

Chrtc 390 Module 7 Class Notes by Paul Flaman

Brain Disorders, Mental Illness and Personhood

Discussion Questions

1. If neuroscience shows that mental illnesses are rooted in the brain, what does this imply about our understanding of the nature of persons?

2. Brain disorders and/or mental illnesses such as serious depression, schizophrenia and Alzheimer's can also have a serious effect on the person's view of God, faith and behaviour. E.g., a person of strong Christian faith and virtue who develops such a disorder / illness may now exhibit some quite contrary behaviours. Does a human person have real freedom and responsibility? Is religion a form of neurosis?

3. If a drug like Prozac can help some people believe in a loving kind God again (e.g., Mark Parent 1999), what are the implications of such drugs for Christians and for those who do not believe in God?

4. In the light of the above, how do the biological, psychological, ethical and spiritual dimensions of human persons interrelate?

5. Peter Singer argues against human beings having any special dignity or sanctity of life as compared to other sentient animals. He also believes that some healthy animals have more personhood than some human beings with undeveloped brains or with severely damaged brains. Why do some Christians still defend the sanctity of life of all human beings, including those with severe brain disorders or damage, and their having a greater dignity than other animals? Does neuroscientific research linking human experience to the brain have any relevance to or influence on theological understandings of the special dignity of humans?

6. Do you consider some forms of brain research and therapy or treatment for mental illness to be unethical? Why or why not?

7. Do the biblical and Christian theological themes of creation, sin and redemption have anything to offer with regard to our understanding of brain disorders and mental illness, and the value of human persons suffering from these?

Neuroscience, Brain Disorders and Mental Illness

History Regarding Understanding Mental Illness

This and the next two subsections of this chapter present a summary of lectures given by psychiatrist Doug Spaner at the University of Alberta in 2007 and at The King's University in 2009. Note that parts within these subsections placed within square brackets involve related additions not in these talks of Dr. Spaner. Both universities are in Edmonton, Alberta, Canada. Doug Spaner graduated in medicine from the University of Alberta in 1979. He practiced as a General Practitioner until 1984 and then completed a Doctorate in Psychiatry at the University of Alberta between 1985 and 1989. He served mentally ill persons as a psychiatrist at Alberta Hospital for 12 years and has been in private practice since 2001. He gives some clinical lectures for University of Alberta students. One of his areas of interest is addictions. Doug Spaner is a Christian.

The word “psychiatry” is from the Greek *psyche* meaning “soul” and *griatros* meaning “healer,” thus etymologically it means “healing of the soul.” [Hippocrates (around 450 B.C.) distinguished four human temperaments related to moderate imbalances of four bodily fluids or “humors”: sanguine related to a dominance of blood (the heart), choleric related to a dominance of yellow bile (the liver), phlegmatic related to a dominance of phlegm (the lungs), and melancholic related to a dominance of black bile (the kidneys).] Related to the “four humors” mental illness was understood for centuries in the West to involve an immoderate imbalance, that is, too much blood, yellow bile, phlegm or black bile. Another popular view was that lunatics (from *luna* meaning “moon”) were thought to be “moonstruck.” Consider the “myth” that more people act “crazy” when there is a full moon.

Some mental illness has also been attributed to demons. [Consider the New Testament Gospels reporting Jesus as casting out demons from some people who had symptoms in some ways comparable, for example, to epileptic seizures.] In the 1700's (A.D.) many understood mental illness as a consequence of immoral behavior. Later social structures were thought to cause mental illness (consider cities as a cause of stress) so those affected were put in asylums in the country to experience less stress.

In the late 1800's many thought mental illness was related to conflicts in the mind—compare Sigmund Freud and Karl Jung regarding the conscious and unconscious dimensions of the person. Consider, for example, the steam engine metaphor of “blowing off steam” which if repressed will exit elsewhere. By the 1950's the brain became the focus of treatments for mental illnesses. Consider lobotomies (cutting connections in the frontal lobe of the brain) and electroconvulsive therapy. By the 1960's mental illness was thought to be related to chemical states in the brain. Consider research to develop more effective medications and the use of various drugs to try to manage anxiety, depression, bipolar disorder, schizophrenia, and so forth. [See, e.g., also Ashley, DeBlois and O'Rourke 2006, 5.2 regarding different types of therapy.]

