

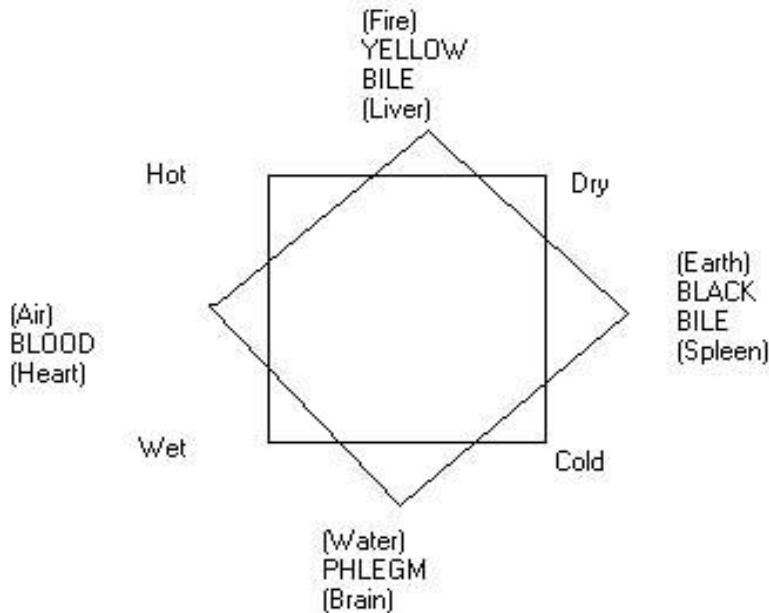
Chrtc 390 Module 7 Slides by Heather Looy and Paul Flaman: Life After Death?

Doug Spaner, Psychiatrist

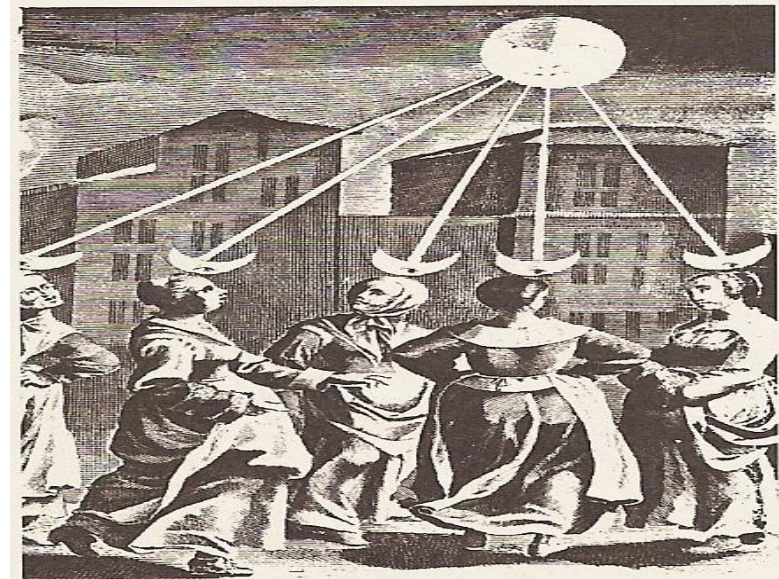
From talks at UofA 2007 and TKUC 2009

- Psychiatry: from *Psyche* (soul) and *Griatros* (healer) = healing of the soul
- **History regarding understandings of mental illness:**

Four Humors



Lunatics: from *luna* (moon) were thought “moonstruck”



History re: mental illness

- Some was also attributed to demons (cf. Jesus)
- In the 1700's many understood mental illness as a consequence of immoral behavior
- Later cities (social structure) was thought to contribute to mental illness so those affected were put in asylums in the country
- In the late 1800's many thought mental illness was related to conflicts in the mind (conscious/unconscious), e.g., Freud, Jung
- By 1950's the brain became the focus (cf. lobotomies, electroconvulsive therapy)
- By 1960's mental illness was thought to be related to chemical states in the brain

Various Perspectives of Mental Illness

- 1) Disease Perspective (e.g., brain damage, dementia, schizophrenia, bipolar disorder)
- 2) Dimensional Perspective (e.g., personality disorders, temperament, mood disorders)
- 3) Behavioral Perspective (addiction)
- 4) Life-story Perspective (neuroses)
- **Doug Spaner:** There is evidence of brain correlates to feelings (subjective experiences) but there is no evidence of a consistent cause (i.e., there is no consistent brain test to predict any of the major mental illnesses: depression, schizophrenia, etc.). One needs to ask the person how they feel, etc., to make a diagnosis.

Doug Spaner's View

- While scientific materialism includes many insights it reduces emotions, consciousness, spirituality to brain states.
- All psychiatric illnesses have physical, emotional, social and cultural/spiritual dimensions. They include four quadrants: brain (individual objective), mind (individual subjective), society (collective objective) and culture (collective subjective). 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. Heather Looy's slides slightly adapted by Paul Flaman:

Mental Illness and Personhood

- *mental* vs. physical illness? Past view: mental illness thought more re spirit, not body
- Today: more re body, a pathology affecting perception, cognition, judgement, emotion, behaviour
 - interfering with normal, healthy function
- changes/variations in mental states linked tightly to changes in brain states
 - structural, neurochemical



Mental Illness and Personhood

- social, relational, experiential, spiritual dimensions
 - fetal development (alcohol, drug exposure)
 - childhood: abuse, neglect, malnutrition
 - genetic vulnerabilities
 - “normal” defined by culture, family

Mental Illness and Personhood

- the *self* is affected in mental illness
 - “*self refers to that experience of one’s identity (‘me’) that one apprehends is being compromised in all of these neurological conditions*”
 - “*self refers to a subjective apprehension of one’s identity as a person which is anchored in several qualities of experience...long-term unity to experience forming a coherent whole of beliefs and attitudes, ownership of beliefs and actions expressed in acts of agency, and body-centered spatial perspectivity*”

