Conscience Centered Psychiatric Ethics

A Course

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EDUCATIONAL STRATEGIES

At the first session a mental health professional, who has volunteered to participate in the course, will be engaged in a semi-structured interview adapted from the Stilwell Conscience Interview (SCI). The residents will have previously had an opportunity, in Interview Techniques, to observe and discuss an interview conducted with a child or an adolescent using the NSCI. The version adapted from the SCI, which we will use, is entitled Indiana University Health Professional Interview (IUHPI). Our purpose is to model for the residents one way in which an individual's conscience, understood to be deeply personal (so deeply personal, in fact, it may be called the heart of the personality), can be discussed in a non-threatening and non-judgmental manner. The IUHPI is designed so that the interviewee is able to regulate self-disclosure while depicting his or her experiences with conscience. Allow 1hr and 15 minutes for the interview. It will be videotaped so that it can be discussed in the next session.

Assignment: the residents will be provided copies of an audiotape:


and the course text:


Listen to the audiotape over the next two weeks. It will prepare you for future discussions about moral decision making and (re)acquaint you with moral philosophical traditions.

Read

* Text Chapters 1, 14, 15, 17.
* the Case of Dr. Everyperson in the CCPE Course Book
* Reprints included in the Course Book


At the second session, there will be a discussion of the demonstration interview structured according to the domains of conscience leading to an overview (30 minutes). Background for the course is provided and questions from the outline are addressed. The course itself is given ethical consideration and issues of confidentiality (e.g. who is in the circle of confidentiality?) and potential uses of data collected during the course (e.g. course development, research). Residents will then be asked to record their own responses to the Conscience Autobiography for Psychiatry Residents (CAPR) to be returned next session.

The third session (and each subsequent session) is in group-discussion format. Faculty facilitate discussion of IUHPI (or CAPR) questions 1, 2 & 11. Residents share their responses. Didactic components will be tailored in content and length according to the particular themes discernible in the residents' discussion, but more or less within the framework of the functional and developmental psychology of the pertinent domain--in this session, Conscience Conceptualization, which anchors the other domains. The bedrock (intrinsic) value from each domain will be discussed in the session pertinent to that domain.

Reading:

* Text, Chapter 9.

Fourth session: Discussion IUHPI questions 3,4 & 5.
Didactic component: Moral Emotional Responsiveness.

Reading:


Discussion IUHPI questions 6,7,9,11 &13.
Didactic component: Moral Attachment.

Reading:

* Text, Chapter 19.


Fifth session: Guest Discussant.

Sixth session: Discussion IUHPI questions 12,13, 14 and questions 8 & 15

Reading:

*Text Chapter 18.
Seventh session: Didactic: Healing values as horns of medical ethical dilemmas. Discussion: Resolving Dilemmas. Wrap-up.
CONSCIENCE CENTERED PSYCHIATRIC ETHICS

OUTLINE

I. Introduction

A. Why a course on ethics in psychiatry?
B. Why a conscience centered ethics in psychiatry?
C. Alternative moral developmental theories
   1. psychoanalytic
   2. social interaction theory
   3. social communication theory
   4. Rest’s Four-Component Model
      moral sensitivity, moral judgment, moral motivation and moral character
D. Conscience Theory: An Overview: see handout
   Disclosure of theoretical bias regarding the following inner states:
   thinking-feeling-valuing-willing. Each will be treated as irreducible
to the others. None will be treated as existing independently from
the others. Moreover, they will be dealt with as contextualized in
moral development. Other theoretical biases-bases for this course
are discrete emotions theory (Darwin, Tomkins, Izard, Nathanson),
attachment theory (Bowlby), some elements of psychodynamic theory,
some elements of learning theory, and developmental stage
theory.
   1. Developmental Stages
   2. Domains

E. Axiology
   1. pragmatics
   2. aesthetics
   3. ethics
   4. kinds of value
      i) intrinsic
      ii) instrumental
      iii) originative
      iv) contributory
   5. kinds of valuation
      i) value seeking
      ii) value making
      iii) value keeping

