more tasty and enjoyable adult foods. It might enjoy the taste, but it could not digest such food. Repressed persons are habituated to eradicate, most if not all, sensual and sexual pleasure. The most perfect thing for them within therapy is to allow whatever the external and internal senses

⁶⁹² See *PWH* 23, 99, 113-15, 189, 204. Religion is “the moral virtue by which a person is disposed to render to God the worship and service he deserves. It is sometimes identified with the virtue of justice toward God, whose rights are rooted in his complete dominion over all creation. Religion is also a composite of all the virtues that arise from a human being’s relationship to God as the author of his or her being, even as love is a cluster of all the virtues arising from human response to God as the destiny of his or her being. Religion thus corresponds to the practice of piety toward God as Creator of the universe” Hardon, *Modern Catholic Dictionary*, 461.

⁶⁹³ This is true for a person with a repressive disorder (see *PWH* 109), and more so for a person with an emotional deprivation disorder (see Baars, *Healing the Unaffirmed*, 45-46), and most grievously the case for a person with a combination of both disorders (see *PWH* 165-78). E.g., Appendix III, vignette 5: Cyrus.

communicate to the appetites. To receive these sensations, acknowledge them for what they are, and to accept them with gratitude is a great good from God. The only thing better is to raise one's mind to God with loving gratefulness. However, this is not an "either/or" experience. It is a very necessary "both/and" connatural delight, for they are not opposed but intimately conjoined.⁶⁹⁴ In this way, both natural and supernatural delight are enhanced. For the most perfect thing anyone can do is an act of charity; towards God, neighbour, or self (see *CCC* 1695, 1972). Reversing erroneous judgements, thoughts, and even wilful pathological habits is the very "best" or most perfect thing that the repressed person can do in co-operating with a therapy that promises authentic human and spiritual perfection. Pleasure is "most perfect" for the repressed person in the sense that this is a necessary step for healing, for unless sense pleasures are appreciated as true natural goods, one often will not advance to the greater good of thanking God with heartfelt delight. St Thomas confirms: "Since pleasure perfects operation as its end; an operation cannot be perfectly good unless there be also pleasure in good: because the goodness of a thing depends on its end. Thus, in a way, the goodness of the pleasure is the cause of goodness in the operation" (*ST* I-II, q.34, a.4, ad.3).

In MT, pleasure is being restored while being connaturally enjoyed. Indeed, St Thomas teaches that we can delight in something for its own sake, and this in two ways. For its own sake by way of end, for example, psychological health. And in a nice medicine, not as in an end, but as in something tasty, for example, physical pleasure. As a psychotherapy, MT is not always agreeable or easy, but there are aspects of pleasure that may be accepted as delightful (see *ST* I-II, q.70, a.1, ad.2). Furthermore, "Pleasures of the sensitive appetite are not the rule of moral goodness and malice" (*ST* I-II, q.34, a.4). Moral goodness depends on the will of the person, and it is chiefly from the end that we discern whether the will is good or evil (see *ST* I-II, q.20, a.1). Now, "man is reckoned to be good or bad chiefly according to the pleasure of the human will; since that man is good and virtuous, who takes pleasure in the works of virtue" (*ST* I-II, q.34, a.4). MT is virtuous in its end and its means, in so far as it aids in the restoration of various virtues.

The reception, acknowledgement, and acceptance of wholesome pleasures within MT as a therapeutic good, is something perfect for the person whilst undergoing therapy, even if it is not the repressed person's ultimate good. "True happiness is not found...in any creature, but in God alone, the source of every good and of all love" (*CCC* 1723). "Happiness is the greatest good: since it is the end of man's life. However, happiness is not without pleasure: for it is written: "at Thy right hand are delights even to the end" (*Ps* 15:11). Man's last end may be said to be either God Who is the Supreme Good simply; or the enjoyment of God, which implies a certain pleasure in the last end. And in this sense, a certain pleasure of man may be said to

⁶⁹⁴ Many are attracted to God only by means of initial consoling graces of sensate delight. The neophyte, novice or serious prayerful Christian experiences real tangible pleasure in prayer, such that they are reluctant to participate in other matters, even assigned duties. It is almost as if God attracts us to himself by that which all humans crave. "You have seduced me, O God, and I have let myself be seduced" (*Jer* 20:7 JB).

be the greatest among human goods” (*ST* I-II, q.34, a.3).

As clarified earlier the end or the intention of the recovering person in choosing to undergo MT is for the return of physical, emotional, and mental health, freedom for morality, and for spiritual excellence, with natural and supernatural happiness flowing from the perfection of charity. So the most perfect thing for the person, here and now, is the connatural experience of pleasure flowing from the prescribed psychotherapy. And the best thing for the repressed person is to cooperate with MT, and the directive of which states, “the pleasure you experience as a result of abiding by the other directives is the most perfect thing for you” (*PWH* 115). While the directive, “the most perfect thing for you,” is not strictly correct, all the same, Terruwe/Baars are pronouncing a sound encouragement to the individual in his or her present state of affliction, knowing all the while that it will lead to the person’s greatest good (e.g., *PWH* 120 no. 6).

4.5.3.1. Awkwardness

Before, or early in therapy, the repressive feeling is accompanied by an inner and outer awkwardness which often is accompanied by a heightened startle response and an increase in irascibility. Such phenomena of the psyche becomes quite pronounced as a self-conscious discomfiture, as this internal psychic tension manifests itself. This awkward self-absorption is far from pleasurable but is relatively short lived as progress is made within therapy. It is perplexing only for a time, and the repressed person can be reassured that it certainly passes. The internal manifestation of disquiet is wrongly perceived as unnatural by the repressed person (see *CCC* 1765). This discomfort occurs, for example, when the person is in the presence of others. This uneasiness can manifest itself in the manner of handshaking (or the lack thereof), failure to look at another in the eyes, and even an awkwardness with an appropriate normal greeting or celebratory hugging of another. It is true that some folks are awkward concerning normal hugs simply because family members never hugged each other, hence the unease from the lack of any connatural pleasure experience. Even more so, there can be within the repressed person a serious inability to engage in, or enjoy the affirming feeling of normal human and tactile affection (see *CCC* 1766). Sports persons on TV demonstrate the normality of jubilation with hugging, touching, and even manly kissing. However, for the repressed person, such normality is alien. Even some repressed individuals who are engaged to their beloved, cannot hold hands as they walk in public or indeed show any external expression of emotion or affectionate feelings for the other publicly; much to the consternation and sometimes frustration of the beloved.

4.5.3.2. Giving and Receiving Pleasure is Human

Ordinary and normal people, especially “loving motherly kinds” and “touchy feely types,” hug with love and with no other agenda but to be affectionate and to express normal human love. Such is “normal” affection; it is pleasurable. Sadly, in

times of hypercritical media attention, that which was previously accepted as normal, human, and common is now judged with suspicion and even condemnation. Children and youth are deprived as a result. Given the publicity and proliferation of child sexual scandals, the implementation of professional protocols, codes of conduct, risk management strategies and working with children rules, what was previously human convention, has been tarnished as suspect and in some cases forbidden by legislation. Much of this feeds into pathological propensities that sadly confirm or establish erroneous cogitative judgements about God given and morally neutral delights, such as expressions of affection, as exemplified by touch, hugging, or an innocent kiss (see *CCC* 1766-67). Even Jesus allowed manly affection from the young St John, “whom Jesus loved,” as he rested upon the breast of Christ during the Last Supper (*Jn* 13:23-5). Christ’s first Vicar wrote: “Greet one another with the kiss of love” (*1Pet* 5:14). And St Paul wrote the same in four different letters.⁶⁹⁵ Children instinctively touch and hug, and childlikeness is rightly praised; while prudently accepting and adjusting to the protocols of the present times (see *Mk* 10:15-6). MT disposes persons to behave normally and cheerfully concerning expressions of affection with an appropriate enjoyment of the same.

Conversely, such is the disordered disposition of the repressed person that the third directive needs to give guidance and permission for the experience of normal human pleasure. The arrested, stilted, repressed, and atrophied concupiscible appetite is the underlying reason for the emphasis on the pleasure aspect of the third directive. This experience should never be forced but needs simply to evolve connaturally within therapy. Sadly, for the repressed person, there can be an absence of joyfulness even though others around are thoroughly enjoying a moment or an experience. That does not mean that repressed persons cannot have joyful expressions or even some pleasure, but these, far from being easy and spontaneous, are usually wilfully elicited, and often come across to others as somehow forced or with disproportionate outbursts of raucous laughter. Onlookers, however, easily detect that something is unnatural and amiss (see *PWH* 99-101).

Similarly, some repressed persons never cry or have not done so for years, even decades. They might even be hard pressed to remember when tears last welled up spontaneously. Conversely, tears can come frequently and copiously at the least expected moment or cause. Either experience, tears, or the lack thereof, though disconcerting to the repressed person are only indicators that all is not well. Sadness (the opposite of joy) is the repressed person’s daily companion, with or without tears.⁶⁹⁶ While undergoing therapy, it is not uncommon that there would be an outpouring of pent up emotional sadness as concupiscence becomes normalised. With the mortification of repressing emotions during recovery, restrained feelings and emotions are released and respond with ordinary degrees of expression. They become normalised. Joy and sadness are closely linked with pleasure and pain respectively.

⁶⁹⁵ See *Rom* 16:16; *1Cor* 16:20; *2Cor* 13:12; *1Thess* 5:26. Jesus was comfortable with children, *Mt* 19:13.

⁶⁹⁶ The feeling of sadness easily becomes despondency or depression or even an emotional expression of the passion of despair, which is an irascible power. When such is the case, a state of sadness can become chronic.

For repressed persons, however, it is not uncommon for objects of pleasure to be experienced as painful. Conversely, some traumatised abuse victims resort to self-harm, such as cutting, from which they receive pleasure since it lifts them out of the numbing pain of past molestation. Understandably, when pleasure is accepted as a healthy and ordinary expression of being human, a sense of joy and well-being quickly follow.

4.5.4. An Appreciation of the Natural Inclinations

Since the radical rejection of sexuality proves to be a path of self-destruction, the proper answer lies in a wholesome knowledge, reception, acknowledgement, and acceptance of human sexuality along with its natural impulses and pleasures in such a way that the good is appropriately and spiritually affirmed, sin is avoided, and virtue developed. This course is precisely the Christian vision of human sexuality. Such were the teachings of Pope St John Paul II, and Pope Emeritus Benedict XVI in *Deus caritas est*.⁶⁹⁷ It may be summed up as God, who is good, has created human beings in His image and likeness, therefore humans with their natural drives and impulses are also good. To achieve human perfection, each person must choose rightly. To choose the true good is each individual's mission by acting through his or her free will. Since the will is the appetite of a person's mind, the will cannot exercise virtuous free choice, except each person freely perceive and ponder the reality of the world externally and internally within himself or herself, so as to fittingly order these to God.⁶⁹⁸ In terms of sexuality, persons cannot act with true freedom unless they love and understand their body and their sexuality. This knowledge is required for the common vocation of marriage, the acts of procreation and their relationship to personal love, together with their chosen vocation and state in life, which fundamentally conditions their fitting and proper response, and eventual worthy expression of their sexuality. The same knowledge is necessary for those who freely renounce the procreative drive in favour of a wholesome continence in celibacy. Terruwe/Baars' directives for repressive persons have this reintegration of man in view. The third directive concerning the capacity and need to experience pleasure are addressed to repressed persons' whose human need is to accept, love, and experience their own goodness so that they can make informed, mature moral decisions which positively and perfectly relate them to God, themselves and their neighbour. In other words, the statement that pleasure is the most perfect thing for a repressed person is given within the parameters of a positive and reasonable affirmation of the pleasure appetite as opposed to the irrational repressive activity of the irascible

⁶⁹⁷ See Pope St John Paul II, *Love and Responsibility*, 285-88; and Pope Benedict XVI, *Deus caritas est*, 5.

⁶⁹⁸ Each aspect of creation has its own intrinsic goodness and value both in itself and as part of the integral temporal order: "God saw all that he had made and it was very good" (*Gen* 1:31). It is to be remembered that "this natural goodness receives an added dignity from the relation of these things to the human person for whose use they were created" (*AA* 7). Romanus Cessario comments, "This outlook on the goodness of creation, rooted in the truth of the sacred Scriptures, establishes the grounds for the way that the Christian provides even a philosophical analysis of human actions." Cessario, *Introduction to Moral Theology*, 154.

appetite. In this way, the recovering person can delight in and be pleasing to God.

With respect to the third directive three points must be retained: 1) the repressed person basically despises or even hates his sexuality; 2) he has radically shut sexuality and even some sensuality down;⁶⁹⁹ 3) his reason and will – like in the meltdown of a nuclear reactor – have been nearly irreversibly excluded (i.e., displaced) from any possible intervention regarding the repressed pleasure. The repressed person, in this area of his life, is not capable of a human act in the area affected by repression, that is, a virtuous act elicited by free will using right reason. This affective area of his life is without virtue, a wasteland. Although only a few repressed persons can initially appreciate or accept this fact, it remains the finality of the directives to restore this concupiscible desert to fertile human and virtuous activity.

When, due to a fundamental software error, there is a serious, irreversible computer crash, we hope that we can reboot the computer (i.e., mental and emotional cognition) to a past constellation which antedates the intrusive, destructive software error (i.e., a virus). This metaphor of a failure in “software-logic” is not out of place. All who use computers, and have had a catastrophic failure with the fear of the loss of their work, are relieved when after a “rebooting” of their system things have returned to a former state of productivity. Since humans, however, cannot effectively go back in time in this fashion, one must learn with simple humility to regain a spiritual posture of innocence. In this manner, one can experience anew the whole reality of being truly human without the contaminating, debilitating effect of that “software error” (i.e., the spirit is safe, the body is bad). For wherever it intrudes, it perpetuates the disease, renewing the crash of repression, dispelling pleasure, and implanting a vacuous joylessness. The learning process of a child begins with the simple experiences of right and wrong, pleasure, and pain. Such evaluative learning is the whole point of the pleasure directive and the claim that it is a perfect thing for the repressed person because these are guiding moments of normal and wholesome emotional growth. Cited anew is this basic principle in Terruwe/Baars’ teaching. “In therapy, the person with obsessive-compulsive repression has to walk the same developmental path as the child does... Feelings and emotions are necessary to develop a connatural knowledge of the goodness of moral laws” (*PWH* 113).

Repressed persons need to empty themselves in humility and trust, accepting to be like a little child as Jesus invites; “Amen I say to you, unless you be converted, and become as little children, you shall not enter into the kingdom of heaven” (*Mt* 18:3). If not, the repressed person will never be truly cured in this life. Every other effort to “reboot” the emotional life will fall into a time-frame when the individual’s mind and emotions were already contaminated with the “bad software” (viz., the false

⁶⁹⁹ This does not preclude that nature will not retaliate against this unnatural imprisonment of concupiscence through explosive expressions of obsessive-compulsive sexual activity. Scientifically, Newton’s Third Law identifies action and reaction as forces in pairs, “for every action, there is an equal and opposite reaction.” Repression is an unnatural accidental force, while concupiscence is a natural substantial force (see *PWH* 36-37, 52-53). When pathological compulsion occurs voluntariness is diminished. Thomas affirms, “Things done under compulsion are involuntary” (*ST* I-II, q.6, a.5, ad.1 and I-II, q.77, a.1, & ad.2).

conviction about the evil of human sexuality and its fearful consequences). This re-occurrence will only reinitiate (repeat) the whole repressive process time and time again. It would be like the re-occurrences of a scratched vinyl music record continually repeating itself or a marred DVD that freezes and needs its scratch polished out. There is no cure unless the therapy can get behind, and deeper than the scratch, so that the human mind and the psyche can be formed and nourished with “good software” (i.e., true Christian doctrine concerning human procreation) whereby God is not blamed for sexuality, but the Divinity is appreciated and adored for its ineffable design and workings. This is authentic spiritual freedom pleasing to God. It reaffirms the pleasure response within afflicted persons.

4.5.5. Pleasure ~ Body and Soul

When the term pleasure is used, it is often understood subjectively. What pleasure is for one person might not be so for another. For some individuals pleasure is indefinable.⁷⁰⁰ While for other people pleasure is defined as “a positive feeling with the desire to prolong the exciting conditions.”⁷⁰¹ St Thomas in considering pleasure states, “pleasure arises from union with a suitable object perceived or known” (*ST I-II*, q.31, a.5). Furthermore he states:

“Concupiscence is a craving for that which is pleasant.” Now pleasure is twofold: one is in the intelligible good, which is the good of reason; the other is in good perceptible to the senses. The former pleasure seems to belong to soul alone: whereas the latter belongs to both soul and body: because the sense is a power seated in a bodily organ: wherefore sensible good is the good of the whole composite (*ST I-II*, q.30, a.1).

So “pleasure is twofold; one is bodily, resulting from bodily contact, the other is spiritual, resulting from an apprehension of the soul” (*ST II-II*, q.123, a.8). The first is generically depicted as delight while the latter is specified as joy.

Humanly, we know and learn by moving from the more known to the less known. Bodily pleasure while perfecting human persons also prepares them for the greater delight of spiritual joy. Pleasure, delight, and joy are all of the concupiscible power. The “object of the concupiscible power is something delightful to the senses; and this [pleasurable good] is the object of concupiscence” (*ST I-II*, q.30, a.2, ob.1). However, “delight extends to more things than does joy,” so “joy is not the same as delight” (*ST I-II*, q.31, a.3). Because human beings are reasonable, we enjoy many things while animals only delight in their sensate pleasures. As rational animals, humans use a variety of words to describe pleasure, and each gives a different connotation or degree to human delight’s and therefore the understanding of joy; for example, “gladness, exultation, and cheerfulness” (*ST I-II*, q.31, a.3, ad.3). Concerning happiness, both natural happiness which is imperfect in this life, and perfect supernatural happiness (see *ST I-II*, q.1, a.8), St Thomas uses words such as the gladness of incorruption (*ST I-II*, q.31, a.4, ad.2), and final beatitude which is the blessedness of the beatific vision

⁷⁰⁰ See Reber, *Penguin Dictionary*, 544.

⁷⁰¹ James P. Chaplin, *Dictionary of Psychology* (New York: Dell Publishing, 1971), 367.

(*ST I*, q.102, a.2, ad.1). Ultimate beatitude is only possible by means of sanctifying grace and the theological virtue of faith, a gift of God's merciful love in Christ Jesus (see *ST I-II*, q.62, a.1). "Two things are requisite for pleasure: namely, the attainment of the suitable good, and knowledge of this attainment" (*ST I-II*, q.32, a.1). The attainment of the suitable good, means true pleasure is derived from something appropriate and natural to people. Though "it happens that something which is not natural to man, either regarding reason or regarding the preservation of the body, becomes connatural to this individual man, on account of there being some corruption of nature in him. This corruption may be either on the part of the body - from some ailment; thus to a man suffering from fever, sweet things seem bitter, and vice versa - or from an evil temperament" (*ST I-II*, q.31, a.7). An example pertinent to the repressed person's disposition is when afflicted persons take delight in conquering movements of the procreative drive by means of a pathological vice, and then they erroneously believe themselves to be virtuous and above reproach.

4.5.5.1. Pleasures ~ Use and Abuse

On a different note, insightfully St Thomas comments on the misuse of pleasures. "The reason why you seek bodily pleasures is because sensible goods are known better and more generally: and, again, because men need pleasures as remedies for many kinds of sorrow and sadness: and since the majority cannot attain spiritual pleasures, which are proper to the virtuous, hence it is that they turn aside to seek those of the body" (*ST I-II*, q.31, a.5, ad.1). In dealing with sexually afflicted persons, it is often the case that the psychic pain of their condition promotes the attainment of sensual pleasures, which might include damaging forms of substance abuse (see *ST I-II*, q.32, a.7, ad.2). This preoccupation may be as simple as a quasi-addiction to coffee or chocolate, or more complex as in alcohol or overeating, even gambling, or voyeurism. Of course, more serious is the promiscuous acting out with other like-minded persons and even the innocent. When people indulge themselves in these defective behaviours, it is very normal for them to indulge to excess and become repulsed. Indeed, "Bodily goods are conditioned by a certain fixed measure: wherefore surfeit of such things destroys the proper good, and consequently gives rise to disgust and sorrow, through being contrary to the proper good of [persons]" (*ST I-II*, q.32, a.7, ad.3).

In itself, pleasure is a good from God and connatural to humans, but all things in moderation. The repression of pleasure is a vice. For some spiritually inclined persons, it may seem that blocking all the pleasures of the body would enhance one's spiritual journey. However, they are mistaken. While it is true that all are invited to surrender sensual delights through a positive mortification for love of God, repression is not what God had in mind. Indeed it is only by reasonable governance over one's sensuality, fittingly mortified for love of God, that an individual can enter into true union with the divinity.⁷⁰² To appropriately love God is to "love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength" (*Mk* 12:30). Sexually afflicted persons who have repressed their

⁷⁰² John of the Cross, *The Ascent*, 141, Bk. One, Chpt. 11, no. 3.

concupiscible appetite are incapable of loving God with all their heart and all their strength. Indeed, repressed persons are essentially weak since they do not have at their disposal the fullness of their humanity. This does not mean that they are incapable of loving God. However, such a love is vitiated and will never permit them to reach their full human and spiritual potential. God for his part, affects the purification of repressed persons' affections. Firstly, by revealing their disorder through psychic pain, for though God wounds he also heals (see *Deut* 32:39), and secondly, for those who genuinely love God and pray he provides the passive purification of the senses as a means by which persons are purified body, soul, and spirit (1*Thess* 5:23).⁷⁰³ Pleasure is that satisfaction that accompanies the proper exercise of human powers. For "pleasure is...a certain repose of the movement of desire" (*ST* I-II, q.33, a.2, ob.1), so that "when the good is obtained, it causes the appetite to rest, as it were, in the good obtained: and this belongs to the passion of 'delight' or 'joy'" (*ST* I-II, q.23, a.4).

4.5.5.2. Pleasure and Prayer

Depending on the faculty used, there are different kinds of pleasure, namely, sensual and intellectual. In reality, the two forms are never separated, since bodily satisfaction affects the rational part of a human being, and intellectual satisfaction has an influence on the body. The human person is a single body-soul composite. Even in affective prayer and spiritual recollection whereby one communes deeply with the Lord there can resonate in the person's sensitive appetite the arousal of the procreative drive with its sexual awakening. Such is the pleasure associated with love that even in such a holy occupation there can be a delight with sexual repercussions.⁷⁰⁴ One need not be surprised or alarmed by this natural phenomenon. Repressed persons, however, can become deeply disturbed at this reality.

⁷⁰³ *Ibid.*, 119, Bk. One, Chpt. 1, no. 4

⁷⁰⁴ Dubay, *Fire Within*, 232. Also John of the Cross provides several reasons for the sensual arousal of pleasure during prayer, among these are some that are pertinent to this study. He writes:

1. "It happens frequently that in a person's spiritual exercises themselves, without the person being able to avoid it, impure movements will be experienced in the sensory part of the soul, and even sometimes when the spirit is deep in prayer or when receiving the sacraments of penance or the Eucharist. These impure feelings arise from any of three causes outside one's control. 2. First, they often proceed from the pleasure human nature finds in spiritual exercises. Since both the spiritual and the sensory part of the soul receive gratification from that refreshment, each part experiences delight according to its own nature and properties. The spirit, the superior part of the soul, experiences renewal and satisfaction in God; and the sense, the lower part, feels sensory gratification and delight because it is ignorant of how to get everything else, and hence takes whatever is nearest, which is the impure sensory satisfaction. 3. The second origin of these rebellions is the devil. 4. The third origin from which these impure feelings usually proceed and wage war on the soul is the latter's fear of them. The fear that springs up at the sudden remembrance of these thoughts, caused by what one sees, is dealing with, or thinking of, produces impure feelings without the person being at fault" John of the Cross, *The Dark Night*, 367-69, Bk. One, Chpt. 4, no. 1-4. Also *The Ascent*, 304-9, Bk. Three, Chpt. 21-23.

4.5.5.3. Delight and Joy

Emotions tend to that which is good, “and in this sense, delight is called a passion” (*ST I-II*, q.31, a.1, ad.3). “Some writers distinguish between pleasure and joy, where pleasure refers to the satisfaction of bodily desires, such as eating and sex, and where joy relates to the use of the rational powers, such as thinking and loving.”⁷⁰⁵ For St Thomas delight and pleasure are of the body while joy is of the soul (*ST I-II*, q.31, a.4). The words delight, pleasure, joy, and enjoyment are used equivalently in English translations, but they are not exact synonyms (see *ST I-II*, q.31, aa.1,3). Joy is experienced as the expansion of the soul in the presence of the beloved (*ST I-II*, q.33, a.1, ad.3). While the cause of bodily pleasures soon passes; spiritual goods are enduring. Thus the joy they engender does not pass away (see *ST I-II*, q.31, a.5). Importantly, delight is present and complete as an internal movement within an individual when it is in keeping with a person’s true nature. For example, the vice of pathological repression produces sorrow while virtue establishes delight. The emphasis on pleasure in the third directive is relevant in that St Thomas writes: “Connatural operation, which is unhindered, is a second perfection, as stated in *De Anima* ii, 1: and therefore when a thing is established in its proper connatural and unhindered operation, delight follows, which consists in a state of completion. Accordingly, when we say that delight is an operation, we designate, not its essence, but its cause” (*ST I-II*, q.31, a.1, ad.1).

For the repressed person, however, the pleasure experience is distorted. Repressed persons will always argue that they truly believe that they do have pleasure in their life, and this is true to a degree, yet after successful therapy, they will also admit that the pleasure response was severely arrested or blocked. What they mostly have is the mere gratification of the exterior senses, but not the pleasure, the delight of the emotions which is dependent upon the proper estimation of the cogitative power and the free operation of the sensitive and rational appetites. St Thomas teaches that there are three things required for delight: 1) a person is pleased when; 2) he or she is in the presence of the pleasurable object or occupation; and 3) that the individual is conscious of this combination (see *ST I-II*, q.32, a.2). In the context of this study, MT is not pleasant because of its hardship and difficulties, especially if it seems to exceed our natural ability. Pleasure comes as repressive factors and obstacles are removed so that our natural aptitude is liberated. As right reason becomes increasingly less displaced, repressed emotions are gradually freed, and repressing emotions are easier to mortify. Pleasure comes forth because that which is natural blossoms since it is no longer vituperated. Virtue becomes increasingly natural, easy, prompt, and delightful because the custom of continence and chastity become second nature. “What is customary becomes pleasant...But the movement which gives pleasure is not that which departs from custom, but rather that which prevents the corruption of the natural mode of being, that might result from continued operation. And thus from the same cause of connaturalness, both custom and movement become pleasant” (*ST I-II*, q.32, a.2, ad.2-3). Pleasure, therefore, arises by enacting MT for the twofold reason of the mortification of the corruption of a repressive disorder, and secondly, for the legitimate and connatural pleasure that is

⁷⁰⁵ Hardon, *Modern Catholic Dictionary*, 424.

permissible from applying each of the three directives.

Moreover, appropriate pleasure or *laetitia* is so-called because it produces a dilation or expansion of the soul (see *ST I-II*, q.31, a.3, ad.3). If anyone needs the encouragement of the enlargement of their soul, it is sexually afflicted persons. MT promotes the amplification of a certain human perfection whereby the sensitive appetite was in part shrivelled while the rational appetite was displaced thus diminishing and depleting personal joy. MT promotes the expansion of pleasure and intensity because the knowledge gained through therapy and applied in wholesome practice is a legitimate pleasure to which the person can hold fast. The very notion of the term “therapy” conjures up a sorrowful or uncomfortable cure. MT, however, by releasing the repressed concupiscible powers allows the humane emotions of love, desire, and joy to evolve increasingly. In this way, the person who understands MT can knowingly, willingly, and passively embrace the therapy in itself. By doing so, pleasure promotes a wholesome recovery. Moreover, St Thomas teaches that the person who “takes pleasure in a thing holds it fast, by clinging to it with all his might: and he opens his heart to it that he may enjoy it perfectly” (*ST I-II*, q.33, a.1, ad.3). When concupiscible emotions are consistently and appropriately released, the person thrives. For “Desire includes a certain expansion arising from the imagination of the thing desired; but this expansion increases at the presence of the pleasurable object: because the mind surrenders itself more to that object when it is already taking pleasure in it, than when it desires it before possessing it; since pleasure is the end of desire” (*ST I-II*, q.33, a.1, ad.2). It is for this reason that those repressed persons who resist MT do themselves additional harm (*PWH* 111, 113).

All the same, because concupiscence can cause a thirst or desire for itself, the recovering person needs not only to mortify the repressing assertive emotions but also, through fitting rational governance, simultaneously to learn reasonable restraint of the concupiscible appetite (*ST I-II*, q.33, a.2). *Raapra* assists in forming the virtue of continence by receiving, acknowledging, and accepting pleasure and its concomitant goodness for the entire person, reasonably and gratefully. When pleasure is present, afflicted persons are more inclined to be attentive to enacting MT properly since “appropriate pleasures increase activity... Whereas pleasures arising from other sources are impediments to activity” (*ST I-II*, q.33, a.3). There is pleasure in the act of reasoning and it “does not hinder the act of reason, but helps it; because we are more attentive in doing that which gives us pleasure, and attention fosters activity” (*ST I-II*, q.33, a.3). As the concupiscible appetite becomes less repressed, pleasure in fact is aiding the restoration of right reason from its displacement.

Everyone who is genuinely seeking virtue well knows that there is a need for unrelenting reasonable diligence over all of the appetites, especially venereal pleasure. Indeed, St Thomas says that “bodily pleasures hinder the use of reason in three ways. First, by distracting the reason. Secondly, by being contrary to reason. Thirdly, by fettering the reason: insofar as bodily pleasure is followed by a certain alteration in the body” (*ST I-II*, q.33, a.3). It is for this reason that recovering repressed persons need to apply MT fittingly; “lest freedom lead to indulgence” (see *Gal* 5:13). All the same, the pleasure promoted by the third directive can perfect the

therapy in two ways. St Thomas commenting on how pleasure perfects operation says:

First, as an end: not indeed according as an end is that on “account of which a thing is;” but according as every good which is added to a thing and completes it, can be called its end... Secondly, as agent; not indeed directly, for the Philosopher says (Ethic. x, 4) that “pleasure perfects operation, not as a physician makes a man healthy, but as health does:” but it does so indirectly; inasmuch as the agent, through taking pleasure in his action, is more eagerly intent on it, and carries it out with greater care. And in this sense it is said in Ethic. x, 5 that “pleasures increase their appropriate activities, and hinder those that are not appropriate” (ST I-II, q.33, a.4).

The therapist or priest provides a wholesome instruction or catechesis on the importance of pleasure flowing from the third directive (see *PWH* 106). Highlighted are those advantages to the overall wholesomeness of MT appropriately applied, especially when praise is given to the Creator (see *Phil* 1:9-11).

A diminished pleasure response does not mean that the sense organs are malfunctioning; rather the natural and spontaneous pleasure experience is abnormally thwarted. The imaginative “phantasm of pleasure”⁷⁰⁶ has either been repressed or has never been entirely active or realised in the repressed person. In a similar manner, even the “*pseudo-neurotic*” person experiences diminished pleasure and once free from all trauma also realises this (*PWH* 75-76).⁷⁰⁷ This scenario is also seen clearly in cases involving adult emotional deprivation disorder. Not only are their senses lacking sufficient development, but they also are never sure of an appropriate expression.⁷⁰⁸ In a similar manner, a distortion takes place in the repressed person (see *PWH* 92, 96). This doubt is because they tend to hold on too tight, often for fear of sin, and therefore do not give free reign to their feelings or natural expression and tend to will what they think appropriate. “The normal psychomotor reactions are inhibited and replaced by an overregulated voluntary motor activity. The unconscious, spontaneous quality disappears, and a consciously willed attitude takes its place” (*PWH* 69).

4.5.5.4. Pleasure within Therapy

When the third directive of mortification therapy states, “*The pleasure you experience as the result of abiding by the other directives is the most perfect thing for*

⁷⁰⁶ Of course, this is not actually a phantasm, at least with respect to the cognitive dimension, but rather the appetitive acceptance of subjectively experiencing communion with this good. “My beloved is mine and I am his... stir not up nor awaken love until it please” (*Song* 2:16; 3:5).

⁷⁰⁷ An example of this was vividly expressed by an ex-defence warrant officer who had seen active duty in Vietnam and then became a police officer in the undercover drug squad, but seven years later was retired as “hurt on duty” with a very severe Trauma and Stressor-Related Disorder Suffering. Eventually, he spontaneously exclaimed, “I feel like joy and colour have come back into my life. It is a whole new experience; I am learning how to live again” see Appendix III, vignette 6: Paul, ex-police officer suffering PTSD.

⁷⁰⁸ See Baars/Terruwe, *Healing the Unaffirmed*, 45-46, 51-56. And especially, *PWH* 68-70, 96.

you,” it is providing the suggestion to the repressed person that they re-allow a developmental, emotional freedom present to all children and youth. Pleasure reveals to the repressed person a truth about human nature. They are given the opportunity to re-learn and experience exciting moments of normal life. Furthermore, pleasure brings an authentic natural relaxation to all the faculties and an inner connatural peace for both the physique and psyche. As a twenty-year-old man said, “I feel like a huge burden has been lifted from me!” Indeed, it is an opportunity to experience real supernatural peace and not an intellectualised version (see *PWH* 112-13). Grace, indeed, perfects nature (see *ST I*, q.62, a.5). However, nature has to be given a chance to be natural! The third directive provides a fresh opportunity for the repressed person to renew existential contact with the interior and exterior world. The person can experience a pleasurable release in a morally appropriate free discharge of pent up sensations, feelings, and emotions. This catharsis is something that has not been experienced since the onset of the repression, in some cases, it can go back to infancy.

4.5.5.5. A Pleasure that leads to the Joy of the Lord

Allowing the unconstrained human reactions of the external and internal senses does not come spontaneously (i.e., from nature’s accord) to the repressed person. It is not easy. It is like the mythical figure of Tarzan re-entering polite society, as a fully grown adult but unaware of so much. Re-entry might appear somewhat clumsy and awkward, but it is necessary and worthwhile. For many joys await the repressed person, not the least of which is the joy of the Lord. This experience is something that is essential if the repressed person is ever to enjoy fully the happiness that God has preordained for the human person in this life. “My soul longs, indeed it faints for the courts of the Lord; my heart and my flesh sing for joy to the living God” (*Ps* 84:2). This joy encompasses every level; body, soul, and spirit (see *1Thess* 5:23) and begins by truly experiencing true pleasure. Pleasure leads to joy and joy leads to happiness which is the delight of this life and the life to come. Delight is an emotional experience of the pleasure appetite which is aroused in the presence (that is, the experiential possession) of some good. Joy is the term *Terruwe/Baars* use, but this can also pertain to reason. God wants us to have both human delight and supernatural happiness. Joy is a fruit of the Holy Spirit (see *Gal* 5:22).⁷⁰⁹ Besides, “the joy of the Lord is your strength” (*Neh* 8:10). Joy accompanies natural and supernatural happiness, which is the conscious possession of the desired good that is only surpassed by the ultimate experience of eternal beatitude (see *ST I-II*, q.3 aa.1-8). It is the Lord’s joy, for the call is to “the joy of your Master” (*Mt* 25:21). The “heart” also moves the person to goodness (see *CCC* 1775).

Human beings are called to love the Lord God with all one’s being. Jesus said, “You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbour as yourself” (*Lk* 10:27). By corollary, Jesus indicates if we cannot love God freely with all our being,

⁷⁰⁹ Supernatural happiness resonates in the soul and body. Joy as a word is sometimes used equivocally for either natural or supernatural delight, or both. Joy, here, is spiritual (*CCC* 736).

our love for our self and our neighbour will also be somewhat diminished. The natural inclinations to pleasure and their concomitant physical experiences are far from being spontaneous in the repressed person. Such a person exhibits regulated voluntary motor acts that inhibit fluid psychomotor responses. In a word the person almost unconsciously “wills” many external expressions and actions that should be naturally spontaneous. Not only is this emotionally and physically fatiguing for the person; it is also evident to others. “The life of persons with energy-based repressive disorders are lives of restraint” (*PWH* 70).

4.5.6. Resistance to Pleasure

Because the repressed person has a reluctance or resistance to allow the experience of pleasure, the third directive highlights its centrality to the therapy. Repressed persons need to mortify what has become an unnatural and habituated instinct to restrain the pleasure impulse and response. Whenever physical or imaginative venereal delight is involved, there will always be at least some pleasurable arousal, but this may be far from authentic human pleasure as God wills. The afflicted person with a repressive disorder is more likely to partially or altogether impede or inhibit venereal pleasure in the name of moral goodness. Early in therapy, some repressed persons will continually inhibit pleasure because, as pointed out, the cogitative judgement has a habituated condition to avoid pleasurable sensuality. Mortification therapy with its many aspects is a bit like teaching someone to swing properly in golf, cricket, baseball, or croquet after they have spent years doing it imperfectly. It takes practice to unlearn previous bad habits and to habituate new ways, to feel so comfortable with it that it has become connaturally acceptable and second nature (see *PWH* 113). Once MT is introduced to the repressed person, and the three directives are explained as therapy, every effort must be made by the therapist to help the repressed person understand the philosophical and theological basis upon which these teachings are founded and how they promote human happiness.

Even after the repressed person’s initial objections or resistance to the therapy have subsided, the repressed individual can sometimes be reluctant to permit a healthy and appropriate expression of emotion. The intractable habitual judgement in the interior senses cannot immediately assimilate the truths that the mind sees and embraces as reasonable (see *PWH* 109, 111, 113). The repressed person will allow some level of pleasure while holding back a full, generous, and spontaneous expression of naturally pleasurable feelings. For example; a repressed person experiencing arousal will put up with or tolerate sexual pleasure but limit its delight by reluctantly and abruptly completing some sexual satisfaction in seconds rather than luxuriating in the connatural experience of gratification and thereby simultaneously mortifying the hypertrophied assertive emotions. When the experience is led by nature and is not a willed action, the forestalling or omitting of pleasure frustrates the effectiveness of the therapy; namely, to avail the free and full experience of pleasure which simultaneously mortifies the repressive process and re-

habituates the cogitative power. This is not an instantaneous event, so some period of time must be devoted to it. When this does not occur, the repressed person is left frustrated and wrongly thinking that what took place was sufficient whereas it was nothing less than a further experience of repression with its lack of inner peace. The concomitant restlessness is a sure sign to the repressed person himself of the truth of this teaching (see *PWH* 56, 111, 113).

Some may wrongly argue that this is a form of hedonism. The third directive, however, is not advocating pleasure for pleasure's sake, nor a fixation on pleasure as an end in itself. It should be noted that it is not the full experience of pleasure that is the key, but rather the cogitative and cognitive connatural knowledge and acceptance of the natural goodness of the reality of sexuality in itself with the pleasure that accompanies it. As long as there is the unvoiced conviction that carnal pleasure is always potentially dangerous, harmful, or evil, the repressed person lingers with an erroneous judgement. It is like a cancerous tumour; it all has to be removed, or it will grow back (see *PWH* 37). The goal is to see that the moral law is not about forbidding pleasure, but rather ordering it to the good of persons. Suitable marital pleasure for persons is not the sensual pleasure of hedonism, egoism, and subjectivism⁷¹⁰ (see *CCC* 2113, 2351). It is the appropriate fruit of an objective and disinterested self-giving to another (see *CCC* 1644). The untransformed repressed person is incapable of this both affectively and effectively. By justifiably permitting the arousal and excitement of the sexual faculty with its concomitant stimulation to sexual pleasure, the repressed person eventually comes to "know" the connatural knowledge of emotional pleasure and moral freedom. To frustrate or reluctantly allow the experience of the pleasure that is a natural inclination and even more so when it accompanies therapy, precludes or averts the very purpose of that therapy since the repressed person still harbours the deep-seated conviction that "this pleasure is wrong in itself."

It is to be remembered that the erroneous cogitative judgement of the repressed person has resulted in the thwarting of much sense pleasure, particularly in the area of sexuality. The third directive is designed to correct this. The repressed person needs to be led to receive and docilely accept that in fact, pleasure is a splendid thing for him at this moment, particularly the cognitive awareness of the natural goodness of sexuality and its associated pleasure. The third directive, however, is not only about sexual pleasures but all pleasures. There are greater things to be experienced than venereal pleasure, so for the repressed person, MT provides something excellent for this person here and now.⁷¹¹ The allowance and enjoyment of pleasure is a wholesome choice that immediately contributes towards future happiness and holiness.

Indeed, it may be expected that when the false cogitative judgement is corrected,

⁷¹⁰ Pope St John Paul II is explicit in his explanation not only of the value of pleasure but also the danger of any fixation on it in itself. See Pope St John Paul II, *Love and Responsibility*, 32-34, 155-58.

⁷¹¹ It may also be pointed out, that the normal sexual development is necessary for maturity in virility and femininity. Hence, MT is not only about freedom for a wholesome "sexuality" but also about the full maturing process of a human being to come to a mature manhood and a mature womanhood, a desire to procreate.

the procreative instinct, being a natural drive and inclination, will manifest itself normally with its appropriate intensity and sometimes with vehemence, so much so that an orgasm can take place spontaneously. St Alphonsus de Liguori was confronted with this reality and rightly judged that this form of “emission” could be tolerated by an individual, as long as they did not *will* anything contrary to holy chastity. He was dealing with the case of men, but women are also known to experience the same phenomenon of intense feelings and spontaneous stimulation. Therapeutically this is a wholesome scenario. The moral law is not to be obfuscated during therapy; rather the true point is that psychological health is a human good to be pursued even when it is foreseeable, that passion might take the upper hand. Such excesses, for this very reason, are not imputable morally (see *CCC* 1746). This statement was clarified in the last chapter. Otherwise, how could doctors treat patients with sexual problems, if attendance to the same was an occasion of sin for them? The solution for the physician in dealing with a repressed person is not to seduce the patient, in the gravely mistaken belief that such behaviour might liberate the patient. This would in no way aid in the attainment of moral freedom by their having experienced the good of sexuality, but rather the doctor needs to acknowledge and elucidate the goodness and attractiveness of the natural procreative inclination. In this way, the person can continue with a wholesome life ordered by right reason, and not disordered by aberrant fear-provoking erroneous cogitative judgements.

Once the repressed person humbly surrenders to new cognitive insights, accepts his pleasurable feelings as connatural and further acknowledges his sexuality as a natural inclination and endowment from God, then he will know that he has arrived at an all new level of freedom and self-acceptance. If he adds to this spiritually with an acknowledgement of his brokenness and sinfulness then change is possible in God’s presence (see *CCC* 208). “For the Lord takes pleasure in his people; he adorns the humble with victory” (*Ps* 149:4).⁷¹² The distortion or stunting of sense pleasure is

⁷¹² An example may assist. James was in his early forties. He had been undergoing mortification therapy for several years but was wilful in his longing to be free from his obsessions and compulsions. His premature efforts to discontinue a therapy he intensely disliked, were to no avail; repression with all its preoccupying obsessions and compulsions returned with a vengeance. However, it was his proud attitude that frustrated his recovery, even though this had been explained to him on multiple occasions. He was “always eager to attain [his] goal of moral freedom as soon as possible, and [would] often try to shorten the interval between the last stage of repression and the beginning of natural guidance of [his] feelings and emotions by [his] intellect” (*PWH* 113). He would not respect “the natural relationships within the emotional life and permit its healthy elements to grow gradually and spontaneously” (*PWH* 95). When he could finally be convinced that God loved him as his little boy who was free to grow without any time constraints and that he could trust nature to take its appropriate course, he stopped “trying” to get free. Gradually a subtle change was noticed in him. At first, he acted quite defeated, then discouraged, but finally resigned himself to Mother Nature’s truth. His demonstration of defeat and discouragement resulted from his pride, for he was a very capable person in every other area of his life. His lack of humility manifested itself in two ways: 1) he was still attached to his version of the conviction of sin and guilt; and 2) he despised the thought of being a weak, obsessed sensual “sinner.”

not only psychologically undesirable but also physically unhealthy. Physicians are well aware of the need for pleasure, joy, and happiness in sick patients.⁷¹³ Pain, sadness, and depression are all symptoms of a moribund patient. Pleasure is a necessary human experience contributing to personal wellbeing. Indeed, the concupiscible emotions are called by Terruwe/Baars the pleasure emotions for good reason. Love, desire and joy and their opposites make people truly human (*PWH* 23-24).⁷¹⁴

4.5.7. Pleasure and Penance

Under the heading of pleasure, an important freedom that is provided by the third directive is the psychological liberty to receive pleasure, to acknowledge it for what it is, and to accept it. The importance of this permission is not immediately apparent. For sexually afflicted persons who are already suffering from obsessive and compulsive masturbation, the problem of acting out can be acute and very often chronic. The three directives would appear at first to exacerbate the condition.