Mental Illness and Personhood

- Depression: altering views of, belief in God, ability to experience relationship with God, other people
- Alzheimer's/dementias: inability to participate in an embodied way in community, relationship (incl. worship, prayer, etc.; anger with God, questioning own worth)
- Obsessive-compulsive disorder (OCD): obsessive thoughts create great anxiety, relieved by compulsive behaviors; feels/looks like demon possession
- Schizophrenia: apparently delusional ideas about reality, distorted views of God



Mental Illness and Personhood

Treatment and Implications:

- should treatment address the brain directly?
- what about relationship, community?
 - Others facilitating personhood, embodied participation
- levels of responsibility
 - individual--moral culpability?
 - communal--prevention, care, restraint

Mental Illness and Personhood

- Relevance for personhood, views of human nature:
 - do brain changes alter the *person*, the *self*?
 - or is there a “real person/self” trapped in a broken body?
 - immaterial soul? Or soul expression of body?
 - if personhood is not based on *capacities* (potential or realized), then mental illness does not alter it fundamentally

Brain Disorders / Mental Illness by Paul Flaman

An integral Christian theological perspective would consider these in the light of the Christian Vision:

- This vision begins with the mysteries of God (all-powerful, good and loving) and Creation (everything God has created is good – see Gen 1).
- Not everything in human experience is good though. Consider Christian theological understandings of evil and sin, e.g., Augustine, Aquinas, the Bible and some contemporaries (dehumanizing, depersonalizing ...)
- Consider also ‘original’ and personal sin and their negative / alienating effects). To what extent, if at all, can we relate brain disorders / mental illness to sin?
- God wants to and can save or redeem us, liberate us from sin and all its negative consequences (this includes healing and reconciliation) and offers us his friendship, infinite love & eternal life. We are free to refuse this offer or to accept it. God can bring good out of tragedy, evil and sin (cf. Rm 8:28).
- Is this hopeful vision realistic?

Brain Disorders / Mental Illness

An integral Christian theological perspective would also consider how we should respond to brain disorders, mental illness, therapeutic approaches and personhood in the light of the Christian Vocation:

- Jesus calls us to a profound conversion (*metanoia*)--to grow in loving God, others and oneself properly, as God / as Jesus loves (see, e.g., Mt 22:34-40; Jn 13 & 15).
- This call includes allowing God to transform one (a process which is ultimately completed after death), to become pure and holy like God (see 1 Jn 3). This is necessary to become fully united with God.
- Cf. God's moral law, will for how we should live.

Brain Disorders / Mental Illness

Traditional Christian and Catholic morality, as well as some revisionist Christian morality, considers human actions both **objectively** (cf. human needs & God's will / law / love) & **subjectively**. Certain factors can mitigate or eliminate a person's moral awareness and / or freedom and therefore also one's culpability.

- Consider Lk 12:47-8: Jesus - two servants and knowing the master's (God's) will.
- Rm7:15-17: Apostle Paul does not always do what he wants
- Aquinas distinguishes 'material' and 'formal' sin
- Consider the *Catechism of the Catholic Church* (1997), n. 1746 and n. 1860 re ignorance, passions, fear, external pressures, pathological disorders... and imputability or responsibility for an action
- Consider examples regarding abortion, alcoholism, mental illness, etc.

Brain Disorders / Mental Illness

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:

- Re crime and punishment consider, e.g., the distinction between murder & manslaughter
- Jesus teaches that one should not judge or condemn others (Mt 7) but one can be called to correct others in love (Mt 18:15-17)
- Consider Jn 8:3-11: Jesus and the woman caught in adultery
- Pope John Paul II: the Church proposes not imposes... Consider also various ethicists' judgments re how one ought to live / behave / act responsibly.
- Can one care for someone and not approve what he/she does? How can we best care for those including the mentally ill who act in harmful ways?

Brain Disorders / Mental Illness

Various views regarding the sanctity of human life and/or the special dignity of the human person:

- J.P. Sartre: atheist; life is absurd; all values are created by us.
- P. Singer: criticizes speciesism, considering humans more important than any other sentient being...
- Traditional Christian / Official Catholic: the human being (person) created in the image of God with a spiritual (incorporeal immortal) soul has transcendent dignity. Each of us has a great and equal dignity (inherent) regardless of one's condition (including one's brain).
- Stephen Post: a Christian; does not think we have an immaterial immortal soul, however, each human being is equally a child of God and recipient of God's love; we are called to a radically inclusive love (*agape*), a love of bestowal rather than appraisal (re possessing qualities)
- Jean Vanier: lives with the mentally handicapped; the greatest handicap is pride; those with the greatest needs are the most valuable members of the community because they call others to a greater love
- What is your view?

Brain Disorders/Mental Illness

Regarding respect for persons consider various moral approaches:

- Utilitarianism (cf. Singer; Fletcher's Situation Ethics--do the most loving act in the situation): one should act in a way that results in the greatest good (satisfaction) for the greatest number. Certain human beings (e.g., those with underdeveloped or severely damaged brains) can be sacrificed (killed) for the social good/the good of other humans (i.e., 'persons' with developed & normal brains).
- Apostle Paul: do good, abstain from every form of evil (1 Th 5:15-22); rejects the view that it is okay to do evil to achieve good (Rm 3:8)
- Christians generally reject utilitarianism. S. Post: each human being is to be loved as God loves him / her, unconditionally.
- Vatican II and Paul Ramsey also endorse Kant's view that the human person as a subject is an end and is never to be treated merely as a means. The Medical Research Council of Canada et al. re research ethics affirm the latter.