F. A Conscience Centered Theory of Ethics.
   1. While still evolving, our conscience centered theory of ethics
      begins with the following propositions:
      i) Valuation exists.
ii) Valuation has intrinsic value.

iii) Valuation does not exist without attachment (valuation is relational), cognition, emotion and volition, hence these, too, must have at least instrumental (more probably intrinsic and, possibly in the case of volition, originative) value.

iv) Conscience formation is one means by which an organic unity of these developmental domains is attained, in virtue of which they are said to be moralized.

v) Choosing a life with conscience has intrinsic (originative?) value in virtue of which the other domains have intrinsic (bedrock) values. Hence the choice of conscience involves accepting certain values which govern but in turn are shaped by the practice of virtues.

vi) These values are: meaning, connectedness, harmony, autonomy, goodness.

2. Features of the theory, discussed in terms of:
   i). Intuitionism / Pluralism
   ii). Naturalism
   iii). The Naturalistic Fallacy
   iv). Relativism
   v). Deontology
   vi). Teleology
   vii). Virtue Ethics

3. Core Concept:
   If we choose to nurture and protect that part of our nature we call conscience, then there are boundary conditions we accept, in virtue of our choice, determining and, also, bridges will be constructed over the gap between fact and value. These conditions specify a limited plurality of intrinsic values, one associated with each domain of conscience. Corresponding to the plurality of values there is a somewhat less limited plurality of prima facie duties and virtues, the unity or reconciliation of which (or, alternatively, the holding of which in creative tension) is an open question for each person until his/her life story is finally told.

II. The IU Health Professional Conscience Interview.
A. Written Exercise
B. Demonstration Interview
C. Group Discussion, Structured According to Each Domain: Bedrock Value, Medical & Psychiatric Value, Related Topics
   1. Conceptualization
   2. Moral Attachment
   3. Moral Emotional Responsiveness
   4. Valuation
5. Volition

III. Constructing A Table Of Virtues
   A. Intrinsic values
   B. Associated philosophies
   C. Virtues
   D. Healing values and virtues

IV. The Mental Health Professional Conscience
   A. Healing Values and Moral Dilemmas
   B. Resolution Principles
   C. Threats to Conscience Development
CONSCIENCE CENTERED PSYCHIATRIC ETHICS

GOALS

At the conclusion of this course, the resident will be able to:

1) Develop and use a conceptual framework for an examination of his or her professional conscience.

2) Understand the relationship of her or his professional conscience to medical and psychiatric ethics.

3) Apply his or her understanding to current and future medical ethical issues.

OBJECTIVES

During this course, the resident will:

1.1) Acquire or increase his or her familiarity with current moral developmental theories.

1.2) Identify the essential elements of Conscience Theory, in particular, the domains of conscience.

1.3) Compare and contrast Conscience Theory with other current moral developmental theories.

1.4) Observe the use of the Indiana University Health Professional Conscience Interview (IUHPI) with a faculty member.

1.5) Participate in a group discussion of her or his own responses to The Conscience Autobiography for Psychiatry Residents.

2.1) Construct bridges from her or his understanding of the psychological nature of conscience to bedrock human values and from bedrock human values to the healing values of her or his profession.

2.2) Appreciate change and diversity in the contours of conscience across the lifespan and among individuals.

2.3) Critically review or enlarge his or her knowledge of moral philosophies, from the standpoint of developmental moral psychology.

2.4) Recognize moral dilemmas and identify some strategies to manage their resolution.

3.1) Review or enlarge her or his knowledge base regarding current
medical/psychiatric ethical issues.

3.2) Examine a (some) current medical/psychiatric ethical issue(s) from the standpoint of her or his professional conscience.
MEDICAL ETHICS/ CONSCIENCE
SELECT
ANNOTATED BIBLIOGRAPHY

MORAL DEVELOPMENT IN CHILDREN AND ADOLESCENTS

For counselors, therapists, educators and parents:


Based on Kohlberg's work. Very practical recommendations to stretch moral reasoning.