He came to realize that irrespective of his frequent bouts of obsessive voyeurism and masturbation, after which he always felt palpably guilt-ridden, he just had to accept it. He realized that as he had been instructed, he needed to believe that God accepted him as his immature little boy, whom God loved no matter what. He still seemed quite pessimistic, particularly after a “binge” or severe session of giving into all his fantasies and materially evil actions. Before he would go to bed at night, however, he would always kneel down praying a perfect act of contrition “just to be sure of salvation” (see *CCC* 1452) and one Hail Mary. His first thoughts the next day would be of guilt about his ‘sins’ and ‘misbehaviour.’ This recurring emotional awareness of psychological guilt disturbed him greatly (i.e., not true moral guilt, for he was not morally culpable for his obsessive-compulsive actions; see *CCC* 2352). This was one of the reasons for his intense dislike for MT, which in turn prompted his every attempt to become free from it.

Gradually as he allowed more pleasure into his following of the three directives of the therapy, he discovered that he also had less guilt afterwards. Then to his absolute surprise one morning he found that he had no psychological guilt even though he had sexually binged compulsively the night before. This change so excited him that he could not wait to share with the priest his new found freedom from psychological guilt. This moment was a significant turning point in James’ recovery. He had come to understand within his cogitative power that a “*feeling knowledge* that [sexual pleasure] is good” had liberated him (*PWH* 109). He no longer had the “intense need, even in therapy, to continue relying on the repressing emotion for the sake of leading a moral life” (*PWH* 111). With this insight, James became much happier in his overall personality and daily life. He was both less obsessed and less driven. Within a year or so he also realised that the fearful ache in his stomach which would arise whenever masturbation mentally presented itself was now diminishing. He had less desire and no compulsion. He regretted his earlier doubts about MT which had frustrated and prolonged his psychosexual growth and healing.

⁷¹³ This healing attitude is personified in the life of Hunter Doherty “Patch” Adams; (b. May 28, 1945), an American physician, comedian, social activist, and author. He founded the Gesundheit! Institute of Medicine in 1971 to promote a holistic approach to healing. Adams urges medical students to develop joyful and compassionate connections with their patients. His prescription, in accompaniment with best practice medicine, promotes a kind of care that incorporates humour and play which he sees as essential to physical and emotional wellbeing. “Patch Adams,” *Wikipedia* (26 November 2015): accessed October 16, 2016, https://web.archive.org/web/20200211062429/https://en.wikipedia.org/wiki/Patch_Adams.

⁷¹⁴ See Baars, *Feeling and Healing*, 16, 32.

However, this is not so.

One could ask, what is the difference between tolerating masturbation within MT, and tolerating obsessive and compulsive masturbation followed by the sacrament of penance? Within the setting of MT, the affected person is being educated in the causal reasons for sexual repression, and frequently their obsessive and compulsive acting out. This reformation is in context with everything that has been previously mentioned. Significantly, the therapy emphasises passivity over wilfulness. Being passive to secondary abreactive effects for the reasons previously explained changes the mindset of the acting person. Educating and encouraging the person in the presence of sexual imagination or arousal to apply *raapra* is decisive. Whereas tolerating obsessive and compulsive masturbation followed by the sacrament of penance, communicates an incomplete message, even when there is an emphasis on “a resolution not to sin again” (see *CCC* 1451). In such a case, wilful actions are presumed rather than pathological acts. No distinctions are drawn. Since the sacrament entails confession of the number and kind of sin, it can promote scrupulousness and very often discouragement for afflicted individuals. Without true insight, there is no end to the materially sinful compulsions, and the penitent’s obsessions of guilt and ineptitude proliferate.

A more favourable emphasis should be on the informed confessor who over time might assist repressed persons with a thorough instruction on the repressive condition, if at all possible. Concerning the practice of the sacrament of penance Terruwe/Baars explain:

It is precisely this abnormal situation of an emotion having eliminated the will that must be corrected by these patients. Because this is not an easy task, patients need all the help they can get; first, that of the therapist who will consistently support them with great patience and compassion, as well as with a flawless explanation, often repeated, of the moral and psychological aspects of their condition and its treatment. Second, if at all possible, that of an equally well informed spiritual director who will ease the burden for the patient, e.g., not allowing them to include in their confessions those acts and thoughts in which they lack freedom of the will (*PWH* 110).

Nevertheless, the priest should always allow the repressed penitent to confess whatever troubles him. In this way, the priest does not interfere with the penitent’s conscience nor frustrate any spontaneous emotional release. Even if the priest is confident that an afflicted person’s self-accusations are not sinful matter, he should not stop the penitent from including in his confession those actions, which result from therapy. If he were to do this, he might unwittingly exacerbate pathological repression by increasing fear (see *PWH* 54). For example, if the priest discourages the repressive penitent from confessing those thoughts and acts in which he lacks freedom of the will, the suffering person has no option but to repress his confession of “sin” which increases fear of God’s judgement or punishment and this worsens his pathology (see *PWH* 94ff.). This situation is the case even though the individual will have been informed by both psychologist and priest that he does not need to confess non-sinful

matter.⁷¹⁵

Throughout MT, sexual arousal is taught to be permitted, but it is never to be willed. This knowledge is very different from what may have been previously taking place, with or without obsessions and compulsions, with or without the sacrament of penance. For the repressed person usually, experiences little pleasure, and sometimes even pain in the act of self-abuse. The person's mind equates venereal pleasure with sin. This reproach blocks much psychologically. The permission to receive the normal expression of sensual and emotional arousal while mortifying repressing assertive emotions begins to establish reasonable guidance of the procreative drive and sensuality. This reasonableness makes all the difference. The person is no longer a victim of their obsessive and compulsive masturbation, with or without the presence of voyeurism, but is learning to establish rational control. The virtue of continence has as its subject the will. When continence is established through the governance of the rational appetite then the qualities of ease, promptness, and delight will accompany the virtue.

4.5.8. Pleasure ~ Spontaneously Received and Reasonably Accepted

During MT, an education on the voluntariness and involuntariness of sexual pleasure is inculcated. It is incumbent on the therapist to explain the importance of the third directive. It is exceedingly difficult for people who masturbate one or more times a day, every day, to experience true pleasure in the act. In their mind are the inhibiting factors of grave sin, eternal punishment, and alienation from God, whom deep down the person does love. When the importance of pleasure is emphasised by the therapist, the repressed person is incredulous. This reality is counterintuitive to the repressed person. They have told themselves for years or decades that sexual pleasure brings with it hell's fire. So much so, that the admixture of this spiritual knowledge concerning venereal pleasure has even deprived them of authentic delight.

The reversal of this problem is not an easy task for the repressed person. On the

⁷¹⁵ Sometimes the emotion of fear may be just beyond the disordered person's capacity to resist confessing all that is burdening him, sinful as well as non-sinful matter. In such a situation, the repressed person sees himself faced with two equally unappealing choices. On the one hand, concerned that he should loyally follow the psychological counsellor's advice, the individual thereby omits from confession those actions that he learnt are not sinful. Afterwards however, he suffers acute anxiety and concern about his decision. Beleaguered by the foreboding thoughts of his eventual judgement by God and all the irrational and fear inspiring possibilities this conjures up, the scrupulously neurotic person becomes thoroughly perplexed and anxious. On the other hand, should he choose to go to the sacrament and confesses non-sinful matter, he thereby gives in to the particular scruple worrying him at that time and knowingly fails to mortify his disordered fear. Realizing that this decision only exacerbates his condition, the person is robbed of any peace that may have come from the confession. He may even loathe himself for his weakness and for giving in to his scruple. Neither of these choices is appealing to him. A certain state of emotional tension remains within the penitent. For the aforementioned reasons, it is beneficial for the confessor to temporally allow the penitent to express whatever bothers him.

one hand, they need to learn the difference between being wilful and merely tolerating the involuntary, spontaneous, and secondary abreactive occurrences. On the other hand, they have in their mind the permission to enjoy the pleasure when it is present. This “enjoyment” comes neither easily nor quickly. Venereal pleasure is objectively pleasurable. It is as naturally delightful as a sweet pink lady apple. To the cancer patient even natural fruit can be distasteful. The afflicted person, therefore, needs to remind himself or herself that while mortifying the ingrained habitual mental reflection of one’s previous understanding of such acts, that sexuality is in itself meant to be pleasurable. This reformation of the cognitive faculty is more spiritual than psychological. It requires afflicted persons to refer their problem to God and to remind themselves that subjectively and materially “tolerating” masturbation when it abreactively occurs, which ordinarily is objective and formal sin, is the most perfect thing for them here and now, even though it remains a material evil. This distinction needs to be known, understood, and applied through *raapra* if the person is to be free from pathological repression. Even though the first three letters are important, the last three are more important. With an understanding of the pathology of sexual repression, it becomes prudent to reverse this unnatural disorder and vice. The *counsel* of the therapist has been provided, the *judgement* of the prescription of the three directives has been appropriately applied, MT as a therapy is being *prudently* actioned; *respect* for oneself (and by extension those on whom the pathological condition intrudes and inconveniences deserve both charity and justice); and lastly and most significantly is one’s filial attitude and *adoration* of God for all the reasons previously explained. Moreover, St Thomas commenting on whether every pleasure is good, distinguishes between that which is good simply and that which is good in respect to *a particular* individual:

That which is good simply, is good in itself. Now that which is not good in itself, may be good in respect of some individual in two ways. In one way, because it is suitable to him by reason of a disposition in which he is now, which disposition, however, is not natural: thus it is sometimes good for a leper to eat things that are poisonous, which are not suitable simply to the human temperament. In another way, through something unsuitable being esteemed suitable. And since pleasure is the repose of the appetite in some good, if the appetite reposes in that which is good simply, the pleasure will be pleasure simply, and good simply (*ST I-II, q.34, a.2*).

For the particular individual who is sexually repressed, St Thomas highlights that the allowance of pleasure “is suitable to him by reason of a disposition in which he is now, which disposition, however, is not natural.” As established earlier, pathological repression is an unnatural vice. It was also shown that by following *raapra*, a genuine good is established. Permitting normal pleasure to be received, acknowledged, and accepted is to allow simple pleasures. “And since pleasure is the repose of the appetite in some good, if the appetite rests in that which is good simply, the pleasure will be pleasure simply, and good simply” (*ST I-II, q.34, a.2*).

The “enjoyable” experience of pleasure is a reasonable and essential distinction. The aspect of pleasure needs to be received, acknowledged, and accepted as being normal. This understanding is crucial during the application of MT if authentic

psychological liberty is ever to be fully gained. It is perhaps the greatest obstacle that the sexually repressed person will encounter in trying to apply all of the challenges of MT. Bringing God into one's mind and heart during MT at first is neither appealing nor seemingly appropriate. A mental dichotomy or double-mindedness has separated the repressed person and his or her body from the Lord. As mentioned, *raapra* can aid in reversing this stumbling block in one's attitude towards God (see 2.1.2). To adore God is to also 'Delight in the Lord' (*Ps* 36:4). For the recovering person to invite God into their situation and therapy is not only to do something good but also something therapeutically sound. For "no one incurs guilt who takes refuge in the Lord" (*Ps* 34:22). St Thomas in his treatment of the goodness and malice of pleasure states that "since, divine authority leads to no evil, it seems that not every pleasure is evil" (*ST* I-II, q.34, a.3). The habitual advertence to, and attention on God during the application of MT is paramount. Supernaturally, this attentiveness on God calls forth grace, and it helps to mortify the aberrant and malformed fearful judgements of the cogitative power and the cognitive faculty. Jesus made no distinctions when he pronounced, "Peace I leave with you; my peace I give to you; not as the world gives do I give to you. Let not your hearts be troubled, neither let them be afraid" (*Jn* 14:27). Keeping God in mind during therapy simultaneously promotes the connatural goodness of the procreative drive.

All the same, the emphasis returns to pleasure being spontaneously received and reasonably accepted. St Thomas emphasises that pleasure must be reasonable. It was noted above, that there are legitimate pleasures that bring delight to the body and joy to the soul. Indeed, it is not possible to live without some sensible and bodily pleasures, yet the truly transcendent pleasures of the soul our greater and even reverberate within the body. All the same, some pleasures are good and others are evil. For pleasure is a repose of the appetitive power in some loved good, and as we know from experience there are some objects or operations that are perceived as good to the person but they are only apparent goods and unreasonably chosen. St Thomas gives two reasons why all pleasures need to be received and corresponded to reasonably.

The first is in respect of the good in which a man reposes with pleasure. For good and evil in the moral order depend on agreement or disagreement with reason (see *ST* I-II, q.18, a.5). So, in the moral order, there is a good pleasure, whereby the higher or lower appetite rests in that which is in accord with reason; and an evil pleasure, whereby the appetite rests in that which is discordant from reason and the law of God.

The second reason can be found by considering the actions, some of which are good, some evil. Now pleasures which are conjoined to actions are more akin to those actions, than desires, which precede them in point of time. Wherefore, since the desires of good actions are good, and of evil actions, evil; much more are the pleasures of good actions good, and those of evil actions evil (*ST* I-II, q.34, a.1).

The good of psychic health and a morally upright means to restore it, is something reasonable. Indeed, given the symptomatology of the pathology of sexual repression, its unnaturalness, and the harm that it can cause in an individual's life, it is wholesome and reasonable to mortify it. For fittingness in the moral order depends on agreement

with reason, just as in the order of nature, a thing is said to be natural, if it agrees with nature, and unnatural, if it disagrees. MT agrees with nature, while sexual repression is unnatural and cannot promote it. Independent of any therapy, the allowance of permissible pleasure is natural and appropriate, and the reason is capable of guiding it. The allowance of pleasure through *raapra* is natural and proper. If and when unwilled and abreactive secondary effects occur in therapy, it is natural and suitable to receive, to acknowledge as reasonable, and to accept as permissible that which is unwilled and merely tolerated. "In the moral order, there is a good pleasure, whereby the higher or lower appetite rests in that which is in accord with reason" (*ST I-II*, q.34, a.1). Pleasure in this sense is neither an end nor a means to health, rather it is the reasonable "repose" and ordering of one's mind and heart to natural and appropriate delights, as a secondary consequence of mortifying a vice.

To understand the difference between healthy and pathological persons a comparison can be drawn. Emotionally healthy persons may freely choose to forego sexual pleasure due to acquired and infused virtue. Each time they act in this manner, their capacity to choose uprightly becomes firmer, habituated, easy, prompt, and delightful. An emotionally pathological person with a repressive disorder who has developed the ingrained reflex of sexual repression, however, will habitually and unreasonably frustrate all movements of the procreative drive and its interconnected sensuality. Sometimes, parents, educators, doctors, and priests will dismiss masturbation in youth or immature adults, with or without voyeurism, with the uninformed belief that "he or she will grow out of it!" Nevertheless, when a true pathological disposition is present, nothing could be further from the truth. Once an act of repression has taken place, for the reasons explained, it remains until removed. The process "never stops at a single repression" (*PWH* 49). Irrespective of age, be it 4, 14, 24, or 64, the cause of pathological repression remains in place until remediated (see *PWH* 35, 51, 217-18). Despite parents having a good rapport with their youth, they can be unaware of the seriousness of the young person's difficulties and worries. The toleration of masturbation with the sacrament of penance can be myopic. The recommendation of frequent reconciliation is certainly beneficial for the development of virtue. However, virtue must initially be possible. However, this is not so when there is the displacement of the rational appetite through pathological repression. In such cases, recidivism with frequent reconciliation can discourage the penitent. Good parents who encourage the frequenting of the sacrament of penance might not be aware of deeper realities underpinning the obsessive-compulsive force of habitual masturbation.

The truth of these statements only becomes clear in the person's application of MT. Useful to the repressed person is the explanation that nature itself demonstrates its healing process and timeframe. Initially, in therapy abreactive effects may be frequent and received as disgusting, discouraging, and disturbing. Nevertheless, after the first flush of emotional catharsis, a pattern soon emerges whereby the gaps widen between the obsessive-compulsive abreactive effects and reasonable and free choices become the norm.

Most pronounced in this entire unnatural process of repression is the initial

awareness of the admixture of anxiety or acute fear with what is objectively pleasurable and healthy. Sexual arousal, with its considerable fearful diminishment of pleasure, is seen for what it is. Secondly, there is the willed resistance to such pleasure viewed as evil. Conversely, the mental awareness that pleasure is permitted within therapy (i.e., *raapra*) even while the toleration of materially evil acts are present brings about the healing of the cogitative power and the increasing cognitive awareness of the solitude of God for the afflicted person. This remediation does not occur if “therapy” is only a sacramental encounter, because self-recrimination over masturbation reinforces the person’s pathological condition. It is the recovering person’s toleration of an abreactive, objective, and material evil knowing that God too is tolerant of the individual in therapy that promotes healing. It is this intellectual understanding and knowledge that God “permits” evil due to the person’s pathology that promotes the individual’s psychological freedom, and an increasingly deeper relationship with the prodigious and loving Father. In this way, it is quite clear to the person that masturbation is an objective evil and it is contrary to the divine and natural law and that this precept remains intact at the same time that it is tolerated (see *CCC* 324, 2352). The knowledge and understanding of the third directive whittle away at the repressive reflex. Concomitant with this diminishing felt reflex of repression is the mental awareness of increasing liberty from pathological obsessions and compulsions. The understanding of God’s acceptance of the afflicted person through this process is sometimes revelatory. The diminution of abreactive effects, the lessening of their recurrence, vehemence, longevity, and accompanying emotional upheaval all point to an eventual cessation of symptoms which can be optimistically notated. Some people find that keeping a personal diary or journal marking the gaps between the occurrences of repressive acts over time, albeit with occasion and apparent setbacks, demonstrates this point conclusively. This fact was previously explained in 2.3.2: response to Objection 11 and 4.3.2: response to Objection 27.

4.5.9. Pleasure and Moral Joy

The experience of pleasure is essential if we are to exercise an excellent spiritual life. There is a natural sense of pleasure and delight that results from making good choices leading to a morally upright end (see *ST* I-II, q.70, a.1, ad.2). The sexually repressed person, however, while he might experience intellectual satisfaction or a sense of pride at accomplishing that which is morally righteous, actually experiences little or no concomitant emotional joy or pleasure. Yet, as the *Catechism* teaches “Moral perfection consists in man’s being moved to the good not by his will alone, but also by his sensitive appetite, as in the words of the psalm: ‘My heart and flesh sing for joy to the living God’” (*CCC* 1770; *Ps* 84:2).

The repressed person’s connatural experience of pleasure is a humanly necessary aspect of free moral conduct and for this reason, is cultivated through therapy. St Thomas states that the moral law is a New Law of the spirit, of the mind, and is, therefore, intelligible, capable of being understood as reasonable and connatural to the heart of persons (see *ST* I-II, q.91, a.5). However, to be understood and loved, as

well as obeyed with joy, there has to be an integration of mind and heart, an inner unity of the emotional and intellectual life. The person who has not attained that integration is focused more on the “ought” form of the Old Law, that was obeyed through the fear of punishment (see *PWH* 109). This is in contrast to the mature, integrated individual who is attracted more to the goodness of the New Law by love, which is poured into our hearts by the grace of Christ; according to the principle: a thing is “received in the receiver according to the mode of the receiver” (*ST* I, q.84, a.1).

While pleasures of the sensitive appetite are not the criteria of moral goodness and malice, they do perfect an action as to its end (*ST* I-II, q.34, a.4, ad.3). Pleasure reasonably received within the proper field of the action gives some perfection to the action itself. Because what a person does with pleasure in his action, is more eagerly intent on that action, and carries it out with greater care (see *ST* I-II, q.33, a.4). This reality is hard for the repressed person to accept. Most of the person’s life has been lived by wilful, sheer hard work and with little pleasure or enjoyment. Moreover, this affirmation of the radical goodness of being is at the heart of the moral order, in as much as, it comes from the metaphysical order (i.e., first causes and the principles of things) and pertains to the very nature of God and the divine attribute of creation, i.e., “and behold, it was very good” (*Gen* 1:31). The first moral mandate is to do good. Moreover, this needs to be delightful; for all desire happiness which consists in the secure possession of the desired good.

As seen above, morally, pleasures of the sensitive appetite are not the rule of moral goodness and malice, right reason is. As seen in Chapter Three, the moral goodness of acts depends on their correspondence with an objectively upright object, a worthy intention and end, and appropriate circumstances. Moral goodness does not depend upon the presence or absence of pleasure as some repressed individuals think. The third directive of MT as explained in this chapter is in accord with right reason. It specifically reasserts the pleasure appetite over the irascible appetite. Any pleasure resulting from following this directive is not only reasonable it is also necessary along the path to psychological and spiritual healing. An atrophied pleasure appetite needs opportunities for cultivation (see *PWH* 117). Whatever pleasure results from actions in accord with the therapy are morally good or indifferent.

While keeping in mind that there are some external acts which are evil in themselves and which the will can never make good, St Thomas states that it is primarily from the end that we discern whether the will is good or evil (and not because something is pleasurable). Human acts performed externally under the command of the will take their morality, first and foremost, from the end willed (see *ST* I-II, q.20, aa.1-3). Sense pleasures are no measure at all of the moral quality of human acts, since a person may have sense pleasure in wrongdoing, and may find good deeds challenging and distasteful to sense (see *ST* I-II, q.34, a.4). Terruwe/Baars state that:

Unless a person’s satisfaction derived from willing and doing good is accompanied by the feeling of joy, his happiness as a human being is incomplete. Even persons of good

will need the full complement of their pleasure emotions in order to experience the happiness for which they are created. More than anybody else they deserve a well-developed pleasure appetite. Without it they cannot experience the joy of living affectively... This capacity or disposition, however, is the very thing that has been made impossible, or at least strongly diminished, in persons with obsessive-compulsive repressive disorders. Healing for them will exist in the reduction and ultimate elimination of his overdeveloped emotions of the assertive drive insofar as they interfere with the emotions of the pleasure appetite, and in the belated flowering of their atrophied, underdeveloped feelings of love, desire, joy, affection, tenderness, compassion and kindness (*PWH* 116).

A final spiritual consideration concerning the emotion of joy and pleasure that accompanies one's deeds is a teaching of St Thomas. He states "a good passion consequent to the judgement of reason increases merit" (*ST* I-II, q.77, a.6, ad.2). Supernatural merit is no small spiritual consideration (see *CCC* 2026). Therefore, for those who love God, it is admirable to have the benefit of right reason to guide the concupiscible emotions so that wholesome actions that are done with love, desire, and joy are not only good and praiseworthy but also delightful, meritorious, and promote the perfection of charity (see *CCC* 1732). Moreover, the words of St Paul resound loudly for the matured and recovered repressed person at the end of therapy. For Paul recounts, "with all childish ways put behind me... There are three things that last: faith, hope, and love; and the greatest of these is love" (*1Cor* 13:12, 13). Understandably then, St Thomas refers to love as being easy and pleasurable in the performance of virtuous accomplishments:

It is evident that the act of charity surpasses the nature of the power of the will, so that, therefore, unless some form be superadded to the natural power, inclining it to the act of love, this same act would be less perfect than the natural acts and the acts of the other powers; nor would it be easy and pleasurable to perform. And this is evidently untrue, since no virtue has such a strong inclination to its act as charity has, nor does any virtue perform its act with so great pleasure. Therefore it is most necessary that, for us to perform the act of charity, there should be in us some habitual form superadded to the natural power, inclining that power to the act of charity, and causing it to act with ease and pleasure (*ST* II-II, q.23, a.2).

Such is the theological virtue of charity, concomitant with the Holy Spirit's Gift of wisdom.

4.6 Conclusion

By means of this chapter, something of the understanding of MT was provided, though more could be said. Specific in focus were the three directives, and each of these was treated after considering several specific objections to the therapy. Contrary to the objection that one could not know if one were repressing or not, it was shown that given the transmutation that takes place within the human body as a result of various emotions that the reflex of repression is discernible. It was argued that MT is justified for sexually afflicted persons suffering from pathological repression and that connatural knowledge is an important ingredient within the therapy. The directives

appear as hyperbole, but it was seen that there is both a figurative and a literal application of the directives.

Concerning the three directives themselves, it was argued that every human being is free to choose indifferently as they wish and literally may do everything, anything, or whatever. Mature are those persons, however, that freely choose the most excellent which is good, true, and beautiful (see *Deut* 30:19). Intelligent, conscientious, and emotionally healthy persons, or those becoming psychologically whole, exercise free choice under the guidance of right reason. MT does not promote sexual sin though it is sometimes in therapy necessary to tolerate foreseen secondary abreactive effects. Law both natural and divine is an aid to human happiness, psychic pathology, however, can make its proper application impossible. MT in remediating a repressive disorder does not promote the commission of sin, as an end nor as means, though it tolerates it materially. In response to the various objections, it was explained that it is possible for recovering repressed persons to judge their progress within therapy, the diminishment of the repressive reflex and their increasing freedom which is their progress towards moral responsibility. The pleasure response which is atrophied because of the repressive disorder was considered. Highlighted were the reasons for its allowance and development. Pleasure can be accepted as the most perfect thing for them, here and now. The various types of pleasure were considered and how pleasure affects both body and soul. Resistance to pleasure is often in the sexually repressed, though it can be spontaneously received and accepted as a moral good. As will be seen in the following chapter, the matter of pleasure becomes significant because the virtuously spiritual person fulfils worthy and morally upright acts with facility, promptness, and delight. With the remediation of the pathological vice of repression, the prayerful person who longs for union with God is now potentially capable of receiving it. It is God alone, however, who can actualise the unitive life of the perfect in individual souls.

CHAPTER FIVE

5 Spiritual Care for the Sexually Afflicted

5.1 Spirituality, Virtue, And Pastoral Reformation

In this final chapter, treated is the matter of the recovering person's spiritual growth, progress in prayer, and the development of virtue. A critique of MT is that it does not and cannot instil virtue in sexually afflicted persons. By way of introduction, a Gospel comparison draws on two different characters, differing sets of spiritual attitudes, and moral actions. The following passage helps highlight the spiritual immaturity and particular forms of vice, the supernatural defect of sin and (by analogy as presented in Chapter Two) the unnatural excess of pathological repression. Afterwards, a response to the final objections raised against MT is argued, followed by a brief presentation of additional matters of spiritual formation.

5.1.1. The Perfection of Charity and Defect and Excess

Perhaps the best-known Christian parable and most expressive of God's mercy is that of the prodigal son. It has touched hearts since the first day Jesus uttered it. The prodigal son is depicted as a selfish youth indifferent to the father's benevolence and who squanders his inheritance. He is impatient, impetuous, imprudent and covetous. His sins are vices of defect. Among the deficiencies enumerated can be found his being; dishonourable, self-centred, ungrateful, grasping, materialistic, and spendthrift. Naturally, the primary focus is on the prodigal son and the unconditional love of the forgiving father. No less important to the parable is the balance provided by the dutiful son who proudly lists his qualities while sinning through the vice of excess. His excessive duty-driven "conscientiousness," however, is no less paternally dishonourable, imprudent, irascible, wanting in virtue, and unloving. Both immature sons lack the perfection of charity.

[11] There was a man who had two sons;

[12] And the younger of them said to his father, "Father, give me the share of property that falls to me." And he divided his living between them. [13] Not many days later, the younger son gathered all he had and took his journey into a far country, and there he squandered his property in loose living...

[25] Now the elder son was in the field; and as he came and drew near to the house, he heard music and dancing.

[26] And he called one of the servants and asked what this meant.

[27] And he said to him, "Your brother has come, and your father has killed the fatted calf, because he has received him safe and sound."

[28] But he was angry and refused to go in. His father came out and entreated him,

[29] But he answered his father, "Lo, these many years I have served you, and I never disobeyed your command; yet you never gave me a kid that I might make merry with my friends.

[30] But when this son of yours came, who has devoured your living with harlots, you killed for him the fatted calf!”

[31] And he said to him, “Son, you are always with me, and all that is mine is yours.

[32] It was fitting to make merry and be glad, for this your brother was dead, and is alive; he was lost, and is found” (*Lk 15:25-32* NRSV).

Reading the parable, the welcome and the mercy of the prodigious father stands out as the mean between two extremes, and an example of the fullness of the perfection of charity. On the one hand, the prodigal son full of youthful exuberance, adventure, and concupiscence ventures into the big wide world and stumbles into vice through defect (see *Lk 15:21*). On the other hand, the dutiful older son who for many years served his father, never disobeying a command, appears as a shining example of virtue (v.29). It might be thought that those who are intelligent, conscientious, who love God and have tried valiantly to avoid all sins of the flesh from their earliest days are faultless and are less capable of vice. However, is this so?

The connotation of virtue is moderation and “as to its essence, it is a mean state...as to its conformity with reason, [it] avoids both defect and excess” (*ST I-II*, q.64, a.1, ad1). The portrayal of the loving and virtuous father is one of mediation between two extremes. The father attempts to moderate overindulgence in both sons (v.28). He represents right reason. His charity and wisdom perfect the natural faculties enlightened by faith. While it is true that those who give way to unbridled concupiscence may sin through defect (v.13), it is no less true that an excessive rigorism may give way to less obvious sinful irascible passions (v.28). The older brother, by way of analogy, typifies the repressed person’s inordinate and sometimes hypertrophied irascibility (see *PWH* 144). He *resentfully* withholds brotherly love by refusing to attend the celebration with graciousness and affability (*ST II-II*, q.114, a.2). Hence, the father attempts to counsel him. Nevertheless, he *contends* with his father (v.29; see *ST II-II*, q.38, a.1). He is *envious* (a.2, ad.1), *discordant* (*ST II-II*, q.37, a.2, ad.1) and appears *slighted* by his younger brother (*ST I-II*, q.47, a.2). Rather than being *joyful* at his brother’s safe return, and acting like his father who displays the virtues of *love*, *clemency*, *magnificence*, and *meekness*, the man becomes *angry* (v.28). Because he feels slighted and is in the height of emotion and bereft of a clear head, he lacks *right judgement* and so is *imprudent* (see *ST II-II*, q.47, a.7). He *indignantly* reveals what is in his heart; *antagonism*, *scorn*, and *contempt* (see *ST I-II*, q.47, a.4). “Lo, these many years I have served you” (v.29). He speaks a truth, as does the Pharisee in the temple, but *lacks* humility (see *Lk 18:11*). He displays *pride* and *vainglory* (*ST II-II*, q.38, a.2, ad.3; q.132, a.4). No doubt, he worked hard for his *own* inheritance, but has a *servile attitude* and *lacks filial reverence* (see *CCC* 1828). Moreover, his self-preoccupation, while seemingly just, lacks filial *piety*, namely “that duty owed towards [others] rendering them faithful service” (*ST II-II*, q.101, a.1). The elder brother claims he is obedient, for he says, “I have never disobeyed your command,” but in doing so *condemns himself* from his own lips because the father’s desire and will is for him to attend the party with graciousness and gratitude. St Thomas relates that “the sin of disobedience to parents is reckoned (*Rom 1:30*; *2Tim 3:2*) among other mortal sins” (*ST II-II*, q.105, a.1). Self-contained in a *joyless*

egoism, he refuses to rejoice with those who are rejoicing (see *Rom* 12:15). Instead of being grateful to his father for everything he is and has, he *accuses* him (v.29), and displays a grave *ingratitude* (*ST* II-II, q.107, a.3). Finally, he rashly *judges* his brother (v.30) and unaware of the facts *condemns* his brother *calumniously* (*ST* II-II, q.68, a.3, ad.1). Angry, he is *stubbornly discordant*, the man holds his opinion in his heart. Sadly, he could not see that his attitude was the flip side of his brother, and given half a chance; the prodigious father would have avidly celebrated his elder son's reversal of disposition.

Persons dominated by assertive emotions, such as the sexually repressed, struggle with charity and justice for they quickly insist on their own opinion, are often irritable and are imprudent concerning the exercise of concupiscibility. The purpose of this brief exegetic excursus is to highlight by analogy that repressed persons are spiritually immature and often act contrary to virtue. As the person with an emotional fear disorder displayed a certain timorousness, the pathological energy and camouflaged fear disordered person manifests irascibility. In particular, this irritability is seen in those who have a repressive energy disorder. "Their aggressive attitude shows itself whenever one of their emotional conflicts is aggravated; the resulting outburst is in extreme contrast to their usual even disposition. Their words become harsh and biting, and they become intolerant in their opinions" (*PWH* 70). There is an excessive air of control about them and a rigorist harshness concerning legitimate and ordinary sensuality. While all repressed persons may not have the severe irascible attitude of the prodigal son's older brother, it is not exceptional to find a variety of other spiritual weaknesses directly related to the hypertrophied repressing irascibility. Conversely, MT establishes and promotes virtue.

5.1.2. MT and Virtue

All that has been previously presented is a lead up to this final chapter, which considers the closing objections that allege MT's inability to develop afflicted persons' spirituality, and the virtues in particular, specifically the virtue of temperance. The importance of this moral virtue and other virtues besides becomes apparent in the realisation that unless sexual repression is removed and right reason regains its sovereignty over the passions, the person, on the whole, cannot fully develop the acquired and infused virtues. It can be argued that many virtues are stifled through repression. For example, the virtue of meekness which resides in the concupiscible appetite is thwarted because the irascible appetite is hypertrophied (see *ST* II-II, q.157, a.3). Hence irascibility is heightened and is left untempered by reason which is displaced because "the unsoundness of mind that excludes the use of reason is opposed to prudence" (*ST* II-II, q.157, a.3, ad.3). Similarly, because the concupiscible appetite has atrophied, the capacity for the fullness of unselfish love is frustrated. The good news about MT is that once remediation of the whole person has begun (i.e., counselling, catechesis, and a trusting rapport is established) and an ordinary healthy psychic life is developing, acquired virtue can potentially develop and gradually achieve the ready governance according to right reason, albeit with the

tug of a diminishing repressive reflex. For “the nature of moral virtue consists in the subjection of appetite to reason” (*ST II-II*, q.157, a.2). If the person has the benefit of habitual grace, then with the assistance of the supernatural theological and moral virtues, aided by the gifts of the Holy Spirit there is a greater facility for the perfection of wounded human nature and for the perfection of charity. For grace can be relied upon to perfect nature (see *ST II-II*, q.26, a.9). Furthermore, “the grace of the virtues and gifts perfects the essence and powers of the soul sufficiently as regards ordinary conduct” (*ST III*, q.62, a.2, ad.1).

There are two reasons for assisting recovering persons’ to grow spiritually and virtuously. Firstly, the natural inclinations and sensitive appetite, which are always a person’s ally for the leading of a healthy and normal life, having been liberated, can now aid and abet the person in the process of spiritual maturation and freedom.⁷¹⁶ Secondly, as grace builds on nature and perfects it, so sanctifying grace can further rejuvenate and develop the natural faculties and powers and perfect them through the infused virtues, aided by the gifts, for an ever-improving personal disposition. By mortifying the psychic tumour of pathological repression (see *PWH* 37), nature and grace can assist recovering persons in achieving God’s vision for them (see *CCC* 294). By this fact, the infused theological and moral virtues, and the gifts of the Holy Spirit can affect all that is potentially realizable in the recovering person’s supernatural organism.

The natural inclinations operate similarly to the human immune system or natural healing processes. The human organism regenerates according to its DNA and genetic structure. The natural inclinations when free, assist the person to become fully human. It is for this reason that individuals fixated in immature and narcissistic auto-erotic sexualities, through the application of MT find themselves free to advance in virtue and psychosexual maturity with all their human resources helping them.⁷¹⁷ With the remediation of the whole person and their cooperation with grace, sacraments, prayer, and their leading of a good life, individuals are now free to move beyond whatever stage sexual fixation first occurred. Though previously pathologically repressed, recovering individuals are free to develop into the type of person God desires each to become. So that “we all attain to the unity of the faith and of the knowledge of the Son of God, to mature manhood, to the measure of the stature of the fullness of Christ” (*Eph* 4:13). This means, that if a person were fixated at a young age in sexual repression with negligible development of the concupiscible appetite or in the auto-erotic stage fixed on self-pleasuring, voyeurism, and masturbation, he or she could develop naturally with the help of the natural inclinations. Moreover, with the aid of grace, they could further develop into a psychosexually mature person, free from unhealthy obsessions and compulsions. If a person is fixated at the homoerotic stage, when freed from their sexual repression and other emotional wounds, they allow their imagination always to choose that which is naturally good, true, and beautiful. The natural inclinations can aid and abet a healthy and attractive desire for

⁷¹⁶ See Pinckaers, *The Sources*, 401-2.

⁷¹⁷ See *ibid.*, 404-5.

the opposite gender.⁷¹⁸ Though not successful for all, it is possible for many to develop a heterosexual interest and attraction.⁷¹⁹ The critics of reparative therapy underestimate natural and supernatural healing. The natural inclinations aid and abet this progress, with desire, and happiness. Even persons fixated at the hetero-erotic stage of sexual promiscuity can develop into mature self-giving human beings, capable of love, and life-giving procreative nurturing. In this way, sex is less important than the procreative act. Their erotic concupiscence has matured into an earnest desire to procreate by expressing a self-giving love for another, with the generous willingness to support the new life of children. Without the holistic benefits of MT, however, it is not possible for pathologically repressed people, naturally and supernaturally speaking, to become the person God designed them to be (see *CCC* 356-57).

5.1.3. Whether the will is primary in the development of virtue?

Objection 30, questions the foundations of the Terruwe/Baars' theory of sexual repression and therefore also the need for MT. It also claims that St Thomas presents the human faculty of the will as having the primary role in the development of virtue.

(i) A person could have such intensely negative beliefs about sexual desires that he would intentionally decide to do all he could to avoid them. If sufficiently intense, this aversion of the will would redound without his intending it into his passions, affecting their ability to respond to sexual matters with positive emotions.

(ii) Since this process takes place through the fixation of the soul's attention on an object on which the operations of the passions and the acts of the will both depend, the person would necessarily be aware of the redounding aversion. This process is not compatible with psychodynamic concepts of repression, but it may explain cases where therapists claim repression is taking place (*Logos* 52, ¶2).

(iii) Whenever discussing how passions are to be shaped, whether by intentional acts or redounding, Aquinas consistently focuses on the role of the will in the development of virtue. The contrast between this view, which highlights the freedom of the person, and psychodynamic approach to human development is made most apparent by considering continence, the virtue that perfects the will with regard to wayward passions (*Logos* 52, ¶3).

On the contrary, St Thomas, far from being a voluntarist, followed the rich moral tradition of the early Fathers of the Church.⁷²⁰ Indeed, he well recognised the

⁷¹⁸ See *ST* I-II, q.31, a.7; q.94, a.2. Pinckaers, *The Sources*, "The Natural Inclinations and Natural Law," 404-7; and the natural inclination to human sexuality converging with the inclination to marriage, 437-44.

⁷¹⁹ See Joseph Nicolosi, "What Is Reparative Therapy? Examining the Controversy," *Thomas Aquinas Psychological Clinic* (2015). Accessed April 21, 2016. <https://web.archive.org/web/20190329093831/http://www.josephnicolosi.com/what-is-reparative-therapy-exa/>; and "You Don't Have to be Gay," *Thomas Aquinas Psychological Clinic*. Accessed January 21, 2016. <https://web.archive.org/web/20190819171926/http://www.josephnicolosi.com/>.

⁷²⁰ See Pinckaers, *The Sources*, 379-99.

will's vulnerability to obstruction. He stated:

The human will is hindered in two ways from following the rectitude of reason. First, through being drawn by some object of pleasure to something other than what the rectitude of reason requires; and this obstacle is removed by the virtue of temperance. Secondly, through the will being disinclined to follow that which is in accordance with reason, on account of some difficulty that presents itself. In order to remove this obstacle fortitude of the mind is requisite, whereby to resist the aforesaid difficulty even as a man, by fortitude of body, overcomes and removes bodily obstacles (*ST II-II*, q.123, a.1).

I answer as presented earlier, the voluntarist notion concerning the supremacy and power of the will to command and to refrain from performing human acts was most prevalent when Duynstee and Terruwe first disseminated their teachings.⁷²¹ This over emphasis on the power and action of the will not only can cause emotional disorders,⁷²² it also frustrated the promotion of MT as a wholesome psychotherapy reparative of the problems.⁷²³ The will's conformity to obligations becomes a morality of obligation and can give rise to emotional disorders.⁷²⁴ The vulnerability of the will being indirectly drawn by passion has been treated (see 2.4.6; *ST I-II*, q.77, a.1).

I respond to Objection 30 (i) that as explained by analogy in (2.4 & 4.1) the will can be implicated in pathological sexual repression (see *ST I-II*, q.77, a.1). Some of the content of this objection was previously treated in 2.5.5: Response to Objection 17. Here, it is considered under the aspect of the faculty of the will and the establishment of virtue. A sexually repressed person can have intense negative beliefs about sexual matters, and as was elucidate in the example of Bruce, the seminarian, there was a volitionally determined decision to avoid everything to do with sexuality for the sake of greater goods (2.4.5).

Further, unaccounted for in the objection are the precursors to any "aversion of the will," namely, the spontaneous repressive reflex. This "aversion" is preceded by either a harmfulness judgement of the cogitative power or a negative apprehension on the part of the cognitive faculty. Both the particular and universal judgements of reason affect the will insofar as it redounds into the passions, without the person intending it or even being fully aware of it. Nevertheless, this affects the individual's ability to respond appropriately, maturely, and virtuously to sexual matters with positive emotions. In fact, just before the person feels the onset of repression there is another act of the psyche, which silently takes place within. This act is a judgement either of the cogitative power or of cognitive awareness, or both, which has perceived here and now that a particular psychic occurrence is potentially harmful. Such a habituated judgement activates the psyche's forces to combat the potential harm. This activation is of the assertive emotions (i.e., irascible appetite) with their

⁷²¹ See Ter Meulen, "Ziel en Zaligheid," 3.3, 3.3.1, 3.4.1; Van Wieringen, "Twee Visies," 3.3, 4.2.1.

⁷²² See *PWH* 68-69.

⁷²³ See Grossouw, *Alles is van U.*; Van Wieringen, "Twee Visies," 4.2., 4.2.2.

⁷²⁴ See Pinckaers, *The Sources*, 253.

corresponding feelings.⁷²⁵ It may be a “feeling” of anxiety a person experiences (based not only on the desire for the avoidance of potential sin but also on the connatural knowledge of past failure). For example, as the youth gets ready to have a shower after a muddy football match, he reflexively thinks, “Oh rats, if I shower I might masturbate!”

