

### Conscience Project Meeting, Minutes 6-19-10

The meeting was conducted at Ethna's home. Present were Ethna, John, Sister Mary, Deb H, Matt, Deb G, Beulah, Meg, Susan and Joe.

The minutes from the previous meeting 3-20-10 were reviewed and accepted.

Deb H. introduced herself. A psychotherapist currently practicing privately, Deb indicated her special interests and areas of expertise included bipolar spectrum disorders, borderline and narcissistic personality disorders, and adult attention deficit disorders. Before arriving in Indianapolis, she had practiced six years in Alaska and was involved in infant mental health. While preferring not to work with couples she said that she did conduct family therapy. Deb was welcomed to the Conscience Project.

Ethna said that Bernard Verkamp had sent an article she would like to forward to us. She is hopeful that he will be able to join us at some future point. Matt indicated he had finished Professor Verkamp's book **Moral Treatment of Returning Warriors** and joined with John in recommending it.

Susan provided an update on the high school seniors who shoplifted while on school sponsored outings. All graduated. There was perhaps some reflection among participants but not much verbal commentary on this outcome. There followed a discussion about the maltreatment experiences of the basketball team member, recently in the news. Criminal charges had been dropped in favor of charges of misdemeanors. Questions and speculations came up regarding both the perpetrators and the victim. In the case of the perpetrators, the concern was to identify *possible because*s for the serious harms they had inflicted upon their victim --was sadistic pleasure and domination the chief motive behind the vicious humiliation of another person? Then the question was raised, how did the perpetrators (and/or their defenders) rationalize what had been done sufficiently to reduce a charge of extreme violating behavior, indistinguishable from a brutal rape, to a charge of misdemeanor? In this regard, the cultures of hazing and abusive initiations coupled with a sense of entitlement or exemption were nominated as contributing to societal as well as individual minimization. In the case of the victim, there was concern to understand *possible because*s for not disclosing the serious harms that had been endured. At several turns, the conversation we were having seemed to lend itself to applications of the Value Matrix (as had been utilized in group therapeutic and educational settings) in which participants might be engaged in identifying *because*s, on the one hand, for abiding by and, on the other hand, for repudiating a particular mandate (which might be paradoxically stated as do engage in some form of vicious behavior) and then sorting through the *because*s twice, first in terms of their relative goodness and second in terms of their relative strength.

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## Value Matrix (an example in the context of therapy)

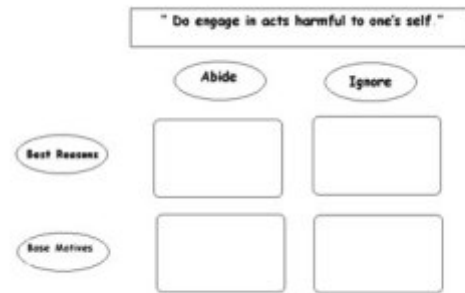


Figure: Foursquare Organizational Schema

The foursquare organizational schema (see Figure) is the graphic outcome of a dynamic process in which the therapist facilitates the patient's self-examination of the valuational contents embedded in her conscience. Operationally defined, for any  $x$ , the inquiry takes the form:

If you (a person) went along with  $x$ , it would be *because* ---- (fill in the blank).

The form in which  $x$  is put is a matter for the therapist's discernment. The therapist may discern that the patient continues to harbor suicidality and so  $x$  may be given forms like 'do make myself die' or 'do allow myself to die.' Either form is treated as an urgent demand to which the patient is asked to make attributions: *because*s both *pro-* (to abide the urge) and *con-* (to resist the urge). Alternatively, the therapist may discern that the patient is denying suicidality without a genuine repudiation of it (as in a 'flight into health') or is having heightened experiences of remorse which nonetheless threaten to deteriorate into self-loathing or a self-defeating attitude.

The therapist notes the patient's initial *because* as a starting point for the dialogue but then stretches the patient's moral imagination by hypothetically blocking the motivational power of whatever was put in the blank in order to elicit another *because*. The role of the therapist is to allow other *because*s both *pro-* and *con-* to emerge. This may turn out to be an iterative process.

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Meg highlighted how this process allowed for an *appreciation of the incongruity* ("minding the gap" as she put it in a recent presentation on conscience-sensitive medical education) *between goodness and strength* often characteristic of our *because*s. Both Susan and Ethna observed that values (as well as emotions, urges, impulses, and dispositions to do harm) are, however, still sources of motivation.