Various Perspectives of Mental Illness

Psychiatrist Doug Spaner speaks of four perspectives of mental illness: 1) The “Disease Perspective” considers brain damage, for example, related to dementia, schizophrenia and bipolar disorder; 2) The “Dimensional Perspective” considers, for example, temperaments, personality disorders and mood disorders; 3) The “Behavioral Perspective” considers harmful behaviors related to addictions; and 4) The “Life-Story Perspective” considers various neuroses, [for example, reactive attachment disorder,] related to abuse and/or neglect in childhood. There is evidence of brain correlates to feelings (subjective experiences), but there is no consistent

brain test to predict any of the major mental illnesses including depression, schizophrenia and so forth. One still needs to take the person's history, that is, to ask the person how they feel, etc., to make a diagnosis.

Psychiatrist Doug Spaner's View

While scientific materialism includes many insights, it reduces human experience including emotions, consciousness, and spirituality to brain states. Doug Spaner is a Christian himself and a supporter of 12-step programs. These involve turning to God or a "higher power." [Psychiatrist Jeffrey Satinover notes that secular psychiatry has had about a one percent success rate with alcoholism whereas Alcoholics Anonymous, the original 12-step program, has about a 30 percent success rate (1996, 179-209 regarding Secular Treatments and Christian Treatments). The Cenacolo Community founded by Sister Elvira Petrozzi in 1983 involves a residential program for addicts, which combines prayer centered on the Eucharist, work and sharing. Ninety-three percent of addicts who complete the program (a minimum of three years) never return to drugs. There are dozens of communities in a number of countries including the U.S.A. (ICN, 2003). Compare, e.g., also Teen Challenge, a rural residential Evangelical Christian drug and alcohol rehabilitation program for teens and adults which lasts a minimum of a year and has helped many to recover (Teen Challenge).]

Dr. Spaner thinks that all psychiatric illnesses have physical, emotional, social and cultural / spiritual dimensions. They include four quadrants: 1) the brain (compare the neurosciences and treatments involving nutrition, exercise and/or drugs); 2) the mind (compare psychology, meditative disciplines, prayer, and treatments such as psychodynamic therapy regarding the unconscious); 3) society (compare the social sciences, systems theory and relationship therapy and service work); and 4) culture (compare anthropology, spirituality and

treatment which involves conversion, the person shifting their worldview). Dr. Spaner points out that if there is a disorder in one quadrant it will also affect the other quadrants. This must be considered in treatment. Treatment directed at one quadrant will tend to also affect the other quadrants. Dr. Spaner believes in a holistic approach to the person. [For another holistic and somewhat complementary approach to the person and mental illness see Ashley and O'Rourke 1997, Ch. 12. Among other things, they consider the biological-psychological, psychological-ethical, and ethical-spiritual interfaces of human persons.]

Mental Illness and Personhood

In the past mental illness was thought to be more related to the spiritual dimension or soul of a person rather than the body. Today mental illness is thought to be more related to the body. Mental illnesses are understood as pathologies affecting perception, cognition, judgment, emotion, and behavior, interfering with normal and healthy function. Changes and variations in mental states are understood to be linked tightly to changes in brain states. These can be structural, for example, brain injury or damage (see, e.g., "Strokes: Brain Damage," *Encyclopedia Britannica* 2009, retrieved 12 July 2019 from: <https://www.youtube.com/watch?v=gnZcxJ7MZY4>) and/or neurochemical. With regard to the latter consider various neurochemicals, transmitters and receptors involved in psychiatric disorders such as schizophrenia, depressive disorders, bipolar disorders, and anxiety disorders, as well as various psychotic drugs (and their effects) which have been used in attempts to treat these (see, e.g., Pinel and Barnes 2018, Ch. 18: Biopsychology of Psychiatric Disorders).

With regard to mental illness and personhood, social, relational, experiential, and spiritual dimensions are also relevant. Related to fetal development, alcohol and/or drug exposure can have harmful effects on brain development including Fetal Alcohol Syndrome and

Fetal Alcohol Effect. Related to childhood, abuse and neglect can have serious negative effects (consider, e.g., Reactive Attachment Disorder). Malnutrition can also have negative effects on childhood development including brain development. Related to genetic vulnerabilities note the difference between something that is genetically determined such as eye color and a genetic predisposition, for example, to alcoholism. Genes do not determine anyone to be an alcoholic but persons with certain biological dispositions are more likely to become alcoholics—e.g., people with a gene that affects serotonin synapses are more likely to develop alcoholism if they are also growing up in an unstable environment (Guillot, Fanning, Liang, & Berman, 2015). Regarding schizophrenia there is not a 100 percent concordance among identical twins. There is, however, a higher concordance rate for monozygotic (identical) twins (45-50 percent) than for dizygotic (fraternal) twins (10-17 percent). Monozygotic twins are more similar genetically than dizygotic twins. (Pinel and Barnes 2018, 476)

Science per se does not define what is “normal” but can describe statistical incidences, averages, and so forth. For example, there are higher rates of ADD (Attention Deficit Disorder) in North America. Why is this? A possible theory is that perhaps those who came to North America were seeking new experiences. ADD people easily get bored and seek stimulation. What is “normal” is defined by culture including family, philosophy and religion.