Afflicted persons erroneously judge sensual pleasure or sexual arousal as harmful, and they may have the conviction, “I do not like this sexual or pleasurable feeling” or they believe that such arousals have the potential “to get me into sin,” or indeed, are themselves sinful (see *PWH* 39). Persons being intelligent and conscientious combat and try to eliminate by whatever means at their disposal any sensual or sexual arousal. Preoccupied with such thoughts and feelings (i.e., the fear of sinning), the youth’s intellect fails to acknowledge and direct the goodness of his procreative drive according to objective and rational motives which *raapra* encourages (see *STI-II*, q.77, aa.1-2, 7). Before the appropriate direction of the sexual desire, the procreative drive is repressed as a cogitative reflex. The cogitative power’s erroneous judgement causes a repressing assertive emotion to control the concupiscible emotion and to displace reason. “Once a certain pleasure object has been declined by the irascible appetite, it will be declined again and again” (*PWH* 49-50). This automatic repressive process remains in a psychosexually immature person until corrected through MT. The scope of the repression over time grows in intensity and expansion (see *PWH* 49-51). An understanding of the fundamental difference between mature and rational guidance of the emotions and pathological repression is essential for both the prevention and the healing of emotional-spiritual afflictions.⁷²⁶ As noted, the repressive disorder is an emotional response resulting from falsely appraising something truly good to be bad or potentially harmful.

Repression “is the result of two factors: an emotion which arises in the psyche and a force which opposes and represses this emotion” (*PWH* 31). Stated simply, 1) the emotion, which arises in the psyche, is a wholesome inclination of procreative desire. It is psychologically and morally neutral (see *CCC* 1767). 2) The actual force⁷²⁷ that opposes and represses this emotion is the fear or energy, pathologically stimulated via an erroneous harmfulness judgement of the cognitive power. The repressed emotion of desire remains active, the fear/energy continues to repress, and psychic tension increases “as the repressive force becomes stronger; the end is a neurotic disorder” (*PWH* 69). This repressing “force” is exactly what MT targets. MT as therapy returns to the person’s right reason its political governance over the sensitive appetite. It re-establishes an appropriate response from the will and with it the possibility of virtue.

This repressive force is an action of the rational/animal soul. Like many “spiritual” actions of the heart they are somewhat intangible, yet clearly resonate in the psyche. Human beauty is an elusive quality, but everyone knows its impact on the psyche. Pathological repression is analogously just as captivating a force. It is not

⁷²⁵ See Baars, *Feeling and Healing*, 12.

⁷²⁶ *Ibid.*, 67-74, 133ff.

⁷²⁷ The force is not the *superego* as Freud taught (see *PWH* 31).

mechanistic, hydraulic, hormonal, or physiological, but psychic, even though there may be accompanying “feelings.” It can hypertrophy in the sense of being an involuntary vice that occurs readily, impulsively, and appears satisfying, but has the hook of habit (see *PWH* 96). This force once established is a subtle, easily stirred, spontaneous, recurringly tenacious, and a cruelly habituated internal psychic reflex. Once known for what it truly is, the force is noted for its swiftness and inordinateness. Over a “more or less time-consuming process patients with obsessive-compulsive repression can help themselves in the development of this sorely needed affectivity in two ways. First, they whittle away at the repressive force of their overgrown fear or energy with the aid of the...three directives and allow themselves breathing room for the emerging emotions of the pleasure appetite...Second, they create opportunities for the growth of their pleasure emotions” (*PWH* 117). MT by modifying intensely negative beliefs about sexual desires and the unwilling psychic reflex to them, it corrects both the emotional and wilful aversion for the procreative drive and concomitant feelings. By restoring a fitting, reasonable guidance to sexual arousal, MT promotes not only appropriate governance but also an increasing capacity for real virtue. Indeed, given the presence of pathological repression, the will has no capacity in its own right to affect any of these changes. It was displaced. “Free-will is defined as ‘the faculty of the will and reason’”⁷²⁸ and MT promotes the re-emergence of the rational faculty from repression thus liberating the will to affect change. Due to repression and prior to MT, the will is totally incapable of assisting with the development of virtue in those faculties affected by repression (see *PWH* 215-16). Moreover, it is the person’s informed choice (i.e., *liberum arbitrium*, free judgement) which guides the will in the development of virtue,⁷²⁹ even if it has a commanding role making individuals responsible for free actions (see *CCC* 1704; 1731). While counsel and judgement precede command, “the act of virtue is nothing else than the good use of free-will” (*ST* I-II, q.55, a.1, ad.2). Yet the will is not free where pathological repression reigns.

In response to Objection 30 (ii), it was explained in the response to objection (2.5.1: Objection 13 (iv) concerning cognitive awareness; and 2.5.1., and 4.1.3., the displacement of the reason) that the degree of cognitive awareness concerning the act of repression relies heavily on the person’s capacity for introspection and self-awareness. Irrespective of other psychological theories of the presence or absence of psychodynamic concepts of repression, it was explained in (2.3.1-2., *the reflex of repression*) that the Terruwe/Baars’ analogous Thomist theory of repression and the appropriateness of MT as a remediating therapy is plausible and explicable (see *ST* I-II, q.77, aa.1-2, 7).

In response to Objection 30 (iii), I distinguish that when discussing the human passions and how they are moved, whether by intentional acts or by redounding of the will, the will is not the only faculty to consider. St Thomas’ presentation on human choice does not place the will as the only and independent contributor of action. Moreover, his teaching on the function of free will is by no means the only

⁷²⁸ *ST* I, q.83, a.2, ob.2.

⁷²⁹ See *ST* I, q.83, a.1, & ad.5; & a.2, & ad.1; a.4, ad.3.

consideration in the formation of virtue, the direction of the passions, and the leading of a morally upright and happy life (see *CCC* 1770, 1803). Voluntarism over emphasises reliance on wilful “voluntary” action. The human will, however, is not the only factor nor always the dominant power in an individual’s life. Indeed, as presented in the *on the contrary* the will can be hindered, impeded, or displaced through passion or pathological repression (see *ST* I-II, q.77, aa.1&7). In this case, not only is there no opportunity for the reasonable development of virtue, which presupposes free choice and liberty of action, but also moral “imputability and responsibility for action can be diminished or even nullified through psychological factors” (see *CCC* 1735). The purpose of MT is not only psychological remediation but also ethical re-formation facilitating an individual’s capacity to please God, the person’s transcendent final Terminus. MT effects a transformation of all the human faculties, including the rational appetite, through their genuine capacity for virtuous development. As mentioned previously, there is a need for cognitive information. More importantly, however, is there a need for cogitative re-formation through connatural knowledge. Of the two formations, the latter is the more important for the sexually abused and repressed person because it liberates the person from prior existential anxiety and aversion concerning the natural inclination for procreative love. It is only when impediments are removed that recovering persons can freely, and therefore wilfully and virtuously, accept or reject to be continent.

Further, here in lies an essential truth for the restoration of sexually afflicted persons. While cognitive behavioural therapy (CBT) addresses cognition and is capable of bringing some intellectual remediation to the cogitative power,⁷³⁰ MT, on the other hand, affects both intellectual and connatural knowledge (i.e., feeling, sensate experiential knowledge, along with or without the Gift of Wisdom). The concurrent remediation of the cognitive and the appetitive powers, together with a reformation of the internal sense faculties, is one of the wholesome benefits from MT. Indeed, MT enhances both types of knowledge, cognitive and cogitative. Such a formative remediation affects a thorough and permanent recovery. Indeed, Terruwe/Baars state: “Purely rational considerations do not touch the feelings of a person who is so dominated by emotions as is a person with a neurotic disorder; of themselves, such considerations are of no avail” (*PWH* 85). Because “feelings and emotions are necessary to develop a connatural knowledge of the goodness of moral laws. The patient has to discover for himself or herself the feeling knowledge and the intellectual knowledge that moral laws are both good and necessary” (*PWH* 113). When sexual affliction is present, there is a need for a reformation of the human faculties.⁷³¹ There is an important distinction between cognitive awareness and an adverse cogitative power judgement. The value of MT is the change that it brings to both particular and universal reason through re-informing cognition and the re-formation of the cogitative power via connatural knowledge. Neither intentional acts nor the redounding of the will can remediate this type of sexual affliction. MT restores the concupiscible appetite to its proper pleasure function, remediates harmful

⁷³⁰ See Ripperger, *The Introduction*, 276, 281, 690.

⁷³¹ See Appendix III, vignette 8: Susan, wife and mother sexually abused and an unknowingly repressed.

cogitative and cognitive judgements and mortifies unnatural, aversive, sorrowful, and fearful feelings and emotions, liberating the will to act freely on informed judgements and choices (see CCC 1780).

Lastly, contrary to objection 30 (iii), though conscious that the role of the will is significant in the development of virtue, St Thomas quoting St Augustine “highlights” the function of the person’s reason in the definition of virtue. He states: “Virtue is a good quality of the mind, by which we live righteously” (*ST I-II*, q.55, a.4, ob.1). “The mind, is the proper subject of virtue” (ad.3).

In brief, it has been explained how negative cognitive beliefs and erroneous cogitative judgements concerning the sexual faculty can not only cause the rebounding of the will into the emotions but also result in contributing to a pathological condition of repression within the sensitive powers. When this occurs the rational appetite is displaced and freedom in the area of repression is thwarted, as is any possibility for the virtue of continence developing. “The good of the soul is to be in accord with reason” and the focus here is not mainly on the role of the will (*ST I-II*, q.55, a.4, ad.2).

5.2 MT and the Formation of Virtue

Having clarified the above objection, it was seen that St Thomas understands virtue as coming from free choice flowing from both intellect and will and not from the free-will alone. Nevertheless, the will, when virtuous, actuates that which has been reasonably ascertained.⁷³² Mature persons are virtuous, sincere but immature persons are becoming virtuous, the sexually repressed, however, are hindered by a pathological vice that frustrates the development of virtue (see *ST I-II*, q.71, a.1). A sexually repressed person’s liberation from pathological vice precedes the possible development of virtue in the specific area of repression and its extension. The presence of imprudence is globally problematic even for normal people. It is all the more so for afflicted persons. For example, an employee having a bad day under affliction may jeopardise employment by a disproportionate and cranky berating of his employer, saying angrily just what he feels about the boss and his employment.

5.2.1. Whether repression is comparable with the state of maturity?

Objection 31 argues that repression is tantamount to immaturity. When Terruwe/Baars inform their patients of this, it causes them alarm. Their condition is aggravated by the additional information that their foreign pathological repression will inevitably fail with grave consequences. The information results in a double bind.

(i) In *PWH* 111, Terruwe and Baars contrast the state of repression with the state of maturity. “Another indication that patients with obsessive-compulsive repressive disorders are not free in sexual matters is the increase in fear and restlessness that

⁷³² See *ST I-II*, q.55, a.2, ad.2; a.3, ad.2-3; a.4, ad.1-3.

follows when they forego the gratification of the sexual urge. In non-neurotic persons, the freely renounced act of masturbation is followed by calm and peace, and, in time, an ever greater ease in guiding and directing their sexual desires in such a way that they lead a truly moral life.

This is in stark contrast to persons with obsessive-compulsive repression whose repressing emotions gain in intensity over the years, and sooner or later lead to obsessive preoccupation with sexual thoughts and fantasies, and compulsive performance of acts they have always willed not to commit. Because their disordered neurotic condition is foreign to human nature, time is always against them. Sooner or later their outwardly successful repressive mechanism will break down with all its frightening and disabling consequences” (*Logos* 53, ¶1).

This passage appears calculated to give the “disordered neurotics” cause for alarm. They are told that foregoing their sexual urges will only increase their fear and restlessness; that normal people, with whom they are in “stark contrast,” don’t have any disquiet when resisting their normal urges.

(ii) That sooner or later they will be forced to commit sexual acts against their will; that their condition is foreign to human nature, and thus they are doomed to unnamed “frightening and disabling consequences.”

(iii) But then the authors say that they are not encouraging their patients to act on their sexual urges. This manner of speaking is called a “double bind,” and is a form of psychic stress (*Logos* 53, ¶2).

On the contrary, in referring to stress a distinction is drawn between distress and eustress.

Eustress is the good stress that motivates individuals to continue working. Stress can be a motivator and provide incentive to get the job done. This “good stress” is eustress and some people enjoy it. Everyone needs a little bit of stress in their life in order to continue to be happy, motivated, challenged, and productive. It is when this stress is no longer tolerable and/or manageable that distress comes in. Eustress is positive stress. It has the following characteristics: It motivates, and focuses energy. It is short-term. It is perceived as within our coping abilities. It feels exciting and improves performance.⁷³³

I answer that where vice is present, either moral or pathological, then there will be imprudence of one form or another (see *ST* II-II, q.55, a.1). In the common understanding of immaturity, an individual is not behaving with adequate judgement. Emotions get the better of them. The prudent person, however, has “the knowledge of what to seek and what to avoid” (*ST* II-II, q.47, a.1). When knowledge of truth is given to persons, it is a kindness. “Truth enlightens man’s intelligence and shapes his freedom, leading him to know and love the Lord” (*VS* 1). When Terruwe/Baars inform their patients of their pathological condition it is usually in the context of psychological counsel and a professional opinion has been requested. To inform

⁷³³ “Eustress vs Distress” *Brock University* (2010). Accessed April 21, 2016. <https://web.archive.org/web/20170312164644/https://brocku.ca/health-services/health-education/stress/eustress-distress>.

people of the unnatural pathological condition of repression, and its inevitable failure, is both charitable and just. Sensible people seeking psychological assistance may at first be alarmed by the diagnosis and even by the prognosis, however, anything less than the truth will not be a solution, but a further problem. Indeed, many who undergo MT are significantly empowered by this knowledge, encouraged that there is a reasonable and moral solution, and are excited to improve their personal disposition and eliminate obsessive and compulsive sexual misbehaviour which they detest.

I respond to Objection 31 (i) that as stated by St Thomas, “virtue is a good quality of the mind.” Nevertheless, sexual repression is a pathological malady, far from good. It is a vice unbefitting human nature (see *ST I-II*, q.71, a.2). Virtue enables one to “live righteously,” yet repression can lead to all manner of obsessive and compulsive unrighteous acts, because “disease and sickness are vicious qualities” (a.1, ad.3). Repression is a bad means to sexual continence. It is psychosexual immaturity. Besides, “no one can make a bad use” of virtue (e.g., temperance). St Thomas states:

Virtue implies a perfection of power... Therefore, a human virtue which is an operative habit is a good habit, productive of good works (*ST I-II*, q.55, a.3).

A habit... may be called a virtue for two reasons: first, because it confers aptness in doing good; secondly, because besides aptness, it confers the right use of it. The latter condition, as above stated (q.55, a.3), belongs to those habits alone which affect the appetitive part of the soul: since it is the soul’s appetitive power that puts all the powers and habits to their respective uses (*ST I-II*, q.57, a.1).

Pathological repression is not a good habit. It confers neither aptness of action for good, nor does it imply a right use of the human faculties. Moreover, such an unhealthy vice is not conducive to happiness, the contemplation of truth, nor merit (*ST I-II*, q.57, a.1, ad.2). For good deeds are not only about what is done (i.e., continence) but also about how it is done (i.e., via virtue as opposed to vicious repression). “And, since choice is about things in reference to the end, rectitude of choice requires two things: namely, the due end, and something suitably ordained to that due end” (*ST I-II*, q.57, a.5). Repression, because it is a vice “involves a defect of prudence and of the practical reason” (see *ST II-II*, q.53, a.6). Repression is imprudence. “Reason stands firm, in the continent man,” whereas the immature vacillate in inconstancy (*ST II-II*, q.53, a.5, ad.3). “Prudence... is right reason about things to be done” (*ST I-II*, q.57, a.4). Prudence is about learning the principles of right judgement that are necessary so that individuals may apply them and lead a good life, and not merely be good or do a good job of whatever. The psychosexually immature erroneously believe that they are being prudent in avoiding movements of the flesh. However, they have diminished responsibility for their vincible ignorance which signifies the absence of prudence, which can be without any sin, unlike the privation and contrariness of imprudence (*ST II-II*, q.53, a.1). In the psychosexually immature, ignorance is usually due to poor pedagogy, mistaken interpretations of teachings or the connatural knowledge of criminal abuse. MT provides those principles that advances prudence. Thus, MT by promoting the benefits of right judgement encourages good habits. Virtuous good actions eventually bestow

promptness, ease, and delight (see *ST III*, q.89, a.1, ad.3).

God in no manner “works in us” the habit of repression, even though it may be argued that God’s permissive will tolerates such an abnormality, resulting from the misfortunes of original sin (see *CCC 1707*). Moreover, St Thomas quoting Aristotle says, “virtue is a right affection of the soul, as health is to the body” and that “nothing praiseworthy is incompatible with moral virtue. Therefore, moral virtue does not exclude the passions but is consistent with them” (*ST I-II*, q.59, a.2). Nevertheless, true “virtue is freedom from those passions ‘that are not as they should be as to manner and time’” (a.2). Afflicted persons are not free in the specific area, and its expansion, of sexual repression (see *PWH 48-51*). Various passions “*are not as they should be as to manner*” (a.2). The passions either are repressing or are repressed unreasonably and are hindering right reason (see *ST I-II*, q.77, a.2). Sexual repression frustrates the formation of naturally acquired virtue, supernaturally infused virtue, and interferes with the infusion of the seven gifts of the Holy Spirit, at least in those faculties affected by repression. Since “habits are of no use, where their acts are impossible” (*ST I-II*, q.68, a.6, ob.2). All the same, God can assuage the torment of generous souls. Progress on the road to holiness, when pursued, has many obstacles, potholes, and side-tracks. Supernatural and operative habits, ordinarily perfect the operation of right reason and the rational and sensitive appetites. Given, however, that sexual repression has distorted the functioning of a person’s rational and sensitive faculties, virtue is of necessity variously obstructed. Integrity, whether it result from the acquired natural or infused supernatural virtues (e.g., prudence, filial reverence, continence, and chastity), are operative habits that over time maintain a disposition within the person whereby he or she functions with virtue’s benefits. Operative habits are qualities that become increasingly steadfast and difficult to remove.⁷³⁴ The measure with which such virtues increase is in due proportion to the person’s natural and supernatural organism, charity, docility, and humility in cooperation with the free gift of grace and the promptings of the Holy Spirit. Yet sexually afflicted persons are obstructed in many of these areas of their being. MT restores emotional and mental health. Such psychic wholeness disposes the person’s nature to be further perfected by grace. Increasingly, there is a facility that allows the person to act in accord with divine and natural law. The supernatural mode of operation becomes gradually more natural and delightful because it becomes progressively connatural to each persons’ being; their knowing, willing, and doing. Human beings, albeit wounded through original sin, retain the natural inclination to goodness, to the knowledge of the truth and to live harmoniously within society, desirous of self-preservation, procreation, and the rearing of offspring.⁷³⁵

Conversely, within the sexually repressed person, the power to act freely with excellence and perfection is greatly encumbered. For such a freedom resides in reason and will together.⁷³⁶ However, in the repressed person, the rational appetite is hindered, and for authentic virtue, freedom must be “open to allowing all the human

⁷³⁴ See Aumann, *Spiritual Theology*, 81.

⁷³⁵ See Pinckaers, *The Sources*, 407.

⁷³⁶ See *ibid.*, “Freedom for Excellence,” 375 no. 1.

powers to make their contribution to its action.”⁷³⁷ St Thomas writes in his *Commentary on St John’s Gospel* “Calmness of mind refers to our reason, which should be free, *not tied down*, nor absorbed by *disordered affections*; tranquillity of soul refers to our sense appetency, which *should not be harassed* by our emotional states; simplicity of heart refers to our will, which should be entirely set toward God, its object” (emphasis added).⁷³⁸ The will of repressed persons is set on God, albeit imperfectly due to fear. Fear makes individuals turn toward or away from God. Usually, repressed persons, depending on their degree of spiritual perfection, will have either a servile fear of God as a punisher, or an initial fear of God as Beloved, but with the admixture of servility. Initial fear views God as a punisher, but also as Abba, Father (see *ST II-II*, q.19, a.2, ad.4). However, within a repressive pathology because of the reason being impeded, it is not possible for such persons to have an appropriate filial fear of the Lord, namely, a reverential love for the Father. This relationship is a mature, wholesome, and personal human love free from all fear, and is the work of the Holy Spirit’s gift (see *1Jn 4:18*).⁷³⁹ Filial love of God denotes the virtue of perfect charity (see *CCC 2745*). Moreover, the Psalmist says, “he that fears the Lord shall tremble at nothing, and shall not be afraid for God is his hope” (*Ps 34:16*). It is holy and reverential, to fear the Lord fittingly; that is not mundanely, servilely, or initially. It is even said of Jesus that in all things “he was heard for his reverence” (*Heb 5:7*).

Repression, however, is more akin to a state of purgative punishment going nowhere, except to more suffering, for the sensitive appetite is caught in a mutinous conflict between its twofold powers, and the reason is impeded and displaced by disordered passions. “Carnal vices destroy the judgement of reason so much the more as they lead us away from reason” (*ST II-II*, q.53, a.6, ad.3). And carnal vices can be twofold, venereal pleasures which are sin by defect and venereal repression which is pathological by excess. When a person repents of sin, the virtues that normally help the purpose of amendment (e.g., prudence and temperance) are largely unformed in the repressed person. “The perfection of prudence and of every intellectual virtue consists in abstraction from sensible objects. Wherefore, the aforesaid vices involve a defect of prudence and of the practical reason” (*ST II-II*, q.53, a.6). St Thomas, here, refers chiefly to the pleasures of sexuality which absorb the mind and draw it to venereal delight as a defect of reason’s capacity to judge rightly. Conversely, the disgust for sexuality by way of a fearful or hateful excessive avoidance involves a defect of prudence and of the practical reason. “Moral virtue requires perfect use of reason even in particular matters” (*ST I-II*, q.59, a.2, ob.3). While it is possible for afflicted persons to make reasonable judgements in many areas of their personal and business life, still he or she does not have the perfect use of reason in the affected area of repression, even though the individual “seems to be a balanced person” (see *PWH 69*). Nevertheless, by following the directives of MT, the particular reason (i.e., cogitative power) can be reformed and remediated by means of universal reason. This

⁷³⁷ *Ibid.*, no. 6.

⁷³⁸ Thomas Aquinas, *Commentary on St John’s Gospel*, translated by Fabian R. Larcher, O.P. (Albany, N.Y: Magi Books, Inc., 1998), Lecture 7: n.1962 (*Jn 14:27*). Accessed May 14, 2016. <https://web.archive.org/web/20180728045212/http://dhspriority.org/thomas/SSJohn.htm>.

⁷³⁹ See Aumann, *Spiritual Theology*, 263.

is because the higher reason's understanding of pathological repression, its cause, and effects can direct the release of the repressed emotion and mortify the repressing emotion. St Thomas points out "when a passion forestalls the judgement of reason, so as to prevail on the mind to give its consent, it hinders counsel and the judgement of reason. However, when it follows that judgement, as through being commanded by reason, it helps towards the execution of reason's command" (*ST I-II*, q.59, a.2, ad.3). *Raapra* habitually enacted restores right reason and therefore the possibility of virtue. Initially, it is reason's appropriate command that pathological repression be removed so that an opportunity for virtue may be established and perfected. The passions that had been pathologically prevailing previously, displacing the governance of the rational appetite, were those of the irascible powers. Once these emotions are progressively mortified, the rational appetite prevails over the sensitive appetite. It is only when universal reason and particular reason are rightly informed and are extricated from the sensitive appetite's habitual interference, that appropriate governance of the sensitive appetite is possible (see *ST I-II*, q.77, a.1). Once the repressing passion(s) is increasingly mortified through therapy, virtue's impossibility becomes an increasing probability (though time is the measure of change) and ultimately of proficiency. With the aid of MT and the willing application of *raapra*, an afflicted person makes the reasonable direction of the sensitive appetite possible. It is because such methods are reasonable that repression is removed (since the sensitive appetite is by nature obedient to reason), and incipient movements toward virtue are possible and increase with greater facility and delight.

The formation of any virtue requires reasonableness and freedom. In the state of pathological sexual repression, the virtue of continence, which resides in the will, is impossible (due to its displacement). Similarly, the fact that the concupiscible appetite is more or less repressed, the virtue of temperance which moderates the concupiscible appetite specifically and the others generally, under the appropriate governance of the intellect and the will is likewise impeded (see *ST II-II*, q.141, a.3, ad.1). When St Thomas asks whether or not intemperance is a childish sin he replies "that which regards nature should be nourished and fostered in children, but that which pertains to the lack of reason in them should not be fostered, but corrected" (*ST II-II*, q.142, a.2, ad.3). Both the virtue of continence and the virtue of chastity become increasingly possible as repression is gradually "corrected" through MT. The mature person is informed and prudent, the psychosexually immature much less so.

Further, the contrast that is challenged in this first objection between the sexually repressed and the healthy person emphasises repressive symptomatology. Given that a person is already in therapy, an outbreak of repressive symptoms is usually occurring. If the symptoms are not sexual, they are certainly physically and emotionally demoralising and disabling (see *PWH* 120-23). Irrespective of the stated objection (i), sexually repressed persons know perfectly well the "fear and restlessness that follow when they forego the gratification of the sexual urge." This malformed connatural knowledge has, at least, three causes: the first, the tension created by the act of repression by the assertive emotions which frustrates the possibility of the reasonable guidance of the aroused concupiscible emotions. The

second reason, speaks to the person's dislike for everything sexual, "why am I being troubled by this?" "Why won't God take these feelings away?" This reason also underlines the rationale behind the repressive condition as already explained (see 2.4). The second reason can be more general in that there is real resistance to MT. This reluctance is more evident at the beginning of treatment, and it is to this that Terruwe/Baars are referring in the section as quoted. Shortly thereafter, they refer to this initial hurdle of resistance quite explicitly, firstly in *PWH* 111 and then as the explanation continues it is reiterated in *PWH* 113:

Because of this resistance of persons with obsessive-compulsive repressive disorders to becoming free persons—persons who rely on God to protect them and are eager to surrender to Him in faith and trust—we offer special help in the process of mortifying, of literally killing, the pathological fear and energy (*PWH* 111).

Of course, patients are always eager to attain their goal of moral freedom as soon as possible, and will often try to shorten the interval between the last stage of the repression and the beginning of the natural guidance of their feelings and emotions by his intellect. However, each time these persons allow themselves to act in a hasty anticipation of their ultimate goal, they discover that they are regressing to their previous state of repressing because of the *reappearance of some of their neurotic symptoms* (*PWH* 113, emphasis added).

Among the repressive symptoms first mentioned are fear and restlessness (see *PWH* 111). The objection has failed to take into consideration that each recovering person experiences decreasing fear and restlessness and increasing freedom as he or she moves through the entire MT program. Eventually, when free from the repressive condition, they too, however, will encounter those difficulties that every normal mature person experiences in the ongoing challenge to apply *raapra* and to obtain the natural and supernatural virtue of temperance, and "to practice chastity in continence" (*CCC* 2349). Moreover, by the grace of God they will be able to do so by "grieving moderately for the absence of the things desired" (*ST* II-II, q.141, a.3, ad.1). As St Augustine wrote: "I thought that continence arose from one's own powers, which I did not recognize in myself. I was foolish enough not to know...that no one can be continent unless you grant it" (*CCC* 2520). When free from their affliction, recovered persons will have the increasing benefit of much insight, the absence of the repressive reflex, a wholesome connatural knowledge, many other acquired and infused virtues, graces, and the gifts of the Holy Spirit – each of which is available to all healthy, baptised, and God loving and graced filled persons.

Furthermore, healthy and conscientious persons are desirous of virtue and want to fulfil God's will by means of grace. There is no suggestion here that virtuous persons will not experience some sensate turbulence within the body, the soul, and the spirit. Terruwe/Baars are not referring to the complete absence of physiological and psychological tension, but rather it is to be understood that healthy persons do

not experience inordinate physiological, psychological, and pathological pressures.⁷⁴⁰ The common tension experienced by individuals results from the incompleteness of a person's virtue, or the lack of mystical union,⁷⁴¹ or the ordinary maintenance of virtue due to "the tinder for sin" (*CCC* 1264). And even "when emotions arise from awesome things, they must needs disturb the mind of a wise man, so that he is slightly startled by fear, or depressed with sorrow,' in so far as 'these passions forestall the use of reason without his approving of such things or consenting thereto'" (*ST* I-II, q.59, a.2).

Conversely, when resistant to therapy or prior to it, the person who is not free in sexual matters will experience an increase in fear and restlessness following a repressive act of the gratification of the sexual urge. This emotional disquiet, however, is due in large part to the lack of reasonable guidance of the same. Whereas, in the non-repressed person who possesses temperance, "the freely renounced act of masturbation is followed by calm and peace, and, in time, an ever-greater ease in guiding and directing their sexual desires in such a way that they lead a genuinely moral life" (*PWH* 111). This statement from Terruwe/Baars is in full accord with St Thomas who states, "The things about which temperance is concerned have a most disturbing effect on the soul, for the reason that they are natural to human beings. Hence, the tranquillity of soul is ascribed to temperance by way of excellence" (*ST* II-II, q.141, a.2, ad.2). Moreover, "he that is not immoderate in desire is moderate in hope and grieves moderately for the absence of the things he desires" (a.3, ad.1). Non-repressed persons have less or more temperance and therefore more or less tranquillity of soul. Conversely, sexually repressed persons have nothing of the excellent virtue of temperance and far from tranquillity; they experience more or less restlessness of spirit. In this sense, mature persons experience higher degrees of promptness, facility, and delight in virtue as compared with the repressed person who lacks virtue and is restless, resistant, and sad in a pathological vice. The repressed person encounters emotional disturbance because he or she is not free in the governance of sexual matters and thereby experiences an increase in fear/daring and restlessness because of the turbulence of the psychic life and transmutations within the body when the gratification of the sexual urge is more or less repressed. Again, the cause is because of the lack of fitting rational governance, and because the concupiscible appetite has the "natural aptitude to obey reason," yet it is calling out for guidance from that which is more or less incapacitated (*ST* I-II, q.74, a.3, ad.1). While the actuation of pathological repression can be abrupt and ever expanding, the

⁷⁴⁰ It is merely exaggeration for Terruwe/Baars to state that a healthy free person "doesn't have any disquiet when resisting their normal urges." Disquiet is minor compared with the repressed person's insistent and intense pathological preoccupation and foreboding. Indeed, John of the Cross states that, "Until the state of spiritual marriage the sensory part never completely loses the dross left from bad habits or brings all its energies into subjection." John of the Cross, *The Spiritual Canticle*, 537, Stanzas 14 & 15, no. 30.

⁷⁴¹ See John of the Cross, *The Spiritual Canticle*, 554, Stanzas 20 & 21, no. 8.

diminution of repressive factors is only gradual.⁷⁴² The term more or less is used deliberately, because the extremes of excess (or defect if sin is wilful)⁷⁴³ are consistently diminishing to the mean of virtue throughout the recovery process. “Moral virtue derives goodness from the rule of reason, while its matter consists in passions or operations” (*ST I-II*, q.64, a.1, ad.1). For the sexually repressed person, the mean of virtue through the rule of reason over the sensitive appetite is increasingly

⁷⁴² Of course, miraculous and instantaneous healings do occur and change people emotionally and cognitively. Certainly, persons should pray for such a healing. Everything is possible to God, as seen in the example of Alphonse Ratisbonne (†1884) who on January 20, 1842, in the Roman Church of Sant’Andrea delle Fratte received an instantaneous “healing.” Alphonse was a French Jew particularly hateful of Catholicism. While impatiently waiting for a friend, he entered the church looking for him and then experienced a vision of the Blessed Virgin Mary. He had an immediate healing of his deleterious emotional and intellectual disposition. He was miraculously converted by God and given the theological virtues of faith, hope, and charity, along with the infused knowledge of the truths of religion.

While God can do the same for a person in need of an inner psychological healing, such an abrupt and surprisingly gratuitous stimulus is rare. God does not want to put the medical profession out of business. Indeed, it is part of his wisdom and love. God’s providence of human beings is ineffable and sometimes unfathomable. Certainly, all are called to cooperate with God in the exercise of right reason and with docility cooperate with infused virtues and gifts. A purely spiritual therapy that expects a thorough and permanent healing while excluding personal collaboration in the psychological dimension would be insufficient. That is not to deny real miracles, but they are not the norm. Psychotherapy remediates an emotional disorder by means of re-learning how to live reasonably. An instant healing to be effective must entail sufficient infused knowledge to know how to live appropriately naturally and supernaturally, otherwise, on day two of the healing, the person would act in the same previously disordered manner. At the other extreme, any therapeutic approach that emphasises a purely psychological therapy to the exclusion of man’s spiritual dimension will also fall short of complete healing. What is needed for emotionally disordered persons is both a supernatural and natural, a theological and a psychological means to psychic wholeness.

A different example is the renowned and Venerable Matt Talbot (†1925). He was an Irishman who was a former alcoholic at the young age of 15 years until the age of 28. He was, however, converted in a single momentous encounter with God. Matt came to understand the importance of mortification so as to live righteously and eventually became an ascetic with an extraordinary understanding of the power of the infused virtues. Faith, hope, and charity after his conversion were the hallmarks of his life, even as he initially struggle daily to grow in the acquired virtue of sobriety. He came to understand that the theological virtues make the cardinal virtues possible. The infused virtues enlivened him also to perform acts of piety and generosity to low-income families. Grace can do in one moment something extraordinary. Similarly, grace can, in a timely manner, advance the perfection of charity with the aid of infused virtues and gifts. What is a miraculous intervention by God, requires the willingness and cooperation of the human individual. While praying and waiting for such a blessed moment, all do well to prepare for such a grace by means of docility to ordinary human agencies that are aided and abetted by God’s different graces. Either way, there is an element of arduousness involved that not only calls for fortitude and temperance but also the virtues of faith and hope. Matt Talbot “when he stopped drinking – a decision inspired by his new found love for God and his desire to serve him – nevertheless retained (especially in the beginning) a deep and abiding desire to drink to excess.” Michael S. Sherwin OP, “Infused Virtue and the Effects of Acquired Vice: A Test Case for the Thomistic Theory of Infused Cardinal Virtues,” *The Thomist*, 73, no. 1 (January, 2009): 29-52.

⁷⁴³ It is certainly possible for sexually repressed persons to sin through defect, even if they have the vice of sexual repression. Such a case would be the wilful involvement of another in sexual misconduct or any other grave sin against another commandment. It is in this area that the spiritual direction of the priest, who understands the principles of MT, is invaluable.

perfected through the appropriate application of MT.

The diminution of the repressive reflex with its accompanying felt transmutations are only gradual. Time is the measure of change. Only very steadily, via an authentic connatural experience of the previously repressed emotions will there be the reformation of the cogitative sense faculty and the correction of previously erroneous judgements.⁷⁴⁴ These changes promote gradual but increasing degrees of freedom for morality. Sometimes after decades of a repressive disorder, people complain that they are only very gradually improving. Persons say things such as: “Why doesn’t God just heal me? Doesn’t he love me? It would be so easy for God, I have now asked God for this for years.” It is true that healing prayer accelerates the entire process of disordered emotional recovery, enlightening, easing its trauma, aiding convalescence, and promoting cooperation with therapy. However, the idea of a “miraculous” cure for emotional disorders seems not to be God’s ordinary way. To state this is not to sow doubt regarding God’s love and power or even to doubt divine healing. Indeed, we must always mortify and repent of faithless doubt in his healing graces (see *Mk* 11:23; *Jn* 20:27). Any seeming tardiness of a sovereign intervention of God’s healing power is more likely a courteous and loving opportunity for the disordered person, in union with nature, to arrive at what God has already providentially ordained for the person. Growth in wholeness is akin to growth in holiness. It is by natural and supernatural increments. All too often modern men and women want a “quick fix.” Miraculous interventions are not usually God’s preferred option for inner emotional healing.⁷⁴⁵ One reason for this might be because if persons were to obtain a quick fix, they would soon relapse into old habits and ways of reacting because they know no better. Another reason might be because there is much profit and benefit from going through a therapeutic process as this adds much to one’s personality. A third major reason is the aforementioned false convictions that afflicted persons harbour about themselves and moral realities. In a way, a ‘quick fix cure’ would be tantamount to a violation of their freedom. Hence, a thorough healing demands enlightenment of the mind and heart, along with a graced will, a reformed understanding, and the experience of connatural principles, all of which are involved in a wholesome human and Christian life. Psychological and spiritual counselling perfect the whole person and promote lasting recovery. A conscious embracing of the truth conjoined with a repudiation of falsely held cognitive positions is fundamental to the healing process of an emotional disorder.

The recovering person in the area of sexual repression needs to be viewed as beginning a new stage of the spiritual life. And for those who are undergoing the passive purification of the senses, they can be reassured that it is God who is leading

⁷⁴⁴ This is not a superficial point. Disordered persons suffering from sexual repression know firsthand the extraordinarily slow diminution of the vicious reflex of pathological repression. To believe or to state that this can happen quickly is to belie reality and the experience of the truly sexually repressed person. Grace can, but does not ordinarily work miraculously in this matter, but grace certainly accompanies and expedites the healing of a repressive disorder. This statement neither disbelieves nor denies God’s healing love. Persons should always, and regularly beseech God for healing (see *Ps* 6:2, 41:4, *Jer* 17:14; *CCC* 1503).

⁷⁴⁵ See Baars, *Feeling and Healing*, 208.

the charge in their restoration to psychic wholeness and pre-eminent holiness.⁷⁴⁶ Moreover, self-mastery can only be developed through proper formation and exercised with discipline through successive stages (see CCC 2342).⁷⁴⁷ Growth in virtue develops concomitantly with the mortification of repressing factors because of the freedom provided through MT. “Virtue is a dynamic quality essential to freedom, a habitus necessary for its development. Finality is a principal element of free action,”⁷⁴⁸ and the recovering person has conscientiously sought, albeit by a deleterious means, holiness and the virtues of continence and chastity. MT finally provides the moral and informed spiritual opportunity for virtue and for that confident resignation to the passive purifying process, even if it is initially quite different from the normal “dark night” of the healthy and prayerful soul seeking union with God. It is possible to speak of two levels of purification. For the afflicted person, first, there is the passively endured “night” of the mortification of the aberrant pathological vice of repression. When this is complete, there is the ordinary dark night of the passive purification of all the senses, both external and internal, leading to unitive love. St John of the Cross states: “until a soul is purged of its attachments it will be unable to possess God, never here below through the pure transformation of love nor in heaven through the beatific vision.”⁷⁴⁹ Fortunately, these dual purifications are not chronologically based, but rather it is a concomitant dynamic process for those who surrender with confident abandonment to the divine Physician.

Lastly, Terruwe/Baars were especially conscious that they were not treating a psychological disorder, but a suffering human being. The object of therapy was to restore their patient to health and happiness, and where possible supernatural holiness (see *PWH* 120 no. 6). Their psychological principles are tailored in a way that are in conformity with the fundamental tenants of the Catholic faith and inculcation of Christian virtue.

As psychiatrists and as Christians we are not satisfied with merely restoring our patients to their former level of useful functioning in society. We want to go beyond solely utilitarian criteria of vocational performance or adjustment in business or profession, and assist our patients in attaining a level of happiness commensurate with their innate capacities and potentialities. This generally involves a greater sensitivity for and keener intellectual appreciation of the true, the good, and the beautiful; a greater capacity to love and to enjoy; a lesser emphasis on utilitarian pursuits and decided tempering of the utilitarian emotions; and a greater harmony of interaction between sensory and intellectual life. It is by means of this more balanced and properly weighted interior life that our patients are led to attain the happiness for which they have been created – a happiness which requires an act of the intellect, but also, and most emphatically, a ready responsiveness on the part of the emotional life in the strictest sense of the word, namely the emotions of the pleasure appetite.⁷⁵⁰

To be virtuous, a person must primarily be free, and secondarily, emotionally healthy

⁷⁴⁶ See John of the Cross, *The Ascent*, 119, Bk. One, Chpt. 1, no. 4-5.

⁷⁴⁷ Pinckaers, *The Sources*, “Freedom for Excellence,” 375 no. 2.

⁷⁴⁸ *Ibid.*, 375 no. 4.

⁷⁴⁹ John of the Cross, *The Ascent*, 124, Bk. One, Chpt. 4, no. 3.

⁷⁵⁰ Terruwe, *Loving and Curing*, 13. See *PWH* 232.

(see CCC 1770, 1775). Terruwe/Baars maintain, “Only when the repression and the abnormal and irrational activity of the assertive drive have been eliminated, will it be possible again for that person to perform truly free and human acts. Only then can human nature take its normal course and enable the person to lead a rational life” which provides the prospect for virtue (*PWH* 216). The will, though important, is one faculty among others, all of which need to operate harmoniously. The understanding of the difference between willed human acts, proper permissions, and the toleration of materially evil acts of a human are critical distinctions, and these have been explained previously (3.5.3.3).

I respond to Objection 31 (ii) that it fails to consider adequately that repression is foreign to human nature. The afflicted persons’ condition has the potential to injure persons gravely. “Frightening and disabling consequences” involve not only moral issues but also physical, emotional, mental, and spiritual collapse. Indeed, St Thomas teaches that:

The purpose of human law is to lead men to virtue, not suddenly, but gradually. Wherefore it does not lay upon the multitude of imperfect men the burdens of those who are already virtuous, viz., that they should abstain from all evil. Otherwise, these imperfect ones, being unable to bear such precepts, *would break out into yet greater evils*. Thus, it is written (*Prov* 30:33): “He that violently blows his nose, brings out blood;” and (*Mt* 9:17) that if “new wine,” i.e., precepts of a perfect life, “is put into old bottles,” i.e., into imperfect men, “the bottles break, and the wine runs out,” i.e., the precepts are despised, and those men, from contempt, break into evils worse still (*ST* I-II, q.96, a.2, ad.2, emphasis added).

It is evident from so many asides found in the *Summa Theologiae* throughout this text, that St Thomas is consistently concerned for an individual human person’s well-being, and the capacity to live holistically, holy, and virtuously as they undertake the service of divine and human persons. The Eternal, natural law, and human law is to be applied reasonably, freely and with the aid of habitual and actual graces, with assistance of the infused virtues and the Gifts of the Holy Spirit. When people force an issue such as to “will themselves to be good,” “to do it right,” or “to prove their love for God,” sooner or later they might find that they are willing too vehemently. Or as in St Thomas’ understanding of the Proverb, they have violently blown their nose and have brought forth blood. In wanting unreasonably what they will, such persons hurt themselves. Knowing how to enact MT well avoids real and present complications. As an aside, it is very likely that not a small number of previously “good” clerics having “willed a pretence of continence” had shut up their concupiscible powers for decades in pathological repression only later to find that they have brought forth the “blood” of sinful vice and criminal activity, as history has demonstrated.

Further, previous responses to other objections have already presented relevant distinctions. The reasons for the eventual breakdown of the unnatural pathological process, an explanation for the failure of the repressive processes and therefore the outbreak of repressed concupiscence were treated in 1.4.2.-3: the responses to Objections 2 and 3. In fact, later obsessive-compulsive behaviour is in stark contrast

to the previously repressed control over concupiscence, which pathologically excluded many normal sensual and sexual movements. The outbreak of repressed desires, although atrophied as an emotion in itself, had expanded and intensified its objects unwittingly over the years (see *PWH* 49-50). The matter of intensity, meaning the strengthening of the pathological process is exemplified in the fearful hoarder who with a mountain of junk cannot part with any of it. This is a stark example, of the total blockage to reasonableness. Secondly, the meaning of expansion is a spreading of the erroneous cogitative power's judgement involving other concupiscible objects (e.g., objects totally unrelated to the original sinful or sexual fears are now fully involved). The natural and inevitable truth is that sooner or later unnatural pathological repression can lead to an obsessive preoccupation with sexual thoughts and fantasies, and compulsive performance of acts that repressed persons have always willed not to commit. Because such persons' disordered condition is foreign to human nature, time, and available energy are always against them. Eventually, these seemingly outwardly successful repressive processes do break down with all their frightening and disabling consequences. This effect was explained in 1.4.3 (vi). Moreover, the response to 1.4.3: Objection 3 (v) explained the reasons for the intensity and expansion of "fear" objects (see *PWH* 49-50). The terms "fear and restlessness" are an understatement of the breakdown of the unnatural repressive disorder with all its "frightening and disabling consequences" and compulsive acts that were previously treated in the responses to 2.3.3: Objection 12; and 2.5.1: Objection 13. As was explained in Chapter Four, concerning the three directives and specifically in Chapter Three regarding the moral propriety of MT, there is no hint of encouraging any immorality (see *PWH* 109-112). In no manner do Terruwe/Baars "encourage their patients to act on their sexual urges." Indeed, they state, "At no time during therapy is the psychotherapist to instruct the patient to masturbate or do anything else that is morally wrong. No person can do this without being guilty himself of a moral wrong" (*PWH* 118). They caution, "Others again might jump to the conclusion that our therapeutic advice...constitutes license for all persons with neurotic disorders to commit objectively immoral acts. This risk would be even greater if they failed to grasp the difference between "may" and "must" in the context of the clinical and philosophical arguments presented in this discussion" (*PWH* 104). The reckoning behind Objection 31 (ii) is a misunderstanding of the original teaching and correct application of MT.

