

Ethics and (psycho)pathology

If ethics is a consideration, or a debate that is motivated by concern for the good depends very much on the **mind** that thinks in this way (and enters the debate), especially on whether and in what way it **feels** this concern, what **interests** it pursues, how clearly it is able to **articulate** that thought, what **obstacles prevent** her from doing so, etc. The doctor, who should know more than anyone else about the vulnerability of the human personality and its development, asks himself the question to what extent and how destructive influences, which we describe as **pathological**, intervene in this context.

Judging normality and abnormality

What is and what is not pathological is often clear, but sometimes not. In everyday situations, we usually don't need to ask ourselves this question. However, if we don't want to fall into a mechanical routine, we shouldn't overlook that every situation hides a problem that makes us wonder. The answer to the question of the nature of the pathological depends on how we understand the **norm**. Is tooth decay normal, which everyone suffers from without exception? Therefore, let us distinguish between the **statistical** norm (normal is what characterizes the majority of the population) and the **ideal** (normal is what enables optimal function). We will therefore consider statistically normal tooth decay to be a pathology, while absolute musical hearing, a statistical abnormality, is not.

Even the ideal standard is not unproblematic. One of the characteristics of living beings is the **variability** of their characteristics. These show a variation width, represented by the so-called Gaussian curve. For example, is excessive body height pathological? We are reluctant to agree where it is genetically determined, but readily admit it if it is caused by a pituitary adenoma. An individual with excessive (statistically abnormal) height does have a number of problems, it is difficult for him to get a ready-made suit, a partner, but these are problems of social acceptance that he would not have under any other external circumstances. Rather, it is about what is causing the unusual growth.

The distinction between abnormality and the norm is often only conventional, and the distinction between disease and health is sometimes unclear. The criterion should be the **causal** (etiological) point of view. Let's preliminarily agree that we will consider **privation** (= lack of obligatory being) as a pathology, i.e. the absence of what should be, but what was not created or was destroyed by the action of some destruction. Let's add that it is the absence of a structure or function, important for survival or for adaptation. Such a situation is described by the term **disorder** (let it be a synonym for *pathology*).

Even more problematic is the assessment of normality and abnormality, health and disorder, in the subject area of **psychic structures and functions**. Even from a purely descriptive point of view, this area is more complex. Compared to the area of bodily structures and functions, it includes "something extra", so it is ontologically higher. The terminology we use to describe it is more subjectivist and more difficult to invoke sensory experience. Our understanding of this area is also much more dependent on the system of creations that we collectively call **culture** and through which we view the human world. Bearing in mind these methodological difficulties, and with the humility to which they oblige us, let us examine how mental disorder affects the disposition to think, decide, and act ethically (in the conception of *mental disorder* we are dependent on the current way of understanding it).

Individual psychological development (not only according to ERIKSON) is the result of the interaction of internal dispositions and external stimuli. Similar to embryogenesis, it is a genetically determined **change to a shape**, but it is also a **learning process** that actually gives that shape its definiteness. It is not possible to clearly decide which of these determinants is more significant, even though different fashion waves emphasize one (*nature*) and another (*nurture*).

Fixation and regression

Two key concepts of developmental psychology – fixation and regression – allow us to understand the pathology of the personality and, last but not least, its indispositions to think, decide and act ethically. **Fixation** is getting stuck at a more primitive stage of development and the impossibility of reaching a higher (more mature) stage. Fixation is also the essence of developmental retardation, i.e. lateness. This can be overcome in a time that is longer than the statistical norm, but it can also result in insufficient permanent impact. **Regression** is a slide from an already reached more mature stage to a more primitive, less mature one. Regression is never a simple *return* to what once was. For example, when demented people are said to "become childish", it does not mean that they literally become children, but that their behavior and experience only change in some respect in a way that reminds us of the behavior and experience of a child; in another respect they are unlike children.

The causes of fixations and regressions are diverse, from those at the molecular biological level (e.g. congenital lack of a certain enzyme), through destructive processes in the central nervous system (e.g. neoplasm, neuroinfection, trauma, atherosclerosis) to psychogenic ones (e.g. lack of communication, emotional relationship, excessive psychotraumatization). Psychopathology textbooks provide a systematic overview. At this point, we are not interested in the etiopathogenesis of mental disorders, but in their relevance to considerations of ethical problems.

Mental disorders and ethics

Feeble-mindedness and dementia

The most serious mental disorders are severe oligophrenia (feeble-mindedness) or a severe **defective condition**, or dementia, either organic (post-traumatic, post-infectious, post-intoxication, ischemic) or post-psychotic, which mercilessly strip a person of the convenience of his psychological maturation. They mean fixation (for oligophrenics) or regression (for others) to the most primitive level, which corresponds at best to pre-conventional *morality* (DEWEY); at worst, it makes its victims beings *beyond good and evil*, incapable of conceptual thinking and concentrating their interest on satisfying the remaining instinctual needs.