A person’s sense of “self” and personal identity can be affected with mental illness and/or brain disorders. With regard to sense of “self,” I cannot forget when a friend who was a nun took me and my family for a tour in their nursing home. She pointed out an elderly nun who once was a professor but now did not know who she was. As a professor I wondered if one day that would be my fate. With regard to one’s sense of personal identity, in moral theology which I teach, we speak of one’s free deliberate choices, actions and omissions, as determining one’s

moral identity (cf. Wojtyla 1979). Moral theology and Catholic teaching recognize that “*Imputability* and responsibility for an action can be diminished or even nullified by ignorance, inadvertence, duress, fear, habit, inordinate attachments, and other psychological or social factors.”(CCC 1997, n. 1735) Certainly mental illness and/or brain disorders can diminish or nullify a person’s sense of responsibility and thus affect one’s moral and personal identity.

Some examples of mental illnesses which have effects on persons include depression, dementia, obsessive-compulsive disorder and schizophrenia. Depression can alter a person’s views of and belief in God, as well as one’s ability to experience a relationship with God and other people. Consider, for example, the experience of Mark Parent, a Christian minister, who shares in part: “The fact that the effects of depression were so pervasive in my own case and so easily treated by Prozac was (and is) extremely unsettling. I turned from believing that God was callous and perhaps evil back to a belief in a loving, kind God. I turned from thinking that life was worthless and meaningless to thinking that life was beautiful and worthwhile.”(Parent 1999) Dr. Daniel Amen, a neuroscientist and psychiatrist points out that depression has many different causes and treating all depression the same invites disaster (see, e.g., <https://www.youtube.com/watch?v=311j69yhRw0>: retrieved 13 Aug. 2019).

Dementia is the name given to a group of symptoms that commonly include problems with memory, thinking, problem-solving, language and perception. Dementia can have different causes. The most common cause of dementia in the elderly is Alzheimer’s disease. About 10 percent of people over the age of 65 suffer from Alzheimer’s and almost 50 percent of those over the age of 85. The defining characteristics of the disease are neurofibrillary tangles, amyloid plaques, and neuron loss. Alzheimer’s disease is progressive and terminal.(see, e.g., Pinel and Barnes 2018, 254-7; “What is Dementia? -Alzheimer’s Society (3),” retrieved 13 Aug. 2019

from: <https://www.youtube.com/watch?v=fmaEql66gB0>; and Dementia Care and Training Specialist Teepa Snow, “What is Dementia?” retrieved 13 Aug. 2019 from: <https://www.youtube.com/watch?v=t--mkzfHuIE>). Malcolm Jeeves (1997), a psychologist, explains that it is often possible to observe three distinguishable stages of Alzheimer’s disease. In the first stage the person becomes very forgetful including finding it more difficult to recognize relatives and friends, becomes quickly confused in unfamiliar places, and has difficulty concentrating reading or watching television programs. In the next stage the person becomes increasingly confused, many things in recent memory are quickly forgotten and the person often becomes more withdrawn and emotionally unresponsive. Finally, in the “dementia” stage the person becomes completely dependent needing to be dressed, washed and fed, etc., and often becomes paranoid and makes false accusations, and may experience psychotic-like delusions and seizures. Ultimately, they experience coma and death. Jeeves notes that some Christians “believe that the disorganization of psychological processes evident in dementia doesn’t really affect awareness of one’s relationship with God.” He thinks this “simplistic medical compartmentalization of senile dementia ... doesn’t fit the experience of demented patients.” As a believing Christian Jeeves affirms: “We believe that a biblically based theology can lead to a better, more compassionate understanding of the harrowing spiritual journeys of many of these patients. It can also help us realize afresh the collective relationship that we and they have in the great hope for them and us—the hope of resurrection in Jesus Christ.”(61-3)