I respond to Objection 31 (iii) that revealing the knowledge of an unnatural pathological process to afflicted persons is not to cause alarm or distress. It is not like telling a smoker to quit smoking with threats of grave diseases but with no help offered. MT provides a reasonable explanation and a morally sound means to reverse the pathological condition. It incorporates counsel, catechesis, and spiritual direction with ongoing insights to think through the therapeutic method reasonably. It aims at the avoidance of further harm to oneself and others. It encourages participation in grace to bring all the human faculties under reasonable direction with the additional sovereign support of the virtues and gifts. It is with this knowledge that MT brings great reassurance to afflicted persons. Such insight, far from causing distress promotes eustress because afflicted persons are provided with MT, which

increasingly frees from pathological bondage. There is no “doom” or gloom inflicted upon afflicted persons through MT. Indeed, the truth brings liberty (see *Jn* 8:32). Afflicted persons are left alert, not alarmed.

Further, when Terruwe/Baars provide an understanding of the human person from Aristotelian and Thomist philosophical psychology, they do no more than present a truth. Repression, as previously explained, is a disorder, contrary to human nature and foreign to the human organism. It is pathological, injurious to one’s physical and psychological well-being, and deleterious to an authentic spiritual life. The proverb, *praemonitus, praemunitus*, forewarned is forearmed is apposite to this, as to its original military relevance. To know in advance, the importance of reasonable guidance of one’s emotional life, and the procreative drive, in particular, provides an opportunity firstly to avoid sexual repression. Secondly, it enables those who are afflicted by it to better understand their personal predicament. And thirdly, it is possible to restore reasonable governance to the sensitive appetite and to remediate this pathology. It is not intended to cause alarm, rather awareness. Similarly, it is an exaggeration to speak in terms of a “double bind,” because Terruwe/Baars provide a clear philosophical diagnosis of the repressive condition and positively promote a psychological and moral therapy for its cure. Quite contrary to a double bind which is an emotionally distressing dilemma of two conflicting messages, each of which negates the other; *Psychic Wholeness and Healing* provides the pedagogic roots and the rational understanding of the various types of repression.

In brief, MT promotes personal and psychosexual maturity. It proposes a workable therapy for each particular diagnosable repressive disorder, and the pedagogic advice for the avoidance of the same in youthful individuals. As argued earlier repression is unnatural because anything that consists in its not being inclined in a manner befitting its nature is a vice (*ST* I-II, q.71, a.2). Besides, vice is contrary to virtue (see *ST* I-II, q.71, a.1). Indeed, what is unnatural is bound to have adverse effects. For all that is directly contrary to the Creator’s design, to Mother Nature and to the natural law is bound to have negative effects. Far from promoting distress, MT as a psychotherapy promotes eustress which is reckoned to motivate and to improve personal maturity.

5.2.2. Whether sexual thoughts are wanted or unwanted?

Objection 32 argues that sexual thoughts are not irrational since they naturally occur to every healthy human being. Terruwe/Baars cannot speak of a preoccupation with sexual thoughts and fantasies as obsessions because of what an obsession is. Whereas sexuality is something persons desire. When persons voluntarily entertain sexual fantasies, at least on a given topic, it can be safely assumed that they do not have obsessions on that topic.

- (i) Obsession is an unwanted, irrational, repetitive, intrusive, and anxiety-provoking thought. True obsessions always have these characteristics. By their nature, obsessions are repugnant to the will of the individual who suffers from them, and they strike his

intellect as absurdities (which he fears nevertheless). The preoccupation with sexual thoughts and fantasies that Baars and Terruwe describe cannot be called an obsession if the object of their thoughts is something the person truly desires, for then the thought would not be unwanted. Nor are sexual thoughts irrational—they naturally occur to every healthy human being.

(ii) True sexual obsessions occur on taboo themes (incest, homosexuality, violence) and strike their sufferers as hideous; rather than fantasizing about them, their sufferers make every effort possible to suppress them. A person who voluntarily entertains sexual fantasies, at least on a given topic, can be safely said to not have obsessions on that topic (*Logos* 54, ¶1).

On the contrary, Terruwe/Baars conversely state:

It is a common observation that persons with obsessive-compulsive repressive disorders have an intense need, even in therapy, to continue relying on the repressing emotion for the sake of leading a moral life. Persons with fear-based repression are intensely afraid of mortifying their fear, because they have always been led to believe—usually by authoritative sources—that fear of sin is virtually the only way to lead a blameless moral life. Persons with energy-based repression have always been attracted by the idea that they can “earn” heaven by their own unrelenting efforts to do what is right and virtuous, i.e., in their case, to relentlessly repress all sexual feelings. To change this attitude is not at all an easy or appealing task, for either type of disorder (*PWH* 111).

I answer that an argument can be presented in two ways: firstly, a priori, from cause to effect, or secondly, a posteriori, from the effect to the cause. Obsessions as described above are from their effect(s) because there is said to be no known cause.⁷⁵¹ Behavioural psychology has a preference for “process-oriented interventions over content-oriented interventions” (*Logos* 42, ¶1). Basically, this means that treatment for every type of obsession, regardless of their subject matter or possible cause, consists in prescribing modern medications and implementing other forms of therapy such as CBT, ERP, and CT. Content-oriented interventions and causal reasons, vis-à-vis modern pharmaceuticals, appear as less relevant. Conversely, Terruwe/Baars while not adverse to the pharmaceutical approach nor to a process oriented intervention, they are primarily concerned with the cause of obsessions and compulsions because “from every effect the existence of the cause can be clearly demonstrated” (*ST I*, q.2, a.2, ad.3). Terruwe/Baars have demonstrated from different presenting emotional effects, several distinct clinical syndromes, namely, the hysterical disorder and the obsessive-compulsive disorder, the energy disorder and

⁷⁵¹ “Despite a wealth of research, the exact causes of OCD have not been identified. It may have a neurobiological basis, with neuroimaging studies showing that the brain functions differ in people with the disorder. In certain individuals, OCD could be triggered by a combination of genetic, neurological, behavioural, cognitive, and environmental factors.” Healthline Media, “Obsessive-Compulsive Disorder: Causes, Symptoms, and Treatments” *MediLexicon International* (March 2016). Accessed January 20, 2017. <https://web.archive.org/web/20190421002447/http://www.medicalnewstoday.com/articles/178508.php>.

the emotional deprivation disorder (not caused by repression).⁷⁵² Moreover, again within the obsessive-compulsive disorder the presenting effects are clinically differentiated as “fear-based”, “energy-based”, and “fear-based camouflaged by energy”, a combination of both (see *PWH* 64-72). Terruwe/Baars’ diagnosable syndromes are philosophically sound in their demonstration, so “when the existence of a cause is demonstrated from an effect, this effect takes the place of the definition of the cause in proof of the cause’s existence” (*ST* I, q.2, a.2, ad.2). The presentation of different disorders is discernible from the various vignettes as presented in Appendix III. An ordinary healthy and mature person can have a good idea about these syndromes from their effects.

Terruwe/Baars understood that the “immediate result of the repression is the development of obsessions and compulsions in the direction of the repressed object. It is also possible, however, that the repressing emotion will not even permit this kind of obsession or compulsion and will eliminate them from consciousness through repression. Naturally, the tension persists and seeks to discharge itself in other ways” (*PWH* 53). How an obsession can be “an unwanted, irrational, repetitive, intrusive, and anxiety-provoking thought” was explained from the example of the seminarian Bruce (2.4.6). Such thoughts can deeply disturb religiously minded individuals, especially when they still themselves for prayer. The importance of resolving this tenacious effect is to remediate the cause which brings captivity to the mind and precludes the formation of virtue.

I respond to Objection 32 (i), conceded is the definition of obsession. Unacceptable, however, is the misunderstanding attributed to Terruwe/Baars who have a fundamental grasp of the nature of obsessions and their “cause and effect.”⁷⁵³ The repressive causal process is understandable as gleaned from St Thomas’ writings. Terruwe/Baars would not deny each of the characteristics as found in the above definition of obsession, as previously explained (see 1.4.8., 2.3.2., 2.5.2., and 4.1.3). The objection, however, takes no cognisance of the philosophical roots to pathological repression as understood by Terruwe/Baars. An affected person’s preoccupation with sexuality and those feelings, imaginings, and thoughts which arise naturally are considered unacceptable and unwanted. They are sufficient to cause either an intentionally or volitionally determined repression. What starts as healthy and natural, however, inappropriately dealt with can be the cause of repression. Sexually abused people may not have the same depth of preoccupation, however, they will have the same negative feelings about the procreative drive and sometimes even more intensely. Sexual thoughts since they arise biologically and spontaneously cannot be stopped, nor should they be. Nevertheless, for persons who

⁷⁵² Terruwe/Baars state that the two volumes *Healing the Unaffirmed* and *Psychic Wholeness and Healing* “comprise the sum total of everything - the psychology of normal man, particularly his emotional life” (*PWH* xiv). Each discernible disorder was diagnosed philosophically from its effects to its cause.

⁷⁵³ Characteristics of obsession in *PWH* (e.g., being unwanted, “patients are always eager to attain their goal of moral freedom as soon as possible” (see 113); irrational (see 38-39, 64-65, 107, 230 no. 2); intrusive (see 111, 146-47, 166, 168, 200); anxiety-provoking thoughts (see 111, 122, 151).

object to them and who do not know how to control them reasonably they can become an arduous “evil.” Pope St John Paul II stated, [It] “is often necessary to relieve people of the widespread conviction that the sexual drive is something naturally bad which must be resisted in the name of the good. It is necessary to inculcate a conviction, in accordance with the proper conception of man, that sexual reactions are on the contrary perfectly natural, and have no intrinsic moral value.”⁷⁵⁴ The arduousness of such sexual thoughts and their irrational, anxiety-provoking nature was treated in the response to Objection 23 (4.1.1). Instead of treating natural sexual arousal as something healthy and good, less informed people try to stop them emotionally. This amounts to repression. With good pedagogy, persons who are disturbed by sexual thoughts and feelings need to be educated to understand reasonable guidance and to see such experiences as the stuff for the development of the virtue of temperance. Sadly, many youth are not formed naturally and supernaturally in this advantageous method.

I respond to Objection 32 (ii), obsessive sexual preoccupations do not necessarily need to be matters considered as taboo. As with the previous response to Objection 32 (i), it is the presence of the natural inclination of the procreative drive and concupiscence, which are viewed as potentially sinful and therefore unwanted. Such a negative viewpoint and its injurious connatural knowledge of sexuality are sufficient to cause repression in some people. Moreover, afflicted persons do not willingly fantasise about sexual matters because by the time they see a therapist or priest such thoughts have already become repetitive, intrusive, and fearsome due to an emotional breakdown or an obsessive-compulsive outbreak resulting from the previously repressed concupiscible appetite. There is no suggestion of these persons “voluntarily entertaining sexual fantasies.” The philosophical involuntariness of such obsessions and even compulsions has been explained (see 2.4.6).

In brief, MT’s diagnosable repressive disorders were arrived at by both a philosophical and a psychiatric clinical investigation and methodology. Philosophically, valid reasons have been proposed for the causes behind repressive disorders and their effects, namely, the obsessions and compulsions. Clinically, psychiatrically diagnosable effects demonstrate various types of repressive disorders and with the assistance of cogent philosophical explanations can confirm the reasons why common obsessions and compulsions occur. It is from this knowledge that MT can remediate the causal reasons and remove involuntary effects. The advantage of this is to assist the person to attain freedom for the development of personal excellence, capable of performing acts that are both virtuous and meritorious.

5.2.3. Whether striving for the continence is advisable?

Objection 33 explains that compulsions are an attempt to assuage anxiety and other disagreeable feelings and thoughts. The idea that people who have obsessions will inevitably act on them is said to be a misunderstanding. The virtues of continence

⁷⁵⁴ See Pope St John Paul II, *Love and Responsibility*, 286.

and temperance mitigate the passions and help tensions subside.

(i) Compulsions are behaviours that neutralize the anxiety caused by the obsession and include hand washing, ordering, checking, seeking reassurances, repeating actions, and performing ritualized mental acts. The goal of the compulsion is to reduce the distress caused by the obsession; they are not pleasurable acts in themselves. A better adjective to describe acts that have something pleasurable as a goal is “impulsive.” In general, people with OCD tend to be much less impulsive than people without OCD, especially if it is an impulse about which they obsess. A young mother tortured by obsessions of stabbing her infant is a safe person to have around kids. The idea that people who have obsessions will inevitably act on them in a compulsive way involves fundamental misunderstandings of the nature of both obsessions and compulsions (*Logos* 54, ¶2).

(ii) From a Thomistic standpoint, the quotation above shows a misunderstanding of the virtue of continence. Continence is a virtue in the will by which the person chooses to resist vehement desires for pleasures of touch. It is annexed to temperance because it curbs desires, but there is an important distinction: continence resides in the will, enabling it to resist cravings, while temperance resides in the concupiscible passion, making it conformable to right reason. Continence is necessary as a stage one must pass through on the way to becoming temperate (*Logos* 55, ¶1).

(iii) The continent man necessarily experiences tension as he tempers his passions, especially in the beginning, but with practice the passions are made temperate and the tensions subside. What the authors say is true of the “non-neurotic person” is true only if that person has the virtue of temperance. If he does not yet have temperance, he will acquire it by passing through the stage of continence, abstaining from pleasures despite the tension the abstention entails (*Logos* 55, ¶2).

On the contrary, temperance is not dependent on continence as a staging point, though they are collaborators to similar good ends. St Thomas concerning their difference teaches:

Continence may be taken as denoting the resistance of the reason to evil desires when they are vehement in a man: and in this sense temperance is far greater than continence, because the good of a virtue derives its praise from that which is in accord with reason. Now the good of reason flourishes more in the temperate man than in the continent man, because in the former even the sensitive appetite is obedient to reason, being tamed by reason so to speak, whereas in the continent man the sensitive appetite strongly resists reason by its evil desires. Hence continence is compared to temperance, as the imperfect to the perfect. (*ST* II-II, q.155, a.4).

I answer that an important insight is that temperance can gradually develop by increasing acts of self-denial in many areas of the person’s life apart from sexuality. There is less repression in this virtuous activity of denying oneself sensate pleasures and reasonably and consistently restraining irascible emotions (i.e., fear, energy, and anger). Temperance, in this way, can be more fittingly established in a sexually afflicted person’s life without fear of repression. Conversely, continence can initially be more problematic when efforts at self-denial of the procreative drive are attempted.

Unreasonable concern over eternal damnation stimulates thoughts of fear, and in this way the will redounds into the irascible appetite and represses movements of concupiscence further exacerbating the repressive condition. Here in lies the will's redounding that stimulates the involuntary reflex of repression (see *ST* I-II, q.28, a.5). Experience shows that for the sexually repressed person the repressive reflex is stimulated by attempts at sexual continence. As a result, an individual can come to fear the whole repressive process because of constant failure, and this is neither reasonable nor desirable. Repressed persons need to be given the knowledge and encouragement that reasonable guidance can and will, eventually, be established in both the rational appetite (through the virtue of continence) and the sensitive appetite (through the virtue of temperance). As progress in MT unfolds, especially in its later stages, it seems to help to think in terms of the moderation of the concupiscible appetite in a broad manner by way of reasonable fasting, abstinence, and positive and negative acts of mortification with a humble self-surrender for love of God, as ascetical theology teaches.⁷⁵⁵ With the help of the spiritual director or confessor, the implementation of basic acts of self-denial can be enacted throughout therapy in preparation for the ongoing development of the virtue of temperance which necessitates both reasonable guidance of the will, and right judgements concerning the enjoyment of the concupiscible appetite. All of this is done with care not to stimulate additional repressive acts. In the final stages of MT, sexual continence can be freely and desirably brought into conformity with right reason through the individual's free choice. An example is provided in Appendix III of a man who develops a general virtue of temperance before achieving the virtue of continence.⁷⁵⁶ Prior to this, any emphasis on sexual continence by the priest or the afflicted person is counter indicated since it thwarts and prolongs the recovery process (see *PWH* 113).

I respond to Objection 33 (i) that distinguished are those persons who have an obsessive-compulsive disorder that is not of a repressive sexual cause and those that do. This objection primarily considers those individuals who do not have an obsessive-compulsive disorder which focuses primarily on sexuality (e.g., the example of the young mother provided in the objection). While some of the symptoms that are listed in the objection's general examples may be present in both types of OCD persons, primarily Terruwe/Baars are concerned with afflicted persons suffering from "sexual obsessions and compulsions" (*PWH* 104). When causes are different for emotional disorders so too will the effects differ, as will the therapy for its remediation. MT as a therapy is useful for many types of emotionally afflicted people. However, the three directives are quite specific and limited in their application. The three directives are not valid for other types of obsessive-compulsive disorders, such as the example of "a young mother tortured by obsessions of stabbing

⁷⁵⁵ Mortification can be either negative (i.e., whereby one denies oneself as a defensive act) or positive (i.e., when one deliberately chooses to do the better thing by way of personal development in self-mastery). Either way, the important quality of mortification is to do the act either for love of God or one's neighbour for the sake of God. See Alban Goodier, *An Introduction to the Study of Ascetical and Mystical Theology* (London: Burns and Oats, 1957), 153-56. Aumann, *Spiritual Theology*, 133. John of the Cross, *The Dark Night*, 375, Bk. One, Chpt. 7, no. 5.

⁷⁵⁶ See Appendix III, vignette 12: Lirim, a man in the final stages of MT.

her infant.” Philosophically, this objection draws an irrelevant conclusion.⁷⁵⁷ Basically, the argument misses the point. The fallacy is presenting an argument that is not valid. The causal reasons for the breakdown of repression and the outbreak of symptoms (i.e., obsessions-compulsions) has been explained. Sexual pleasure is unreasonably and unnaturally repressed. The objection fails to philosophically address the causal issue in question and then brings with it an example bearing an extraneous inference. The example provided of a young mother in danger of stabbing her child is irrelevant in the context of this discussion because to stab a child is naturally abhorrent and something unnatural to the person. A mother especially is naturally gifted with a heart promoting life and not death. Conversely, the sexually repressed person not only has a very natural desire for venereal pleasure but is also suffering from an unnatural pathology. It is unnatural to kill, and very natural to enjoy sexual delight.

It is true, however, that when sexually afflicted persons suffer from sexual obsessions and compulsions, narcissistic and auto-erotic sexual acts such as self-abuse can be compulsive for all the causal reasons previously explained. Sexual compulsions of their nature alleviate tension and provide temporary relief from psychic disturbance. Such acts, however, though tolerated need to be understood for what they are; an out-break of repressive symptoms before therapy and abreactive secondary effects within therapy (see *CCC* 2352 ¶2). Hence, when psychic distress caused by the repressive disorder is temporarily reduced through obsessive-compulsive acts the recovering person does well to learn from such incidents. MT’s teachings focus on revisiting principles and remaining in counsel with the therapist and/or priest. Most sexually obsessive-compulsive persons, however, will state that the act is not pleasurable, and some say that it is physically, emotionally, or mentally painful, even spiritually tormenting. Indeed, far from being impulsive pleasurable acts, very often there is a strong psychosomatic resistance to the therapy and indeed even a mental opposition to pleasure (see *PWH* 113). Repressive persons do not seem to know or understand that rejecting, avoiding, or hating ordinary and spontaneous sexual pleasure is akin to the vice of insensibility (*ST* II-II, q.142, a.2, & ad.3). Whatever is contrary to the natural order is vicious. Nature has introduced pleasure into the operations that are necessary for man’s life. Wherefore the natural order requires that people make reasonable use of these pleasures, insofar as they are necessary for human well-being, as regards the preservation either of the individual or the species. Accordingly, if anyone knowingly and deliberately were to reject pleasure to the extent of omitting things that are necessary for nature’s preservation, a person would sin, as acting counter to the order of nature. And this pertains to the vice of insensibility, though in repressed persons this is an extension of their involuntary pathology. Passively receiving, acknowledging, and accepting venereal pleasure as a good created by God is worthy connatural knowledge.

In therapy, although these actions are compulsive in nature, when MT mortifies repressive assertive emotions, as explained in Chapter Three, a release of pent-up concupiscence may occasion transitory, involuntary, psychomotor abreactive actions,

⁷⁵⁷ Lander, “Introduction to Logic: Fallacies of Relevance, *argumentum ignoratio elenchi*.”

which are secondary effects to the person's intention, and very natural. This matter is not a "goal of compulsion," rather it is the toleration of what in the short term is "the inevitable transient behavioural consequence of our therapeutic advice" (*PWH* 104) which is to mortify repressing emotion(s).

I respond to Objection 33 (ii) that a distinction needs to be drawn between what healthy persons can reasonably and wilfully choose to accomplish by means of acquired and infused continence and what sexually repressed persons are unable to achieve due to their pathological condition. Again, for the reasons explained sexually repressed persons are incapable of authentic virtue. Temperance and continence are now treated concerning MT.

"The good of man is to be in accordance with reason...Hence, human virtue is that which inclines a person to something in accordance with reason...and temperance inclines an individual to this since its very name implies moderation or temperateness, which reason causes" (*ST* II-II, q.141, a.1). Human beings naturally desire delight and these pleasures should be received and enjoyed according to right reason. Temperance is a virtue that is not contrary to the natural inclination for pleasurable goods; it is enough that they are received and enjoyed fittingly, hopefully with thanks and praise rising to God (see *ST* II-II, q.141, a.1, ad.1). That moderation may be accomplished in all good things according to right reason; temperance must be exercised in union with the virtue of prudence. Temperance lacks the quality of a perfect virtue if it is enacted imprudently (see a.1, ad.2). Moreover, temperance can be both an acquired and an infused virtue. Though, to perfect the supernatural virtue, the Holy Spirit's gift of fear is superadded to the exercise of temperance as a further aid because it is hard to avoid excess and defect in those human pleasures which are the greatest, namely, touch and taste. All stand in need of God's help to temper the use of created goods out of a reverential fear of God (see a.1, ad.3).⁷⁵⁸

Temperance is a general virtue along with others, which reason appoints to temper the human faculties, passions, and operations. While the moral virtue of fortitude excites a person's irascible appetite for enduring appropriately and standing fast rather than forego or draw back from some good thing unreasonably, temperance withdraws persons from those things that are overly seductive to the concupiscible appetite and entices them to be enjoyed contrary to reason. In this latter sense temperance is a special virtue because of its distinctive task (see a.2). Venereal pleasures are particularly seductive, so there is the danger of forsaking the rule of reason and the divine law. By reasonable cooperation with the virtue of temperance, therefore, increasingly habituated within the person is a sense of beauty and excellence because of the tranquillity this virtue brings to the human soul (see a.2, ad.1&3). Though temperance may be understood in a general sense as the prudent moderation of all good and pleasurable things, antonomastically temperance is known as the virtue that controls those tendencies of the flesh for venereal touches and lust. "It belongs to moral virtue to safeguard the good of reason against the passions that rebel against reason. Now the movement of the soul's passions is twofold...the one,

⁷⁵⁸ Aumann, *Spiritual Theology*, 263.

whereby the concupiscible appetite pursues sensible and bodily goods, the other whereby it flies from sensible and bodily evils” (a.3).

The third directive of MT encourages the reception, acknowledgement, and acceptance of pleasure. As treated, the virtue of temperance firstly tempers the unreasonable use or abuse of created goods. However, it has a second quality less recognised or emphasised. St Thomas concerning the moral virtue of temperance teaches:

The first of these movements of the sensitive appetite rebels against reason chiefly by lack of moderation.

On the other hand, the movement of the sensitive appetite in flying from sensible evil is mostly in opposition to reason, not through being immoderate, but chiefly in respect of its flight: because, when a man flies from sensible and bodily evils, which sometimes accompany the good of reason, the result is that he flies from the good of reason. Hence it belongs to moral virtue to make man while flying from evil to remain firm in the good of reason (*ST II-II*, q.141, a.3).

It is this second quality of the moral virtue of temperance that MT endeavours to reform in the afflicted person. Namely, the repressed person’s internal, immoderate, and unreasonable flight from the natural inclination of the procreative drive and other legitimate sensual and bodily pleasures, not as an evil but as a very great good which obliges reverence and reasonable governance, and not a flight through fear (nor a contrary fight). It is in this sense that pathological repression is the erroneously judged, misdirected movement of the sensitive appetite in flying from wholesome sensible goods wrongly perceived as evil and in a manner contrary to right reason. Repression involves not only the vice of insensibility but also of intemperateness. It is not through being immoderate, but chiefly in respect of its flight: because, when a person represses legitimate powers it wrongly flies from sensible and reasonable created goods erroneously judged as evil. In this way, the repressing passion displaces the rational appetite by an intellectually or volitionally determined repressive disorder under the impulse of a malformed cogitative judgement or misinformed cognition. The repressed person, therefore, flies not from potential danger or sin, but in the words of St Thomas “the result is that [the person] flies from the good of reason” (*ST II-II*, q.141, a.3, & ad.1-2). MT, and in this particular case through the third directive by the promotion of pleasure, aids in restoring right reason by establishing the virtue of prudence, by liberating the concupiscible appetite which temperance moderates, and by tempering the irascible emotions of hope, daring, and fear. “Hence, while temperance directly moderates the passions of the concupiscible which tend towards good, as a consequence, it moderates all the other passions, inasmuch as moderation of the passions that precede results in moderation of the passions that follow: since he that is not immoderate in desire is moderate in hope, and grieves moderately for the absence of the things he desires” (a.3, ad.1). Hence, St Thomas concludes article three by stating:

Just as the virtue of fortitude, which by its very nature bestows firmness, is chiefly concerned with the passion, viz., fear, which regards flight from bodily evils, and consequently with daring, which attacks the objects of fear in the hope of attaining some

good, so, too, temperance, which denotes a kind of moderation, is chiefly concerned with those passions that tend towards sensible goods, viz., desire and pleasure, and consequently with the sorrows that arise from the absence of those pleasures. For just as daring presupposes objects of fear, so too such like sorrow arises from the absence of the aforesaid pleasures (*ST II-II*, q.141, a.3).

In this way, the virtue of temperance moderates fortitude and restores excellence, beauty, tranquillity, and proper order to the whole sensitive appetite, and thereby to the entire person.

Further, continence is distinguished from the virtue of temperance as a part to the whole. Continence is one of the three potential parts of the virtue of temperance. As noted above in on the contrary, “the good of reason flourishes more in the temperate man than in the continent man...and continence is compared to temperance, as the imperfect to the perfect” (*ST II-II*, q.155, a.4). Objection 33 (ii) oversimplifies the matter when it states that continence is a stage one passes through on the way to the virtue of temperance. The continent person wilfully resists evil desires that are vehement within. Moreover, it is reasonable to stand firm in opposition to passions that may lead one astray. This resistance, however, does not attain to the perfect nature of moral virtue, which would have even the sensitive appetite fully subject to right reason. “Continence is not a virtue but a mixture, inasmuch as it has something of virtue, and somewhat falls short of virtue. If, however, we take virtue in a broad sense, for any principle of commendable actions, we may say that continence is a virtue” (a.1). Whenever a person lives and acts according to reason, he is said to contain himself. A person is “properly and truly continent who holds to right reason, by abstaining from evil desires, and not he who holds to perverse reason, by abstaining from good desires: indeed, the latter should rather be said to be obstinate in evil” (ad.2). The sexually repressed individual falls into the latter group of persons. As seen, these people are caught in vice and are “obstinate in evil.” They are immature and misinformed, or they misinterpret the goodness of the procreative drive, and the natural and wholesome pleasures that accompany it. MT through counsel and the daily application of *raapra* gradually restore the governance of right reason which has been temporarily vitiated, allows the natural and legitimate venereal pleasure of the procreative drive, and gradually tempers (i.e., mortifies) the perversion of repressing assertive emotions. In a word, MT modifies the intemperance (which includes sexual incontinence) of sexually repressed persons. “It is to be observed that natural inclinations are the principles of all supervening inclinations” (*ST II-II*, q.155, a.2). Properly speaking continence and incontinence both have reference to desires for the pleasures of touch but have more to do with venereal pleasures than with food and drink (see *ST II-II*, q.155, a.2, ad.4). Continence, then, is more about restraint, a curbing or containing from following a passion and not wilfully annihilating it.

The recovering repressed person’s task is to allow pleasure according to right reason through the implementation of *raapra*. MT helps recovering persons move from incontinence to continence, which “is a good of the human reason” and “regards those passions which can be connatural to man” (a.2, ad.5). The difference between

the continent and the incontinent person is not right reason alone, but the freedom to choose that which is upright. As the recovering person reasserts the displaced governance of the rational appetite, he or she becomes reasonably and wilfully self-restrained through a gradual increase in the quasi-virtue of continence, which resides in the faculty of the will. “Although the passions are not in the will as their subject, yet it is in the power of the will to resist them: thus it is that the will of the continent man resists desires” and for this to be possible pathological repression must first be entirely remediated (*ST II-II*, q.155, a.3, ad.3). This development is only possible, however, when the recovering person is fully and freely able to enact all of the powers of the human soul. “The will stands between reason and the concupiscible, and may be moved by either. For the continent man, it is moved by the reason, in the incontinent man, it is moved by the concupiscible. Hence, continence may be ascribed to the reason as to its first mover, and incontinence to the concupiscible power: though both belong immediately to the will as their proper subject” (a.3, ad.2). Repressed persons are incontinent whether their concupiscence is moved compulsively before therapy or abreactively within therapy. In the work of psychological remediation which MT undertakes, a sound pedagogy is necessary, not just for healing but for future life. To that end because continence is compared to temperance as the imperfect to the perfect, it is psychologically more fitting to teach that “continence” (i.e., sexual containment via pathological repression) must be restrained and moderated by the virtue of temperance enlightened through faith, grace, and the virtue of prudence. By way of summary, there are the words of St Thomas: “The will is more akin to the reason than the concupiscible power is. Wherefore the good of reason - on account of which virtue is praised by the very fact that it reaches not only to the will but also to the concupiscible power, as happens in the temperate man - is shown to be greater than if it reach only to the will, as in the case of one who is continent” (*ST II-II*, q.155, a.4, ad.3). As seen in the earlier example of Bruce the seminarian (see 2.4.6), he conscientiously and deliberately repressed his procreative drive and its concomitant concupiscence for the good of greater spiritual realities. He was wilfully and pathologically “continent.” But this was a doomed unnatural pseudo-continence. He was actually incontinent. As St Thomas states continence is about being reasonable and incontinence is ascribed to the concupiscible power (see *ST II-II*, q.155, a.3, ad.2). Bruce by fearing his concupiscence was moved to unreasonably repress all inklings of his sexuality and even his normal sensuality. He was incontinent on two counts, by being fearful and unreasonable. The sexually afflicted person, initially, is incapable of being continent or willing a proper continence. Dr Majeres is correct in his assertion “that continence is a stage persons move through to eventually arrive at temperance” if he were only referring to free and emotionally healthy persons. However, in the context of his argument concerning sexually obsessive-compulsive persons he is mistaken. For the sexually afflicted person not only is this not a necessary stage one must pass through on the way to becoming temperate but it is also psychologically counter-indicated.

Furthermore, as noted above the repressed person is incontinent and obstinate in a pathological evil. Such persons hold to a perverse reason by abstaining from healthy pleasures. In fact, they cannot move through continence to temperance. This

statement, however, needs further elucidation.

The sexually afflicted person is someone whose will is moved “indirectly” to be excessively “continent.” By the time they come for therapy, they have been continent to excess; to the point of breakdown or an obsessive-compulsive sexual out-break. They have willed (since continence is in the will) by an erroneous means (i.e., the assertive powers) to contain their procreative drive and concupiscibility. Not only do they not need to move through continence to temperance, but they also need to work in the reverse order from temperance to a reasonably and freely willed continence. They are already fixed in sexual containment to the point of extreme rigour. Their recovery does not involve a passage “through” continence to virtue. Sexually repressed persons recover by applying MT and initially by undoing their unreasonable, wilful, and counterfeit continence. MT addresses their disordered excess and its pathological means. The apparent incontinence of obsessive-compulsive misbehaviour is a result of their long-time intractable sexual repression. In fact, St Thomas’ explanation of the free and healthy person’s sexual incontinence by defect can be analogously applied to the sexually repressed person. He writes: “The judgement of reason is overcome in the incontinent man, not necessarily, for then he would commit no sin, but through a certain negligence on account of his not standing firm in resisting the passion by holding to the judgement formed by his reason” (*ST II-II*, q.156, a.2, ad.2). What is a defect in one person is an excess in the other. The afflicted person’s reason, as previously explained, is “overcome” (i.e., displaced) and so “necessarily,” not being free, he or she sins not. “Consequently, the objectively immoral actions which may occur during the process of mortification of the repressing emotions or, for that matter, whenever the repressive process breaks down prior to the patient’s admission to psychiatric therapy are not subjectively sinful. These acts must be tolerated, never advocated, by both patient and psychiatrist. Otherwise, there is no hope of releasing the repressed emotion” (*PWH* 129). This release performed by mortifying the hypertrophied irascible powers restores right reason and enables the virtue of temperance to moderate the concupiscible emotions and procreative sensations.

The recovering person is best taught to mortify the concupiscible emotions in the development of the virtue of temperance via other forms of non-repressive acts of penance, mortification, self-denial, and self-abnegation.⁷⁵⁹ The reason is that as soon as they turn their attention to the mortification of the procreative drive through seeking a wilful continence, they invariably repress by way of their reflexive habitus (see *PWH* 48-49, 110-11, 113, 215). All the same, after some time in therapy, when they have reformed their cogitative power and cognitive faculty they are then able, with the help of grace, to temper their general concupiscence, and righteously and appropriately apply truly freely willed actions that can be called continent.

The argument is that the firmly established habitus of wilful restraint of concupiscible sensations of touch and pleasure is the reflexive pathological act of repression, wilfully actuated via the assertive emotions. MT liberates and corrects the

⁷⁵⁹ See an example in Appendix III, vignette: 11, Lirim, Continence and Chastity.

afflicted person's pathological repression. It counsels docility to supernatural grace for the development of acquired and infused virtue. Because of the pathological reflex of repression, this is best accomplished – not by a wilful continence – but by way of: firstly, the passive promotion of the pleasure appetite as recounted in the treatment of the third directive. Secondly, the steady, regular, and ongoing development of a reasonable natural and supernatural ascesis which is fully cognizant of the principles of recovery from pathological repression. In this way, the person does not trigger further reflexive acts which are clearly discernible through the presence or absence of physical transmutations. Thirdly, as the pathological repression abates, so too is the understandable “fear” of exacerbating repression similarly mortified. The recovering person is in a position with the help of God's grace to freely choose to will sexual continence which by this stage has the temperate support of the virtue of chastity. It is unhelpful to state that a recovering sexually afflicted person (who is overcoming the reflex of a repressive sexual pathology) should pass through the stage of continence and abstain from normal passive pleasures. Such an approach overlooks the nature of pathological repression according to a Thomist understanding.

There is no doubt that a recovering sexually afflicted person will certainly meet the ordinary “challenges of the flesh” that everyone else does, however, by the time this occurs the person is no longer handicapped by a vicious and invasive pathology. Mother Nature comes with sexual potency very early in a person's life and leaves very late. No one need doubt that the recovering and recovered person must eventually grapple with the healthy effervescent movements of the flesh which spontaneously respond to physical attractions, emotional arousals, and loving encounters. Nevertheless, when psychosexual maturity dawns, the person is free to direct such sensual movements of touch with the assistance of grace, virtue, gift, and “spiritual effort” (see *CCC* 2345). All along the way, the reformed repressive person continues to hold intellectually and spiritually the same desire to abstain from sexual incontinence that caused the original pathology. This time around, however, chastity will be sought not by means of unreasonable, excessive repressive incontinence but through the graced cooperation of a free person who is ready, willing, and able to embrace authentic virtue with the help of the Holy Spirit. While people ordinarily move through a reasonable and willed continence which is necessary for the proper politic and royal governance of a wounded concupiscence, the sexually afflicted must of necessity take a different path to continence and chastity.

By prudently encouraging philosophical psychology, MT restores a proper understanding of connatural pleasure by the virtue of temperance and the particular and potential parts (e.g., continence) and one of its subjective parts; that is chastity and purity which is akin to it. Chastity chastises concupiscence. As a special virtue, it is a voluntary habit that works with right reason. Moreover, because it can delight in its act and is reckoned among the fruits of the Holy Spirit, its special task is the fitting moderation of venereal pleasures arising from the concupiscible appetite (see *Gal* 5:23). Metaphorically, spiritual chastity is the human mind enlightened in spiritual union with God while refraining from delighting in union with other things against the requirements of the order established by God (*2Cor* 11:2; see *ST* II-II,

q.151, a.2). MT teaches the recovering sexually repressed person that “Chastity resides in the soul as its subject, though its matter is in the body. For it belongs to chastity that a man make moderate use of bodily members in accordance with the judgement of his reason and the choice of his will” (a.1, ad.1). The unchaste person is intemperate and childish, for sexual sin is of the immature (a.2). There is no doubt that the concupiscence of venereal pleasures stands in great need of chastisement in virile and healthy persons. Recovering sexually afflicted persons, however, must first resolve their unreasonable incontinence and intemperateness through right reason enlightened by grace and the virtue of prudence, restrained by the virtue of temperance, enacted through the acquired and infused moral virtues and enhanced through the gifts of the Holy Spirit.

I respond to the content of Objection 33 (iii) and concede that the wilful sinner, obsessive-compulsive persons, and those who are valiantly undergoing the “apprenticeship of self-mastery” (CCC 2339) which is “a long and exacting work” (CCC 2342), “marked by imperfection and too often by sin” (CCC 2343) will experience psychosexual and physical tension. Distinguished, however, is that which was clarified in the previous response (ii), and that the objection regarding passing through continence to temperance is misleading. Moreover, the previous response to 5.2.1 (i): Objection 31 and the words of St Thomas in, *on the contrary*, highlight that tranquillity of soul is a fruit of moral excellence, maturity and that purity which is directed to chastity, as an expression of a circumstance of it. For continence, purity, innocence, and the beauty of temperance all bespeak “the essence of chastity which consists principally in charity and the other theological virtues, whereby the human mind is united to God” (ST II-II, q.151, a.2).

In brief, MT is more than a psychological therapy. It is profoundly pastoral and spiritual. It provides firstly, an opportunity for the development of virtue, and secondly, opens the way for genuine virtues both acquired and infused. These include prudence, temperance (and its parts chastity and continence), fortitude, and the other virtues besides. Continence as a virtue does not come first, but is an imperfect part of temperance which for the sexually repressed person is more significant since “continence is compared to temperance, as the imperfect to the perfect” (ST II-II, q.155, a.4). Temperance, initially, needs to be developed in other areas of life independent of concerns about chastity. In time, an authentic temperance provides the opportunity for venereal continence. Connatural knowledge of human pleasure and the delight of virtue is an important aspect of MT. Virtue necessitates psychic wholeness, authentic human freedom, and a willingness on the part of the recovering person. When an individual corresponds with right reason enlightened by faith and seeks those graces, infused virtues, and gifts which the heavenly Father is willing to bestow then they can be received, along with “the Holy Spirit” (Lk 11:11).

5.2.4. Whether MT can prudently lead to virtue?

Objection 34 states that MT does not lead to the virtue of continence, rather the therapy is a vice. The toleration of evil can never lead to virtue.

- (i) Mortification therapy does not teach patients how to proceed from incontinence to continence to virtue.
- (ii) To endure tensions while tempering disordered desires is a virtue that Terruwe and Baars have turned into a vice.
- (iii) To “tolerate” acting out on a disordered desire with the purpose of restoring order to another disordered passion, with the promise of achieving the easy serenity of virtue, violates the most basic principles St Thomas taught on the nature of the will and the passions (*Logos* 55, ¶3).

On the contrary, St Thomas teaches:

Aristotle says (*Ethic.* ii, 3) that “some describe virtue as being a kind of freedom from passion and disturbance; this is incorrect, because the assertion should be qualified:” they should have said virtue is freedom from those passions “that are not as they should be as to manner and time” (*ST* I-II, q.59, a.2).

I answer that not only does MT teach development of the acquired virtues and instil an openness to the infused virtues under grace, assisted by the gifts of the Holy Spirit, it also makes probable this necessary human and spiritual advancement.

I respond to Objection 34 (i) that MT not only teaches repressed persons to proceed from incontinence to continence and therefore to virtue, but makes it plausible. Indeed, without MT, there is limited virtue for sexually afflicted persons, for virtue is impossible in those areas of the individual’s life that are affected by pathological repression. The sexually repressed person before MT is imprudent, as well as incontinent, intemperate, and often unchaste. This imprudence is for three reasons: firstly, “prudence is right reason applied to action. Now, this belongs to none but the practical reason. Therefore, prudence is in the practical reason only” (*ST* II-II, q.47, a.2). Moreover, “to prudence belongs not only the consideration of the reason, but also the application to action, which is the end of the practical reason” (a.3). However, practical reason (i.e., universal reason) is displaced or altogether impeded through pathological repression (*ST* I-II, q.77, a.2). Hence, the repressed person lacks the fullness of the virtue of prudence, acquired and infused. Secondly, “no person can conveniently apply one thing to another unless he knows both the thing to be applied and the thing to which it has to be applied. Now actions are in singular matters: and so it is necessary for the prudent man to know both the universal principles of reason and the singulars about which actions are concerned” (*ST* II-II, q.47, a.3). Again, the cogitative power (i.e., particular reason) in the sexually afflicted person is malformed due to either sexual abuse or intellectually or volitionally determined repression. In this way, the cogitative power in union with memory and imagination presents phantasms of erroneous judgements to universal reason and practical reason, which in turn interferes with right reason and its prudential judgements. Thirdly, since prudence resides in the practical reason and this makes conscientious judgements in collaboration with particular reason, when the cogitative power presents erroneous judgements to practical reason, it is thereby misguided.

Moreover, St Thomas relates that “prudence does not reside in the external senses whereby we know sensible objects, but in the interior sense, which is perfected by memory and experience so as to judge promptly of particular cases” (*ST II-II*, q.47, a.3, ad.3). Clearly then, the prudential judgements of practical reason are going to be inadequately adjudged through the malformed cogitative power. “This does not mean however that prudence is in the interior sense as in its principle subject, for it is chiefly in the reason, yet by a kind of application it extends to this sense” (*ST II-II*, q.47, a.3, ad.3).

Further, if the sexually afflicted person is without prudence, then none of the other moral virtues are going to be present either, at least in the areas affected by repression. Because “moral virtues cannot be without prudence, since it is a habit of choosing, i.e., making us choose well” (*ST I-II*, q.58, a.4). Moreover:

No moral virtue can be without prudence; since it is proper to moral virtue to make a right choice, for it is an elective habit. Now right choice requires not only the inclination to a due end, which inclination is the direct outcome of moral virtue, but also correct choice of things conducive to the end, which choice is made by prudence, that counsels, judges, and commands in those things that are directed to the end (*ST I-II*, q.65, a.1).