Shelton’s approach to conscience has seven dimensions, most recently described in Shelton, C. (1995) Pastoral Counseling with Adolescents and Young Adults. Crossroads, New York, pp. 22-25. These are psychic energy (the way a person focusses and attends, seen as a limited resource), defense mechanisms, guilt, idealization, empathy, self esteem and teleology (moral principles). Dr. Shelton, S.J. Ph.D., currently Associate Professor of Psychology at St. Regis University is a graduate of our psychology program and regularly corresponds with our group regarding his and our readings and writings about conscience.

All of these books are valuable inclusions in the lay library of moral development. Shelton and Damon’s work have in common an appreciation that there are multiple dimensions (or as we identify them, domains) of moral development and relies upon many of the same researchers: Hoffman, Radke-Yarrow & Zahn-Waxler, Selman, Kagan inter alia. Our theoretical basis, explicitly acknowledging roots in other theories, including attachment (Bowlby), temperament (Chess and Thomas) and discrete emotions (Darwin, Tompkins, Izard) as well as psychodynamic defense mechanisms (Bond, Vaillant, Steiner) is broader than the cognitive developmental (Kohlbergian) approach which underlies Lickona’s contribution and even the cognitive-affective approach that Damon, for the most part takes. It is secular which is one way in which it is contradistinguished from Shelton’s work.

Videos

The Childhood Project, Inc.: CHILDHOOD : LIFE’S LESSONS AMONG EQUALS , Ambrose Video Publishing Inc. New York , N.Y.

*Stilwell, B., Galvin, M. & Kopta, M (1990): CONCEPTUALIZATION OF CONSCIENCE, "Indiana University Medical Educator Resources Program VC5700.


For Children and Adolescents:

Secular, psychoeducational material about the nature of moral development is virtually nonexistent, although there are materials used in values clarification and moral reasoning. We found the following titles:


This slim volume of 62 pages is well intentioned but suffers from lack of focus as it tries to cover both stages and issues for an audience whose intended age range is in question. Issues relevant to later (teen) ages/stages occupy the latter half of this book that is apparently (otherwise) written for an elementary school age child.


Twenty five moral dilemmas or problem situations intended to stimulate further processing by parent and the school age child.

And we are pleased to make freely available on our website, CONSCIENCE WORKS:
http:// shaw.medlib.iupui.edu/conscience


Also, consider the children’s and adolescent literature with which you grew up, fictional or non-fictional, including biographical works --only now with a view towards which conscience domains are best represented. Pinocchio, of course is the classic tale of conscience internalization. The Disney

MORAL BEHAVIORAL AND DEVELOPMENTAL PSYCHOLOGY & PSYCHOPATHOLOGY

Books


548 pages. Contributors offer different perspectives: cognitive-developmental, behavioral learning, personality theory, social constructivist/interpretative and integrative. A final section on new directions in research on moral development includes a chapter by Sharon Lamb and Norah Feeny on early moral sense and sentiment.


A concise and scholarly overview.


Articles and chapters


And, on our website, CONSCIENCE WORKS:
http:// shaw.medlib.iupui.edu/conscience


MORAL / ETHICAL DECISION MAKING AND UNDERSTANDING THE NATURE OF MORALITY

Audiotapes


   Narrated by Cliff Robertson. If you can’t find room on your reading list, try this audiotape during your commute. Takes a little over two hours on the Interstate.


   Narrated by Robert Guillaume, this is part of the same audiotape series as Thinking About Moral Issues.

Books


MORAL PHILOSOPHY AND ETHICS

Audiotapes

There is also an audiotape classic series by the same company that produces Morality In Our Age entitled Giants Of Philosophy. These tapes are very good for either an introduction or to renew acquaintanceships first made in undergraduate philosophy. Plato, Aristotle, Kant, Nietzsche, Kierkegaard are some of the philosophers discussed. Narrated by Charlton Heston.

Books


Volumes IV and V are helpful in providing background necessary for appreciating the aspects of critical moral philosophy found in Rawls Nozick, MacIntyre and Williams cited below.


Representative of the philosophical libertarian view that free will exists and is incompatible with determinism, older literature on this subject.