A person with Obsessive-Compulsive Disorder (OCD) experiences obsessive thoughts and great anxiety, which are relieved by compulsive behaviors. For example, someone obsessed by odd-numbers refused to sit in even-numbered seats (Pinel and Barnes 2018, 493). OCD may feel and look like demonic possession. Related to this consider the movie, “The Exorcism of

Emily Rose,” which is based on the true story of a young German woman Anneliese Michel. Anneliese was diagnosed as having epileptic psychosis and depression. After five years of taking medications for these and her symptoms getting worse, her parents and two priests were convinced that she suffered from demonic possession. She died at the age of 23 of malnutrition and dehydration. Her parents and the two priests were convicted of negligent homicide for not forcing her to take her medication and to eat (WFE, retrieved 14 Aug. 2019; Ashley, DeBlois & O’Rourke 2006 consider demonic possession and exorcism in the last two paragraphs of Ch. 5.1).

Schizophrenia, a severe psychiatric disorder, attacks about one percent of individuals typically beginning in adolescence or early adulthood. Its symptoms are complex and diverse. Some symptoms of schizophrenia, none of which occur in all cases, include delusions, for example, of grandeur or of persecution, hallucinations (hearing imaginary voices), inappropriate affect, disorganized speech or thought, affective flattening, reduction or absence of motivation, and remaining motionless for long periods. Delusions of grandeur could include being a great athlete, being Napoleon, or having a special mission from God. Schizophrenia can lead a religious person to have distorted views of God. Schizophrenia has some genetic basis, results in some brain structure changes, and is treated with certain anti-psychotic drugs.(see, e.g., Pinel and Barnes 2018, 475-81) A personal friend of mine, Austin Mardon has had schizophrenia for many years. Fortunately with the help of medication he has been able to function at a very high level, has an earned Ph.D., and is a well known advocate for those suffering from schizophrenia and other forms of mental illness.

Should treatment for mental illnesses address the brain directly, for example, with surgery and/or drugs, or focus on the person’s relationships. Dr. Daniel Amen, a neuroscientist

and psychiatrist has found that certain drugs may help a person with a mental illness respond better to other therapy such as psychological. For some patients the need for drugs may only be temporary but for others it may be longterm (Amen 2000; compare also Dr. Doug Spaner's multi-dimensional approach as described above).

With regard to some people with mental illness engaging in behaviors harmful to themselves and/or others, how morally culpable, if at all, is the individual (this question will be considered below in the theological part of this chapter)? In any case, communities including some health care professionals and the legal system are often involved in restraining some mentally ill persons to protect them and/or others, to care for them, and to try to prevent further harm.

How is mental illness relevant for personhood and views of human nature? Do changes in the brain alter the "person," the "self?" Is there a "real person / self" trapped in a broken body? Regarding the body / soul or mind / body question (see other related parts of this book including Ch. 10), is the person / self mainly an "immaterial soul" or is the "soul" simply an expression of the body including the brain? Dr. Heather Looy, a colleague of mine, thinks that if personhood is not based on capacities (potential or realized), then mental illness does not alter it fundamentally. In any case, she points out that mental illness *does* alter the *experience* of personhood / selfhood. It also affects one's relationships with others and God.

Some Theological Perspectives Relevant to Brain Disorders and Mental Illness

With regard to brain disorders and mental illness, I think that good theology can contribute to our "big picture" understanding of these. Science as we considered above focuses on studying certain specifics such as the symptoms of various illnesses, possible causes such as how a neurotransmitter chemical or receptor correlates with a mood or mental state, and the

effects of various treatments. This can help many people function better, including mentally and emotionally, and better meet some of their needs.

An Integral Vision and Anthropology is Needed

In his “Theology of the Body” Pope John Paul II points out that an integral vision including a holistic theology and anthropology is needed to respond adequately to the many human problems. He also points out that such an integral perspective is often lacking in our age of specialization where many take reductionist perspectives.(1981, 172-5) Although differing on some specific conclusions with Pope John Paul II, theologian Charles Curran also advocates taking an integral perspective in the light of the main Christian mysteries to help us to avoid overly pessimistic or optimistic anthropologies.(1982, 155) An integral Christian theological and anthropological perspective begins with the mystery of God, who is eternal, all-powerful, all-good and all-loving, and who has created all other beings including human beings, that is, Creation. The first chapter of the Bible (Gen 1) affirms that everything God has created, including human beings in God’s image and likeness, is very good.