A corollary of this teaching is the importance of instilling a habit of *raapra* into the mind and heart of recovering sexually afflicted persons. For it is the *p*, standing for prudence, which habitually remediates the cognitive faculties and thereby aids in the formation of appropriate conscientious judgements coming from practical reason.

Furthermore, to understand better the formation of virtue a distinction needs to be drawn between cogitative judgements and judgements of conscience. The sensitive appetite can be in conflict with the intellect and specifically the conscience. This discord can result from either sin or pathology (see *PWH* 33). The cogitative power can generate scrupulosity as a symptom of the repressive disorder, which mimics the conscience (see *PWH* 54, 132). To see how MT assists in the formation of virtue it is necessary to understand how cogitative judgements differ from judgements of conscience. For, what is normal in man’s daily moral appraisal of his actions via conscience is something very different from what are the judgements of the cogitative power.

The cogitative power is similar to but different from conscience while remaining closely aligned with its practical judgement. Conscience as an action of the immaterial intellect is the application of moral knowledge to particular cases (see *ST I*, q.79, a.13). Conscience considers something in its moral goodness or evil, virtue or vice. It is an act or judgement of practical reason that has its origins in synderesis,⁷⁶⁰ which is sometimes referred to as conscience. Those first principles of moral judgement (i.e., do good avoid evil) with which the intellect is endowed. Conscience makes practical judgements about human action. There is an important distinction to note here; whereas man’s conscience makes *practical* moral judgements concerning particular cases (i.e., the prudential judgement as to how to behave, about good and

⁷⁶⁰ Synderesis is the habit by which one judges rightly concerning the first principles of practical reason. See *ST I*, q.79, a.12.

evil), the cogitative power focuses on the *particular* judgement of what is the pragmatic goodness or badness (i.e., the existential usefulness or harmfulness, positive or negative) of the impulses of man's faculties. The cogitative power does not make a moral judgement. The cogitative power assesses something as beautiful or as ugly; as desirable or as repulsive; as useful or as harmful, as safe or as scary. Each of these judgements is in turn stored in the sense memory for later collation and comparison. If the data provided to the cogitative power by the senses is somehow askewed, then the judgements of the cognitive faculty will likewise be amiss. In this is a similitude for the cogitative power with conscience.⁷⁶¹ Every man requires a properly formed conscience (see *CCC* 1783). "A well-formed conscience is upright and truthful. It formulates its judgements according to reason, in conformity with the true good willed by the wisdom of the Creator. Everyone must avail himself of the means to form his conscience" (*CCC* 1798). Similarly, afflicted persons require a properly formed cogitative power.

"Conscience is a judgement of reason whereby the human person recognizes the moral quality of a concrete act that he is going to perform, is in the process of performing, or has already completed. In all he says and does, man is obliged to follow faithfully what he knows to be just and right" (*CCC* 1778). As stated, the operations of conscience and the cogitative power are related but different. St Thomas says that the cogitative or "estimative sense" in man also goes by the name, the *particular* reason (see *ST* I, q.81, a.3; I-II, q.30, a.3, ad.3). *Practical* reason, by distinction, is truly an act of the intellect, but that part which reasons about "singulars" (see *ST* II-II, q.47, aa.3, & 15, ad.3). Hence, the particular reason (i.e., cogitation) is associated with and subordinate to the practical reason (i.e., conscience), the seat for the formulation of ethical judgements about particular things related to human acts. In this way, *particular* reason in addition to pure instinct, shares by "affinity and proximity" to universal reason (see *ST* I, q.78, a.4, ob.5 & ad.5), and thereby in the qualities of practical reason. This knowing is "attributed to reason as to a power, and to 'synderesis' as to a habit...Those unchangeable notions that are the first practical principles, concerning which no one errs." (*ST* I, q.79, a.12, ad.3; & see q.11, ad.1-3).

Firstly, the cogitative power as a sense faculty does not concern itself directly with an object's morality, as does the conscience. St Thomas ascribes this to part of the assimilation of this cogitative sense faculty to reason, saying the intellect collates (brings together and compares many universal elements). Moreover, this is why he calls this the "cogitative sense," refusing to call it simply the "estimative sense," the

⁷⁶¹ Both the pleasure and the assertive appetites are also attracted or repelled by good and evil. The distinction for the irascible appetite is that an element of arduousness is always an integral part of its movement. If a matter were easily avoided, then even in the case of an erroneous judgement, the matter would never be relegated to the irascible appetite, since the pleasure appetite by hate, aversion and sadness, is sufficiently moved to avoid an evil object. However, even slight objects become arduous if they are constantly present. If someone thinks being thirsty is a sin...this will evidently become an arduous evil. Whereas not drinking a glass of orange juice an hour before Holy Communion is merely a slight act of temperance (i.e., the restraining of the pleasure appetite for a time).

term he uses for mere animals (see *ST I*, q.81, a.3). It is probable that in the process of assimilation, the judgement of the cogitative power retains not the abstract ethical/moral formality (*moral* good or *moral* evil), rather, it translates this as *pragmatically* good (i.e., being) or as “dangerous,” “threatening,” or a “natural evil.”

Secondly, St Thomas deals indirectly with this question in *De Veritate*,⁷⁶² when he asks if the conscience can be in error. In the first article, he shows that the conscience is a faculty neither of the soul nor a habit, but always and only a particular judgement of reason about a particular deed. Hence, the conscience (unlike the cogitative power) is neither a *faculty* of the soul nor a *habit*, rather it is always and only some particular judgement of reason here and now. To speak of one’s conscience as some independent power of the soul is to make the word “conscience” a synonym for the faculty of reason. This comparison is relevant in understanding error that occurs in conscience as compared with error that takes place in the cogitative power. St Thomas teaches:

Through conscience the knowledge of synderesis and of higher and lower reason are applied to the examination of a particular act...However, since the act is particular and the judgement of synderesis is universal, the judgement of synderesis can be applied to the act only if some particular judgement is used as the minor premise. Sometimes, higher reason furnishes this particular judgement; sometimes, lower reason does [i.e., *cogitation*]. Thus, the act of conscience is the result of a kind of particular syllogism.

Error has no place in the general judgement of synderesis, as is evident from what we have said earlier (i.e., synderesis as a natural habit knows the first precepts of the Natural Law and these cannot be extinguished or lost. This judgement cannot fail regarding the universal first principles of practical reason),⁷⁶³ but a mistake can occur in the judgement of higher reason.⁷⁶⁴

However, mistakes can occur in conscience (i.e., the judgement of higher reason) because of the error which existed in the higher part of reason. And for the purpose of this study this would mean that the intellect because of poor pedagogy or the misinterpretation of the same is not clear about what does and does not constitute a sin against chastity. Or in a different way, error can occur in conscience because of error, which exists in the lower part of reason, namely the cogitative power. When the cogitative power judges sense data (e.g., that has come from sexual abuse) the phantasm presented to the agent intellect for the possible intellect, is the erroneous cogitative judgement about the harmfulness of sensuality and sexuality which distorts the application of higher reason. Conversely, it can be seen how this kind of reasoning (i.e., from poor or misinterpreted pedagogy) can in return end up *informing* the cognitive power which in turn formulates an erroneous “harmfulness judgement”

⁷⁶² Thomas Aquinas, “*Questiones Disputatae de Veritate*” trans. Robert W. Schmidt (Chicago: Henry Regnery Company, 1954): q.17, a.2. Accessed January 7, 2016. <https://web.archive.org/web/20181106230509/http://dhsprory.org/thomas/QDdeVer.htm>.

⁷⁶³ See *ST I*, q.79, a.12, ad.3.

⁷⁶⁴ Thomas, *De Veritate* 17, aa.1-2c.

about sexuality thus potentially producing pathological chaos.⁷⁶⁵ It is the similarity of the cogitative power's judgement (i.e., particular reason) with the judgement of conscience (i.e., practical reason) that makes it such a "trap" for the sensitive soul. Without such a distinction, emotional disorders occur in persons. That is to say; they easily identify the two. Scrupulants, in fact, suffer from a repressive disorder (see *PWH* 109-10).

Thirdly, while conscience is not *per se* the cause of repression, a false judgement formulated by practical reason if collated by the cogitative power is sufficient to prompt repression. In as much as the cogitative power is a sense faculty, it has no capacity whatsoever of submitting such a "judgement" to any critical analysis. This latter judgement can only come from reason. As noted above, once the initial act of sexual repression happens future reasoned reflection can scarcely take place in the afflicted person since the irascible emotion of fear/energy wedges itself between reason and the concupiscible appetite (see *PWH* 49-50, 217-18).⁷⁶⁶ Therefore, in a particular cogitative judgement there can be simultaneously two elements: a) instinctual knowledge; namely, the sexual impulse naturally "known to be good" which is contradicted by; b) the "participated knowledge" (i.e., the experience of sexual abuse or other connatural knowledge), that sexuality is bad. Depending on the outcome of this comparison between these two sets of information, a person can end up with pathological repression and/or sexual obsessions and compulsions.⁷⁶⁷

What is the precise role of the practical reason (i.e., conscience) in the formation of the cogitative power's usefulness/harmfulness judgement? It is sufficient to know

⁷⁶⁵ It is only potential, because some aberrant judgements do not deal with innate drives which end up falling into the area of "arduous" things, and therefore into the field of the irascible appetite. For example, if such persons thought they had to abstain for three hours from cigarettes before communion, it is not necessary that they become emotionally disordered because of this error, because it need not become an arduous matter.

⁷⁶⁶ The repetition of actions leads to a kind of habitual knowledge in the cogitative sense, which is linked to the imagination and memory. "Conclusions" in the cogitative power are not the fruit of syllogisms, but rather the fruit of repeated experience, added to instinctual knowledge. Hence, even when the higher intellect and reason come to the light and see the error of the conclusions of the cogitative power (which mandates fear and anger); the cogitative power continues to act upon the basis of its habitual, acquired conviction. For example, if I am a two fingered typist, you may easily convince me of the advantages of typing with all ten fingers, but this knowledge accepted by the mind, does not translate into a habitual conviction of the cogitative power, nor is there any new dexterity in my other eight fingers. This example is compounded, because we are speaking about responses to the irascible powers that are generally quick and vehement.

⁷⁶⁷ The manner by which the outcome is lived out is also dependent upon the natural temperament type of the individual in question. A melancholic person will more likely tend to become scrupulous, whereas a choleric or a sanguine person might tend more to compulsive activity. More to the point though, if the battle is resolved in favour of the natural drive, the individual will not become emotionally disordered, but may simply become sexually very lax. This individual will have set aside the false rigorist opinion he held. Here again, if he embraces a new error, free sex is true morality, then his cogitative power will direct his passions along this line. He will probably end up alienating himself from God, with a sexually transmitted virus or AIDs and be a very unhappy person, but he will not become emotionally disordered because the irascible appetite is not triggered in this scenario.

that the interior sense of the cogitative power assimilates the judgements of the mind that includes those of conscience, which is especially akin to the cogitative power's area of proper operation.

Lastly, as said, sexually repressed persons prior to MT are imprudent and intemperate, as well as incontinent, and often unchaste. Sexually afflicted persons are incontinent and unchaste, virtuously speaking, even if there is no sexual misconduct in thought or deed. This lack of virtue seems odd until a similarity is drawn. Sexually afflicted persons have many of the emotional symptoms of a person referred to by 12 Step AA Groups as a "dry drunk."⁷⁶⁸ Even non-reformed alcoholic persons can repress the desire for an alcoholic drink while suffering profound emotional dysfunction. The sexually repressed are similar.

Sexually afflicted persons are seriously emotionally dysfunctional, even if they are not sexually active, though they can be. They do not possess true virtue as it is not possible in the repressive areas, and it has not been developed because of the pathological repression that has affected the person's various faculties. It is objected that "mortification therapy does not teach patients how to proceed from incontinence to continence to virtue." On the contrary, while other psychological therapies do not incorporate spiritual direction, broad human formation, or healing prayer as a norm,⁷⁶⁹ mortification therapy inculcates the foundation, education, catechesis, and formation in

⁷⁶⁸ "Dry drunk is a slang expression infamously known in the sober community. It describes a person who no longer drinks or abuses drugs, but continues to behave in dysfunctional ways." Bill Dinker, "Dry Drunk: an in Depth Explanation of the Dry Drunk in Recovery," *Discovery Place* (2015). Accessed April 21, 2016. <https://web.archive.org/web/20190629181848/https://discoveryplace.info/addiction-blog/alcohol/dry-drunken-an-in-depth-explanation-of-the-dry-drunken-in-recovery/>.

⁷⁶⁹ Transformation Prayer Ministry is one healing prayer method. It is only one type of prayer among many other forms of prayer. It is presented in this work due to the author's enduring success with this form of prayer over 17 years and the many blessings it has afforded a large number of sexually afflicted persons. It compliments MT perfectly because of its capacity to heal the internal senses. TPM is the name given to a form of healing prayer developed by Dr Ed Smith (USA). It originated in a ministry aimed at the recovery of sexually traumatized victims. This form of prayer has proven most versatile and useful for all manner of personal emotional woundedness that is error-based. This prayer has proven to be a most successful and enduring method for reversing sexual and PTSD trauma and the many erroneous cogitative judgements associated with them. In a prayerful encounter, the recipient receives truth not from within self (e.g., non-directive therapy), nor from the therapist (e.g., via directive therapy, counselling or cognitive behavioural therapy) but from God through the ministering assistance of a therapist, priest, or other competent person. It is not a charismatic form of prayer. The very nature of prayer consists in presenting our needs to God. God would scarcely have us pray, if He did not want to help. The 'help' received in TPM is not a 'miracle cure' but the light of truth, which frees the individual for growth and the restoration of physical, emotional, mental, and spiritual health. It is literally the divine truth, the Light of Christ, releasing captives, setting the down trodden free and healing the broken hearted (see *Lk* 4:18; see *Is* 61:1-2). The prayer facilitator does not provide the truth but facilitates the recipient in hearing, seeing, or feeling the truth directly from God. I have witnessed hundreds of people fully healed of emotional wounds through TPM. For a more complete overview of Transformation Prayer Ministry readers can freely obtain this method of prayer and other insights from their web site. See Ed Smith, "Supplemental Training," *Transformation Prayer Ministry* (2016). Accessed January 20, 2016. <https://web.archive.org/web/20180207195959/http://www.transformationprayer.org/supplemental-training-menu>.

authentic virtue and specifically the freedom for morality and for excellence. MT promotes the power to act freely with the perfection of charity, which resides in right reason, graced and enlightened by faith and informing the rational appetite. It is rooted in the natural inclinations to the good and the true, from the beginnings of therapy. Such a thorough formation is provided through the three directives and other aspects of the therapy. From its beginnings, MT bestows in embryo an opportunity for the freedom for excellence. It is developed through education and exercise, with discipline through successive stages of psychosexual growth, which is essential to appropriate psychosexual maturity. MT inculcates and integrates actions in view of a natural and supernatural end, affords virtue as a dynamic quality essential to freedom, and a habitus necessary for development with finality as a key element of the therapy. In this way, the law is seen as a necessary external aid to the development of free reasonable control, together with an attraction for that which is true, good, and beautiful (see *PWH* 117, 217). This attraction is internal and seen as an initial stage of education that is interiorised progressively through the virtues of justice and charity. Such a virtuous freedom is open to allowing all the human powers to make their contribution to any and every action. All this occurs with an ever-increasing understanding and desire for natural and human well-being and moral and spiritual happiness as revealed through Sacred Scripture, the tradition, and teachings of the Catholic Church.⁷⁷⁰

It is objected that MT does not immediately teach patients how to proceed from incontinence to continence to virtue. This objection omits an important distinction. As previously mentioned it is not possible to speak of the freedom to be virtuous until in fact the person is free to be virtuous. Pathological repression blocks true freedom. As explained in Chapter Two, the repressed person is not a free agent. Nevertheless, through MT recovering persons become increasingly free. Moreover:

In therapy, the person with obsessive-compulsive repression has to walk the same developmental path as the child does. The child's emotional life has to grow without unnatural obstructions if the child is to learn to conduct a truly moral life. Feelings and emotions are necessary to develop a connatural knowledge of the goodness of moral laws. The patient has to discover for himself or herself the feeling knowledge and the intellectual knowledge that moral laws are both good and necessary, since they are but the expression of human nature. This is a gradual process that takes less time than that of the child, because patients are already grown in many other areas of their personality; for instance, the same superior intellect that got them started on the path of neurotic repression, will now also enable them to reverse the repressive process in a relatively short period of time (*PWH* 113).

The Catechism affirms this teaching, "Chastity includes an apprenticeship in self-mastery which is a training in human freedom" (*CCC* 2339). "Man...day by day builds himself up through his many free decisions; and so he knows, loves, and accomplishes moral good by stages of growth" (*CCC* 2343). MT is not a utilitarian treatment; rather it is a very affective and effective method of healing. Time is not of the essence concerning the application of MT. Recovering persons are given the opportunity to grow according to nature, psychologically, and virtuously (see *PWH* 113, 212). This matter of time was partially considered under circumstance in 3.6.

⁷⁷⁰ See Pinckaers, *The Sources*, 375.

From the very beginning of MT, the recovering person is on the road to true virtue, which he or she is free to choose or refuse. Given their natural internal disposition and attributes, it is patently clear that if they are willing to love with “excess” to the point of pathology, then they are more than ready to embrace the truths of faith, grace, and virtue. Indeed, Terruwe/Baars wrote, “It has happened more than once that one of our non-Catholic patients with obsessive-compulsive repression has converted to Catholicism simply because he or she realized that our psychological principles are in total conformity with the basic tenets of the Catholic faith. And so it is; there cannot be any fundamental conflict between sound moral theology and sound philosophical anthropology” (*PWH* 120). Therefore, once the person has begun therapy, MT remedies the repressive disorder and by that very fact, incipient virtue is being established daily, to prosper in due course in correspondence with grace and holiness on the journey to perfection in charity.

It is, therefore, misleading and untrue to object that MT omits teaching patients how to proceed from incontinence to continence to virtue. The purpose of MT is to lead emotionally infirm persons from pathology through psychotherapy, via counselling and catechesis, to psychological health and emotional control via a renewal of knowledge within cognition, and a transforming affective experience via connatural knowledge within the cogitative power and other internal senses. All of this contributes to recovering individuals’ personal fulfilment and ultimately to their happiness.⁷⁷¹ To this end Terruwe/Baars write:

At this point it is well to remind the patients, and the reader, of the essential meaning of *the human person’s free will*. This will deepen their grasp of the correctness of our teaching contained in the first two directives. It will also accentuate the nature of the goal they are pursuing with our therapy, the very goal they have never been able to attain in many years of neurotic efforts. This goal is for us to help each patient to become a person who is free to opt for or against God in the realization that they are fully dependent for their happiness on a loving, merciful, and forgiving God.

When God created men and women in order that they would have the opportunity to share in His happiness, He willed them to have a say in the matter rather than impose His will for their happiness on them. For this reason He gave them a free will. He then indicated to them what would make them happy or unhappy (*PWH* 113-14).

The overall goal and the intention of Terruwe/Baars are unambiguous. The abundance of teaching in this text, along with the author’s primary sources, are sufficient to clarify the misunderstanding of MT that the objection expresses. Nevertheless, a further aspect of virtue highlights the morality and spirituality of MT. This is the virtue of prudence. Before treating of this virtue, the final two points of Objection 34 are considered.

I respond to Objection 34 (ii) that the methodology of MT is virtuous in that

⁷⁷¹ “For you, O God, our soul’s creator, knew that affection cannot be forced in the souls of the sons of men, but has to be evoked. And this is for the obvious reason that there is no freedom where there is compulsion, and, where freedom is lacking, so too is righteousness.” Treatise of William of Saint-Thierry, “On Contemplating God” [nn. 9-11], *The Liturgy of the Hours According to the Roman Rite*, Advent: Monday Week Three, Readings, vol. 1 (Sydney: E. J. Dwyer, 1974), 103.

the recovering sexually repressed person is counselled to endure the tensions of the therapy while mortifying the emotional disorder. Repressed persons need to tolerate potential abreactive secondary effects if and when they arise. Even these negative secondary effects have an ascetical tempering of the sensitive appetite and a beneficial reforming of the cognitive and cogitative faculties and therefore the rational appetite. MT restores the person from pathological vice to acquired, and when graced, infused virtue.

I respond to Objection 34 (iii), the matter of tolerating objectively disordered secondary abreactive effects as an aspect of MT is only a potential or transitory part of the overall reformation of the pathological disorder. The matter of tolerating material evil was explained in the response to 4.3.3: Objection 28. As treated in Chapter Three and from the content of this chapter, it is possible to align the teachings of Terruwe/Baars and MT with St Thomas who wrote:

Nothing prevents a thing being not perfect simply, and yet perfect in respect of time: thus a boy is said to be perfect, not simply, but with regard to the condition of time. So, too, precepts that are given to children are perfect in comparison with the condition of those to whom they are given, although they are not perfect simply. Hence the Apostle says (*Gal 3:24*): “The law was our pedagogue in Christ” (*ST I-II, q.98, a.2, ad.1*).

Terruwe/Baars understood that the psychological state of the recovering repressed person is one of emotional immaturity, often fixated at an early period of psychosexual development as well. MT provides the necessary intellectual insights, moral boundaries, emotional affectivity and connatural opportunity to remediate and reform the entire person intellectually, emotionally, morally, and spiritually. Conversely, pathological repression must be remediated before the supernatural organism is fully and appropriately operating, even when sanctifying grace is present. Repression thwarts acquired virtue, especially prudence, and therefore the infused virtues and the Holy Spirit’s Gifts are similarly stymied. Conversely, as each aspect of the person’s natural and supernatural organism is perfected by MT and grace there is a kaleidoscope of interconnectedness among natural and supernatural faculties, powers, operative habits and gifts. The human person is a united whole, not disparate bits. When all the human abilities are in accord with right reason enlightened by faith and grace, they aid and abet the easy, prompt, delightful serenity of virtue. An analogy may be drawn from St Thomas’ comments on the connectedness of the Gifts of the Holy Spirit.

The connection of the cardinal virtues is proved in one way from the fact that one is, in a manner, perfected by another, as stated above (q.65, a.1); so Gregory wishes to prove the connection of the gifts, in the same way, from the fact that one cannot be perfect without the other. Hence, he had already observed that “each particular virtue is to the last degree destitute, unless one virtue lend its support to another.” We are therefore not to understand that one gift can be without another; but that if understanding were without wisdom, it would not be a gift; even as temperance, without justice, would not be a virtue (*ST I-II, q.68, a.5, ad.3*).

All the human faculties perform best when each is operating according to its proper nature and under the direction of right reason, just as the body is at its peak perfection

depending on the individual integrity of each of the physical organs that make up the whole human being. In turn, the supernatural organism is dependent upon the human organism for its spiritual perfection, though not entirely. To this end, Objection 34 is fully answered.

In brief, sexually afflicted persons are less or more imprudent. MT by liberating the rational appetite and by reforming the cogitative power, promotes thereafter right judgements in both practical and particular reason. Without such a renovation virtue is impossible, because without prudence there are no moral virtues. A comparison between the judgements of conscience and the cogitative power provided an understanding for the possibility of erroneous judgements but also for future right judgements. MT develops not only the virtue of continence, but indeed all the moral virtues. Just as healthy people must endure tension from time to time in the development of their personality, likewise do recovering persons. The passive toleration of pathological vice does not promote moral vice. St Thomas, as presented, clarifies these above points.

5.2.5. MT Precursor to the Virtue of Prudence

The virtue of prudence has a particular role to play in Christian maturity, including psychosexual development. It assists man to tend toward the good with all his sensory and spiritual powers, thus avoiding sexual repression through excess, and sin through defect (*ST I-II*, q.78, a.4, ad.2). Being virtuous and developing noble habits is the cause of other good acts, such as continence and chastity. Naturally acquired virtues flow from repeated good acts (though “the seeds or principles of acquired virtue pre-exist in us by nature” (see *ST I-II*, q.63, a.2, ad.3), and their rule and measure are right reason. It is the concern of all persons not only to complete naturally virtuous acts but also to perform supernatural actions. Moreover, it is by infused virtue and grace that God works in us. A proper habit of the natural and infused virtues of prudence is key to psychosexual maturity and all manner of worthy choices. “Prudence is the virtue that disposes practical reason to discern our true good in every circumstance and to choose the right means of achieving it” (*CCC* 1806).

Hence, in the matter of psychosexual development and the virtues of continence and chastity prudence is essential. Moreover, “prudence, since it is the perfection of reason, has the good essentially” (*ST II-II*, q.123, a.12). In the application of *raapra*, the assimilation of objectively right elements for a prudential judgement is essential. Falsity at the level of external and internal sense, misinterpretation and misinformation resulting from an inadequate cognitive formation, separately or together, will affect an inappropriate command of the rational appetite. Such a judgement is most apparent in relation to the commission of sin. Moreover, by analogy, the repression of the procreative drive and displacement of the rational appetite similarly occurs in sexual repression (see *ST I-II*, q.77, aa.1-2). Whether it be sin or repression, human nature is diminished, virtue is obstructed, and bad habits

are formed.⁷⁷²

Prudence as a cardinal virtue not only guides cognition and moral action (i.e., practical reason), as seen, it also assists with sound cogitative power judgements (i.e., particular reason) which differ from the moral judgements of right reason. Ironically, prudence and its parts can be “corrupted by the passions” (see *ST II-II*, q.47, a.16). Prudence is “right reason applied to action” (a.8). For St Thomas, imprudence is born from appetites inordinately given over to sense pleasures, and especially that of venereal pleasure. Indeed, the accompanying vices such as precipitousness, thoughtlessness, and inconstancy involve a defect of prudence and the practical reason. Such vices “arise chiefly from lust” (*ST II-II*, q.53, a.6). If the non-repressed and non-sexually abused person can be in moral defect through imprudence,⁷⁷³ then the sexually afflicted person is all the more imprudent, whether such affliction originated in sexual abuse or a determined repression. At least, in the case of the lustful the virtue of prudence returns with grace (*ST III*, q.89, a.1). While this is similarly true for the sexually afflicted, unfortunately because prudence is an operative habit it is not sufficiently formed in the area of repression. All the same, individuals have the potency for the fullness of the infused virtue of prudence but lack the capacity to act under the impulse of this virtue. St Thomas states: “In children who have been baptized but have not come to the use of reason, there is prudence as to habit but not as to act, even as in idiots; whereas in those who have come to the use of reason, it is also as to act, with regard to things necessary for salvation. This by practice merits increase, until it becomes perfect, even as the other virtues” (*ST II-II*, q.47, a.14, ad.3). However, the infused virtue of prudence most definitely predisposes the afflicted person to receive good counsel and thereby to eventually act on it. “They have grace, to take counsel for themselves in this point at least, that they require the counsel of others and can discern good from evil counsel” (ad.2).

Sexually abused persons always have common sense anomalies, painful or traumatic memories, true but distorted cogitative judgements, resulting in misinformed phantasms, and all of this data and the resultant judgements coming from it are stored in memory (see *PWH* 35). All of this data obfuscates an authentic prudent judgement. Moreover, passionate obsessions and compulsions gravely distort right judgement. This fact has very real implications for afflicted persons who often jeopardise reputation, employment and wellbeing for imprudent and compromising misbehaviour, which at any other time they would avoid like the plague.⁷⁷⁴ With disbelieving hindsight, they judge themselves critically bemoaning “how could I put myself in that situation?” The answer is imprudence, mostly under the influence of obsession and compulsion (see *PWH* 45-47, 49-50, 99-100, 108, 112, 217). Whether

⁷⁷² See *ST I-II*, q.85, a.1; q.51, a.2; *PWH* 36, 47, 216.

⁷⁷³ See Royo Marin, *Christian Perfection*, 312. Moreover, “Prudence belongs directly to the cognitive and not to the sensitive faculty [it] belongs properly to reason, because this is done by a process of comparison” (*ST II-II*, q. 47, a.1). All the same, though prudence may be in both the continent and incontinent person through right reason “the primary difference between them is to be found in their choice [for]...reason forbids. Continence...resides in that power of the soul, whose act it is to choose; and that is the will” (*ST II-II*, q.155, a.3).

⁷⁷⁴ See Carnes, *Out of the Shadows*, “Unmanageability: Costs and Consequences,” 73-106.

the psychological aberration is because of sexual abuse or repression, the psychic damage prohibits the formation of virtue. Temperance befits the honourable person and is a virtuous good considered as fitting.⁷⁷⁵ For the already afflicted person, this absence of prudence is a double tragedy, given that goodness, like virtue, requires the proper operations of right reason (see *ST I-II*, q.55, a.4, ad.2). Moreover, it belongs to the virtue of “prudence to apply right reason to action, and this is not done without a right appetite” (*ST II-II*, q.47, a.4). Sexual repression has none of the qualities of virtue (see *ST I*, q.5, a.6, ad.2-3). Repression is not virtuous because it is not a moral habit, but is an action reinforcing a harmful psychological vice that ultimately begets further adverse effects (see *PWH* 36-37, 46-47, 111). Sexual repression is only pleasant insofar as there is the mistaken understanding that one is “virtuous or continent” because one no longer experiences the unwanted sexual drive, feelings, imaginations, desires, or illicit sexual movements, at least for the moment.

Sexual repression is also imprudent because it uses a bad means to a good end. There is no doubt that sexual continence and chastity are goods in themselves, however as seen above, these virtues are not attained through repression. To the sexually disordered person, the method of repression (though they do not know it to be disordered) appears to be a useful means for the controlling of the procreative drive and concomitant desires and movements. When a person strives for that which is difficult, this arduousness seems a necessary means of obtaining some greater pleasurable good (i.e., chastity, holiness, maintaining sanctifying grace). Because the person is striving for that which is ordinarily a difficult Christian virtue, repression gives the false impression that it is a useful means of obtaining the desired good (see *CCC* 2339). “The movement of the appetite, the thing desired that terminates the movement of the appetite relatively, as a means by which something tends towards another, is called the useful” (*ST I*, q.5, a.6). Also, in the process, it “feels” like one is accomplishing something wholly good, at least, until obsessions and compulsions begin. Then bewilderment sets in. Terruwe/Baars call the irascible appetite the utility appetite in the 1981 Edition of *PWH* because of the nature of its usefulness (see *ST I*, q.81, a.2, ad.2 [i.e. estimative power]; *PWH* 11). However, “the useful applies to such as have nothing desirable in themselves, for they are desired only as helpful to something further, as the taking of bitter medicine” (*ST I*, q.5, a.6, ad.2). So, this “useful” repressive “means” is more apparent than real, as afflicted persons belatedly learn from experience (see *PWH* 35-36). Sexual repression is not only imprudent, but it also lacks goodness.

So for sexually afflicted persons, real virtue is impossible until the displacement of the rational appetite by the repressing passion is remediated and reasonable governance is again possible, and the ongoing internal conflict between the sensitive powers is mortified, and proper order is returned to the sensitive appetite. For the essence of goodness consists in mode, species, and order. These “are in everything God has made; thus, where these three abound the things are very good; where they are less, the things are less good; where they do not exist at all, there can be nothing good” (*ST I*, q.5, a.5). Sexual repression is an unhealthy mode of being; it is a species

⁷⁷⁵ See *ST II-II*, q.141, a.3; q.142, a.4; q.145, a.4, ad.3.

of psychological disease, and an emotional disorder.⁷⁷⁶ This fact is often borne out by the experience of life, concerning repressed and abused persons. It is one thing to have appropriate knowledge of universal and particular concepts; it is quite another to be able to command a right action, which is essential to the act of prudence (see *ST II-II*, q.47, a.8). Imprudence is either by excess or by defect; such as excessive avoidance of all things sexual as found in anorexia/frigidity,⁷⁷⁷ or the unconscious demeanour that exudes a sexual “vibe”, or conversely, through a fearful inhibition and a puritanical modesty.⁷⁷⁸ Imprudence is especially by defect, such as an obsessive and compulsive sexual acting out or a type of sexual bulimia (see *PWH* 60). Imprudence is defective most especially in the act (*ST II-II*, q.47, a.1, ad.3; & a.8). Compulsive behaviour (or misbehaviour) is initially an intense inner psychic movement of the appetites toward its object of desire or concupiscible obsession. In afflicted persons, this can be so intense that they can even believe themselves to be demonically possessed, or conversely constrained in the liberty of action. They certainly experience profound inner psychic forces and unnatural coercion. Add to this the mental haze⁷⁷⁹ that sometimes accompanies this and the person certainly lacks freedom and is therefore often profoundly imprudent and sadly, unconscious of the harm they are doing to themselves and especially to others. An example of defect is the repressed person who knows he is out of control with obsessive and compulsive voyeurism that is accompanied by masturbation multiple times a day.⁷⁸⁰ Alternatively, an example of excess would be the person with a hysterical pathology of sexual repression who can be quite oblivious to their external personal demeanour but which expresses a dangerous sexual flirtatiousness that is demonstrably overt to others but of which the afflicted person is completely unaware (*PWH* 60, 82-83).

Afflicted persons need the freedom to develop the virtue of prudence and to correct all unconscious imprudence. For prudence suffuses all the moral virtues. Even the Ten Commandments guide virtuous acts, and these precepts are all implicitly principles of prudence, “in so far as the Decalogue directs all virtuous acts” (see *ST II-II*, q.56, a.1). MT provides the repressed person the opportunity to cultivate acts of prudence. “O simple ones, learn prudence; acquire intelligence, you who lack it” (*Prov* 8:5). The three qualities necessary for prudent action are counsel, judgement, and willingness to act or to refrain from action, with its actual command, in which

⁷⁷⁶ See *DSM-5*, 235.

⁷⁷⁷ See Carnes, *Sexual Anorexia: Overcoming Sexual Self-Hatred*.

⁷⁷⁸ See “Sexual Aversive Disorder,” was listed in *DSM-IV-TR*, sexual dysfunctions, though it is specifically omitted from *DSM-5*, similar traits are recognised in Sexual Dysfunctions, *DSM-5*, 423.

⁷⁷⁹ See Rossetti, *Slayer of the Soul*, M. Lothstein, “Psychological Theories of Pedophilia and Ephebophilia,” 108, 21-22, 32-40. This haze is mental. Yet persons complain of a physical change (i.e., transmutation) as well as a mental distraction. Passions of the sensitive appetite affect the soul. This haze is the movement of passion simultaneous with the impeding/displacement of the rational appetite. Persons are aware of what they are doing but cannot will to stop it (see *ST I-II*, q.22, a.1, ad.3; a.2, ad.3; a.3; and q.77, a.2).

⁷⁸⁰ See Carnes, *Out of the Shadows*, 9, 40.

the virtue principally consists (see *ST II-II*, q.47, a.8).⁷⁸¹ From this description of prudence, it is clear how the afflicted person is severely disadvantaged. His counsel is inadequate, his judgement is pathologically askew, the rational appetite is displaced, the timorous person is fearful to act, and the energetic person is wilfully precipitous.

Of course, there is a carnal prudence, but this is contrary to the authentic virtue. It signifies a man who looks upon worldly goods as the last end of his life (see *ST II-II*, q.55, a.1). There are those people who do whatever they like out of disdain for anything sexually repressive. These people have “drifted beyond the point of non-repression in the mistaken belief that rational restraint of feelings and drives would be tantamount to neurotic repression” (*PWH* 222). A hedonistic or libertine view of human sexuality brings its own physiological, psychological,⁷⁸² and moral burdens (see *CCC* 2351-59; *PWH* 219f.). Hedonism too is imprudence by defect. Though sexual continence and chastity are often resented in modern times, this is far from an aberration given these same times.⁷⁸³ The proliferation, variety, and prevalence of sexually transmitted diseases indicate that man’s procreative drive was never meant to be a concupiscible toy for personal or group gratification. Of course, being out of control is not solved or answered by being over-controlling to the point of repression. Moral virtue seeks a middle course (see *ST I-II*, q.64, a.1). MT provides the therapy for right reason to cooperate prudentially towards the formation of the acquired virtues, and for the spiritually inclined with the grace of the infused virtues. Mortification therapy teaches afflicted persons to proceed from virtue to virtue.

5.3 Sexual Affliction and Spirituality

Previously touched on was the value of personal purification through the ascetical practices of a healthy and reasonable self-denial and asceticism. This salutary pursuit for God, is often accompanied by a passive purification introduced by the divine. It is not uncommon during *The Dark Night* of the senses for repressive sexual pathologies to surface. After all, it is called the night of the senses because both the exterior and interior senses are purified in preparation for the reception of a more rarefied spiritual “sense” of God. This matter is treated in more detail because it

⁷⁸¹ Many of the integral parts of prudence are drawn from the interior senses. Given that the afflicted person has difficulties within his internal senses; the formation of prudence in such persons is problematic. “The conditions necessary for the perfection of the act of prudence, called the integral parts of prudence, are eight in number. The key act of prudence is the rational command to perform a definite concrete action. Yet preceding command there must be two auxiliary acts, namely counsel and judgement. Five conditions or integral parts must be simultaneous with the act of counsel; three are necessary for the perfection of the practical judgement. For counsel, one must have: 1) memory, 2) understanding, 3) docility, 4) shrewdness, and 5) reasoning. Judgement requires: 6) providence, 7) circumspection and 8) caution.” See Francis Cunningham, *The Christian Life* (Dubuque: Priory Press, 1958), 456-58.

⁷⁸² See Baars, *I will Give Them*, “A Priest for All Seasons, Masculine and Celibate,” 147-48. And R & M Joyce, *Let Us Be Born* (Chicago: Franciscan Herald Press, 1970).

⁷⁸³ See Pope St John Paul II on sexual resentment in *Love and Responsibility*, 143-46.

impacts on an individual's implementation of MT.

5.3.1. The Spiritual Dark Night and Sexual Affliction

The following consideration is a reflection on the possible coexistence of spiritual and psychological purifications. There can be authentic progress during the cure of the spiritual soul while at the same time, a healing of a psychic pathology can occur, or vice versa.⁷⁸⁴ The spiritual director, if he is well informed⁷⁸⁵ can aid the afflicted person with this insight and provide the necessary teaching and encouragement. The spiritual goodness of MT, and therefore its rectitude, shines forth in situations where the afflicted person is already well versed in prayer and Christian asceticism. Unlike most empirical psychological therapies that fail to identify the necessary distinctions drawn from Thomist psychology, let alone promote the enhancement of the spiritual soul, MT has no such difficulty. Experience proves that persons who are well-versed in the mortification of the senses, whether it be from the teaching of the Christian spiritual masters or that of Terruwe/Baars both methods are easily assimilated into daily life and work towards the same spiritual end, and indeed they assist each other.

It is not by chance that Dr Terruwe called her approach mortification therapy. Having deferred her completed medical studies at internship, Terruwe believed she had a vocation to the religious life. She entered as an aspirant/novice the Capuchin Poor Clares in Amsterdam, a contemplative order.⁷⁸⁶ She understood both intellectually and connaturally religious mortification.⁷⁸⁷ For around two months, she lived the challenging and ascetical life of a pre-Vatican II postulant.⁷⁸⁸ This fact is a further reason why MT, attuned to human nature through the teachings of St Bonaventure and St Thomas, and so complementary to growth in wholeness and holiness, was especially harmonious with traditional contemplative teachings. Perhaps, this congruence of the spiritual and the psychological is a most striking affirmation and confirmation for the rectitude of MT. Sadly, those less familiar with this congruence may be unable to accept this assertion. Indeed, they seek empirical evidence while obfuscating higher metaphysical and spiritual principles (see *1 Cor* 2:15). Coming from sound philosophical and theological principles, this particular spiritual argument, however, may be brushed aside by the unwitting. All the same, dedicated and spiritually minded people who also suffer from sexual affliction, either abused or repressed, have in MT a legitimate means by which they can receive the

⁷⁸⁴ Dubay, *Fire Within*, 160.

⁷⁸⁵ *Ibid.*, 162.

⁷⁸⁶ See Bosscher and Monteiro, "Dutch Roman Catholics," 12.

⁷⁸⁷ Two significant theological and spiritual works that were very popular in Belgium and the Netherlands at that time were Tanqueray's *The Spiritual Life* and a Dutch volume entitled *Compendium Theologiae Asceticae* by Adolph Kestens OFM Cap. Both works had substantial sections on mortification of the sensitive appetite. The latter volume in particular is most detailed and was written specifically for the formation houses of the Franciscan Order, e.g., The Poor Clares. Terruwe would have had plenty of opportunity to ponder such teachings prior to her psychiatric doctorate.

⁷⁸⁸ See Driessen, "Anna Terruwe," 3.

grace of psychological and spiritual freedom. Such persons are not only liberated from the sensual aberrations resulting from original sin but also from the further baggage of a pathological sexual outlook. Ultimately, MT is sufficiently versatile to embrace two different and challenging crosses simultaneously (see *Mt* 16:24). Both have the potential when accompanied by grace, to lead to ultimate beatitude (see *CCC* 16). In the meantime, MT has aided persons to find Jesus Christ (see *PWH* 120 no. 6).

It is of importance that the *Catechism*, in dealing with chastity, begins with “self-knowledge” (*CCC* 2340). Ultimately, for the sexually afflicted and the healthy person, it needs to be acknowledged and accepted by all that chastity is “a gift from God, a grace, a fruit of spiritual effort” (see *CCC* 2345). It is not a natural accomplishment. Yet, all may ask for it (see *Mt* 7:7). Jesus reassures us that what appears impossible for man and woman is possible for God (see *Lk* 18:27). St John Paul II in his revised edition of *Love and Responsibility*, after he became Pope, included a new section entitled *Therapy*. He wrote:

People, and particularly young people, must be set free from the belief that sexual matters are an area of incomprehensible, well-nigh calamitous phenomena, in which they find themselves mysteriously implicated and which threaten their equilibrium: instead, we must reduce sex to a set of phenomena which though of great moment and great beauty are totally comprehensible and, so to speak, ‘ordinary.’

The most important thing is to transmit the right hierarchy of values and to show the position occupied by the sexual urge in that hierarchy. Its use will then be subordinated to the end, which it exists to serve. People must be further persuaded of the possibility and necessity of conscious choice. We must, as it were, ‘give back’ to people their consciousness of the freedom of the will and of the fact that the area of sexual experience is completely subject to the will.⁷⁸⁹

These two passages highlight the nature of the problem of sexual repression firstly, and secondly the importance of returning reasonable control to the previously afflicted.

A similarity and difference can be distinguished concerning the mortification necessary for the spiritual journey and/or the mortification essential for remediating sexual affliction. Mortification in the former concentrates primarily on the concupiscible powers⁷⁹⁰ while mortification of the latter focuses mainly on the

⁷⁸⁹ Pope St John Paul II, *Love and Responsibility*, 286.

⁷⁹⁰ See John of the Cross, *The Ascent*, 122, Bk. One, Chpt. 3, no. 1-4. Although John of the Cross frequently refers to the entire sense appetite, Book One of *The Ascent* primarily emphasises the active mortification of all human delights, pleasures, satisfactions, and one’s whole sensuality. As this is being accomplished, the person truly is in a deprivation of sense gratifications similar to profound darkness – a dark night that is also a passive purification. It is this “denudation of the soul’s appetites and gratifications” that the person must pass through to reach union with God. For “any inordinate act of the appetite causes both privative and positive damage,” the very deprivation of God’s Spirit and the wearying and weakening of their spirit (*The Ascent*, 130, Bk. One, Chpt. 6, no. 1). John concentrates on drawing the proficient contemplative increasingly into the illuminative way via mortification of pleasures, though he does not neglect the mortification of the irascible powers, stressing the capital vice of anger (*Dark Night*, 370, Bk. One, Chpt. 5).

irascible assertive powers (see *PWH* 111, 115). In due course, however, a thorough mortification of all the powers of the sensitive appetite is crucial via the informed sovereign control of right reason. These twin mortifications from two different points of view are not mutually exclusive, though good spiritual direction is necessary to guide the recovering person appropriately. St John of the Cross writes:

3. The entire matter of reaching union with God consists in purging the will of its appetites and emotions so that from a human and lowly will it may be changed into the divine will, made identical with the will of God.