Beulah returned us to the topic which had emerged tangentially in trying to understand more egregious violations of persons, that is, the more or less accepted cultures of hazing and potentially abusive initiations in various institutions. Beulah acquainted us with initiation sequences with which she had become familiar in the US Navy and also provided background on ceremonies connected with 'crossing the line' (ie crossing the equator). She observed that historically there had been often only a thin veneer of civility in the conduct of these ceremonies, and sometimes even that thin veneer could no longer be

discerned. Without safety monitors, harm could and would have occurred. Her impression was that that particular rite of passage had become much more humane and truly ceremonial.

Matt wondered how the activities of initiations into hierarchically organized institutions contribute to overall programs that expand the individual's capacity to engage in egregious behaviors during war (or war like circumstances), which in other contexts would be contrary to the individual's conscience. In this regard, there was reference made to Verkamp's treatment of 'concupiscence' which, in spite of such indoctrination, might even afflict the warrior who engaged solely in sanctioned war behaviors (albeit with some level of awareness of satisfaction in being so engaged, an inability to sanction that satisfaction and accordingly experiencing a corresponding *dis-ease*). Some titles emerged that were deemed relevant to this part of the conversation: Koonz, C (2003): **The Nazi Conscience**, Belnap Press of Harvard University Press, Cambridge, MA; and two novels: Hegi, U(1994): **Stones from the River**, Scribner, New York, and Penman, S (1988): **Falls the Shadow**, Ballantine Books, New York.

There followed discussions of duties within institutions (eg in nursing and medicine) and the notion of separate applications of duties for separate selves in separate situations. The separate situations under consideration were professional and/or institutional vs personal. This discussion was highlighted by the query: "Is this [separate application of duties for separate selves] [a]good [notion]?" A subsequent query was: "Without necessarily invoking a separation of selves, what are our duties to institution, self and others and how are they to be reconciled (cf: the intrinsic value operating in the conscience domain moral valuation and the Valuational Triangle)?" Another subsequent query was: "Is it the role of the institution to support or to go against (personal/professional) conscience? [cf: MacIntyre A (1984) **After Virtue**, University of Notre Dame Press, Notre Dame]."

There was then a connection made to the value of *equanimity* (cf: the intrinsic value operating in the conscience domain moral emotional responsiveness), permitting segue as Sister Mary recalled that John, in reference to his work with returning warriors, had said "The key to change is acceptance."

Matt recommended a book he was reading: Radden J and Sadler J (2010): **The Virtuous Psychiatrist, Character Ethics in Psychiatric Practice** Oxford Press. The authors are a Professor of Philosophy at U of Mass/Consultant in Medical Ethics at McLean Hospital and Professor of Medical Ethics and Psychiatry at UT Southwestern, respectively. While the authors sometimes become preoccupied with claims (appearing somewhat tenuous to Matt) to ethical concerns emerging *sui generis* in psychiatry as opposed to health care professions in general, their book is definitely an important resource for most mental health professionals and also health professional educators involved in teaching ethics and professionalism. Their inclusion of the inner states available to the consciousness of the virtuous psychiatrist in their case illustrations is noteworthy and likely to be much appreciated. The discussion of the awkward progression of the learner from mimetic compassionate behaviors to genuine empathy is given considerate attention—putting one in mind of how painfully problematic for integrity the admonition 'If you would like to be good then find someone who is good and begin by acting as he or she does' can be in the learner's life. While he wished to make more of a study of it, Matt pointed out some apparent differences between the authors' virtue based approach to psychiatric ethics and the conscience sensitive approach taken in our annual course for PGYIII residents in Conscience Centered Psychiatric Ethics. Aspects of the conscience sensitive approach that seem to differ from the virtue based approach include, in the former, the deliberate progression from an understanding of developmental moral psychology (specifically that of conscience formation and functioning) to ethical

concerns that honor the intrinsic values operating in each conscience domain as well as traditional bioethical principlism. In the conscience sensitive approach there is a recognition that persons 'coming to know together' in order to resolve whether or not --and then how-- to take moral action, already arrive with consciences likely to be contoured differently from one another as well as being possessed of varying dispositions towards deontologic, consequentialist, virtue based and intuitionistic resolutions to moral dilemmas and issues. In the conscience sensitive approach there is also emphasis upon the potential contributions that might be made by psychiatrists, psychologists, other mental health professionals, and educators who are grounded in this particular developmental moral psychology. These contributions might be made not merely in psychiatry but in any field of ethical inquiry.