In human experience, including our experiences of various brain disorders and mental illnesses, however, not everything is “good.” One of the first Christian theologians to probe the question of “evil” in some depth was St. Augustine of Hippo (354-430 AD). Before becoming Christian he was trained in Manicheanism which held the dualistic view that matter including the human body is evil and the spirit is good. As a Christian, Augustine understood that matter and the human body are basically good as created by God. In understanding what is “evil” he found the Jewish philosopher Plotinus to be of some help. Plotinus understood “evil” as a privation, a lack of what is needed such as food. Augustine also understood evil as a deprivation, harming what is good. He understood sin or moral evil as contrary to the law of God, which according to

the Bible is summed up in the great commandments of loving God with all of one's heart, mind, soul and strength, and loving one's neighbor (others) as oneself. Another great theologian Thomas Aquinas (1225-1274 AD) understood evil not simply as a lack of a good but a lack of a good (or order or love) that should be there. Related to this consider, for example, that a healthy dog not having human intelligence is not an evil. On the other hand, if one human deliberately beats up another human leaving that person with serious permanent brain damage, the brain damage is a physical evil and the freely chosen beating up of the other is a moral evil according to Aquinas' perspective. In line with this perspective, brain disorders and mental illness may involve physical and psychological disorders or "evils," but they are not morally evil per se. They do not make a human person a bad or evil person. Related to Augustine and Aquinas' understanding of evil consider many contemporaries who speak of evil as dehumanizing or depersonalizing.

In the Bible human sin, both our own personal sins or failures to love properly, as well as the original sin of our "first parents" near the beginning of the human race (see more under Ch. 3 above), has a wide range of negative, harmful consequences including not only spiritual but also psychological and physical. Consider, for example, how the failure of parents to love their child properly including neglecting and abusing the child can have serious harmful effects on the child's physical, psychological, moral and spiritual development. Biblically and theologically, sin, both that of oneself and others, alienates us from God, from others, from oneself and the rest of God's Creation.

According to the Bible and Christian theology, God who is all-loving and all-powerful wants to and is able to save or redeem us from sin, to liberate us from both original sin and our personal sins, and all their negative consequences. This includes healing or reconciling us with

God, oneself, other persons and the rest of Creation. Regarding this healing consider Jn 14:26 and 16:13 where Jesus promises to send the Holy Spirit who will lead us into the complete truth (cf. the healing of our minds) and Rm 5:5 where the Apostle Paul says that God pours his love into our hearts by the Holy Spirit (cf. the healing of our emotions, affections and souls). Lk 11:13 reports Jesus as teaching that as a loving parent gives good things to their children, God our Father gives the Holy Spirit to those who ask. This implies that God wants to give us the Holy Spirit with his grace and healing power. Redemption means not only God overcoming the negative effects of our sins but also God offering us his friendship, infinite love and eternal life, which ultimately will include the resurrection of our bodies, according to the pattern of the risen body of Jesus if we die in union with him (Phil 3:21).

According to the Christian view of redemption we cannot save ourselves. We cannot resurrect our bodies, eliminate our pride and selfishness by our own efforts, and we cannot offer ourselves God's love and friendship—only God can save us. According to the Christian view Jesus Christ, God incarnate, who is fully God and fully human, is the one Mediator between God and humankind (see 1 Tim 2:5). The name “Jesus” means “God / Yahweh saves.” Jesus has merited our salvation by means of his Life, Passion, Death and Resurrection. The Apostle Paul teaches in Rm 8:28 that God works out everything for the good for those who love him. When we look at Jesus, who is our best model of a human being who loved God perfectly, we see that God worked out everything in his life including all of his trials and sufferings for the good. In line with the Apostle Paul's understanding we can also understand that God will work out brain disorders and mental illnesses, and the associated human trials and sufferings, for the good for those who love God. The Apostle Paul also shares that he appealed to God three times to be freed from a particular trial but that this did not happen. Paul came to realize that this was so

that God's grace and power may be made manifest in his weaknesses and calamities.(2 Cor 12:7-9) This no doubt can apply to all of us in our weaknesses including any related to brain disorders and/or mental illnesses.

