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Section: PERSPECTIVE

Illness and ethics

THE MORALIST

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Mental illness is disturbingly common. No one is immune, and recent findings about the high prevalence of mental illness may require us to revise the way we think about moral responsibility.

Generally speaking, people with mental illness are not a serious threat to others. Yet irritability, selfishness, abuse and violence are recognized as symptoms and consequences of major mental disturbance.

What is a morally committed person obligated to do to address the hurt feelings or injury caused by his or her mental illness? Should society hold individuals morally accountable when chronic or short-term mental disability distorts their judgments about right and wrong?

A lot of people - more than you might think - are just too sick to do the right thing. Anxiety, depression and bipolar disorder get in the way.

A federally funded study announced earlier this month by the National Institutes of Mental Health suggests that each year at least 26 percent of the general population suffers from a diagnosable mental disorder. (The study corroborates an earlier report from the U.S. surgeon general that placed the annual rate of mental illness at 25 percent.)

The NIMH figure is conservative. It was based on a survey of English-speaking U.S. households and did not poll homeless, hospitalized or institutionalized people. Nor did it count "complex psychiatric disorders, such as schizophrenia and autism."

The study finds that half of all chronic mental illnesses have struck by age 14. This means the bright children and teens to whom we are trying to teach values in high school and college may be struggling with problems of mood and judgment.

Mental health professionals today recognize that poor moral judgment may be a result of illness. Sigmund Freud diagnosed what are now called "mood" or "affective" disorders in some of his patients and was fascinated by their implications for morality.

"It is a very remarkable experience to observe morality," he wrote in 1933, "which was ostensibly given to us by God and planted deep in our hearts, functioning as a periodical phenomenon."

Freud observed that during periods of normalcy, his patients were morally balanced. They recognized right and wrong and could generally make accurate, socially acceptable judgments.

However, "melancholy" or depressed patients were morally fussy, their over-severe super-egos tending to heap undeserved blame on them. Freud's ego-driven "maniac" or manic patients were amoral, tending toward uninhibited gratification of immoral desires.

The mentally ill of all ages have rich moral lives. We need a fuller understanding of how they understand the world in order to think better about how and whether we ought to judge them. This is especially true if morality is to play the broader role in education and public policy that many believe it should.

Unfortunately, much of what we think we know about the inner struggles of the mentally ill comes from movies, plays and novels. But we do not have to rely on works of fiction to understand these struggles.

More than 2 million Americans have bipolar disorder, for instance. Actress Patty Duke has written about her struggles with bipolar illness, and so has television's Jane Pauley.

The best contemporary first-person account of living with bipolar illness is that of Kay Redfield Jamison, a psychologist and professor of medicine at Johns Hopkins University. In her best-selling book, "The Unquiet Mind," Jamison writes of madness and recovery, aided by supportive friends, family and lithium.

One of the things that emerges from Jamison's account is the difficulty of meeting your responsibilities toward others when you are depressed or manic.

But while suicide attempts, for example, are "deeply bruising" to the people who care about you, Jamison also explains how bruising it is for the mentally ill to live with the "discrepancies between what one is, what one is brought up to believe is the right way of behaving toward others, and what actually happens" while ill.

People who suffer from mental illness typically look and act normal. As a result, we may not be inclined to shelter them from blame the way we shelter the mentally retarded. (The Supreme Court recently held that criminal offenders with IQs below 70 may not be put to death.)

Where do people who are otherwise competent, yet challenged by mental illness, fit into the moral universe? How much responsibility do perfectly intelligent people bear when illness makes them irresponsible? After a manic rage or a messy suicide attempt, what do the mentally ill owe the people they may have offended, harmed or worried?

There are two schools of thought here. The "full accountability" school says the mentally ill owe complete apologies and compensation for the wrong they do, to the extent that they recover and are capable of giving it. The "partial accountability" school says the mentally ill have an obligation to try to seek and follow medical advice, but otherwise only to offer brief factual explanations of illness-caused injuries.

Both schools of thought purport to recognize the humanity of the mentally ill in different ways. The full accountability approach does so by treating the ill no differently from others; the partial accountability approach acknowledges that the ill suffer from a bona fide disability which is no fault of their own.

But though societal attitudes toward mental illness may differ, the law is consistently unforgiving. It is difficult for anyone to escape civil or criminal liability on account of mental illness.

The criminal law is particularly uncharitable. One is defined as insane only if one cannot discern right from wrong at the time a crime is committed. Take the case of the severely depressed mother who methodically drowned her young son in the bath tub. Later the same day she said, "I am sorry, I shouldn't have done that." She went to jail. Her words of apology convicted her. It was held that she knew right from wrong and was therefore not legally insane.

There is much that science and psychology may one day tell us about the relationship between the brain, mental health and behavior. Perhaps one day we will blame less, and do a much better job of helping the mentally ill control antisocial behaviors.

In the meantime, at a minimum the mentally ill are morally obligated to take reasonable steps to prevent bouts of acute illness and to acknowledge their hurtful behavior. If something akin to the "partial accountability" approach is the right one - and I am inclined to think that it is - then the 26 percent prevalence rate of

mental illness calls for a lot less moral fingerpointing and greater access to mental health services.

Without access to good physicians, medications and hospitals, the mentally ill cannot do what they ought to do. A morally just society will assist the mentally ill, both as a matter of sound public health and as a matter of sound ethical policy.