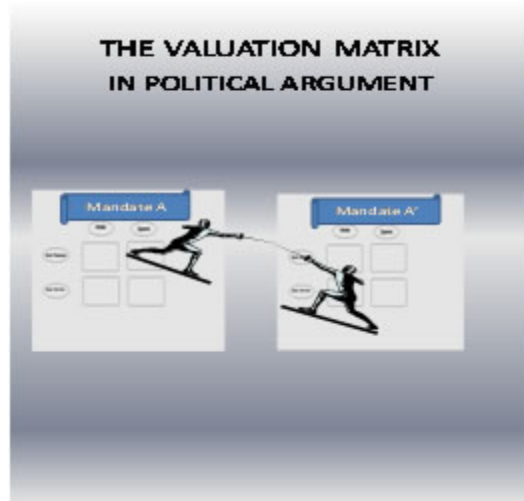
With reference to attitudes and behaviors of consumers of fossil fuel at the local pump (for example) on the one hand and the BP Gulf Oil Spill (for example) on the other, Beulah observed how, in modern times, consequences have become very far removed from our actions. This led to much affectively laden discussion about remarks, already infamous, made by the BP CEO to the effect he longed for his life back and what seemed to many a condescension acknowledging the suffering of 'the little people'. While animated, our discussion remained respectful of one another's sentiments, and perhaps in consequence flowed along separate currents away from the topic of oil. None present seemed disposed to forgive corporate greed, failure of stewardship or lack of accountability, but some remarked upon the CEO's unfortunately limited facility in the language he was obliged to speak. Others expressed commiseration /gratitude that they were not in the position of the CEO. Sister Mary wondered about the phenomenon of people evincing grudging respect for the scofflaw so long as the scofflaw cleverly evades detection ("You gotta like them!") giving way under public scrutiny to people's disposition to crucify those who have been exposed or upon whom blame is laid.

One current flowed away from the topic of oil to the topic of vitriol with attention being paid to how sometimes (maybe more and more of the time) there is obligatory polarization on issues. With separation into two camps nothing resembling civilized discourse endures. Rather we are offered a spectacle of opposing pundits judging and crucifying one another. Joe opined that once a person possesses a polarized opinion, all new incoming data is filtered according to whether it can be used to sustain or confirm the opinion. Moreover, under polarized conditions, there is lack of compassion in the social judgments made by and upon the persons at antipodes. At this point it was observed that we might well have been discussing how modern political arguments and ethical discourses can be distinguished. In political argument opponents engage on the diagonal of any given value matrix, solely representing their own best reasons while only allowing their opponents' base motives. In ethical discourse, the ethicists desire to engage each other on the level of *best reasons* while making explicit (and attending to) their own base motives (eg conflicts of interest).

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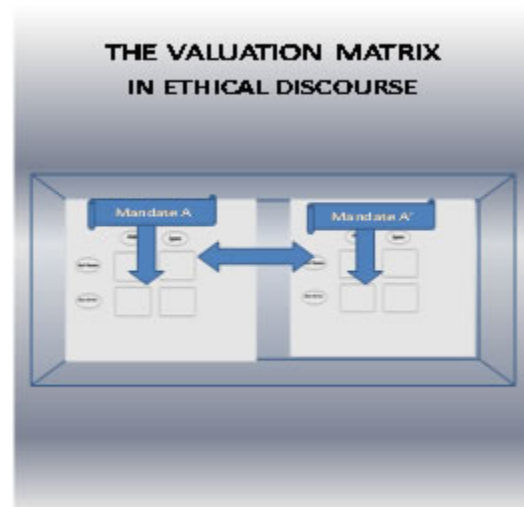
## Valuation Matrix cont.