4. The less strongly the will is fixed on God and the more dependent it is on creatures, the more these four passions combat the soul and reign in it. A person then very easily rejoices in what deserves no rejoicing, hopes for what brings no profit, sorrows over what should perhaps cause rejoicing, and fears where there is no reason for fear.

5. When these emotions go unbridled they are the source of all vices and imperfections, but when they are put in order and calmed they give rise to all the virtues. It should be known that, in the measure that one of the passions is regulated according to reason, the others are also. These four passions [i.e., joy, hope, sorrow, and fear] are so interlinked and brotherly that where one goes actually the others go virtually.⁷⁹¹

St John of the Cross in these sections touches on the condition of the afflicted person. Repressed persons “sorrow over what should perhaps cause rejoicing, and fear where there is no reason for fear.”

Father Thomas Dubay SM in his work *Fire Within*, outlined some of the differences between those who experience some form of emotional difficulty, and those who are on the ordinary spiritual journey of the Dark Nights (see *Mt* 16:24). The two journeys are compatible, for the way of Christ is the way of the cross (see *CCC* 1505-6). He states, “It can happen that a person with some emotional problem may at the same time be going through contemplative purification, and it may be difficult in a given case to sort one out from the other. However, all the same, the two phenomena are very different and distinct both in their causes and in their effects.”⁷⁹²

The spiritual journey involves a gradual and ascending climb to the pinnacle of the perfection of charity. However, helping on each step of the way is a firm cross on which to hold, as we pass from cross to cross, sometimes gripping them firmly while at other times the cross merely marks the way. There are, however, certain crosses that every serious and prayerful Christian must firmly hold onto, and endure with the help of grace. As soon as a person, healthy or afflicted, takes God and the things of God seriously by means of ordinary prayer and asceticism, God abundantly favours the person (see *Eccl* 2:1-2). “Of ourselves, we are incapable of this radical purification, a truth the serious person soon finds out from experience.”⁷⁹³ God, gently bestows on the submissive soul what is not possible for human beings by way of an elevated acquired asceticism.

The passive purification of the “Nights” is just that, something suffered. “The

⁷⁹¹ *Ibid.*, 293, Bk. Three, Chpt. 16, no. 3-5.

⁷⁹² Dubay, *Fire Within*, 165. Also see Garrigou-LaGrange, *The Three Ages*, vol. II, 52-53.

⁷⁹³ See Dubay, *Fire Within*, 159.

night of the senses consists of a prolonged series of profound and persistent aridities that submerge the soul in a very painful state and severely test its perseverance in the desire for sanctification.”⁷⁹⁴ Holiness requires resignation and surrender to God of all that a person is. “Jesus asks for childlike abandonment to the providence of our heavenly Father who takes care of his children’s smallest needs” (CCC 305; see *Mt* 6:31-33; 10:29-31). This childlike submission is encouraged and cultivated by MT. Spiritually, this surrender is a fully conscious mental encounter with God and is primarily a loving abandonment to the Father irrespective of infidelities, imperfections, and personal hesitations. It is not a presumptuous act but a docile abandonment of human weakness to divine Strength (see CCC 2092, 2733). While initially, this is extremely difficult for all afflicted persons, especially the scrupulous, it is, in fact, a further mortification of a primary cause for repression, fear of submitting to a punishing God (see *Mt* 10:28). This final act of *raapra* is in many ways as efficacious in mortifying repressive fear as is the initial application of the three directives. Human beings of their own strength can never achieve this, hence the need for the dark night (i.e., the passive purification of the soul).⁷⁹⁵ The afflicted person requires divine help to be set free from pathological slavery and to learn to abandon himself or herself completely and resignedly to a loving and provident Father (see CCC 62).⁷⁹⁶ Distractions at prayer, particularly by way of sexual imaginations, can be used by God to promote an authentic passive purification. Aridity and dryness in prayer that can accompany both the dark night and sexual affliction provide the opportunity for virtues of faith, hope, and charity to be fully exercised (see CCC 1840, 1818).⁷⁹⁷ Resignation to one’s lot in life and relinquishing control to the providence of the Father in heaven frees us from anxiety about tomorrow (see *Mt* 6:25-34). Trust in God is a preparation for the blessedness of the poor in spirit, who shall see God (see CCC 2547). Jesus enjoins his disciples to prefer him to everything and everyone, and bids them “renounce all” (even repressive propensities), for his sake and that of the Gospel (see CCC 2544, *Lk* 14:33, *Mk* 8:35).

This period called the “dark night,” is a reference to the blinding brightness that affects the human person when it comes more clearly into the light of God (see *Isa* 42:6). Jesus Christ as God refers to himself as the Light (see *Jn* 8:12), and cautions us about the darkness in which we live (see *Mt* 6:23; *Jn* 1: 9; 3:19-20; 12:36, 46). Although passive purification is one long night, which eventually dawns in beatitude, there are three distinct phases of this dark night.⁷⁹⁸ For the purpose of this study, we

⁷⁹⁴ Aumann, *Spiritual Theology*, 196.

⁷⁹⁵ John of the Cross, *The Dark Night*, 353-95. See Aumann, *Spiritual Theology*, 177ff.

⁷⁹⁶ Jesus provides a most loving image of God the Father when he exhorts, “I tell you ask, and it will be given you; seek, and you will find; knock, and it will be opened to you. For every one who asks receives, and he who seeks finds, and to him who knocks it will be opened. What father among you, if his son asks for a fish, will instead of a fish give him a serpent; or if he asks for an egg, will give him a scorpion? If you then, who are evil, know how to give good gifts to your children, how much more will the heavenly Father give the Holy Spirit to those who ask him!” (*Lk* 11:9-13; see *Mt* 7:8-11).

⁷⁹⁷ John of the Cross, *The Dark Night*, 448, Bk. Two, Chpt. 21, no. 3.

⁷⁹⁸ John of the Cross, *The Ascent*, 121, Bk. One, Chtp. 2, no. 5.

need highlight only the first night.⁷⁹⁹ There are two significant crosses, which are for each individual's human and spiritual perfection.⁸⁰⁰ Of importance to this study is the passive purification of the senses. By senses is meant those faculties of the human person both the external and internal sensual powers which have such a bearing on the genesis, continuation, and eventual remediation of sexual affliction. The purpose of these "nights" is to introduce the faithful person to contemplative prayer. In this form of prayer, God communicates the fullness of his light very gradually, there is by necessity a concomitant passive purification of the person's sensate faculties. A reason behind the passive purifications is that God is discovered in raw faith, not in happy feelings. It is within the subtlety of contemplation that the fullness of God is revealed to psychologically healthy and afflicted souls alike (see CCC 2712-9).

Passive purification of the internal senses is exactly what the sexually repressed or afflicted person needs, though they are not always so convinced. MT as a cure is not always pleasant, though the afflicted person needs to commit to it. Spiritual and sexually afflicted persons begin the passive purification of the senses with a double disadvantage. Firstly, like the healthy person, they are a spiritual beginner as is every other sensual person. Secondly, their external and internal senses and sensitive appetite are engaged in the remediation of a serious psychological pathology. Spiritually infused contemplation purifies the materiality of the person, and concomitant with this purification is God's love in the form of infused graces. Such graces are not consoling graces. They are discomfiting blessings. Nevertheless, they are also healings. With so much sensual emptiness, internal sense confusion and spiritual aridity, the person is strongly encouraged by this inner disquiet to seek counsel as to why it is so.⁸⁰¹ Indeed, covert maladies lie hidden within the repressed human soul. When emotional disorders have not been addressed, they can break forth naturally seeking rational guidance. When they result from sexual affliction or repression, they can even manifest in obsessive-compulsive symptoms. All is well, however, because God is at work. A failure on the part of the therapist and/or priest to discern these distinctions between matter and spirit can become a profound sorrow for the sexually afflicted person. Conversely, when there is a proper discernment/diagnosis the way forward proffers not only a deepening of one's spiritual holiness but also of one's psychological wholeness.

The symptoms of this dual passive purification are relatively clear if the afflicted person will humbly, docilely, and proactively cooperate firstly with the grace of God and secondly with the sure counsel of an informed therapist and/or priest. It would be naive to think that the passive night of sense is an easy journey for either person, healthy or afflicted. While it may seem that the healthy person whose wholesome nature grace can immediately perfect has advantages over afflicted persons, nevertheless, it is to be remembered that the passive purification of the senses is initiated and sustained by divine wisdom. Every person's passive purification (i.e., cross) is uniquely moulded for size, weight, and length of spiritual journey by God

⁷⁹⁹ See Appendix II: To assist with an understanding of where this twofold dark night occurs within the prayerful person's ascent; Garrigou-Lagrange's schema.

⁸⁰⁰ John of the Cross, *The Dark Night*, 353-57.

⁸⁰¹ Aumann, *Spiritual Theology*, 196-202.

himself.

Dubay comments, “the dark fire is infused contemplation, the only means of burning away the deep roots of our woundedness, roots we cannot actively reach and eradicate [...] We have here another reason why mystical prayer is for everyone, for everyone is called to perfection, a complete holiness free from all defects.”⁸⁰² It is important to note, however, that the purging of our egocentrism is a remedy for spiritual not psychological maladies. The passive night of purification is essentially about an internal spiritual process and holiness. All the same, those spiritual persons who undergo the dark night experience a variety of other external and worldly matters that concurrently bring all manner of sorrows and suffering. For example, there can be illness, failures, setbacks, contradictions, and even false accusations (see *Mt* 5:3-12). However, these, and many others are very much accidental to the internal purification that God is effecting.⁸⁰³ Nevertheless, whatever affects us spiritually usually manifests itself psychologically. To distinguish between a person who is emotionally and spiritually healthy and a person who is emotionally afflicted for whatever reason, Fr Dubay presents a clear and helpful diagnosis for distinguishing the effects of emotional/mental illnesses from the effects of the passive purification of the senses, which a prayerful person may be simultaneously enduring. A thorough treatment is beyond the content of this work, however, Fr Dubay provides seven distinguishing characteristics.⁸⁰⁴

At first read, it may seem that as compared with the healthy person, the afflicted person’s lot is a heavy one. Nevertheless, the emotional problems that were already present are not further exacerbated by the passive purification of the senses, but they are made more painfully present to the person and demanding a much-needed response and remedy. MT is a wholesome and affective response. The sexually afflicted need not be discouraged because as healing progresses with increasing freedom from emotional bondage, they have every hope of advancing to a high degree of sanctity. Essentially, the passive night by means of infused contemplation is actually drawing both the healthy and afflicted person closer to union with God. The purifying process of the dark night exposes the psychological and spiritual wounds so that an astute spiritual director can guide the person to those opportunities that will help the afflicted person receive concurrent healing, counsel, and prayer. Moreover, the passive night can be a catalyst to profound emotional and enduring psychological healing. Prayer of any type, but especially contemplation, is always beneficial. Even though it appears that God is somehow absent in infused contemplation, there is, in fact, a valuable, though imperceptible, infilling of light, divine love, and wisdom.⁸⁰⁵ Once a person enters into contemplation, whether at prayer or during one’s daily occupations, God is more fully at work within the soul if the individual permits this. If one perseveres in this form of prayer, hindsight will prove this. Spiritually buoyant or sexually burdened, everyone does well to be open to and to provide time for contemplation. MT is compatible with this form of prayer and promotes a wholesome

⁸⁰² Dubay, *Fire Within*, 161.

⁸⁰³ See Tanqueray, *The Spiritual Life*, 1425-27.

⁸⁰⁴ Dubay, *Fire Within*, 163-64.

⁸⁰⁵ See *ST* II-II, q.45, a.3, ad.1 & 3; a.5; a.2.

spiritual growth.

5.3.2. MT as a Vocational Aid

Pastorally, Father Jordan Aumann recommends, “docility to a prudent and experienced director. At no other time is the advice of an experienced spiritual director so necessary as in this crisis.”⁸⁰⁶ It is not uncommon for those who have answered a vocation to serve the Lord in the priesthood or consecrated life, to have to resolve their human imperfections (see *Eccl* 2:1-4). Most especially if they are present, all repressive abnormalities and/or sexual affliction needs to be removed. For example, after acceptance into seminary or after religious profession, it sometimes happens that sexual repression manifests itself because the candidate already had the tenacious habit of repression before entrance to their accepted vocation.⁸⁰⁷ It is precisely those who are of “superior intelligence, of naturally healthy disposition and possessed of a sincere desire and strong will to do what is right” that respond to God’s call (*PWH* 108). Since chastity was well “contained,” (i.e., or *buried alive*, which is a form of incontinence) it often ceases to be a conscious issue on the part of the persons. Nevertheless, “because their disordered neurotic condition is foreign to human nature, time is always against them. Sooner or later their outwardly successful repression mechanism will break down with all its frightening and disabling consequences” (*PWH* 111). The sexually afflicted seminarian, priest or religious (or young person before, during, or after the honeymoon period of marriage), who genuinely desires to serve God and his people, can view an outbreak of repressive symptoms positively, even as a “gift” from God.⁸⁰⁸ Repressive symptoms can be quite subtle. Fundamentally, sexual repression is a habit, a conflict within the sensitive appetite that results from a harmfulness cogitative judgement about things sexual. The degree and diversity of symptoms vary greatly. The observable presence of pathological symptoms can be quite slight, even though the root cause is entrenched as a tenacious habit and which unwittingly is unceasingly seeking reasonable governance. Jesus publically proclaimed that he came “to proclaim liberty to captives, to give sight to the blind and to set the downtrodden free” (*Lk* 4:18 *JB*). Some have ministered most effectively as healed healers (see *2Cor* 1:3-5).⁸⁰⁹ Psychological

⁸⁰⁶ Aumann, *Spiritual Theology*, 201.

⁸⁰⁷ See Baars, *I Will Give Them*, “How to Treat and Prevent the Crisis in The Priesthood,” 1; and “A Priest for All Seasons, Masculine and Celibate,” 145.

⁸⁰⁸ As explained in Chapters Three and Four, provided MT is appropriately followed a consecrated person’s commitment to chastity or a vow is not obviated or broken while in therapy. Any abreactive secondary effects are not free, that is they are involuntary. Indeed, for the vow to be fully meritorious the person must be truly free, so MT is rendering the vow or celibate commitment possible. Therapy as explained in this paper affirms the prospect and future freedom necessary to make a lasting and happy commitment to the celibate life. A program of therapeutic and spiritual counselling, during or after initial formation, promotes the person’s free choice of total dedication to Christ. Moreover, such a program can provide the probability and the means for the authentic living of “perfect continence in celibacy.”

⁸⁰⁹ See Dwight Carlson, MD., *Why Do Christians Shoot Their Wounded? Helping (Not Hurting) Those with Emotional Difficulties* (Illinois: Intervarsity Press, 1994), 132-36.

therapy and spiritual counselling are part of Christ's way and the Heavenly Father's pruning (see *Jn* 15:2).

The spiritual director will guide the afflicted person on the one hand to enhance the concupiscible power, which has been repressed while mortifying the irascible power so that the person regains reasonable governance over the procreative drive. On the other hand, the director can help the afflicted person to find the balance between promoting a healthy understanding of the sensitive appetite while mortifying the same according to the teachings of St John of the Cross. At first sight, this may appear to be a total contradiction, however, while mortification of the imperfections of the third capital vice, lust, may be temporarily suspended, a great deal of mortification and purification must be undergone concerning the imperfections of the other capital vices.⁸¹⁰ Of special significance are the imperfections of pride possessed by spiritual "beginners," particularly concerning their own opinion and other capital vices rooted in the irascible passions.⁸¹¹ Furthermore, the spiritual director must be careful to guide all spiritual reading so that works such as St John of the Cross do not become intellectual and spiritual input that promotes further acts of repression (see *PWH* 51). What this means is that ascetical, spiritual, and moral works that stimulate fear or energy are to be avoided until the repressive process is well mortified. Examples would be, the *Imitation of Christ* and various hagiographies of saints that extol excessive self-depreciation and deprecation. Ultimately, aided by the gifts of the Holy Spirit, the person's same superior intelligence and other qualities, youth, education, formation, regular spiritual direction and daily opportunities for prayer and sacraments suggests a fruitful and well-founded prognosis (see *PWH* 113).⁸¹² Those called by God and possessing normal health and intelligence with a desire to serve God and the Church and acceptance by a bishop or religious superior (or the spouse who has publicly professed love in the sacrament of marriage) can all be afforded the opportunity to be healed and to "obtain the freedom of the glory of the children of God" (*Rom* 8:21).

Once both the spiritually healthy and recovering burdened person have successfully undertaken the purifying passive night of the senses, there is increased spiritual buoyancy for both. Neither is disadvantaged, except by the reluctance of their intellect and will which is yet to be purified by the second night of the spirit. This next purifying night of the rational faculties of the soul, affects increasing union with God. Moreover, MT by means of the restoration of reasonable governance over the sensitive appetite provides the possibility for the second night of the soul to take place. Without the displaced rational appetite being first liberated, authentic, reasonable governance and virtue are not possible. Through cooperation and perseverance, the person is ultimately led to an ever increasing perfection of transforming union with divine Persons. MT's philosophical, theological, and

⁸¹⁰ See John of the Cross, *The Dark Night*, 361ff., Bk. One, Chpt. 1-3, 5-7.

⁸¹¹ See *ibid.*, 370, Chpt. 5, no. 1-2 (The imperfections of the capital vice of anger).

⁸¹² A neurosis or emotional disorder is not a constitutional mental illness but an illness within the sensitive life of the person. Untreated, it can affect mental processes of the brain. But it is not insanity. Regarding mental and emotional illnesses and vocational discernment, see Brett Brannen, *To Save a Thousand Souls* (Georgia: Vianney Vocations, 2010), 275.

spiritual foundations affirm its rectitude and not only demonstrate the claim but deliver it.

5.4 Conclusion

Sexual repression being a natural vice impacts adversely on the development of moral virtue both acquired and infused. This impediment does not mean that a person cannot develop any merit or virtue, for there are many types of virtue. However, in the area of the specific disorder of affliction because of the lack of liberty, repressive forces, and repressed concupiscence, virtue is not initially possible in this particular area of pathology. The afflicted person who longs for freedom from sin, to be virtuous and be in constant friendship with God finds their incapacity for virtue a significant disadvantage and disappointment.

It was objected that MT does not lead obsessive-compulsive persons to virtue. Such an objection is not the case as explained. Indeed among the many benefits flowing from MT is the ever-increasing possibility of previously repressed persons becoming free to develop an entirely new range of virtues previously not possible. With ever-increasing liberty of choice through the reasonable guidance of one's interior life virtue, and therefore supernatural merit, are progressively possible. Of particular note is the development of prudence, fortitude, temperance, and its parts, chastity, and continence. All of this augurs well for not only emotional development but also psychosexual maturity and the full experience of the natural inclination for procreation. Indeed, one of the most pronounced proofs for the rectitude of MT is the possibility for an increasing evolution of virtue and a deeper spirituality. Many sexually abused and repressed persons have laboured all their life in the bondage of some form of pathology, obsession or compulsion. They have known nothing different. An understanding of the naturalness of freedom from repressive and discouraging disorders is alien to them. To gain an understanding of the impact that freedom and therefore virtue have on the recovered sexually afflicted person an analogy may be drawn from the first sermon of Jesus Christ. "The Spirit of the Lord is upon me..." (*Lk 4:18*). When the blind see and the lame walk for the first time, the experience is almost unbelievable, yet their senses prove it to be true. Similarly, when liberty is given to those who are oppressed the new found freedom is almost incomprehensible. For the previously afflicted persons discover new realms of freedom for excellence. They are released "captives." It is akin to a new mode of being.

Further benefits of MT are the spiritual advantages that it affords those who have been faithful to their daily prayer and find themselves undergoing the dark night of the senses or being further purified in their dedicated vocation as a priest, consecrated person or marriage. The principles and benefits of MT are compatible with the purpose and process of the passive purification of the dark night of the senses and any further pruning incumbent upon dedicated persons. That MT is capable of being applied to a variety of persons when necessary, in a variety of states of life, always to the benefit of the individual is a further confirmation of the rectitude of mortification therapy and its philosophical and theological principles.

GENERAL CONCLUSION

Introduction

There were five objectives for this text. Firstly, to situate a thoroughly Catholic psychotherapy firmly as concomitant with one's spiritual journey, development, and care, especially because the person suffers from sexual affliction due to prior abuse or an intellectually or a volitionally determined repression. Secondly, such a thesis has been gravely critiqued from its earliest days. Nevertheless, a misrepresentation of MT and a lack of knowledge concerning the rectitude of this psychotherapy was due to ignorance of traditional philosophical and theological principles which are found in the teachings of St Thomas Aquinas. Thirdly, the study explains and argues the moral correctness of MT by clarifying, distinguishing, or refuting the many objections that have been raised against this Catholic psychotherapy. Fourthly, the significant three directives of MT were thoroughly considered and validated. Lastly, MT's capacity to establish and promote both acquired and infused virtue within sexually pathological persons, who were previously unable naturally and supernaturally to fully cooperate with God, was shown to be possible through psychological and theological remediation. Then briefly, MT's suitability was considered in the spiritual and pastoral care of dedicated persons irrespective of one's vocation.

By sexually afflicted was understood those persons who have been sexually molested or abused and from that time forward, suffer from both intellectual misinformation and psychic malformation which affect their cognitive and cogitative faculties. The second group of sexually afflicted individuals comes under the heading of pathological repression. These persons, again through no fault of their own, were deprived of a timely, and appropriate understanding and formation of the procreative drive and its natural inclination. Others received misguided instruction, or they misinterpreted the catechesis on human love and life. Too often as a result of the misinterpretation of rules, laws, and precepts connected with the sixth and the ninth commandments, repressed persons freely chose to avoid all potential sexual sin. Being unaware, however, of the many moral distinctions involved in such a good choice and fearing sin and its repercussions, they erred by excessively avoiding all things sexual which caused pathological repression. Apart from that repression that comes from sexual abuse, it was seen that there is both intellectually and volitionally determined pathological sexual repression. MT is a psychotherapy to remediate these three forms of pathological disorder. Statistically, the number of girls and boys, women, and men who have been sexually abused is vast. The number of persons who have an intellectually and volitionally determined pathological sexual repression, though fewer, are more significant given the gravity of their condition. This latter group have four outstanding qualities; they are of average or above average intelligence, they are wilfully conscientious to a fault, they initially possessed a healthy emotional disposition, and they love/fear God with a passion.

The originators of MT, Rev. Prof. Willem Duynstee CSsR, and Dr Anna Terruwe based their theory and practice for the remediation of pathological repression upon

the teachings of St Thomas Aquinas. The foundational teachings were threefold: 1) The knowledge of the intellect has its origin in the senses: yet, in the thing apprehended through the senses, the intellect knows many things which the senses cannot perceive. The cogitative (estimative) power also perceives and judges, though in a less perfect manner. 2) Our sensitive appetite surpasses that of other animals because of a certain excellence consisting in its natural aptitude to obey the reason. 3) The irascible passions both arise from and terminate in the passions of the concupiscible faculty. It is upon these three essential principles that MT was designed to restore the natural psychological and hierarchic order to sexually afflicted persons suffering from a serious pathological disorder.

Although priests for centuries have studied the condition of moral defect known as vice and sin, and especially as explained by St Thomas in the *Summa Theologiae* (ST I-II, q.77), very little attention has been given to the vice which is the pathological disorder of sexual repression. This disorder arises from the excessive sensate avoidance of vice which is the flipside of the sinful condition. Though the study is one and the same, unfortunately, the lack of attention given to this problem has meant that few have grasped it adequately. The voluntarist philosophy which gave primacy of control and execution to the human will over many centuries has deprived many people of the complete picture of the intricacies of various human faculties working towards the overall good of the person. Modern psychiatry and psychology have failed to recognise what St Thomas Aquinas taught in the 13th century, and which philosophical psychology has confirmed clinically in the early part of the 20th century. The human will is susceptible to interference, distortion, and displacement. Because of an unfamiliarity with the teachings of St Thomas, MT has always had its critics and detractors. This conclusion will not consider the thirty-four critiques and over eighty objections and their multiple points previously answered in the text of the study. Similarly the conclusion will not provide the philosophical foundations of MT except insofar as they confirm its rectitude. This final overview will, however, briefly summarise those points that outline the affirmations and justifications highlighting the integrity of MT.

The clergy sexual scandals that have rocked the developed world may not be just the result of wicked and lustful people. The largely unstudied, and therefore unrecognised condition of sexual pathology may have affected some seminarians, priests, and religious who in the excess of their love for Jesus Christ, but in an immature and uninformed manner, repressed their procreative drive only to find later in life that it has become a force unto itself. This study has the capacity not only to bring healing and peace to very large numbers of sexually abused and repressed persons but also to address what has been highlighted in a variety of modern studies concerning priestly emotional and psychosexual immaturity. The importance of these matters for many persons seeking the perfection of charity in their spiritual journey cannot be underestimated.

Chapter One ~ The Controversy and Objections to MT

The very first historical clarification and justification for the rectitude of MT came in 1949 as a result of serious claims of teachings contrary to the Catholic faith. Duynstee and Terruwe were wrongly denounced as promoting masturbation, and permitting voyeurism in penitents and patients. Understandably, this was a grave allegation. The Dutch Episcopacy ordered a commission of six moral theologians to investigate MT under the leadership of Rev. Fr F. Feron, who at that time was president of the seminary of Roermond. After a full investigation of Duynstee and Terruwe's doctrines, the Episcopal Committee's opinion was that their teachings were "orthodox in doctrine and careful in practice."

Though Duynstee and Terruwe underwent further criticism and some alienation from the Church in May 1956 by way of certain warnings to the Episcopal Conference of the Netherlands because of misinformed hierarchical officials at the Holy Office, there has never been a document of condemnation against the teachings of Terruwe nor MT. Indeed, by 1971 Terruwe and Baars were invited as specialist consultants to the Synod of Bishops on Clerical Celibacy in Rome. This restoration of Terruwe and her standing in the Catholic Church, particularly in the Netherlands, is a further affirmation and justification of her teachings which by 1968 had gained a greater understanding and acceptance.

It is evident from Duynstee and Terruwe's written works that far from being Freudian their teaching was well founded on the philosophical psychology of St Thomas and the Christian Anthropology foundational to the Catholic faith. A thorough study of their works demonstrates philosophical and theological truths upon which their teaching and therapy were based. Indeed, not only did the philosophical explanation of sexual repression by Terruwe have nothing to do with Freudian or psychodynamic concepts, her discovery, explanation, and therapy for a further non-repressive emotional deprivation disorder had no connection with Freudian theories at all.

With hindsight, it becomes increasingly clear that Terruwe's teachings were thoroughly founded in St Thomas, expanded on his insights, and drew upon those pastoral conclusions which again can be found within the *Summa Theologiae*. Terruwe, by following Duynstee's lead, resolutely mapped out the conflicts that occurred between the rational and sensitive appetites, and within the sensitive powers themselves. She saw the cause predominately residing in the role of the cogitative sense power because of a harmfulness judgement concerning the procreative drive which moved the irascible appetite to thwart and repress the concupiscible appetite which it is designed to serve. Moreover, from the astute observation of Fr Duynstee, she showed how the intellect and will could aid and abet emotional repression yet at the same time could displace the reasonable guidance of the aroused concupiscible passions. The consequent, real, and present danger for the repressed person and those whom they may obsessively and compulsively affect later, is that the repressed concupiscible emotions remain devoid of any reasonable guidance. As a result of the pathological process, previously repressed desires remain only contained by the

unnatural and vicious repression. When the process eventually breaks down, which it must because it is unnatural, there is no reasonable guidance, no virtue, and no means by which repressed desires can be reined in. Far from accepting the Freudian explanation of the repressive mechanism, Terruwe provided a clinical elucidation of the passions as found in St Thomas. The validity of the explanation of the process of pathological repression was firmly founded upon philosophical psychology. She was able to distinguish normal psychomotor reactions from voluntary psychomotor actions and describe how repressing irascible emotions could hypertrophy while concupiscible emotions atrophy under the repressive process. The more general objections levelled against MT were answered.

Chapter Two ~ Sexual Affliction and Insights from St Thomas

MT is both a preventative and reparative therapy. This fact is one of the simple signs of MT's appropriateness and validity. Educating youth concerning the proper governance and direction of the natural inclinations and various human faculties is not meant to be complicated; rather it is unchallenging for all ages to understand and to apply. A wholesome pedagogy and a succinct means to implement a method need to be easy and straightforward. The uncomplicated, yet very expressive, knowledge of the heuristic *raapra* is a further indicator of Terruwe/Baars' particular and practical principles. Not only does *raapra* assist with the restoration of the human psyche after pathological repression but it is also a sound means for its avoidance because of its reasonable and fitting acknowledgement of all that transpires with the excitation of the naturally inclined procreative drive.

Another touchstone and objective marker for the radical nature of pathological sexual repression are the feelings that arise within the person suffering from this condition. Once understood, the afflicted person is acutely aware of the involuntary, palpable, and reflexive repressive emotional force within their body. This objective, unwilled, and unwanted characteristic, is a spontaneous reaction independent of the intellect and will. This psychic reflex is an internal and palpable "sign" that cannot be imagined, made up, or willed away. It is stimulated by an object, real or imagined, of the sexual appetite. From its first acknowledgement, it continues to be the tell-tale sign and the awareness of progress, forward or backward, within MT. Afflicted persons by means of instruction within MT come to know and understand the degrees of increasing emotional liberty and thereby "*freedom for morality.*" These physical and emotional changes within the person are clearly identified as "transmutations" by St Thomas and are indicative of the psychic phenomena that impact on the physical organism of the repressed person. Recovering persons no longer are concerned with time, or preoccupied with therapy, or any longer worried about their condition before God and their eternal salvation, but calmly go forward applying *raapra*. Which means that when the normal movements of the procreative drive are experienced they are to receive them, acknowledge them in union with God, accept them as a blessed gift, be prudent concerning such movements, by being respectful of them, and by adoring God with praise and thanks. Such a reasonable and connatural experience of the

“feeling” of sexuality promotes genuine progress in psychic wholeness, healing, and spiritual growth. *Raapra* promotes the gradual extinction of the spontaneous reflexive feeling of repression and this is an exciting confirmation for persons, and an objective justification for appropriately prescribing MT. Understandably, non-repressed individuals and critics of MT do not fathom the importance of this objective sign for the reasonableness and rectitude of MT. Recovering persons, on the other hand, are conscious not only to pray for the grace of the virtues of fortitude and temperance but also, having gained a connatural knowledge or a “taste” for freedom, they increasingly desire and apply reasonable and virtuous means for the attainment of a genuine chastity.

Even though St Thomas did not deal directly with emotional disorders, it is very clear from many places within the *Summa Theologiae*, particularly in his treatment of the human person in *Prima Secundae*, that he was not unaware of the havoc passion plays in the life of the individual. Critics of MT believed that a thorough understanding of pathological sexual repression could not be found in St Thomas. Nevertheless, considering what St Thomas says concerning human acts, passions, habits, vice and sin much can be said analogically concerning the pathology of repression. Without entering into the same arguments in this conclusion, it is clear that analogically speaking, that pathological sexual repression is just one further application of those disorders which affect the human faculties. Specifically, *ST* I-II, question 77 is sufficient to show the reasonableness and application of the Duynstee and Terruwe/Baars teachings. What is written about lust arising on the part of the sensitive appetite by way of defect, can analogously be applied to fearful sexual repression by way of excess. Not only found in St Thomas is the significant role of the cogitative powers’ judgements affecting the passions but also Terruwe/Baars’ explanation of the concupiscible power being unnaturally repressed by the irascible power thus occasioning concupiscible passions being “buried alive.” Moreover, Fr Duynstee’s original thesis on the displacement of the rational appetite within sexual repression and the impact this has on moral culpability within the person is thoroughly justified from a Thomist viewpoint. Terruwe/Baars’ resonate Duynstee’s original thesis drawn from St Thomas that, “Our sensitive appetite surpasses that of other animals by reason of a certain excellence consisting in its natural aptitude to obey the reason.” MT restores reasonable guidance to wayward passions. In short, the disorder of pathological sexual repression is not only found in the *Summa Theologiae*, but also from various other parts of his biblical commentaries and other teachings within which are found further justifications for MT.

Chapter Three ~ A Moral Evaluation of MT

This central chapter to the study provides not only the moral evaluation of MT but also affirms the ethical rectitude of the therapy step-by-step. The evaluation of MT’s moral rectitude, considers three standpoints: 1) MT as a psychotherapy in itself, 2) the role of the psychologist and the priest in prescribing MT as a psychological and theological psychotherapy, and 3) the application of MT by the recovering

sexually repressed person. Each of these three viewpoints involves a variety of human acts. By human act is meant the conscious, free decision, to act in a morally upright manner while actuating MT. The preliminary elucidation for the moral evaluation of MT was established through the object, the end, and the circumstances which make up the constitutive elements, of the morality of human acts.

The moral evaluation of MT considered two basic interrelated insights of traditional moral theology. The first was the traditional analysis of the moral act. The second was the principle of double effect. The traditional analysis of the moral act and the principle of double effect are two primary interrelated traditional moral theological doctrines. The magisterium of the Catholic Church in considering and resolving ethical questions have consistently returned to these teachings. A proper understanding and analysis of the moral act in union with an explication of the principle of double effect together validated the moral integrity of mortification therapy.

The moral analysis of MT proposes the assurance and confidence that MT, as a Catholic psychotherapy, is morally upright. This justification is essential if it is to be worthily prescribed by those whose professional role, namely, psychiatrist, psychologist, or priest is to provide MT as a medical psychotherapy or as pastoral/spiritual care for sexually repressed and afflicted persons. The assertion that MT has moral rectitude has been made in light of the teachings of the *Catechism*, St Thomas Aquinas, *Veritatis splendor*, and the “objective moral order.” That objective moral order is based on the natural law whose fundamental norms are immutable and is knowable to the conscience of all persons as criteria for counsel and judgement.

MT’s chosen object was established as good, or at least morally neutral (3.5.1). The end in view or the intention of the acting persons concerning MT was shown to be good on the part of the psychiatrist/psychologist and priest who prescribe a morally good or neutral psychotherapy to clearly diagnosed persons afflicted by pathological sexual repression (3.4.6-7). In doing so, they exercise their competence as designated and approved professional and competent persons (see 3.6., and 3.9.3.5). Similarly, sexually repressed persons when prescribed MT may choose and apply it in good conscience and follow the directives provided by competent persons. In doing so, afflicted persons understand that they are using a therapy that is proposed as good, or at least morally neutral.

By applying MT, recovering persons intend the goods of physical, psychological, moral, and spiritual health, happiness, both natural and supernatural, and when graced, arrive at the perfection of charity. Recovering persons act for the good via a therapy prescribed as a treatment that is specified to remedy afflictions of both the cognitive and appetitive faculties, so as to be healed of these repressive disorders, in order to become psychologically free for the capacity of moral freedom to act for the true good. Recovering persons apply MT as a means to authentic human freedom. They receive counsel and catechesis. They agree to obey a set of directives designed to change one’s cognitive and appetitive responses in three ways: 1. by re-educating the flawed judgement habits of the cogitative power with a new pedagogy based on

the truth about human emotions; and 2. by lowering the repressive habit of the hypertrophied assertive drive emotions; and 3. by cultivating the capacity to experience the atrophied emotions of the pleasure appetite as good.

After considering the object and the end of the acting person, it was further found that there were no circumstances connected with MT that were evil; most were morally neutral, and many others were good (3.6). There was, however, the precautionary note concerning a thorough catechesis to be provided by the therapist and or priest about the matter of passivity to be exercised by the recovering person during therapy and the avoidance of scandal.

The analysis established that the formal and material elements of the moral act, as judged by the principle of double effect, has no moral evils that would prohibit the application of MT in a pastoral setting. Acknowledged, however, are some potentially, transitory, involuntary, secondary, abreactive effects that in no way contribute as an end or means to the remediation of pathological sexual repression (3.5.3.2., and 4.3.3). These materially bad effects can be foreseen, yet they are not always present, being potential but not always probable. Moreover, for those recovering persons in whom they occur they are an unavoidable consequence in so far as the concupiscible power, devoid of reason and its prior repressing assertive emotions, breaks out uncontrollably. All the same, restraint of such secondary effects is possible, but if so it is a further act of repression. This moral impossibility, if actuated, defeats the therapeutic value of MT and reinforces the sexual pathology. It is the reasonably applied willed action and the primary corporeal effects that remediates the cogitative power and the sensitive appetites (3.5.2.2-3., and 3.5.3.1). Hence, such secondary effects were shown to be morally acceptable, that is, that they can be tolerated as effects experienced during healing, but they are never advocated or willed as ends, nor are they capable of being an instrumental means of therapy because they have no therapeutic effect (see 3.5.3.2). Indeed, if such actions as voyeurism or masturbation are *willed*, they prolong eventual complete recovery (see 3.5.3.3).

MT is as valid a psychotherapy in the application of the double effect as the physical surgery for the removal of an ectopic pregnancy. The psychologist promotes a therapeutic process to remove a “*foreign body* in the psychic life” of the person (PWH 37). By carefully analysing each of the traditional principles involved in the application of the moral criteria of double effect, it was verified that MT fulfilled each of the many conditions that give this moral theory rectitude. The lawfulness of the sources of the moral act as applied to MT are manifest. The treatment of the principle of double effect as related to MT demonstrates moral integrity. The foreseen abreactive secondary corporeal effect may be passively tolerated but never willed by the recovering person. This evil secondary abreactive corporeal effect cannot be imputed to either the person or to the therapist since it is neither willed as an end nor as a means of the willed action.

The moral object chosen and intended by a sexually repressed person is mortification therapy. MT, as a psychotherapy, is the chosen proximate end (i.e., the

object's physical element) on the way to the final end or goal; namely, physical, psychological, mental, and spiritual health which restores control, freedom, and the capacity to seek the virtue of chastity, which affords both natural and supernatural happiness. Freedom is the good end of psychotherapy and MT is the proposed good means to that end. The object chosen is emotional health for a moral life, and MT as a psychological therapy is a clinically designed means to undo the effects of pathological sexual repression. It is a good means to this worthy moral object. In undertaking MT, the person has an upright intention, and there are no circumstances that diminish its goodness.

Chapter Four ~ The Three Directives

A presentation of each of the three directives of MT, not only provided a clear understanding of the directives in themselves but also clarified the moral appropriateness for their application within a therapeutic setting. Firstly, the three directives while central to MT are only explicable in the context of the broader psychological counsel, pedagogy, catechesis, and the ongoing affirmations and affective encouragement to sexually afflicted persons. The term mortification is similar to and drawn from ascetical theology, however, it is not the bringing to death of wayward concupiscence or the reining in of the *fomes peccati*, rather it is the bringing to death of aberrant cogitative power's harmful judgements, and the mortifying of vicious assertive emotions unnaturally repressing the concupiscible powers via a pathological disorder. An assessment of MT's psychiatric and scientific attributes was considered. It was noted that MT is a unique psychotherapy insofar as it has both natural and supernatural elements. MT has a supernatural aspect, hence afflicted persons are educated not only in elementary philosophical psychology with an emphasis on the reasonable governance of all of the human faculties, but also and most especially that reason needs to be enlightened by faith, and in this way it is more capable of fulfilling its governing role over the appetites.

It was noted that repressed persons are quite capable of identifying the repressive act within themselves via bodily transmutations and that this objective sign diminishes during the implementation of MT, and justifies its application. The matter of knowledge and its capacity to be distorted in the sexually abused was clarified as was the value of connatural knowledge both acquired through experience and infused through the gift of wisdom. Connatural knowledge has an integral part to play in the reformation of the sexual pathology. Sexually afflicted people "know" intellectually that the procreative drive is a good, but they cannot "feel" that sexuality is a good for them. Cognitive knowledge, as important as it is and which is provided during MT, is in need of the concomitant formation brought through connatural knowledge which confirms the person in the natural wholesomeness of the procreative drive. For St Thomas, rectitude of judgement flowing from the perfect use of reason alone is insufficient; it must be accompanied by a certain connaturality with the matter about which one has to judge. Such a connaturality is both acquired and infused. MT appropriately promotes this good.

The three directives when taken out of context or presented as hyperbole certainly grab the hearer's or reader's attention. All the same, they are more than a figure of speech. Indeed, they can be considered literally. However, if literal, they must be justifiable. MT is a serious moral and psychotherapeutic method for psychological remediation and wholeness. The vast majority of persons to whom the three directives are prescribed balk at their content and are resistant to them even within therapy. Such therapeutic advice is never given to all persons suffering from an obsessive-compulsive disorder, rather only to those specific individuals who suffer from sexual repression. The application and benefit of the directives are quite specific.

The first directive, *you may everything* is challenging to good and conscientious God-fearing people. Nevertheless, the statement stands as true for all individuals and all times. Immoral people have no problem with this first directive, their only concern being that they do not get caught. Morally upright people, fully know and understand that indeed they may do anything, and everything, however, with maturity, they choose to be morally upright, albeit with some occasional failure. Sexually repressed conscientious persons, however, are fixed in the excess of moral propriety. It is to be remembered that their repressive disorder with its fixation on the avoidance of all sin is their pathological "vice" while at the same time being their saving "virtue." Their wills are fixed in goodness, and everything to the contrary is alien and counter-intuitive. The first directive of MT provides the repressed person with the freedom to permit in a morally sound manner feelings, imaginings and thoughts. Referred to here are not sinful thoughts or actions, rather they are the ordinary movements of everyday life. Repressed persons have had such a fear of thinking, feeling, and doing anything regarding sexuality that even in therapy they will often resist even *raapra*, let alone the three directives. Until the fear of thinking, feeling, and doing anything is relieved, however, such individuals will remain enslaved, they will not be free to feel a desire and peacefully evaluate it and act in a morally free manner. Unless the lower faculties can express their natural inclination freely, they cannot be guided by reason and will; if reason and will do not guide them, they remain problematic to one's moral life. The first directive as explained and applied by the afflicted person within MT has moral rectitude.

The second directive of MT appears more challenging than the first directive. "*For you, there are no rules, laws, or commandments.*" MT aims at correcting the repressed person's false but overpowering harmfulness cogitative power judgements, because repressed people erroneously think that the moral law is a protest against, and a condemnation of sexual feelings. Added to this can be the person's mistaken interpretation of moral rules, laws, and commandments that have been the source of, and continue to stimulate, the repressing emotions. To understand that the psychologist does not mislead or speak untruthfully when he states the second directive, a distinction was drawn. Terruwe/Baars do not deny in faith or practice the reality of objective moral absolutes. Nor do they repudiate their importance and application. In the second directive the psychologist does not say, "there are 'no' rules, laws or commandments" but that "*for you*" the repressed person, there are no

rules, laws or commandments. This instruction is due to the pathological condition marked by a false mindset. The psychologist, therefore, does not mean the afflicted person to understand the directives in an absolute sense, but to be heard in a limited sense. This is explained as part of the ongoing counsel and catechesis that MT requires. Concerning the possible danger of the repressed person going “*too far*,” it was explained that the directive is internally tempered for all the reasons previously offered resulting from the repressed person’s excessive internal disposition. In short, repressed persons come to see that they are suffering from a malformed cogitative power and have cognitive misinterpretations that affect the practical judgements of cogitation and conscience. These in turn habitually contaminate and deform the cogitative power, such that future judgements habitually command emotions in a manner unbecoming to right reason. Sadly, repressed persons are morally psychosexually immature. The temporary cessation of rules, laws, and commandments for the repressed person provides a necessary respite from moralizing and the opportunity to grow in freedom for morality. The repressed person, in a state of moral impossibility, needs to “feel” or “sense” that he is as free as a child so that he may gradually learn to appreciate and correctly interpret true objective moral norms.