An integral Christian theological perspective would also consider how we should understand and respond to brain disorders, mental illnesses, therapeutic approaches, and personhood in the light of the Christian vocation. "Vocation" from the Latin *vocare* means "to call," a calling. Jesus calls human beings to a profound conversion (Greek *metanoia* meaning "to repent," change one's direction in life from living without God to living for God), to growing in loving as God, as Jesus, loves—see Mt 22:34-40 regarding Jesus teaching that the greatest commandment is to love God with one's whole heart, soul and mind, and one's neighbour as oneself; and Jn 13:34 and 15:12 regarding Jesus' new commandment to love one another as he loves us. As reflected in Jesus' parables of the Good Samaritan (see Lk 10:25ff) and the Last Judgement (see Mt 25:31ff), Jesus calls us to a concrete love that responds to the real needs of our fellow human beings including any we may consider "least". Human beings with brain damage including the mentally disabled and/or with mental illnesses are often considered as "least" by other human beings. Good science, medicine and human therapies can help us to better understand and respond to their real human needs. Ashley, deBlois and O'Rourke explain various therapies related to mental illness, a Christian model of mental health, and some ethical issues related to various forms of mental therapy in their *Health Care Ethics* (2006, Ch. 5.2-5).

According to theologian David Bohr, conversion to be complete is not only religious—turning to God, but also intellectual—a change of thinking, affective—a change of feeling, and moral—a change of behaviour (1999, 112-19; cf. Doug Spaner's "four quadrants" above in this chapter). We are called to put away our old sinful self and put on the new self "created

according to the likeness of God in true righteousness and holiness” (Eph 4:22-24 NRSV). We are called to allow God to transform us to become pure and holy like God (see 1 Jn 3:1-3). This is a process which is meant to begin in this life, but which ultimately will be completed after death. This is necessary to become fully united with God in heaven. God’s will or moral law for us human beings is not arbitrary but related to the requirements of loving God, oneself and others properly (see Mt 22:37-40 where Jesus says all of biblical morality relates to the Great Commandments of love of God, others and oneself). The great Christian ethicist Dietrich von Hildebrand (1953) points out that this includes respecting morally relevant values such as truth, the sacredness of human life, the dignity of the human person, justice, and faithful and self-giving love, which are rooted in the nature of God and our nature created in the image of God (see, e.g., also the International Theological Commission’s 2009 paper on the natural moral law).

The Objective / Subjective Distinction Regarding Morality

Traditional Christian morality and some revisionist Christian morality consider human actions both objectively (consider real human needs including what we need to survive as well as to be fulfilled as persons, values rooted in God and God’s will, law and love) and subjectively. With regard to the latter, it is widely understood that certain factors can mitigate or eliminate a person’s moral awareness and/or freedom and therefore also one’s culpability. Related to moral awareness consider Jesus in Lk 12:47-83 speaking of two servants—both act contrary to the Master’s will (God’s will in the analogy), but the one who does so knowingly is punished more than the one who does so unknowingly. Rather than understanding God as out to get us, we can understand that when we knowingly act against God’s will this harms our relationship with God and our moral integrity more than when we do so unknowingly. Related to sometimes acting compulsively, rather than freely, the Apostle Paul in Rm 7:15-17 shares that he does not always

do what he wants. No doubt all of us can relate to this when we fail to listen to others as well as we intend, and so forth.

With regard to this distinction, an example from traditional Christian morality is that of Thomas Aquinas. He distinguishes “material sin” (the action is objectively immoral, there is the raw “material” of sin) and “formal sin” (here the person is subjectively culpable acting contrary to his/her conscience, what he/she judges he should do or should not do, and doing so freely and deliberately—consider “form” as relating to “ideas,” understanding and intention). Official Catholic teaching, as summarized in the *Catechism of the Catholic Church* (1997) recognizes that certain factors can lessen or eliminate a person’s subjective culpability: “*Unintentional ignorance* can diminish or even remove the imputability of a grave offense.... The promptings of feelings and passions can also diminish the voluntary and free character of the offense, as can external pressures or pathological disorders....”(n. 1860; cf. also n. 1746)

With regard to human freedom and its limits, Ashley, deBlois and O’Rourke say in part:

In view of the multidimensional and integral character of human personality ... no human being is totally free. Human freedom is limited (1) by innate biological structure, determined genetically, and by various accidents of development, with its innate needs or drives; (2) by unconscious conditioning ... that therapy deals with; and (3) by one’s knowledge of the world and self, set largely by the culture in which one lives, and the scope of one’s experiences and education

At the psychological level, the area of freedom is very limited in the psychotic person who is out of touch with reality. Most psychotic persons, however, probably have some areas of freedom, at least sometimes; this is why they can be reached by psychotherapy or chemotherapy (as the case may be), which aim to gradually extend these free areas. Neurotic persons are decidedly more free but have some areas of nonfreedom that do not occur in normal persons. The normal person has a limited area of freedom, but its limits lie near the level of the necessary determinisms of automatic and routine behavior that are compatible with normal freedom.