### Political Discourse



*The Valuation Matrix in Political Argument*

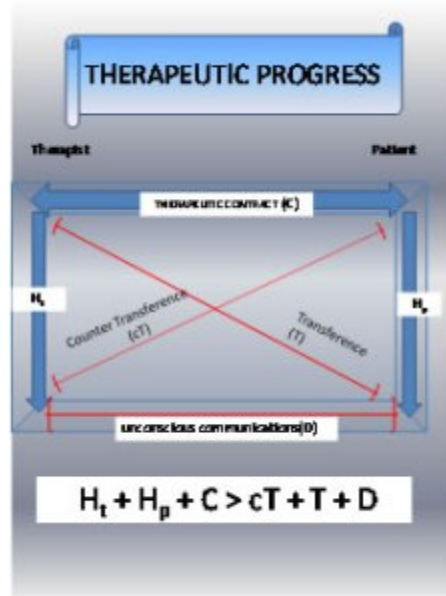
### Ethical Discourse



*The Valuation Matrix in Ethical Discourse*

Only imagine valuational matrices in 3-D with all moral stakeholders brought into connection and organized in an array in which sapiential and practical authority are distributed, authoritarian hierarchy minimized and accountability shared.

There is a resemblance to an adaptation of the square of oppositions that can be used to depict therapeutic progress in the context of psychotherapy.



*The Square of Common Cause*

THE SQUARE OF COMMON CAUSE (adapted from the square of opposition in syllogistic logic) and the representation of maintenance of the therapeutic frame is depicted above. The square maintains integrity only if the strength of the concordance at the top (represented by the bi-directional vector) plus the work done effectively to prevent excesses on either side (represented by unidirectional vectors) together exceed the disintegrating forces generated at the base by the contrarities at antipodes, plus those distortions of perception diagonally directed from corner to corner. However, many will have concluded through their own work that D is unpredictable, a wild-card, that can sometimes be positive and transformative.

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Returning us to persons who violate or cause harm, Sister Mary and Susan joined in an inquiry how blame and responsibility ought be assigned depending upon the disposition to cause harm arising from a person's reduction to survival mode, versus a person being prone to "just going along" versus a person given to deliberate viciousness. Ethna followed on the heels of this inquiry with another about genetic predispositions not only to survive but to save, protect and act on behalf of others (eg altruistic versus egoistic motivations). John observed that looking back in judgment on one's action may truly be a luxury. A fireman, he said, although trained to fight the fire in a house and make judgments accordingly is not prepared for the floor of the house to cave in. The situation will determine the reflexive action.

Deb brought her illuminated copy of **The Lyric of Lafracoth** to show and was complimented on her work. Susan said the illustrations put her in mind of embroidery. Matt asked everyone to keep the work in mind should they encounter persons who might consider it for adaptation for theatre (college, amateur, or even professional) as well as persons in a position to consider the work for publication. Ethna said that she hoped to be in touch with a philosopher /medieval historian and an Irish scholar involved in theatre both of whom might have some ideas.



*Illus. from The Lyric of Lafracoth*

Meg gave an account of the reflective group experience she and Matt conducted last November as guests of Reverend B at a local church. The class was entitled “Understanding Conscience in Ethics and Faith Experience.” There were six sessions modeled after the conscience work done in Introduction to Clinical Medicine I, Conscience Centered Psychiatric Ethics and the Senior Elective in Ethics. **A Guide to Conscience** prepared in 2007 by Conscience Works editorial staff with special assistance from Sister Mary and Tamara H was our workbook. Reverend B was joined by the Very Reverend G to carry the conversation forward into the context of the faith experience in that community.

Upon conclusion of the class, Reverend B sent word that:

[T]he feedback was stellar. Participants enjoyed the opportunity to explore the topics of conscience and morality in depth ... a safe and holy space for conversation [was created] and the discussions around the table were fascinating and allowed us to know ourselves and know one another more deeply. This format for short-term courses on Sunday mornings was an experiment for us, and I could not have hoped for a better outcome.”

This first venture into a faith community was experimental for the Conscience Project as well and Meg and Matt were likewise encouraged by the experience. The format employed for the reflective group experience seemed to work well.

Birthdays in July were acknowledged among Conscience Project participants. Susan reported that 16 of her school’s seniors achieved first place nationally in recognition for service for Earth Day through “the League,” for the second year in a row. According to its website, the LEAGUE combines service, learning, and friendly “co-opetition” with live, interactive events ([www. theleague.org](http://www.theleague.org)).

Joe concluded the meeting with an update on academic cheating.

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*The next meeting of the **IU Conscience Project** will be hosted by Ethna at her home on Saturday 9/25/10 at 10:00 AM to noon.*

Respectfully submitted,

9-9-10

Edited for Conscience Chronicles

9/28/10

Matthew R. Galvin