Law is much more than written legislation. Behind any precept is an intelligent legislator. Rules, laws, and commandments reveal the intention of the lawgiver’s heart. The moral principle *epikeia* or equity, a virtue in itself, considered the sound application of law. Repressed persons, in fact, have an obsession regarding the letter of the law, which alienates them more and more from the intention of the lawgiver. Agreement with the second directive can restore aspects of the virtue of justice. MT has the potential to bring repressed persons to the upright understanding of the intention of the divine Lawgiver. For it is only over time, that the disordered person experiences the repressed emotions of the pleasure appetite with all their normal and concomitant natural psychomotor reactions. This change comes about through the release of the repressed pleasure emotions from their tenacious habitual repression by assertive emotions, along with the simultaneous mortification of the emotions of fear or energy or both. Only very steadily, as the previously repressed emotions of pleasure are released is there the re-formation of the cogitative power and the correction of previously erroneous judgements. The liberty provided to the repressed person is a significant doctrinal point regarding the correction of the cogitative power. The aberrant condition of a repressive disorder necessitates the breadth of the second directive. Clinically, the cogitative power’s judgement can only be corrected by the proper experiencing of the repressed phenomenon in its ontological goodness, and not by any “school method” of instruction; as enlightening and helpful as intellectual insight is. The reason is that such mental information usually only modifies the intellect whereas MT addresses and corrects the cogitative power, naturally, morally, and efficiently.

MT’s third directive, “*the pleasure you experience as the result of abiding by the other directives is the most perfect thing for you*” contributes to the overall effectiveness of the therapy. Because the repressive pathology from the outset

endeavours to annihilate concupiscible pleasure, the atrophied pleasure appetite must be rehabilitated. The pleasure emotions are misjudged as harmful in themselves and as arduous evils. Moreover, the practical judgement of conscience that pleasure is a potential danger is a grave error. While intellectual counsel and catechesis modify knowledge and conscientious judgements, the third directive of MT, and the application of the first two directives very gradually allows pleasure and joy to return to the repressed person. It is not uncommon for seriously repressed persons to lack experience of spiritual joy in their relationship with God and their religious practice. The integrity of MT becomes increasingly evident as repressed recovering individuals, sometimes for the first time in their lives, experience the presence, pleasure, and joy of God. The assertive emotions are the handmaids or servants of the pleasure appetite yet repressed persons could have lived many decades in a joyless assertive irascibility. This is not pleasurable. Anthropologically, an openness to pleasure is a human good and a fundamental feeling leading to the emotion of joy. MT has the capacity in an upright manner to restore appropriate human joy. The restoration of reasonable joy has rectitude because human beings alone take pleasure in the beauty of sensible objects for their own sake and can give glory to God for their creation. During MT, this is an outstanding teaching, for the repressed person has always imperceptibly affected a dichotomy between his body and soul; his sensuality and God. It is by this reunification of the whole person that the virtue of religion can be exercised with delight.

Reversing erroneous judgements, thoughts, and even wilful pathological habits is the very “best” or most perfect thing that the repressed person can do, at this stage of their life as they recover from a serious pathology. In this manner they can cooperate with a therapy that promises authentic human and moral freedom. Pleasure is best for the repressed person in the sense that this is a necessary step for healing, for unless sense pleasures are appreciated as true natural goods, one often will not advance to the greater good of thanking God for greater and more spiritual blessings with heartfelt delight. When pleasure is present, afflicted persons are more inclined to be attentive to enacting MT more aptly because appropriate pleasures increase activity. Grace, indeed, perfects nature. However, nature has to be given a chance to be natural! The third directive provides a fresh opportunity for the repressed person to make existential contact with their interior and exterior world. The recovering person can experience pleasurable release in moral safety and tolerate the discharge of pent-up sensations, feelings, and emotions. This catharsis is something that has not been experienced since the onset of the repressive pathology which, in some cases, can go back to infancy.

Most pronounced in this entire unnatural process of repression is the initial awareness of the admixture of sexual arousal and anxiety or acute fear with its considerable over-riding of pleasure. Secondly, there is the willed resistance to such pleasure viewed as evil. Conversely, the mental awareness that pleasure is permitted within therapy even while the toleration of materially evil acts are present brings about the healing of the cogitative power and the increasing cognitive awareness of the solicitude of God for the afflicted person. This remediation does not occur if

“therapy” is a sacramental encounter alone because self-recrimination over masturbation reinforces pathological repression. It is the recovering person’s passive toleration of an abreactive, objective, and material evil knowing that God too is tolerant of the individual in therapy that promotes healing. It is this intellectual understanding and knowledge that God “permits” (i.e., tolerates) evil due to the person’s immature and unwilled pathology that promotes the individual’s psychological freedom. In this way, it is quite clear to the person that masturbation is an objective evil, and it is contrary to the divine and natural law and that this precept remains intact at the same time that it is tolerated. This knowledge and understanding of the third directive reasonably whittles away at the repressive reflex. Concomitant with this diminishing felt reflex of repression is the mental awareness of increasing liberty from pathological obsessions and compulsions, and the acceptance of the afflicted person by God throughout the process. The diminution of abreactive effects, the lessening of their recurrence, vehemence, longevity and accompanying emotional upheaval all point to an eventual cessation of symptoms which can be optimistically awaited.

While pleasures of the sensitive appetite are not the criteria of moral goodness and malice, they do perfect an action as to its end (*ST I-II, q.33, a.4*). St Thomas teaches that “An operation cannot be perfectly good unless there also be pleasure in good because the goodness of a thing depends on its end. Thus, in a way, the goodness of pleasure is the cause of goodness in the operation” (*ST I-II, q.34, a.4, ad.3*). Orderly pleasure within its proper field of action gives some perfection to the action itself. St Thomas states, “Pleasure perfects operation, not as a physician makes a man healthy, but as health does’: but it does so indirectly; inasmuch as the agent, through taking pleasure in his action, is more eagerly intent on it, and carries it out with greater care” (*ST I-II, q.33, a.4*). This is because whatever a person does with pleasure is done more eagerly and attentively. Moreover, it is often carried out with greater facility. The third directive of MT when properly understood is an upright directive that promotes the healing of persons and affirms the overall rectitude of the therapy. Then acquired virtue is strengthened through the infused virtues which are only attainable by means of God’s grace. Finally since grace builds on nature and perfects it, the gifts of the Holy Spirit amplify and complete this important work of human and divine persons. Lastly, confidence in the moral approach is essential for the progress and application of MT.

Chapter Five ~ Virtue, Spirituality, and a Pastoral Application

Sexually afflicted persons with pathological sexual repression are affected by vice. For whatever human faculty is unnaturally distorted or vituperated is a vice. This pathological vice which is a natural phenomenon brings with it the unfortunate effects of psychosexual immaturity, obsessions, and compulsions and the frustration of the development of acquired virtue in the area of repression, and this in itself is an impediment to the infused virtues and the gifts of the Holy Spirit. It was shown that MT has the capacity to remedy these effects. A corollary to the healing of

pathological repression and the restoring of emotional well-being is the significant benefit of reversing not only natural vice but also instilling the freedom and the capacity for the further development of supernatural virtue, and a readiness to cooperate with those graces which bring about the perfection of charity. The restoration of right judgement and freedom of choice allows the proper governance of the appetites.

Among the many side-effects to sexual repression are the sufferings that come to afflicted persons as they struggle long and hard, wrongly believing that God will never help them. They give way to faithlessness, despair, or sorrow which challenges the theological virtue of hope. They wrongly assume that their condition is irremediable, or giving way to self-hatred and self-disgust, they fail to love themselves as God loves them. More common are those vices contrary to the moral virtues: such as imprudence, namely, the failure to take proper counsel about one's pathological condition, and the distortion or displacement of right reason, and its corruption by the passions. Alternatively, there is an injustice that can arise in familial and personal relationships as a result of a repressive disorder. More common are those vices that result from the lack of fortitude whereby there can be a heightened irascibility with or without assertiveness and anger. Or there can be a fearful failure to love natural goods, or they wrongly believe that their condition is unsalvageable and continue with timidity fearing their concupiscibility. Conversely, there can be a fearlessness/daring by wilfully avoiding unacceptable human goods, and presumption by assuming to accomplish humanly what is above one's natural power, namely, chastity.

Conversely, pusillanimity deters the repressed person who shrinks from enacting MT, erroneously assuming that MT is inappropriate. Similarly, the vice of meanness is present in the afflicted person not with regard to financial expenditure, rather by means of a reluctance to do what is in accordance with right reason by spending the time and energy to enter and persevere with psychotherapy. Often too, impatience is present in the recovering person because patience is bearing an evil with an equal mind, undisturbed by sorrow. However, recovering persons can become impatient with their nature and the time it takes to reform it virtuously. Moreover, under the heading of temperance, there is the reformation of psychological shame, insensibility, incontinence, intemperance, and pride. Part of the integrity of MT is that during psychotherapy not only are the unnatural vices reversed, but also the moral virtues and many of their parts are permitted to grow and to flourish. The predominant virtues that are cultivated and perfected over time are the moral virtues of prudence, temperance, and fortitude, though other virtues are concomitantly advanced. In the process of MT, the cognitive faculty is renovated with an improved pedagogy and catechesis, the practical judgements of conscience are better informed, and the cogitative power's judgements are made connaturally wholesome and are habituated for future spontaneous judgements recorded by memory and facilitated by a free and capable imagination. The naturally acquired virtues that come with the application of *raapra* and which are aided through the infused virtues and gifts of the Holy Spirit provide a new confidence and outlook for uprightness, goodness, and joy with a vista

towards ultimate beatitude. The freedom for morality previously unavailable to the repressed person matures into the freedom for excellence that promises much more than just liberty from vice and sin, namely, a hitherto unrealised personal happiness.

There are two additional spiritual benefits to MT. The first is the therapy's ability to be applied during the dark night of the sense. Prayerful people who are also sexually repressed, find themselves introduced into the dark night of sense by Almighty God who wishes to purify them not only of moral vices but also those that are pathological. This is the remediation of those wounds to the sensitive appetite that happened earlier in life. It is a challenging but fruitful supernatural encounter. Concomitant with this, there are those persons in the seminary, priesthood, or consecrated life who find themselves challenged in a way by obsessive and compulsive preoccupations regarding a life of celibacy. The principles and benefits of MT are compatible with the purpose and process of the passive purification and the pruning of dedicated persons. This spiritual aspect of MT further highlights its rectitude and compatibility with philosophical and theological principles.

Not forgotten is that MT must be applied appropriately within a proper clinical or pastoral setting, if sexually repressed persons are to be liberated from sorrowful psychic and spiritual burdens. Only in this way, can previously sexually afflicted persons truly grow in their vocation to Christian holiness, the perfection of charity. Integral and practical truths help people live chastely, freely, and happily. Then, people free from sexual abuse and moral misinterpretations have less need for cures, and being virtuous "delight in God's statutes" (*Ps* 119:16). "Then they will know the truth, and the truth will set them free." (*Jn* 8:32). "So when the Son sets them free, they are free indeed" (*Jn* 8: 36).

This study is written as a furtherance of theological knowledge and understanding and specifically as an aid in spiritually assisting sexually tormented persons who love God but who are largely hindered from loving the three divine Persons with all their heart, and soul, and mind. The arguments included in this text are respectfully submitted with the docile knowledge that all doctrines must be in accord with the mind of Jesus Christ and that of the magisterium of his Church.

BIBLIOGRAPHY

The Jerusalem Bible. London: Eyre and Spottiswoode, 1968.

New Revised Standard Edition. Sydney: St Paul's Society, 1998.

MAGISTERIAL DOCUMENTS

Vatican II Documents. *Apostolicam Actuositatem*. Decree on the Apostolate of the Laity (November 18, 1965). Accessed October 22, 2016. http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651118_apostolicam-actuositatem_en.html.

_____. *Gaudium et Spes*. (December 7, 1965). Accessed October 22, 2016. http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_cons_19651207_gaudium-et-spes_en.html.

_____. *Lumen Gentium*. Dogmatic Constitution on the Church (November 21, 1964). Accessed October 22, 2016. http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19641121_lumen-gentium_en.html.

Benedict XVI. Encyclical Letter. *Deus caritas est* (December 25, 2005). Accessed November 10, 2016. http://www.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est.html.

Catechism of the Catholic Church. Sydney: St Paul's Society, 1998.

Code of Canon Law. London: Harper Collins Publishers, 1997.

Codex Iuris Canonici (May, 27 1917). Accessed February 25, 2020. http://www.vatican.va/archive/ENG1104/_INDEX.HTM.

Congregation for the Clergy. *Directory for the Ministry and Life of Priests*. "Ongoing Formation; Principles" (January, 31 1994), Chapter III. Accessed January 22, 2017. http://www.vatican.va/roman_curia/congregations/cclergy/documents/rc_con_cclergy_doc_31011994_directory_en.html.

Congregation for the Doctrine of the Faith. *Persona Humana, Declaration on Certain Aspects of Sexual Ethics* (December 29, 1975), 3. Accessed October 16, 2016. https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19751229_persona-humana_en.html.

Congregation for the Doctrine of the Faith. *Declaration on Euthanasia* (May 5, 1980). Accessed January 15, 2017. http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html.

Congregation for the Doctrine of the Faith. *Iuvenescit Ecclesia: the Relationship between Hierarchical and Charismatic Gifts in the Life and the Mission of the Church* (May 15, 2016). Accessed November 21, 2016. http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20160516_iuvenescit-ecclesia_en.html.

Congregation for the Doctrine of the Faith. *Quaedam admonitiones theoriam et praxim curationis spectantes psychoneurosi laborantium* [Some warnings regarding the theory and practice for the treatment of psychoneuroses] *Analecla voor het Aartsbisdom* (May, 1956), 29, 11, 166-67.

Congregation for Institutes of Consecrated Life and Societies of Apostolic Life. *Directives on Formation in Religious Institutes: "The Stages of Religious Formation"* (February 2, 1990), 3. Accessed January 22, 2017. http://www.vatican.va/roman_curia/congregations/ccsclife/documents/rc_con_ccsclife_doc_02021990_directives-on-formation_en.html.

International Theological Commission, Communion and Stewardship: "Human Persons Created in the Image of God" (Jul 23, 2004), 85, 92. Accessed January 22, 2017. http://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communion-stewardship_en.html.

John Paul II. Apostolic Letter. *Familiaris Consortio*. The Role of the Christian Family in the Modern World (November 22, 1981). Accessed 22 November, 2016. http://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio.html.

_____. Encyclical Letter. *Veritatis splendor* (6 August, 1993). Accessed April 16, 2016. http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor.html.

Post-Synodal Apostolic Exhortation. *Christifideles Laici* (December 30, 1988), 15, 43. Accessed October 16, 2016. http://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_30121988_christifideles-laici.html.

_____. *A Theology of the Body*. Weekly Papal Audiences. *The Redemption of the Body and Sacramentality of Marriage*. Boston: Pauline Books and Media, 1979-1984.

Paul VI. Encyclical Letter. *Humanae Vitae* (July 25, 1968). Accessed October 20, 2016. http://www.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae.html.

The Pontifical Council for the Family. *The Truth and Meaning of Human Sexuality: Guidelines for Education within the Family* (December 8, 1995). Accessed February 11, 2016. http://www.vatican.va/roman_curia/pontifical_councils/family/documents/rc_pc_family_doc_08121995_human-sexuality_en.html.

Pontifical Council for Social Communications. "Pornography and Violence in the Communications Media: A Pastoral Response." (May 7, 1989). Accessed February 11, 2016. http://www.vatican.va/roman_curia/pontifical_councils/pccs/documents/rc_pc_pccs_doc_07051989_pornography_en.html.

Roman Missal. "Christmas Liturgy, December 25, Collect from Mass of the Day." 3rd ed. Downers Grove, Illinois: Midwest Theological Forum, 2011.

Sacred Congregation for Catholic Education, Pontifical Council for the Family. *Educational Guidance in Human Love*. Sydney: St Paul's Publications, 1983.

Sacred Congregation for Religious and for Secular Institutes. *Essential Elements in the Church's Teaching on Religious Life as Applied to Works of the Apostolate* (May 31, 1983). Accessed January 22, 2017. http://www.vatican.va/roman_curia/congregations/ccsclife/documents/rc_con_ccsclife_doc_31051983_magisterium-on-religious-life_en.html.

PRIMARY SOURCES

Baars, Conrad. "Christian Anthropology of St Thomas Aquinas." *The Priest* 30, 1. Huntington: Our Sunday Visitor, October 1974.

_____. *Doctor of the Heart*. New York: Alba House, 1996.

_____. *Feeling and Healing Your Emotions*. Revised edition by Suzanne Baars and Bonnie Shayne. USA: Bridge-Logos Books, 2009.

_____ and Anna Terruwe. *Healing the Unaffirmed: Recognizing Emotional Deprivation Disorder*. Edited by Suzanne Baars and Bonnie Shayne. New York: St Pauls, 2002.

_____. *I Will Give Them a New Heart: Reflections on the Priesthood and the Renewal of the Church*. Edited by Suzanne Baars and Bonnie Shayne. New York: St Paul's Alba House, 2014.

_____. "Your Seminary: Right or Wrong?" *Homiletic and Pastoral Review* (January 1982).

Duynstee, Willem J.A.J. CSsR. *Verspreide Opstellen*. "De verdringingstheorie beoordeeld van thomistisch standpunt (1935)." Roermond Maaseik: J.J. Romen & Zonen Uitgevers, 1963.

Majeres, Kevin. "A Review of Psychic Wholeness and Healing" (July 2009). Accessed February 25, 2020. <https://slidex.tips/download/a-review-of-psychic-wholeness-and-healing>.

_____. "Terruwe and Baars's "Mortification Therapy": A Thomistic Approach?" *Logos: A Journal of Catholic Thought and Culture* 14, no. 2 (Spring, 2011), 38-57. *Farlex: The Free Library* (2015). Accessed May 14, 2016. <https://web.archive.org/web/20200229230048/https://www.thefreelibrary.com/Terruwe+and+Baars%27s+%22mortification+therapy%22%3A+a+Thomistic+approach%3F-a0349609920>.

Terruwe, Anna and Conrad Baars. *Loving and Curing the Neurotic*. New York: Arlington House, 1972.

_____. *De Neurose in het Licht van der Rationale Psychologie*. Netherlands: Romen and Zonen, Roermond-Maaseik, 1949.

Terruwe, Anna and Conrad Baars. *The Neurosis in the Light of Rational Psychology*. New York: J.P. Kennedy and Sons, 1960.

_____. *Opening of affairs*. In *usum privatum*. University of Nijmegen, 1964.

- _____. *The Priest and the Sick in Mind*. London: Burns and Oats, 1958.
- _____. *Psychic Wholeness and Healing*. New York: Alba House, 1981.
- _____. *Psychic Wholeness and Healing*. 2nd ed. Edited and revised by Suzanne Baars and Bonnie N. Shayne, Eugene. Oregon: Wipf and Stock Publishers, 2016.
- _____. *Psychopathic Personality and Neurosis*. New York: P.J. Kennedy and Sons, 1958.
- Thomas, Aquinas. *Commentary on the Letter of St Paul to the Romans*. Vol. 37. Lander, Wyoming: The Aquinas Institute for the Study of Sacred Doctrine, 2012.
- _____. *Commentary on St John's Gospel*. Translated by Fabian R. Larcher, OP. Albany, NY: Magi Books, Inc., 1998. Lecture 7, n.1962 (*Jn* 14:27). Accessed May 14, 2016. <https://web.archive.org/web/20180728045212/http://dhspriority.org/thomas/SSJohn.htm>.
- _____. *On Evil*, Translated by Richard Regan. Edited by Brian Davies. Oxford: University Press, 2003.
- _____. “Quaestiones Disputatae De Anima.” Translated as *The Soul* by John Patrick Rowan. St Louis & London: B. Herder Book Co., 1949. Html edition by Joseph Kenny, O.P. Accessed November 23, 2016. <https://web.archive.org/web/20180625030441/http://dhspriority.org/Thomas/QDdeAnima.htm>.
- _____. “Quaestiones Disputatae de Veritate.” Translated by Robert W. Schmidt, Chicago: Henry Regnery Company, 1954). Accessed January 7, 2016. <https://web.archive.org/web/20181106230509/http://dhspriority.org/thomas/QDdeVer.htm>.
- _____. *Summa Contra Gentiles*. Translated by Vernon J. Bourke. Edited by Joseph Kenny, OP (1955-7). Accessed January 22, 2017. <https://web.archive.org/web/20170211144707/http://dhspriority.org/thomas/ContraGentiles3a.htm>.
- _____. *Summa Contra Gentiles*. Translated by Anton C. Pegis. London: Doubleday & Company, 1975.
- _____. *Super Epistolas S. Pauli, Lectura*. Vol. I, Translation by Fr Augustine Mendonça. Roma: Marietti Editori Ltd., 1953.
- _____. *Summa Theologiae*. New York: Benziger Brothers, 1948.
- _____. *Summa Theologiae*. Translated and edited by Thomas Gilby OP. Blackfriars Edition, Cambridge: Eyre and Spottiswood Ltd., 1966.
- _____. *Summa Theologiae*. Translated by the Fathers of the English Dominican Province, 2nd Revised Edition. (1920), Online Edition. (2017). Translated by Kevin Knight. Accessed 12 May, 2020. <https://www.newadvent.org/summa/>.

SECONDARY SOURCES

Abata, Russell. *Sexual Morality: Guidelines for Today's Catholic*. St Louis: Liguori Publications, 1978.

- Abma Ruud, "Terruwe, Anna," *Huygens Ing Online Dictionary* (2015). Accessed November 24, 2015. Original: <https://translate.google.it/translate?hl=en&sl=nl&u=http://resources.huygens.knaw.nl/vrouwenlexicon/lemmata/data/Terruwe&prev=search>. Archived: <https://archive.ph/zOY3s>
- Adams, Patch. "Patch Adams." *Wikipedia* (26 November 2016). Accessed October 16, 2016. https://web.archive.org/web/20200211062429/https://en.wikipedia.org/wiki/Patch_Adams.
- Alphonsus, De Liguori. *Opere di S. Volume Nono, Opere Morali*. Vol. unico. Torino, Italiane: Marietti, 1861.
- _____. *The Way of Salvation and of Perfection*. Brooklyn: Redemptorist Fathers, 1926.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Washington, DC: American Psychiatric Publishing, 2013.
- American Psychoanalytic Association. "Psychological Science." *American Psychoanalytic Association* (2016). Accessed May 14, 2016. <https://web.archive.org/web/20200114062828/http://www.apsa.org/>.
- Arintero, John. *The Mystical Evolution*. Vol. 2. Illinois: Tan Books, 1978.
- Aristotle. *De Anima*. Translated by J. A. Smith (1194-2009), Book III, 10. Accessed March 5, 2016. <https://web.archive.org/web/20190906094814/http://classics.mit.edu/Aristotle/soul.3.iii.html>.
- Ashley, Benedict. *Healing for Freedom*. Washington DC: IPS Press, 2013.
- _____. *Psychology: How Metaphysics Serves Psychology*. Edited by Craig Steven Titus. Arlington, Virginia: The Institute for the Psychological Sciences Press, 2009.
- Augustine. *City of God*. Translation by Gerald G. Walsh, S.J., et al. New York: Doubleday, Image Books, 1958.
- _____. *The Confessions of St Augustine*. Translated by Frank Sheed. London: Sheed and Ward, 1944.
- Aumann, Jordan. *Spiritual Theology*. London: Sheed and Ward, 1995.
- _____. And Conrad Baars. *The Unquiet Heart*. New York: Alba House, 1991.
- Australian Catholic Bishops Conference and Australian Conference of Leaders of Religious Institutes. *Integrity in Ministry*. Australian Rivergum Marketing (2004). Accessed October 27, 2015. <https://web.archive.org/web/20190228095931/https://www.catholic.org.au/documents/1344-integrity-in-ministry-2010-1/file>.
- Australian Catholic Bishops Conference and Catholic Religious Australia. "Truth, Justice and Healing Council" (2016). Accessed March 15, 2016. <https://web.archive.org/web/20190823035322/http://www.tjhcouncil.org.au/>.
- Australian Royal Commission into Institutional Responses to Child Sexual Abuse. "The Royal Commission into Institutional Responses to Child Sexual Abuse: Policy

- and Research” (2013-16). Accessed December 3, 2016. <https://web.archive.org/web/20200223021458/https://www.childabuseroyalcommission.gov.au/>.
- Aveling, Francis. “Antinomianism.” *The Catholic Encyclopaedia*. Vol. 1. New York: Robert Appleton Company, 1907. Republished online as *New Advent* v.2.1 (2009). Accessed December 9, 2015. <https://web.archive.org/web/20191205045615/http://www.newadvent.org/cathen/01564b.htm>.
- Bacovcin, Helen. *The Way of the Pilgrim and A Pilgrim Continues His Way*. Translated by Helen Bacovcin. New York: Image Books, 1978.
- Baer, L. *Getting Control*. MA: Brown and Company, 1991.
- Barbado M. *Introduction à la experimental psychology*. Rome: Pontifical University of St Thomas Aquinas, 1930.
- Beck, Judith. Donald Meichenbaum, Glen O. Gabbard, and Ryan Howes, “Psychodynamic Therapy, Overview” *CBT and Psychodynamic Therapy* (2015). Accessed March 30, 2016. <https://web.archive.org/web/20170205143243/http://cbtvpsychodynamic.com/CBTvsPsychodynamic.html>.
- Beck, Judith. “Frequently Asked Questions,” *Beck Cognitive Behavior Therapy* (2016). Accessed April 15, 2016. <https://web.archive.org/web/20190816234545/https://www.beckinstitute.org/frequently-asked-questions/>.
- Benson, Herbert and Marg Stark. *Timeless Healing*. New York: Fireside Books, 1998.
- Bentham, Jeremy. *Handbook of Political Fallacies*. Edited by H. A. Larrabee. New York: Thomas Y. Crowell Company, 1971.
- Berger W. J., and J. Janssen. “De Katholieken En Hun Psychologie” *De geschiedenis van een problematische relatie* (1965), *Nederlands Tijdschrift voor de Psychologie* 35 (1980), 451-65. Accessed November 20, 2016. <https://web.archive.org/web/20191205144822/http://www.jacquesjanssen.nl/wp-content/uploads/2008/11/de-katholieken-en-hun-psychologie1.pdf>
- Blankenhorn, Bernhard. “Aquinas on Paul’s Flesh/Spirit Anthropology in Romans.” In *Reading Romans with St Thomas Aquinas*. Edited by Matthew Levering and Michael Dauphinais, 1-38. Washington DC: The Catholic University of America Press, 2012.
- Bosscher, D.J.F. and Marit Monteiro 2011. “Dutch Roman Catholics in a time of transition. Calm amidst the stormy waves.” *Onderzoekrk.nl/* (May 18, 2011), nn117-120. And *Secret Archives, Duynstee Files*. Diocese of Roermond (December 12, 1949). 2011. Accessed February 25, 2020. https://web.archive.org/web/20200301003724/https://voormaligonderzoekrk.nl/wpcontent/uploads/2017/02/76660_CD_Essays__Engels_.pdf.
- Brannen, Brett. *To Save a Thousand Souls*. Georgia: Vianney Vocations, 2010.
- Brennan, Robert. *Thomistic Psychology*. New York: The Macmillan Company, 1957.

- Brock University “Eustress vs Distress” *Brock University* (2010). Accessed April 21, 2016. <https://web.archive.org/web/20170312164644/https://brocku.ca/health-services/health-education/stress/eustress-distress>.
- Brugger, E. Christian. “Psychology and Christian Anthropology.” Edited by P.J. Watson. *Edification Journal of the Society for Christian Psychology* 3, no. 1 (2009), 7. Accessed October 29, 2015. https://web.archive.org/save/https://www.researchgate.net/publication/280839204_Psychology_and_Christian_Anthropology.
- Budziszewski, J. “The Natural, the Connatural, and the Unnatural.” The University of Texas (May, 2004). Accessed February 25, 2020. <https://web.archive.org/web/20161018172232/http://maritain.nd.edu/jmc/ti04/budz.htm>.
- Cambridge Dictionary. “Tolerate.” Cambridge University Press (2016). Accessed October 16, 2016. <https://web.archive.org/web/20190822221400/http://dictionary.cambridge.org/dictionary/english/tolerate>.
- Camus, Jean Pierre. “Scruples, Upon a Change of Confessor.” *The Spirit of St Francis de Sales* (1910). Accessed April 3, 2016. <https://web.archive.org/web/20200108093844/http://www.storyofasoul.com/resources/desales.html>.
- Caparros, Ernest and Michel Theriault, Jean Thorn, Helene Aube, *Code of Canon Law Annotated: Prepared Under the Responsibility of the Instituto Martin De Azpilcueta*. 2nd ed. Downers Grove, IL: Midwest Theological Forum, 2004.
- Carey, Ann. *Sisters in Crisis: The Tragic Unravelling of Women’s Religious Communities*. Huntington, Indiana: Our Sunday Visitor Publishing Division, 1997.
- Carlson, Dwight. *Why Do Christians Shoot Their Wounded? Helping (Not Hurting) Those with Emotional Difficulties*. Illinois: Intervarsity Press, 1994.
- Carnes, Patrick. “The Case for Sexual Anorexia: An Interim Report on 144 Patients with Sexual Disorders, Sexual Addiction & Compulsivity.” *International Institute for Trauma and Addiction Professional* 5, no. 4 (1998), 293–309. Accessed February 25, 2020. https://web.archive.org/web/20200301005348/https://cdn.ymaws.com/iitap.com/resource/resmgr/arie_files/m1_article_case-for-sexual-a.pdf.
- _____. *Don’t Call It Love, Recovery from Sexual Addiction*. New York: Bantam Books, 1992.
- _____. *Out of the Shadows*. Minnesota: Hazelden Publishing and Education, 1999.
- _____. *Sexual Anorexia: Overcoming Sexual Self-Hatred*. Minnesota: Hazelden Publishing, 2013.
- Cessario, Romanus. *Introduction to Moral Theology*. Washington DC: The Catholic University of America Press, 2001.
- Chaplin, James, P. *Dictionary of Psychology*. USA: Dell Publishing, 1971.
- Congar, Yves. *A History of Theology*. Translated and edited by H. Guthrie. New York: Doubleday Press, 1968.
- Cunningham, Francis. *The Christian Life*. Dubuque: Priory Press, 1958.

Dabh, Basil. "99.3% of Egyptian Women Experienced Sexual Harassment." *Daily News –Egypt* (April 28, 2013). Accessed October 27, 2015. <https://web.archive.org/web/20190325181823/http://www.dailynewsegypt.com/2013/04/28/99-3-of-egyptian-women-experienced-sexual-harassment-report/>

Dalcourt, Gerard J. "Tolerance." *New Catholic Encyclopedia*. 2nd Edition, Vol. XIV. New York: McCraw-Hill Company, 2003.

Damasio, Antonio R. and Thomas J. Grabowski, Antoine Bechara, Hanna Damasio, Laura L.B. Ponto, Josef Parvizi & Richard D. Hichwa. "Subcortical and cortical brain activity during the feeling of self-generated emotions." *Nature Neuroscience* 3:1049-1056 (2000). Accessed December 10, 2015. https://web.archive.org/web/20190601134127/https://www.nature.com/articles/nn1000_1049.

Davis, H. *Moral and Pastoral Theology: A Summary*. Vol 1. New York: Sheed and Ward, 1952.

Desmazières, Agnès. *L'inconscient au paradis: Comment les Catholiques ont reçu la psychanalyse (1920-1965)*. Paris: Éditions Payot & Rivages, 2011.

Differencebetween.com. "Difference between May and Must" (2014): Accessed December 15, 2016. <https://web.archive.org/web/20180305164105/http://www.differencebetween.com/difference-between-may-and-vs-must/>.

Dilsaver, Gregory C. *Imago Dei Psychotherapy: A Catholic Conceptualization*. Florida: Sapientia Press, 2009.

Dinker, Bill. "Dry Drunk: an in Depth Explanation of the Dry Drunk in Recovery," *Discovery Place* (2015). Accessed April 21, 2016. <https://web.archive.org/web/20190629181848/https://discoveryplace.info/addiction-blog/alcohol/dry-drunk-an-in-depth-explanation-of-the-dry-drunk-in-recovery/>.

Donceel, J. F. *Philosophical Anthropology*. New York: Sheed and Ward, 1967.

Dubay, Thomas. *The Fire Within*. San Francisco: Ignatius Press, 1989.

Driessen, A.M.A.J. "Anna Terruwe 1911-2004, Psychiatrist." *Biographical Dictionary Gelderland* (2007), 119-23. Accessed May 14, 2016. Original: https://translate.google.com/translate?sl=nl&tl=en&u=http%3A%2F%2Fwww.biografischwoordenboek gelderland.nl%2Fbio%2F6_Aнна_Terruwe. Archived: <https://archive.ph/JfL0b>

Dvorsky, George. "Why Freud Still Matters, When He Was Wrong About Almost Everything." *io9 We Come from the Future* (July 8, 2013): Accessed May 14, 2016. <https://web.archive.org/web/20200301014443/https://io9.gizmodo.com/why-freud-still-matters-when-he-was-wrong-about-almost-1055800815?IR=T>.

Evans Christine. *The Scientific Basis of Urology*. Edited by A.R. Mundy (London: Churchill Livingstone, 1987).

Famous Scientists: The Art of Genius. "7 Scientists whose ideas were rejected during their lifetimes" (2016): Accessed May 14, 2016. <https://web.archive.org/web/20200215162540/https://www.famousscienists.org/7-scientists-whose-ideas-were-rejected-during-their-lifetimes/>.

Farraher, Joseph. "Masturbation" *New Catholic Encyclopaedia*. Vol. 9. New York: McGraw-Hill, 1967, 438-440.

_____. Timothy Friedrichsen, and Richard P. Fitzgibbons. "Masturbation." *New Catholic Encyclopaedia Supplement 2012-2013. "Ethics and Philosophy."* Ed. Robert L. Fastiggi 3, Detroit: Gale (2013), 963-66. Accessed April 28, 2014. <https://web.archive.org/web/20170923181057/http://www.catholiceducation.org/en/marriage-and-family/sexuality/masturbation.html>.

Foster, Claire. *The Ethics of Medical Research on Humans*. Cambridge: Cambridge University Press, 2001.

Freud, Sigmund. *Totem and Taboo*. New York: W.W. Norton & Co., 1950.

_____. *The Standard Edition of the Complete Psychological Works of Sigmund Freud 1953-1974*. Translated and edited by James Strachey, Anna Freud, Alix Strachey, Alan Tyson, and Angela Richards. London: Hogarth Press and the Institute of Psycho-Analysis, 1965.

Garrigou-Lagrange, Reginald. *Christian Perfection and Contemplation*. Translated by T. Doyle. St Louis: B. Herder, 1957.

_____. *The Three Ages of the Interior Life*. Translated by Sr Timothea Doyle. Vol. I and II. Louis: B. Herder, 1957.

Graneris, Giuseppe. "Material Sin." *Dictionary of Moral Theology*. Edited by Francesco Cardinal Roberti & Msgr. Pietro Palazzini (Westminster MD: Newman Press, 1962; Italian Edition, 1957).

Gregory the Great. "Letter to Augustine of Canterbury." *Libellus responsionum* (601). *The Oratory of Sts. Gregory and Augustine* (2016). Accessed May 14, 2016. <https://web.archive.org/web/20160324131938/http://www.benedictineoratory.com/ministries/1239-2/>.

Gilby, Thomas. *Summa Theologiae*. "Appendix 1: Principles of Morality (I-II, qq.18-21)." Vol. 18. Translated and Edited by Thomas Gilby OP. Blackfriars Edition. Cambridge: Eyre and Spottiswoode Ltd., 1966.

_____. *Summa Theologiae*. "Appendix V: The Psychology of the Human Act." Thomas Aquinas, *Summa Theologiae*. Vol. 17. Translated and Edited by Thomas Gilby OP. Blackfriars Edition. Cambridge: Eyre and Spottiswood Ltd., 1966.

_____. *Summa Theologiae*, "Appendix 1: Structure of a Human Act (I-II, qq.8-17)." Vol. 17. Translated and Edited by Thomas Gilby OP. Blackfriars Edition. Cambridge: Eyre and Spottiswoode Ltd., 1966.

Gilby, Thomas. *Summa Theologiae*, "Appendix 5: The Subordination of Morals (I-II, qq.18-21)." Vol. 18, Translated and Edited by Thomas Gilby OP. Blackfriars Edition. Cambridge: Eyre and Spottiswoode Ltd., 1966.

Gondreau, Paul. *Philosophical Virtues and Psychological Strengths: Balanced Emotions*. Edited by Romanus Cessario, Craig Steven Titus and Paul Vitz. New Hampshire: Sophia Institute Press, 2013.

Goodier, Alban. *An Introduction to the Study of Ascetical and Mystical Theology*. London: Burns and Oats, 1957.

Grisez, Germain. *Abortion: the Myths, the Realities, and the Arguments*. New York: Corpus Publications, 1970.

_____. *The Way of the Lord Jesus: Christian Moral Principles*. Vol. 1. Illinois: Franciscan Press, 1983.

Grossouw, Willem. *Alles is van U. Gewijde en profane herinneringen*. Baarn: Ambo, 1981.

De Guibert, Joseph. *The Theology of the Spiritual Life*. New York: Sheed and Ward, 1935.

Hardon, John. *Modern Catholic Dictionary*. New York: Double Day Press, 1975.

_____. *The Homosexual Person: New Thinking in Pastoral Care*. San Francisco: Ignatius Press, 1987.

_____. "The Pastoral Problem of Masturbation." *Linacre Quarterly* 60, no. 2 (May, 1993).

Heath, Thomas R. *Summa Theologiae*. "Appendix 4: The Gift of Wisdom." Vol. 35. Translated and Edited by Thomas Gilby OP. Blackfriars Edition. Cambridge: Eyre and Spottiswoode Ltd, 1972.

Healthline Media. "Obsessive-Compulsive Disorder: Causes, Symptoms, and Treatments." *MediLexicon International* (March 2016). Accessed January 20, 2017. <https://web.archive.org/web/20190421002447/http://www.medicalnewstoday.com/articles/178508.php>.

Hickey, Philip. "Psychiatry Is Not Based On Valid Science." *Featured Blogs* (January 9 2014). Accessed October 31, 2015. <https://web.archive.org/web/20170521222849/http://www.madinamerica.com/2014/01/psychiatry-based-valid-science/>.

John of the Cross. *The Collected Works of St John of the Cross*. Revised edition. Translated by Kieran Kavanaugh and Otilio Rodriguez. Washington DC: ICS Publications, 1991.

Jone, Heribert. *Moral Theology*. Translated by Urban Alderman. Cork: Mercier Press Limited, 1962.

Joyce, R & M. *Let Us Be Born*. Chicago: Franciscan Herald Press, 1970.

à Kempis, Thomas. *Imitation of Christ*. Translated by Edgar Daplyn. London: Sheed and Ward, 1973.

Kennard, Jerry. "10 Reasons to Consider CBT" *Health Central* (December 16, 2007): Accessed April 12, 2016. <https://web.archive.org/web/20200301020938/https://www.healthcentral.com/article/10-reasons-to-consider-cbt>.

Kestens, Adolph. *Compendium Theologiae Asceticae: Spiritual Guidance: Fundamental of Ascetical Theology Based on the Franciscan Ideal*. Translated by Elmer Stoffel OFM Cap. New Jersey: St Anthony Guild Press, 1962.

- Kizewski, Justin. *God-Talk: The Patristic Patrimony of Mediaeval Analogy in Theology*. Rome: Pontifical Gregorian University, 2016.
- Klingberg Family Centers. “Stop It Now: The Scope of Child Sexual Abuse.” Accessed October 25, 2015. <https://web.archive.org/web/20180812193015/http://www.stopitnow.org/faq/the-scope-of-child-sexual-abuse-definition-and-fact-sheet>.
- Kirmayer Laurence J. and Crafa, Diana. *Frontiers in Human Neuroscience* (May 7, 2014). Accessed October 27, 2015. <https://web.archive.org/web/20200301023245/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4092362/>.
- Kreeft, Peter. *Practical Theology*. San Francisco: Ignatius Press, 2014.
- LaHaye, Tim. *Transforming Your Temperament*. New York: Inspirational Press, 1991.
- Lander University. “Introduction to Logic: Fallacies of Relevance.” *Philosophy* 103 (Fall, 2001): Accessed November 28, 2015. <https://web.archive.org/web/20190720093614/https://philosophy.lander.edu/logic/person.html>.
- Leget, Carlo. “Moral Theology Upside Down.” *Jaarboek 1999. Thomas Instituut te Utrecht*. Ed. Henk I.M. Schoot. Accessed November 15, 2015. <https://web.archive.org/web/20190516135252/https://www.thomasinstituut.org/thomasinstituut/documents/Jaarboek-1999.pdf>.
- Logan, Gary J. “Separate Fates.” *Johns Hopkins Magazine* (February 2005). Accessed April 22, 2015. <https://web.archive.org/web/20190709022958/https://pages.jh.edu/~jhumag/0205web/separate.html>.
- Mangan, Joseph T. “Making Moral Choices in Conflict Situations.” In *The Principles of Catholic Moral Life*, edited by William May, 329-58. Chicago: Franciscan Herald Press, 1980.
- Mari, Denise. *Hope Family Resources*, 2016. Accessed May 24, 2016. <https://web.archive.org/web/20200301024513/https://hopefamilyresources.webs.com/who-we-are>.
- Massachusetts Medical Society. “The Ethics of Placebo-controlled Trials — a Middle Ground Sounding Board.” *The New England Journal of Medicine* 345, no. 12 (September 20, 2001), 915-19. Accessed December 5, 2015. https://web.archive.org/web/20170407194111/http://www.or.org/files/Placebo_Ethics.pdf.
- Mathetes. “The Epistle of Mathetes to Diognetus.” In *The Liturgy of the Hours According to the Roman Rite*. Vol. 1. Advent, Proper December 18, Chpt. 8, 5-9, 6: Funk 1, 325-27. Sydney: E. J. Dwyer, 1974.
- May, William. *An Introduction to Moral Theology*. Indiana: Our Sunday Visitor, 1991.
- _____. “Knowledge, Connatural” *New Catholic Encyclopedia*, 2nd Ed. Vol. 8. Washington, DC: Thomson Gale, 2003.
- _____. *Principles of Catholic Moral Life*. Edited by William May. Illinois: Franciscan Herald Press, 1980.

McLeod Saul. "Person Centered Therapy" *Simply Psychology*, 2015. Accessed January 20, 2016. <https://web.archive.org/web/20200219022608/http://www.simplypsychology.org/client-centred-therapy.html>.

Meschler, Moritz. *The Three Fundamental Principles of the Spiritual Life*. Westminster, Maryland: The Newman Bookshop, 1945.

Ter Meulen, Rudolf Joseph Hubertus. "Ziel en Zaligheid De receptie van de psychologie en van de psychoanalyse onder de katholieken in Nederland 1900-1965." *Radboud Repository of the Radboud University*. Nijmegen: Ambo Press, Doctoral Thesis Confirmed (Nijmegen 1988). Accessed February 24, 2016. https://web.archive.org/web/20190217203211/https://repository.ubn.ru.nl/bitstream/handle/2066/113559/mmubn000001_069302707.pdf.

Moberly, Elizabeth. *Homosexuality: a New Christian Ethic*. Cambridge: James Clarke & Co. Ltd., 2001.