Psychotic states

Also, developed psychotic states significantly disrupt the personality and its experience of the world and its own position in it. This individual *world schedule* can be completely broken down, in the case of something more favorable, it can be reconstructed *per defectum* by delusion or hallucination, or it can be preserved but dangerously compromised by massive *depression* or *anxiety*. In all these cases, the autonomy of the personality and the feeling of basic trust are lost. A psychotic is therefore also a being beyond good and evil. And that even when he suffers from the despotic dictates of an excessive "bad conscience", as is the case, for example, with psychotic autoaccusations (self-blame). While severely oligophrenic or a demented individual struggles to orientate himself in the external and internal world that is unfulfilled or Drastically impoverished, the psychotic fights for self-preservation in a dangerously threatening world.

Severe defective and psychotic states (metaphorically the former can be compared to ruins and the latter to a whirlwind) illustrate to us the vulnerability of the human personality, but also the conditionality of any ethical consideration. For full-fledged ethical reasoning, decision-making and action - and for our competent ethical evaluation of the other - it is absolutely necessary that the basic structure of the actor's personality, his elementary judgment and the strength of his Ego (= Self), without which one cannot stand in a collision of motives, be preserved. An imbecile who masturbates in public or is prone to arson, or an aggressive paranoid schizophrenic cannot be measured by ordinary moral standards (whoever does so is "moralizing" in that unacceptable sense). The status *beyond good and evil*, i.e. the absence of *responsibility*, the court also knows if it recognizes that the person acting in this way is *insanity* from a criminal law point of view and from a civil law point of view lack of autonomy (or *incapacity* to act legally).

Neurosis

A less serious disorder from a psychopathological point of view is **neurosis**. According to today's state of understanding, it is the result of an inner unconscious conflict that the Self cannot resolve with a viable compromise. The result of the pseudo-resolution of the conflict is a neurotic symptom. Many symptoms take the form of very specific behavior (compulsive, hysterical, etc.). A neurotic usually has insight, i.e. knows that it is a symptom and realizes (at least sometimes) that this behavior is not conforming to his Self (not egosyntonic). Urgently asserting neurotic impulses can only be faced with an effort and at the cost of anxiety. However, he is not completely helpless: he can often avoid situations in which these impulses manifest themselves. - The same is also true in many cases of **psychopathy, addiction and sexual deviations**.

However, a neurotic disorder is manifested not only by one-time symptoms caused by a typical stimulus situation (e.g. hysterical short-circuits and outbursts), not only by a certain type of behavior (e.g. obsessions), but also by an unconscious choice of a *lifelong strategy*. Someone, for example, feels permanently threatened by dependence on others and fights against it with compulsively dominant behavior, without knowing about this connection. The unconscious need to be accepted can manifest itself as a repeated urge to depend, to fall in love, to be fascinated by some idea or ideology, etc. There are life strategies determined by the unconscious need for order, applause, revenge, etc. In these cases, when the pseudo-solution of the neurotic conflict does not lie in a relatively limited symptom, but in influencing the overall nature of the individual, we are talking about *character traits* (also *ocharacter*) *neuroses*. - It is generally believed that neurotic disorders do not limit our Self enough to make us beings *beyond good and evil*. Psychologist Ernst KRETZSCHMER observed already sixty years ago that "**neurosis is the paradigm of human nature**": in a neurotic, what happens less clearly in most of us happens in an emphasized, caricatured form. According to the same author, an expert on neuroses is eo ipso an expert on people. The "mechanism" of neurotic conflict shows how important is *the balance of forces* between our Self and our egodystonic (i.e., not egosyntonic) drives that conflict with it. Knowledge of this ratio is essential for an unbiased assessment of *moral responsibility*. Disadvantages: the specific nature of the neurotic conflict and ego defense often determines which *value* the ego prefers, or is forced to prefer. If it feels threatened by instinctive spontaneity, it prefers the value *of order* even at the cost of creating a hypertrophied intolerant conscience. If, on the other hand, he feels threatened by manipulation from the outside, he prefers the value *of freedom* even at the cost of instinctual intemperance and denial of responsibility, etc. Different types *of defense* can thus co-determine the form of individual morality and ideology. They can also participate in shaping the authoritative tendencies of entire cultural epochs (see the rigorous morality of Victorian England, the lax morality in the immediate post-war periods, etc.).

Finally, let's not forget our own internal disharmonies, which we don't even have to be aware of, and which can nevertheless influence and even determine our subjective moral feelings and the way we approach ethical problems.

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