A representative of compatibilism.


MacIntyre represents virtue based ethics. He presents an historically based critique of post-Kantian philosophy. Identifying deep level problems with deontological and libertarian as well as utilitarian moral philosophies, he advocates an Aristotelian ethic without Aristotelian biology. He critiques both Nozick, representing libertarian ethics, and Rawls, representing justice based ethics.


Nozick prefers explanation to argument and if he can’t solve a philosophical puzzle he will attempt to surround it by satisfactorily explaining it’s puzzling nature. This is a book for those readers who have some moral philosophical background and are serious about cutting deeply into issues. While it is lengthy (764 pages), there are some sections that can be deferred for our purposes. The initial three chapters on the identity of self should be read to lay the foundations for understanding his section on value, which actually comprises most of the book. The section on epistemology can be deferred.
There is a thorough explanation of the libertarian position on free will, and value seeking in a physicalistic universe (What Nozick calls his effort to "defang determinism", if determinism is the case) but also important are his handling of the fact-value dichotomy, and the concept of the moral characteristic and moral push and pull.


The author demonstrates remarkable correspondences between strains of western philosophy and pre- and early Buddhist concepts.

Articles


The last paper we've seen in "the Green Journal" fully devoted to this metapsychological subject.

MEDICAL ETHICS/ PROFESSIONAL MORAL DEVELOPMENT

Books


The authors identify two waves of studies in medical students. The first was 1977-1985 and the second 1985-present. Studies of moral reasoning have primarily featured instruments derived from Kohlberg’s cognitive developmental moral theory:

Rest’s Defining Issues Test (DIT)
Kohlberg’s Moral Judgment Interview (MJI)
Gibbs’ Sociomoral Reflection Measure (SRM)

one interesting finding by Sheehan’s group (1980, see Self & Baldwin’s references) in “the first wave”, cited in this review was that “a high level of moral reasoning virtually excludes the possibility of being a poor performer and conversely that a low level of moral reasoning virtually excludes the possibility of performing well.”

In “the second wave”, Self et al. (1989, 1992, 1993 see Self & Baldwin’s references) conducted longitudinal studies on the possible effects of medical education on moral development and concluded that there was a "lack of increase in moral reasoning and development generally expected in this age group, suggesting a possible inhibiting effect of this educational experience." They also
introduced the empirical assessment of moral reasoning in the evaluation of teaching medical ethics. They found an increase in moral reasoning level in students exposed to the medical ethics course regardless of format (either lecture and case study discussion). Another interesting finding by Baldwin et al. 1991, cited in the review: there have been consistently higher moral reasoning scores in women than in men in every year of medical school.

Looking specifically at moral orientation in medical students with the Gilligan Real Life Conflict and Choice Interview (Brown et al., 1988 cited in review) Self et al. (1993 cited in review) conclude that “there may be other moral aspects besides justice and care that form the structure of moral reasoning in medical students …Other possible moral ideals need to be explored, including those of benevolence, following authority, and adherence to religious teachings” (italics added for emphasis-M.G.). It seems likely that the Health Professional Conscience Interview (Galvin & Stilwell, in development), an adaptation of the semi-structured SCI, may provide an excellent means to explore this matter further since it is sensitive to 5 conscience domains and associated intrinsic (bedrock) values is not constrained by the bipolar analysis for justice and care.


The authors report on their multi-course sequential learning approach (MCSL) which weaves in an identifiable strand of content throughout the curriculum in a vertical course with units embedded in existing courses across various levels of a program. Ethics in nursing can be viewed as the intersection of three overlapping discipline: nursing, philosophy (seen as prescriptive, especially of tolerance) and moral psychology (seen as descriptive). The authors advocate an integrative theory of nursing ethics that synthesizes caring and justice and have utilized Rest’s four-component model of moral action: moral sensitivity, moral reasoning, moral commitment or motivation, moral character but add implementing the moral decision. They report gains on DIT scores and a positive correlation between clinical performance and moral reasoning.

Articles


And, on our website, CONSCIENCE WORKS:
http://shaw.medlib.iupui.edu/conscience