Also, the areas of freedom among normal individuals undoubtedly differ widely. [They compare highly creative and adaptive persons who are more free than unimaginative, rigid people.] (2006, 144)

With regard to the objective / subjective moral distinction mentioned above let us consider a few examples. Traditional Christian and official Catholic teaching consider acting freely to kill oneself (suicide) or another innocent person directly and deliberately (murder) including direct abortion and direct euthanasia to be seriously and objectively immoral. Concerning these, subjective culpability may be diminished or even non-existent. With regard to abortion consider the moral awareness, for example, of a 13-year old young woman who has an abortion after being convinced by her parents that having the abortion is the responsible thing to do and that the human fetus is not yet a human being but only a clump of cells (with regard to the status of the human fetus see the first part of Ch. 5 above). Compare the moral awareness of a 35-year old woman who has an abortion even though she cannot convince herself that the human fetus is not a human being and that even though having an abortion in her case would be “easier” she knows it would be wrong. In both these cases a real innocent human being’s life has been destroyed (objectively) by abortion, but the moral awareness and culpability (subjectively) of the two women is very different. Or consider a very depressed person who commits suicide or asks to be euthanized, or a woman suffering from severe post-partem depression who kills her newborn child. Some cases of someone suffering from a mental illness or a serious brain disorder can certainly diminish or perhaps even eliminate their subjective culpability when they “act” in an objectively immoral and harmful way.

The Apostle Paul also considered getting drunk deliberately to be seriously wrong (it is one of the behaviours that can exclude a person from inheriting God’s Kingdom—see Gal 5:19-21), and yet we can appreciate how someone who has become an alcoholic or drug addict often gets drunk or stoned compulsively rather than with full freedom. It is good to recall the biblical injunction that humans judge by outward appearances but that God sees the heart (see 1 Sam

16:7). Pope Francis has pointed out that someone who makes a small step to improve oneself can be more pleasing to God than another person who seemingly has their life in order (2016, n. 305; cf., e.g., Jesus' teaching in Mt 19:9-14 that God will humble the proud self-righteous person and show mercy to the humble repentant sinner).

Many think this distinction with regard to considering human actions both objectively and subjectively is helpful with regard to how we treat and relate to each other. Regarding civil law and crime consider, for example, the distinction between murder (the intended killing of another human being by someone capable of knowing this is a crime) and manslaughter (the killing of another human being which was done accidentally or by someone who was insane or otherwise was not adequately aware of what they were doing). A person convicted of murder will receive a greater punishment (e.g., more years in prison) than one convicted of manslaughter. Dr. Morris Shumiatcher, a lawyer with a doctorate in jurisprudence, told me (I worked a few summers for him when I was a university student) a number of years ago that civil and criminal law has been influenced by philosophy and theology.

On the one hand, Jesus teaches us that we should not judge or condemn others (see Mt 7:1-5). On the other hand, he teaches that we can be called to correct another person who has sinned (see Mt 18:15-17). Combining these teachings, we can say that we can be called to try to judge actions objectively according to human needs and God's moral law, but it is not for us to try to judge how another person stands before God—only God, who knows everything including the moral awareness and freedom of a person, can judge us in that sense. When a woman who was caught in the act of committing adultery was brought to Jesus, John 8:3-11 relates that Jesus saved the woman from the condemnation of others and he does not condemn her himself.

Nevertheless, he told her, "...from now on do not sin again."(NRSV) Jesus provides a model for us of loving fraternal correction rather than either condemning or enabling the sinner.

Pope John Paul II taught that the Church "does not restrict freedom but rather promotes it. The Church proposes; she imposes nothing. She respects individuals and cultures, and she honors the sanctuary of conscience...."(1990, n. 39) The Church both proposes the full truth of the Gospel including the requirements of God's moral law of love to people and she respects their freedom. Consider also how Christian moral theologians and ethicists (and in a sense any one of us) can share their judgments on the objective morality of various human behaviours with the intention of helping others to have a better informed and formed conscience according to the requirements of truth and loving as Jesus loves. They can do this without condemning those who think and/or act differently. Can one care for someone and not approve what he/she does, for example, someone addicted to alcohol or drugs? How can we best care for those including the mentally ill who sometimes act in harmful ways?