Monteiro, Marit, E. "Discretion and Expertise. Exploring the role of Roman Catholic psychiatrists in the approach and response of the Roman Catholic governing bodies to the sexual abuse of minors (1945-1970)" *Radboud University, Nijmegen* (2011). Accessed February 25, 2020. https://web.archive.org/web/20200229220556/https://www.ru.nl/publish/pages/793438/monteiro_discretion_and_expertise_2013_2.pdf.

_____. "De affaire-Terruwe" *Radboud University, Nijmegen* (2010). Accessed May 14, 2016. <https://web.archive.org/web/20200301031201/https://repository.ubn.ru.nl/bitstream/handle/2066/94357/338689.pdf?sequence=1>.

The National Catholic Bioethics Center and the Catholic Medical Association. "A Catholic Guide to Ethical Clinical Research." *The Linacre Quarterly*, 75:3 (August 2008, published online July 18, 2013). Accessed April 4, 2016. <https://web.archive.org/web/20200301031918/https://www.tandfonline.com/doi/abs/10.1179/002436308803889521>.

Nicolosi, Joseph. "You Don't Have to be Gay." *Thomas Aquinas Psychological Clinic*. Accessed January 21, 2016. <https://web.archive.org/web/20190819171926/http://www.josephnicolosi.com/>.

_____. "What Is Reparative Therapy? Examining the Controversy." *Thomas Aquinas Psychological Clinic* (2015). Accessed April 21, 2016. <https://web.archive.org/web/20190329093831/http://www.josephnicolosi.com/what-is-reparative-therapy-exa/>.

O'Loughlin, McKinley. "Phagocytosis." *Human Anatomy* (June 2015). Reaccessed July 27, 2020. <https://www.youtube.com/watch?v=rsHyQ6A6PcI>

Olsen, David. "Circumplex Model of Marital & Family Systems: Empirical Approaches to Family Assessment." *Journal of Family Therapy* (1999). Accessed October 31, 2015. <https://web.archive.org/web/20170829131906/http://eruralfamilies.uwagec.org/ERFLibrary/Readings/CircumplexModelOfMaritalAndFamilySystems.pdf>.

Ott, Ludwig. *Fundamentals of Catholic Dogma*. Cork: Mercier Press, 1958.

- Oxford Latin Dictionary*. Edited by P.G. Glare. Oxford: Clarendon Press, 2004.
- Oxford Living Dictionary*. “Repression,” Oxford University Press (2017). Accessed January 20, 2017. <https://web.archive.org/web/20200301033326/https://www.lexico.com/definition/repression>.
- Pascal, Blaise. *Pensées*. Translated by A. J. Krailsheimer. London: Penguin Classics, 1995.
- Peters, Edward N. “When Bad Advice in Confession Becomes a Crime.” *Pastoral and Homiletic Review* CXI, no. 9 (June/July 2011): 18-23.
- Phillips, Francis. “Restoring the image of God in our lives nourishes our mental health” *Catholic Herald* (14 Aug 2013). Accessed February 6, 2016. <https://web.archive.org/web/20200301033624/https://catholicherald.co.uk/restoring-the-image-of-god-in-our-lives-protects-our-mental-health/>.
- Pies, Ronald W. “Psychiatry Remains a Science, Whether or Not You Like DSM-5” (February 25, 2010). Accessed October 31, 2015. <https://web.archive.org/web/20170521222849/http://www.madinamerica.com/2014/01/psychiatry-based-valid-science/>.
- Pinckaers, Servais. *The Sources of Christian Ethics*. Edinburgh: T&T Clark, 1995.
- Plötner, Sirku Judith. “Sittlichkeit und Säkularität Transformationen des niederländischen Katholizismus 1900 bis 1970” [Morality and Secularity Transformations of Dutch Catholicism from 1900 to 1970] Dissertation for the doctorate of the Faculty of Philosophy of the Albert-Ludwigs-University of Freiburg, (2008), 93. Accessed December 15, 2015. <https://web.archive.org/web/20200301034240/https://freidok.uni-freiburg.de/dnb/download/9553>.
- Prummer, Dominic. *Handbook of Moral Theology*. Translated by Gerald Shelton. New York: P.J.Kennedy, 1957.
- Random House. *Webster’s Unabridged Dictionary*. New York: Random House, 1998.
- Reber, Arthur and Emily Reber. *The Penguin Dictionary of Psychology*. London: Penguin Books, 2001.
- Ripperger, Chad. *The Introduction to the Science of Mental Health*. Denton. USA: Sensus Traditionis Press, 2007.
- Rose, Michael S. *Goodbye Good Men*. Washington DC: Regnery Publishing Company, Inc., 2002.
- Rossetti, Stephen, and L. Lothstein, et. al. *Slayer of the Soul, Child Sexual Abuse and the Catholic Church*. Connecticut: Twenty-Third Publications, 1990.
- Royo, Antonio and Jordan Aumann. *The Theology of Christian Perfection*. Iowa: The Priory Press, 1962.
- Ruygers, H. “Zielzorg en psychotherapie: kritische beschouwing van een document. Tijdschrift voor Theologie, jrg.5” (1965), 60-88.

Schumacher, Matthew. "The Knowableness of God: Its Relation to the Theory of Knowledge in St Thomas." University of Notre Dame (1905). Accessed December 20, 2016. <https://web.archive.org/web/20160325031840/http://maritain.nd.edu/jmc/etext/kog.htm>.

Semmelweis Society International. "Dr Semmelweis' Biography." (2016). Accessed May 14, 2016. <https://web.archive.org/web/20190717000828/http://semmelweis.org/about/dr-semmelweis-biography/>.

Sheed, Francis. *Theology and Sanity*. London: Sheed and Ward, 1993.

Sherwin, Michael S. "Infused Virtue and the Effects of Acquired Vice: A Test Case for the Thomistic Theory of Infused Cardinal Virtues," *The Thomist* 73, no. 1 (January 2009): 29-52.

Smith, Brendan L. "Inappropriate Prescribing." *American Psychological Association* 43, no. 6 (June 2012), 36. Accessed May 12, 2016. Original: <http://www.apa.org/monitor/2012/06/prescribing.aspx>. Archived: <https://archive.ph/Cv8ve>

Smith, Ed. *Healing Life's Hurts through Theophostic Prayer*. Kentucky: New Creation Publishing, 2005.

_____. "The New TPM." *Transformation Prayer Ministry* (2016). Accessed January 20, 2016. <https://web.archive.org/web/20190722201820/http://www.transformationprayer.org/>.

_____. "Supplemental Training." *Transformation Prayer Ministry* (2016). Accessed January 20, 2016. <https://web.archive.org/web/20180207195959/http://www.transformationprayer.org/supplemental-training-menu>.

Snell, R. J. "Connaturality in Aquinas: The Ground of Wisdom," *Quodlibet Journal* 5, no. 4 (October 2003), Part II. Accessed December 20, 2016, <https://web.archive.org/web/20170305065632/http://www.quodlibet.net/articles/snell-aquinas.shtml>.

Stock, Michael. "A Thomistic Analysis of the Concept of Repression." *The Thomist* XXV, no. 4 (October 1962): 463-494.

Tanquerey, Adolfe. *The Spiritual Life, a Treatise on Ascetical and Mystical Theology*. 2nd. Revised Edition. Belgium: Desclée and Co., 1930.

Teresa of Avila, *The Collected Works of St Teresa: The Life, Spiritual Testimonies and Soliloquies*. Vol. 1, Translated by Kieran Kavanagh and Otilio Rodriguez. Washington DC: ICS Publications, 1976.

Terry, Karen J., Margaret Leland Smith, Katrina Schuth, James R. Kelly, Brenda Vollman, Christina Massey. *The Causes and Context of Sexual Abuse of Minors by Catholic Priests in the United States 1950 – 2010*. The John Jay College of Criminal Justice Research Team for Conference of Catholic Bishops, USCCB. Washington DC: May, 2011.

_____. *The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States 1950 – 2002*. Conference of Catholic Bishops

Washington DC: The John Jay College of Criminal Justice Research Team, Conference of Catholic Bishops USCCB. Washington DC: June, 2004.

Theopedia. "Antinomianism." *An Encyclopaedia of Biblical Christianity* (2016). Accessed December 5, 2015. <https://web.archive.org/web/20160314044817/http://www.theopedia.com/antinomianism>.

Thérèse of Lisieux. *Story of a Soul*. Translated by John Clarke, 3rd edition. Washington, DC: ICS Publications, 1996.

Titus, Craig Steven. *Philosophical Psychology: Picking Up the Pieces of Philosophical Psychology* edited by Craig Steven Titus. Arlington, Virginia: The Institute for the Psychological Sciences Press, 2009.

Top Treatment Centers. "ProjectKnow: Understanding Addiction," *Sober Media Blog* (2016). Accessed November 20, 2016. <https://web.archive.org/web/20190602223054/https://www.projectknow.com/porn-addiction/>.

Traversari, Ambrogio. *Benedictus Brognolus: Laertii Diogenis vitae et sententiae eorum qui in philosophia probati fuerunt*. Impressum Venetiis: Nicolaum Ienson Gallicum, 1432.

De Valk, J.P. "Duynstee, Willem Jacobus Antonius Joseph (1886-1968)" *Biografisch Woordenboek van Nederland. Huygens ING - Den Haag. Bronvermelding* (November 12, 2013), 2. Accessed December 15, 2015. Original: <https://translate.google.it/translate?hl=en&sl=nl&tl=en&u=http%3A%2F%2Fresources.huygens.knaw.nl%2Fbwn1880-2000%20%2Flemmata%2Fbwn2%2Fduynstee> Archived: <https://archive.ph/P1cH3>.

VanderMarck, William OP. "Ethics as a Key to Aquinas's Theology: The Significance of Specification by Object." *The Thomist* XL (October 1976), 535-54.

Vermeersch, A. *Tolerance*. New York: Benziger Brothers, 1912.

Van Schaik, A.H.M. "Grossouw, Willem Karel Maria (1906-1990)" *Huygens ING, Biografisch Woordenboek van Nederland* (Den Haag, 2002), 5. Accessed November 20, 2016. Original: <https://translate.google.it/translate?hl=en&sl=nl&tl=en&u=http%3A%2F%2Fresources.huygens.knaw.nl%2Fbwn1880-2000%2Flemmata%2Fbwn5%2Fgrossouw&sandbox=1>. Archived: <https://archive.ph/Cj7Lp>.

Van Wieringen, John. "Twee Visies Op Geestelijke Bevrijding Bij Thomas Van Aquino in De Geschriften Van Anna Terruwe" (Nijmegen: November 2003). [*Two Visions of Spiritual Liberation from Thomas Aquinas in the Writings of Anna Terruwe*]. Archives of the Archdiocese of Utrecht 20 (1947). Accessed November 19, 2015. Original: <https://translate.google.it/translate?hl=en&sl=nl&u=http://users.skynet.be/thomisme/Artikelen/TerruweWieringen.pdf&prev=search>. Archived: <https://archive.ph/YoggH>.

Wadell, Paul. *The Primacy of Love*. New York: Paulist Press, 1992.

Walsh, Vincent M. *A Key to Charismatic Renewal in the Catholic Church*. St Meinrad, IN: Abbey Press, 1976.

Westberg, Daniel. *Right Practical Reason*. Oxford: Clarendon Press, 1994.

West's Encyclopaedia of American Law, 2nd edition. Farmington Hills, Michigan: The Gale Group, Inc. 2008.

William of St Thierry. "On Contemplating God." In *Liturgy of the Hours According to the Roman Rite*. Advent: Monday Week Three, Readings. Vol. 1. Sydney: E. J. Dwyer, 1974.

Wlassoff, Viatcheslav. "How Does Post-Traumatic Stress Disorder Change the Brain?" *Neuroscience & Neurology* (January 24, 2015). Accessed May 14, 2016. <https://web.archive.org/web/20190213174038/http://www.brainblogger.com/2015/01/24/how-does-post-traumatic-stress-disorder-change-the-brain/>.

Wortmann, Fletcher. "Full Exposure: The Sickening Treatment for OCD" *Psychology Today* (May 21, 2012). Accessed December 7, 2015. Original: <https://www.psychologytoday.com/au/blog/triggered/201205/full-exposure-the-sickening-treatment-ocd>. Archived: <https://archive.ph/Cimij>.

Wright, Henry. *A More Excellent Way*. Georgia: Pleasant Valley Publications, 2005.

Wojtyla, Karol. *Love and Responsibility*. London: Collins, 1981.

Yearbook Catholic Documentation Centre. "Dr A.A.A. Terruwe" ("De discussie rond het proefschrift van mevr. Dr A.A.A. Terruwe / L. Winkeler," in *Jaarboek van het Katholiek Documentatie Centrum* 1980), 118-35. Accessed November 22, 2016. http://www.ru.nl/kdc/over_het_kdc/publicaties_kdc/publicaties/jaarboeken/#Jaarboek1980.

APPENDICES

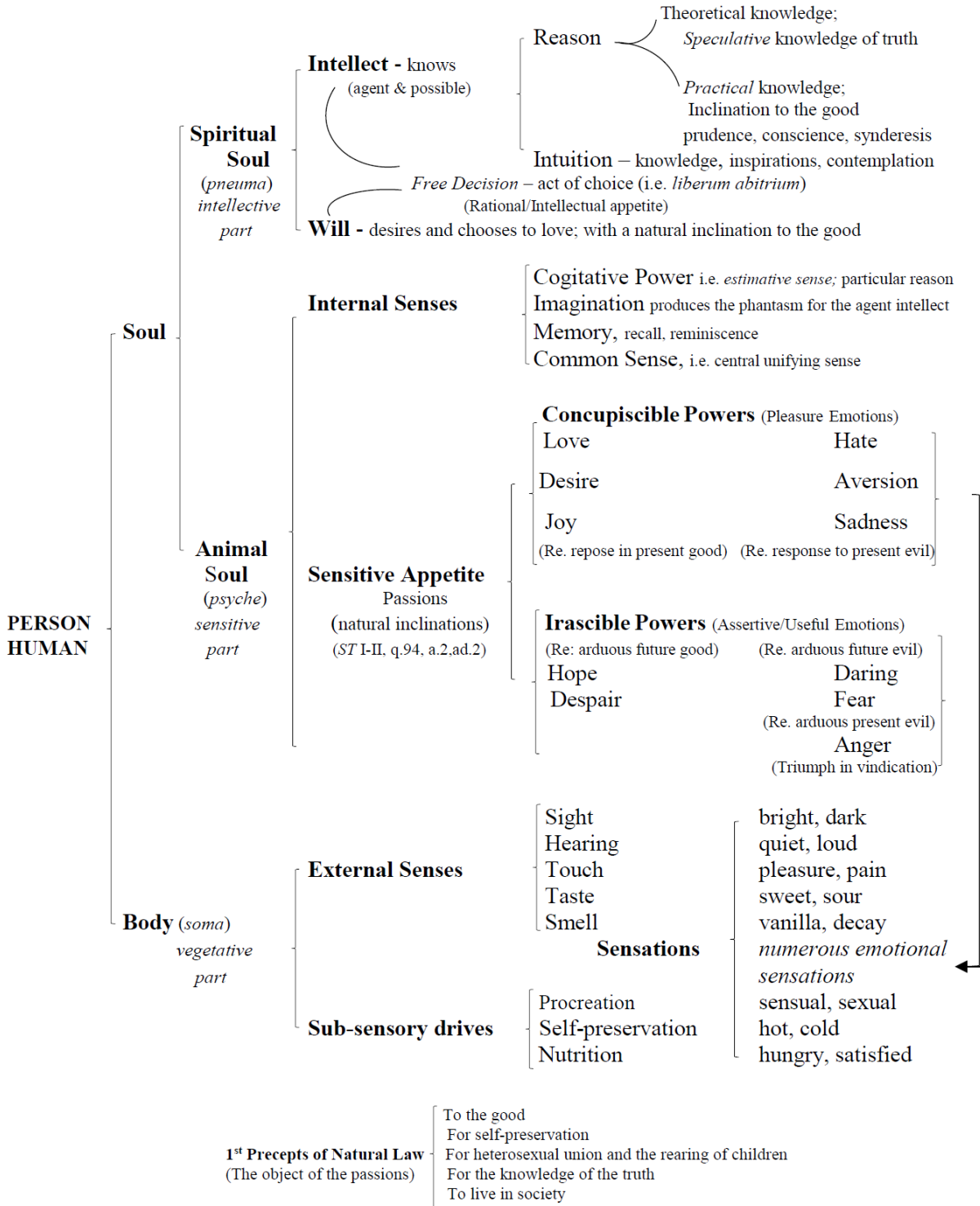
APPENDIX I

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A Schema of the Human Person

Sanctifying Grace - Infuses Theological and Moral Virtues and Seven Gifts of Holy Spirit

Actual Graces - Enlighten the mind and strengthen the will to perform supernatural acts



APPENDIX II

Three Ages of the Interior Life (Garrigou-LaGrange, Vol. II, 655).

<p>Grades of Prayer Spiritual Theology (Jordan Aumann OP, 316f.)</p> <p>9. PRAYER OF TRANSFORMING UNION</p> <p>8. PRAYER OF CONFORMING UNION</p> <p>7. PRAYER OF UNION</p> <p>6. PRAYER OF QUIET</p> <p>5. INFUSED CONTEMPLATION</p> <p>4. PRAYER OF SIMPLICITY</p> <p>3. AFFECTIVE PRAYER</p> <p>2. MEDITATION</p> <p>1. VOCAL PRAYER</p>
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UNITIVE LIFE OF THE PERFECT

Full	<ul style="list-style-type: none"> Extraordinary; e.g., vision of the Trinity Ordinary; <ul style="list-style-type: none"> Contemplative form Apostolic form
Weak	<ul style="list-style-type: none"> Not very continual union, often interrupted
Initial	<ul style="list-style-type: none"> Passive purification of the spirit; more or less well borne

ILLUMINATIVE LIFE OF THE PROFICIENT

<ul style="list-style-type: none"> Extraordinary, e.g., with visions & revelations 	<ul style="list-style-type: none"> Full infused Contemplation Clearly contemplative form Ordinary
	<ul style="list-style-type: none"> Active form, ordained to action
	<ul style="list-style-type: none"> Weak <ul style="list-style-type: none"> Transitory acts of infused contemplation <i>The Dark Night of Senses</i>,
<ul style="list-style-type: none"> Initial Passive purification of the senses, more or less well borne, (i.e., initial infused contemplation) 	

PURGATIVE LIFE OF THE BEGINNERS

<ul style="list-style-type: none"> Full or Generous 	<ul style="list-style-type: none"> Fervent or prayerful and devout souls
<ul style="list-style-type: none"> Weak 	<ul style="list-style-type: none"> Tepid or retarded souls, not without relapses
<ul style="list-style-type: none"> Initial 	<ul style="list-style-type: none"> First conversion or justification

APPENDIX III

Various Vignettes Giving a Face to Emotional Disorders⁸¹³

1. **Hysterical Disorder**

Dolores in her late 30s, when attending a healing prayer service in her local church was cured of deafness. This seemingly miraculous moment was only an external manifestation of a deeper and ongoing healing of psychological trauma. Dolores was born with hearing but had grown up a deaf mute. She carried a secret that was still very much alive but whose full extent was truly buried, even from her. As an infant, Dolores was grossly and regularly digitally raped and sexually abused. So shocking and terrifying was the ordeal that it not only emotionally blunted her but caused her to repress deeply her trauma. This repression was more than emotional; it was also sensate. Her deafness was the three-year old's involuntary repressive defence closing herself off from all the "noise" she endured during the abuse. Dolores had successfully blocked the worst of her infantile abuse, but at the cost not only of her external senses but also her internal senses. Ultimately, the abuse stunted her intelligence and voided free actions in many ways. Though a mother with children, understandably, her marriage had failed and several of her children had little to do with her. Dolores as an adult kept a journal of her sorrows and fortunately now also of her healing progress. Through the process of MT, Dolores, who was abused horrifically in the garage of the home in which she had lived, increasingly felt the pain of the little girl and fully understood why she went deaf and lost her senses. She records, "The pain was so horrific, but the healing prayers helped me to be able to cope with it. The main focus was my bath trauma as an infant, something I have never been able to get past this until now. I realise now that Jesus wanted me to experience the love I felt with the near death experience from my attempted drowning. It was a difficult period as I could feel all this love coming in but it also affected my cognitive ability to do just ordinary everyday things. It also caused me to become quite deaf again and that was scary. I just allowed myself to the best of my ability to allow this to wash over me to see where Jesus was taking me. This happened over two days. I could cry "at a drop of a hat" to coin a phrase. The best part though is, the memories have stopped coming so I am feeling more confident that this too will pass. I have done so much writing and so much of my earlier journey came back to me. Especially the "disassociation" going someplace in my mind and blocking out so much from my past. I can see now just how poorly my behaviour was and how dysfunctional my life was, and just how far I have come. It is very affirming to be able to see this and give thanks to my God for all he has done for me.

2. **Anxiety Disorder**

In her late twenties, Jeni a practicing registered masseuse was having recurring images of an incident that had happened to her when only a young teen. One day on the beach in summer Jeni was shocked when an older teenage boy exposed himself in an aroused state. This imaged haunted her for the next ten years even though she was dealing with semi-naked people almost daily. At the time, the young girl had no knowledge or understanding of how to handle this "shocking" exhibitionist incident. She repressed

⁸¹³ Each of these examples is a true pastoral account resulting from priestly ministry, apart from those facts that obscure the person's identity. Where possible permissions were obtained. Otherwise the vignette is a disguised amalgamation to protect the person's privacy and confidentiality.

the memory for years until it became too insistent breaking into her conscious thought when least wanted or expected. Her fear prompted her to seek counsel (see *ST I-II*, q.44, a.2, ad.3). In itself, it was at the lower end of predatory exhibitionist behaviour, yet for an innocent and pure young girl, it was judged as dreadful and recorded as such by her memory and other internal senses.

3. Energy Disorder

Sr Gloria came from a rural family. She had entered a religious group and had been professed three years. She was trying to complete her Bachelor of Arts degree so as to become a teacher within the religious group. Over a period of six months, she had found it increasingly difficult to study. Before entering the apostolic convent she had been managing an independent supermarket. A highly competent, practical, energetic and irascible person, nothing was too much for her. The other women in the religious group acknowledged that she was very capable, however, in some ways quite stilted and irascible. Growing up she had been quite the tomboy. She played with the boys at football and was better than most of them. She was tough and had been rough-and-tumble with her brothers and often could best them at whatever was happening. She seemed fearless and had been quite formidable in her employment as the market manager. Few would mess with her and her decisions. As with everything, she threw herself into her present study. However, this was getting the better of her because she was constantly distracted, unable to remember things and finding it tough to think things through logically. With permission, Sr Gloria sought psychological counsel. Over subsequent visits, it appeared that the problem was with her imagination. She never dreamed and found it difficult to imagine and to think things through imaginatively. It eventually became clear in counselling that she was suffering from sexual repression, and specifically gender dysphoria (the condition of feeling one's emotional and psychological gender identity to be different from one's biological sex). Sr Gloria had been aware of this for many years, and at one stage, though she could not remember when, she decided to have no more of it and pushed it out of her mind. It was clear that she was willing everything feminine about her and repressing everything she perceived as masculine, even though she could not hide it, and acted with perceptible masculine energy and drive. Her volitionally determined energy disorder was her wilful determination to be a religious "sister." She reasoned that she did not need anything to do with sexuality because of her vow of chastity. In her mid-teenage years, this long-range plan to be a consecrated religious had her repress everything boyish about herself. Now 10 years on, and trying to study, her volitionally determined repression of her concupiscible emotions by the irascible power had become habitual and was interfering with her cognitive imagery because of the repression of her imagination (see *PWH* 45-47).

4. Camouflaged Fear Disorder

Simon was 12, and an altar server at the local church for Sunday Mass, school liturgies, and sometimes he would be invited to serve funerals and weddings. He also worked as a paperboy for the local news agency several mornings a week. Later after school, he would do jobs around the shop several nights a week and sometimes on Saturday mornings. He liked his job, his employers and the pocket money. One of his jobs when newspapers or magazines were out of date was to cut the title and date banner from the front page of the periodical and collect them so that they could be returned for monetary

credit to the publishing house. He then threw the magazines into the dumper. Some of these magazines had explicit pornographic content. Simon was a good and conscientious lad. Still, by his 15th birthday his father had never had “a father-son talk” with him. He knew that he should not have been exposed to pornographic material. And whenever he had to handle the girlie magazines he got butterflies in the stomach and felt really anxious about serious sin. He had never said anything to his parents but knew that he should not be handling this material. He could not understand why handling these magazines caused him so much fear, especially when he “flicked through them.” He always felt embarrassed when he was at the church with the priests. He also felt ashamed and guilty at “fudging” his confession of sin, where he would say “I looked at something rude,” especially to the priests whom he knew. Being conscientious and wanting to do the right thing, at 16 years of age he made up his mind that he would never look at any of these magazines again. What he did not realise was that he would carry out his daring intention, not reasonably, but with repressive energy. Simon was true to his word, he stoically repressed his fear of potential sin and with determination repressed feeling afraid with energy.

5. Emotional Deprivation with Superimposed Repressive Disorder

Cyrus was a serious young man but suffered from emotional deprivation disorder with deeply repressed sexuality. After completing a trade which he did not enjoy and with which he was not overly competent, at 25 years of age, he began university. He immediately started to struggle academically and socially in the college residence. Having alienated most of his peers and far from home, he sought the assistance of the campus chaplain. The diagnosis of his condition could not have been easier. Although intelligent, he had a number of internal sense impairments and emotional aberrations. His faith was sound, strong, and sacramental though understandably lacking love. His temper was volatile and when actuated, frightening to those around him. It was suggested that he consult a counselor and he responded to her very well and appreciated the opportunity. However, after some time he said that there must be more because it seemed not to be hitting the mark. He was provided with a book by Dr Conrad Baars. He immediately recognized his problem and recounted his life’s story which was one of maternal-infant abandonment and an upbringing by an overbearing, judgemental, and un-affirming father. Having read all he could about both the deprivation and the repressive disorders, he had correctly self-diagnosed (though this is never recommended). The diagnoses was confirmed as his condition was so clearly demonstrable. Thus began the rather long road of psychic healing and wholeness during the years of study and later employment. It could be said that as serious as his case was, his recovery, though painful, was remarkable. Wanting to promote all his deprived senses he immersed himself in many reasonable sensate experiences and gave praise to God for it all. But one evening, he was at a theater production where alcohol was freely provided. He had never been a drinker, as he knew that his grandfather had been an alcoholic. Yet on this particular occasion, he decided to imbibe, given that the champagne was free. It was a new sensate experience. At the end of the evening, though not drunk, he drove home. He was stopped by police at a random breathalyzer and found to be over the legal blood limit. He lost his car license for three months much to his inconvenience and embarrassment. He later shared that he was well aware that he shouldn’t drink and drive, and told himself so. Though from this event he realized and accepted the experience as another victory for moral maturity whereby “he had learnt a valuable lesson.” He learnt that he could do wrong, receive a just punishment yet be

forgiven and be reinstated with his license again without any emotional recrimination or fanfare. He recounted that the justice his own father had meted out throughout his life, even in small matters, was belittling, overly severe, and emotionally crippling. Whenever he had previously done wrong, his father would ignore him, give him the “cold shoulder” and not acknowledge him for days, weeks and on one occasion for over a year. He had learnt that God’s justice too is swift, but forgiving and mercifully loving with no hard feelings (see CCC 1994).

6. Trauma and Stressor-Related Disorders

Paul was a fine, intelligent, competent and physically strong faith filled man. He was an ex-defence serviceman who served 16 years in the navy in the intelligence corps targeting and executing firing orders. He did twelve tours in Vietnam, and two in Afghanistan. After leaving the Navy, he joined the New South Wales State Police Force in his 29th year. After a year as a probationer, he was transferred to the plain-clothes detective branch for two years and then spent six years as an undercover policeman in the drug branch doing drug busts where violence was frequent. He filled the position of an officer who had been killed on duty. After ten years in policing he was pensioned out of the force “medically unfit.”

In the next year at age 38, he took and lost twelve jobs in twelve months. After a further five years, his wife insisted that he sees a psychologist. It was only then that he was diagnosed with and discovered anything about PTSD. Over the next 15 years, he was hospitalized three or four times a year for weeks and months at a time. Because of the medical insurance company’s red tape, he was seen by no less than 26 psychiatrists and psychologists and then remained under one psychiatrist and one psychologist whom he saw monthly over those years. He struggled daily with suicide, so great was his psychic pain. He was hospitalized regularly during episodes of emotional crisis and was heavily medicated daily. Apart from several other psychiatric medications, he would consume a tub of 50 Valium tablets per month. He smoked three cartons of cigarettes a week (i.e., <300). Sadly, in the end with her own life endangered on several occasions and having become a secondary victim and PTSD sufferer, Paul’s wife left him. He lived in a small bush town in a caravan in a chronic state of anxiety.

At age 56, Paul was attending a monthly police post-traumatic support group. He was convinced that he would spend the rest of his life as a PTSD sufferer even though he had received the best of psychiatric and psychological therapy over 15 years. In a group, he became aware of MT and transformation prayer ministry. Encouraged, he began to follow raapra and prayer therapy. After one face to face session and a couple of dozen other telephone sessions of around one hour (travel being the inhibitor), Paul was freed from most of his PTSD symptoms, with the exception of cigarettes which he said he “enjoyed.” After a year, he was no longer suicidal and had lost most of his engrained symptoms. He had had only two minor setbacks which were addressed with the same therapy. After four years, he stated, “joy and colour have come back into my life.” Other infrequent contacts and ministry occurred which were opportunities to resolve previously untreated matters resulting from less traumatic memories which had surfaced and, unexpectedly, deliverance from some disturbing evil spirits. Paul lives happily free from dangerous symptoms and on a very light dose of medication which the psychiatrist is reluctant to discontinue, even though both psychiatrist and psychologist are amazed at his new state of life. (After more than ten years Paul continues free from all disturbing symptoms and enjoys retirement with his children and grandchildren. He has quit

cigarettes).

7. Depressive Disorders

Peter was in year five at school and though in every way a normal, healthy, and handsome boy he was bullied mercilessly on school buses at his existing and two prior schools. He was withdrawn, failed to perform at his school work and although he had an athletic body he was reluctant to participate in sport and other activities. The other children picked up on his aloofness, continually teasing and bullying him. Peter took it all, refusing in any manner to assert himself or to seek justice. The parents after finding fault with each of the schools' staff who were unable to reign in such gross bullying misbehaviour on the part of the other children, finally sought help from their priest. Through prayer and discussion, the cause of Peter's vulnerability was revealed. When just three years of age, Peter had been teased at kindergarten by a bigger boy over many days. Finally, when a toy was taken from him by the bully, Peter punched the other boy in the face which made his nose bleed profusely. Peter was shocked at the effect of his punch. Furthermore, both the kindergarten staff and later Peter's parents so castigated him that he believed that he was "a very, very bad boy." He never wanted to have that happen ever again. The consequence even at such an early age was the repression of his assertive drive. "If I get angry, very bad stuff happens." Peter, even before the age of reason, had repressed his anger. The repressed anger was gradually released through counsel, prayer, and an education in the mortification of the repressing emotion of fear. Peter was also tutored in ways of dealing appropriately with future vexatious situations. Even though Peter's depression lifted, what was remarkable was the emotional change that took place within Peter. Over the next weeks, Peter was no longer bullied, even though the children were not warned off or aware of any counselling intervention. Peter displayed a new outlook, and, more importantly, a new emotional persona which bespoke confidence and assertiveness. He became a happy and well-respected kid among his peers and participated in every activity as a normal child.

8. Sexually Abused and Unknowingly Repressed

Susan was a mother and had several small children. In her mid-30s, physically exhausted, tearful, and emotionally breaking down often she sought help. Through discussion, it became clear that marital relations were, and always had been a source of great distress to Susan. She was molested as an infant by a significant adult who went on to masturbate her regularly. Her common sense and cogitative power naturally and instinctively judged such sensations and intrusions as wrong and harmful and were subsequently stored in her sensitive memory. The stored consequent phantasms formulated by the cogitative power and apprehended by her possible intellect were records of the negative and harmful molestation. These "feelings" continued on and off over some years making Susan resistant to her relative, anxious and emotionally closed. Later in puberty, she always felt uncomfortable "down there" when she washed. Susan never touched herself, masturbated nor explored her sexuality. This endured into marriage and whenever her husband desiring to give her pleasure touched her maritally she recoiled in horror. At first, this surprised her, but then she just put up with it. Needless to say, she was very reluctant to participant in marital relations. Although Sue never connected the two, the touches were reminiscent of her unhealed infantile abuse. Healthy marital advances were perceived not as wholesome and good, but rather as

harmful and intrusive. Susan's external sense of touch and pleasure was completely distorted from being naturally pleasurable to unpleasant, from being useful to harmful and from being good to bad. Even though her intellect knew that marital touches were appropriate and wholesome, yet her cogitative faculty was seriously altered and malformed. In the context of counsel and prayer, Sue's condition was explained to her and after several meetings, Sue asked that her condition be explained to her husband.

The fact is that of itself intellectual knowledge cannot modify the cogitative power's erroneous harmfulness judgement though the insight helps. What was necessary was a joint cognitive and cogitative approach and opportunities for her to experience at her own pace the gradual emerging and connatural experience of the pleasurable goodness of sexual excitation, as the molestation was healed and repressive feelings subsided. Susan and her husband explored a fitting application of MT together and with patience and sensitivity Sue was able to learn connaturally the authentic sensations flowing from her internal and external senses as she followed *raapra* within MT and allowed the pleasures of the procreative inclination. Over a period of time, Susan came to enjoy fully the pleasure of "making love" with her increasingly sympathetic, affectionate, and caring husband. Needless to say, her young husband was likewise most grateful for the insightful knowledge of self-restraint and marital practise.

9. High Functioning but Unaware of Repression

Father Cedric at 46 was an exemplary priest for 20 years and was pastor in a city parish. His ministry was appreciated by parishioners for his liturgical reverence, inspiring homilies, and balance when dealing with business, but above all because he was most obliging and approachable. However, behind the competent façade, Fr Cedric was unravelling emotionally. He had been chaste since late teens and happy in his celibacy with very little commotion coming from his procreative drive. He had believed he was heterosexually oriented but had never dated nor had he had any close female friends. He had worked hard before the seminary and after ordination, once appointed as a pastor, he had built a full and productive parish plant and even had time for weekly sport and healthy entertainments. But over the previous year or two he had found himself very joyful, almost giddily euphoric when young Tommy, aged fourteen going on fifteen, would serve Mass or assist with other church activities as he had over his growing years. Tommy was always very friendly, outgoing, and happy to help. He was also, according to Cedric very handsome. Cedric found himself very attracted to Tommy, something that disturbed, confused, and scared him. When Fr Cedric caught himself thinking about Tommy emotionally and more so sexually Cedric knew he was in trouble. He very quickly, sought advice from a fellow priest who fortunately could shed some light on his predicament. Even at 46 unacknowledged natural inclinations and repressed emotional impulses had surfaced due to the friendly and simple joy that he experience by "feeling a connection" with the exuberant young Tommy. Fortunately, not only was no harm done to Tommy but the occasion proved most formative for Cedric due to the clear understanding of his brother priest. Natural affection for another outgoing and pleasant human being had simply unravelled Cedric's mistaken belief that he had mastered (i.e., unconsciously repressed) his sensuality and sexuality. Love is the most powerful of the emotions and often the catalyst for a repressed sexual outbreak.

10. Confused Patient ~ Inadequate Priestly Spiritual and Moral Knowledge

A clinical psychologist writes: A practicing Catholic with a 25 year psychiatric history (including hospitalizations) and a family history of serious neuroses and psychoses became a regular client. After careful differential diagnosis, I arranged psychiatric medication and monitoring for him and initiated long-term affirmation, “energy” reduction and mortification (of fear) therapy for his many problems. Most notably, he suffered from severe insomnia, paternal deprivation neurosis, memory blocks, repressed masculinity, energy-camouflaged obsessive-compulsive disorder, scrupulosity, atrophied affectivity, paranoid symptoms, and depression. I addressed the delicate matter of his distressing sexual and religious obsessions and compulsions by obtaining advice from members of the Fellowship of Catholic Scholars and co-operators, who have expertise in the fields of theology, spirituality and psychology and by faithfully following the methods outlined in the books and tapes of Drs. Terruwe and Baars. I felt assured that the mortification therapy was consistent with Catholic faith and morals.

Our client’s self-image and emotional life progressed steadily under our care. However within twelve months, it became clear that a serious misunderstanding and misrepresentation of the Terruwe/Baars diagnoses, treatment indications and goals was developing during the client’s monthly visits to his spiritual director. The client told us that his priest spiritual director had asked another moral theologian about the mortification therapy as it is partially described in *Psychic Wholeness and Healing*. Through our client we learned that both clergymen found the book’s description of it “unclear” and were concerned that the therapy “should not aim at masturbation.” Although their views are correct, the clergymen seemed to hold the mistaken view that we had been prescribing sexual misbehaviour to the client and undermining his faith. To address this misrepresentation which was clearly fuelled by the client’s severe scrupulous doubting and misunderstanding, we tried unsuccessfully to get a hearing with his director to explain the problem of freedom of the will in severe pathological repression as well as to discuss the Catholic morality of the therapy.

However, our client told us that instead of consulting with me or my clergy colleagues, the spiritual director had spoken to another psychotherapist, who knew our client from a single intake session with him. He explicitly condemned the Terruwe/Baars treatment of sexual and religious obsessions and compulsions. Due to this therapist’s good reputation, he enabled his “analysis” to carry weight with the spiritual director. Our client informed us that his director had concluded that our group’s moral judgements were erroneous and our thinking confused. Tragically, the seeds of mistrust planted in the client by these authority figures disrupted my psychotherapeutic relationship with him. He relapsed into old symptoms and developed new ones. Following the suggestions of his director, the client abruptly terminated psychotherapy, even though he admitted to feeling frightened about the lack of availability of a comparable replacement therapy.

11. Discovering the Difference between Continence and Chastity

Lirim was a young unmarried male. He was in his early 30s and when younger had struggled with sexual obsessions, compulsive frequent masturbation, and voyeurism. After six or seven years, Lirim was in the final stages of MT. The secondary effects of abreaction had greatly diminished after several years. Lirim was a fervent devotee of the Blessed Virgin Mary. He particularly valued the “five stones” as suggested through Medjugorje devotion; namely, prayer, fasting, Bible readings, confession, and Eucharist. Throughout MT, he diligently continued this devotion. He reported with great delight one day that he had

discovered the difference between the virtue of continence and the virtue of temperance. He believed that he had arrived at the virtue of chastity long before he had settled the matter of his sexual continence. What he meant by this was that he had over several years lived the five stones and particularly his fasting on Wednesdays and Fridays. This living of the five stones he understood as helping his moderation towards all things as a lead up to the virtue of temperance. Lirim had sufficient reasonable choice to always in act *raapra* which helped him not to give vent to his sometimes intense sexual congestion during the day time. However, when he retired at night and followed the *raapra* teaching when sexual arousal presented itself there were secondary abreactive effects which, although he allowed the enjoyment of the same, he prayed that he would eventually be free even from these involuntary abreactions.

In the last 12 months of therapy to his relief and joy, the natural process of nocturnal emissions re-established itself. The duration, in times of weeks or months, demonstrated the truth that secondary abreactive effects were in fact diminishing and his anxious repressive reflex in the stomach was gone. All the same, the occasional abreactive masturbation occurred. Having suffered the effects of repression, he was loath to return to anything repressive in his mind or behaviour. During the day, he had no difficulty or significant emotional disturbance as a result of choosing not to masturbate and to forego internet voyeurism, as tempting as it was. Happy with this degree of progress, he attentively followed *raapra* each time his sexual appetites were aroused. He appreciated these insights very much, however, he wanted to be entirely free from sexual compulsions at night. Even though on rising the next morning after abreactive masturbation, having slept soundly and well, he always found himself with no sense of guilt or recrimination. Nevertheless, unhappy with his lack of freedom from abreactive masturbation, even after appropriately applying *raapra*, he reasonably decided that he would choose to forego the desire to masturbate while staying calm emotionally. However, in doing so he had a restless and poor night's sleep but was content with his success to be free. All the same, his poor night's sleep did not disturb the next day's activities. So he chose to follow the same pattern each time at night as he passively experienced sexual arousal while enacting *raapra*. Over subsequent occasions the matter became easier until finally the disturb sleep ceased altogether and he rose the next day content and continent. He was keen to share with the priest his new found understanding of the distinction between his moderation of concupiscence, which he realised he had been living according to the "five stones" over the previous years and now more recently sexual continence as well.

He understood this as his virtuous direction and moderation of all things concupiscible. He no longer feared his concupiscibility and this had in fact been replaced by a healthy sense of the virtue of temperance. Moreover, he had come to understand that his inability to be continent regarding his sexual powers had more to do with his fear of repression and how that affected his thinking, especially at night. With the realisation and distinction that he was capable of the virtue of temperance which moderated his concupiscible appetite, he could now joined this with his new found nightly sexual continence which gave him the realisation of the possibility of the virtue of chastity. Two years later, he was able to affirm that since last speaking with the priest he had had only one setback and knew the reasons for this. He admitted that during a time of personal stress this setback was due to his failure to follow *raapra* appropriately in the area of continence. All the same, he acknowledged how appreciative to God and His holy Mother he was, while rejoicing in his virtue of temperance and newfound liberty with continence. He carries the "five stones" gratefully in his heart.

APPENDIX IV

Human Act as Applied to a Recovering Sexually Afflicted Person

MIND (see <i>ST</i> I-II, q.8-17)	WILL
<i>Immanent activity in "order of intention"</i>	
About	Ends
<p>1. Judgement that the end exists (i.e., psychological help, freedom is possible)</p> <p>3. Judgement that it can be achieved (i.e., after talking to the therapist, I believe I can achieve this by the means explained to me)</p>	<p>2. Wishing or wanting (i.e., I wish I were well; I just want psychological and moral freedom)</p> <p>4 determination to achieve it (i.e., yes, with the support available to me and with God's help, I want this)</p>
About	Means
<p>5. Deliberation about ways and means (i.e., I know I need counsel, and probably additional catechesis, and there are some directives too)</p> <p>7. Discrimination and selection (i.e., I'm convinced by this psychotherapy, and although I'm frightened by the three directives, I'm confident it will be okay)</p>	<p>6. Approval (i.e., yes, I'm going to get behind this)</p> <p>8. Choice (i.e., let's do it. I will to undergo this psychotherapy)</p>
<i>Practical action in "order of execution"</i>	
<p>9. Practical and effective command (i.e., following the counsel of the therapist and the moral advice of the priest, I agree to cooperate with MT, voluntary motor reactions ensue)</p>	<p>10. Application to deed (i.e. I will to apply all of the guidance given to me and I will voluntarily and at the same time passively allow all my feelings, imaginings, emotions, thoughts "to be natural" as I have been counselled)</p>

11. Performance by appropriate power or powers

(i.e., At long last I am able to experience my emotions and the natural psychomotor movements that the therapist ined to me; I still feel fear as I delight in pleasurable feelings and am happy to mortify my fearsome irascibility, and I actually think that I am regaining some reasonable control over all of this as I think through *raapra*.

It seems that I am experiencing my feelings as they were truly meant to be, namely, pleasurable)

12. Fulfilment

(i.e., "I feel as if a heavy stone has been rolled away from the spot where my sexual feelings were buried alive" (*PWH* 119).

I delight in my new found freedom and feel peaceful in God's love as I am assured by the therapist and priest.

This chart is adapted for mortification therapy from: Thomas Gilby, "Appendix V: The Subordination of the Morals," Thomas Aquinas, *Summa Theologiae*, vol. 18, trans. and ed. Thomas Gilby OP, Blackfriars Edition (Cambridge: Eyre and Spottiswood Ltd., 1966), 143ff.

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