The Dignity of Human Persons

There are various views with regard to the special dignity of the human person and the sanctity of human life. The atheist philosopher Jean-Paul Sartre held that life as we find it is absurd, that there is no built in meaning. Nothing per se has intrinsic value. All values are created by us human beings. He advocated that we should be courageous and create our own values (see also Sartre under Chapter 2 above). Peter Singer, a professor of bioethics at Princeton University, considers "speciesism," the view that considers human beings to be more important than other species of life, to be a form of unjust discrimination comparable to racism. According to him, a living being with sentience, consciousness and cognition has more value than a being without these. Our value is not tied to our nature and our membership in the human

species, according to Singer, but to our present capacities. For him a healthy cat with sentience, cognition and consciousness would be of more value than a human being lacking these capacities with serious brain damage.(Garcia 2002)

Traditional Christianity and official Catholic teaching affirm that the human being is a person created in the image of God with a spiritual (incorporeal or immaterial and immortal) soul and has a transcendent dignity that surpasses all the rest of the material world. Each of us has a great and equal fundamental dignity, which is inherent or intrinsic, regardless of one's condition including the condition of one's brain.(see, e.g., CCC 1997, nn. 355-66; and USCCB 1996 regarding anencephalic infants; cf. Tanzillo 2013) This view considers animals to be neither machines (compare Descartes) nor persons (see Ch. 4 above).

Stephen G. Post, a Christian adhering to non-reductive physicalism (treated more in Ch. 10 of this book below), does not think that we human beings have immaterial immortal souls. Nevertheless, he thinks that each human being is equally a child of God and a recipient of God's love—God is graceful and present also to those with severely demented capacity to the end. According to Post's view, God's contact with us in love and grace is grounded in a neurological substrate rather than in an immaterial soul. He says we are called to a radically inclusive steadfast love (*agape*), which is one of bestowal—a person is loved simply because they are loved by God—rather than appraisal, that is, being loved based on the possession of certain attractive qualities.(Brown, Murphy and Malony 1998, Ch. 9) Regarding Post's view I raise a few questions. What if a human being's neurological substrate is severely damaged or did not develop properly? Could God choose to bestow more love on a healthy cat, for example, than on a human being with a severely damaged brain? Is God arbitrary regarding which species he

chooses to bestow more love, if human beings are not inherently ontologically superior as created by God with immaterial immortal souls?

Jean Vanier lived and worked with mentally handicapped adults from 1964 until he died in 2019. He considered pride to be the greatest handicap because it is the greatest obstacle to loving others. While Jesus relates the saying that the stone rejected by the builder has become the cornerstone (see Ps 118:22) to himself (see Mt 21:33-44), Vanier also relates this saying to the disabled. He considers the “most important” members of a community not to be those with the greatest abilities, but rather those with the greatest needs since they call others in the community to grow in love, which in Vanier’s view is the most important thing.(1989) These views of Vanier are in line with Jesus’ teaching regarding the importance of responding to the real needs of the least to receive eternal life (see Mt 25:31-46).

With regard to the question of respect for the person let us briefly consider a few moral approaches. Joseph Fletcher’s Situation Ethics advocates that one should do the most loving action in a situation. This really means acting in a way which results in the greatest good (understood in terms of subjective satisfaction) for the greatest number. This moral approach is utilitarianism.(see Ashley and O’Rourke 1997, Ch. 7.3) Among others it is held by the Peter Singer mentioned above. He thinks certain human beings such as those with undeveloped brains (e.g., human embryos and fetuses) or severely damaged brains can be considered “non-persons” or “sub-persons.” In his view, they can be sacrificed (killed) for the good of other humans with developed and normal brains who are “persons.” He approves, for example, taking vital organs or doing even lethal research on brain-damaged human beings.(Garcia 2002)

Christians generally reject utilitarianism and sacrificing one human being / person for the sake of others. The Apostle Paul taught that we should always do good and abstain from every

form of evil (see 1 Th 5:15-22). He also rejected the view that it is okay to do evil to achieve good (see Rom 3:8). Stephen Post affirms that each human being is to be loved as God loves him or her. God loves human beings unconditionally, not on the condition, for example, that we do not sin. Post, like Christians in general, affirms the equality of human beings—each is equally a child of God—and the norm of the sanctity of the life of human persons. This view does not accept utilitarian calculations that a person's worth is only related to their social contributions.(Brown, Murphy and Malony 1998, 211) And as we have considered in Chapter 2 above, another Protestant Christian Paul Ramsey and the Catholic Second Vatican Council (1962-5) also endorse the view of Immanuel Kant (1724-1804) that the human person as a personal subject is an end and is never to be treated merely as a means. This principle has also become the cardinal ethical principle governing research ethics in Canada (Tri-Council Policy Statement 1998, 2010 and 2014).