MORAL ASPECTS OF MENTAL ILLNESS

BY P. CASSAR, B.Sc., M.D., D.P.M.
Resident Medical Officer, Hospital for Mental Diseases.

"He who is ill, whether he be rich or poor, ought to wait at the doctor's door".
Plato.

The conduct of a mentally ill person may sometimes resemble the actions of the evil-doer. The resemblance, however, is only a superficial one. The motivation behind the acts of the mental patient is beyond his control and sometimes contrary to his will, and, therefore, his actions are devoid of moral responsibility. Sometimes such behaviour is the initial overt manifestation of the underlying mental illness. For instance, an old man of hitherto irreproachable character was brought for treatment after he had been found making sexual advances to a little girl. This was the first indication of an incipient senile dementia.

These behaviour patterns coloured by an apparent moral taint are not met with in every case of mental disorder but they are common enough to deserve study and a proper understanding of the mental mechanisms which produce them. Very often these transgressions of the moral code are not recognised by observers as manifestations of a disordered mind and they are mistaken for wilful immoral conduct with the consequence that their perpetrator is considered an evil-doer and treated as such. Such treatment is to be condemned for two reasons.

Firstly, it is unfair because a careful study of the mental processes motivating the individual's conduct will reveal that he is not morally responsible for his actions and therefore does not deserve censure and punishment.

Secondly, it is quite useless as a remedial measure because instead of striking at the root of the trouble it either leaves it untouched or contributes to reinforce it. I remember, in this connection, the case of a patient who was suffering from a severe obsessional neurosis, his obsessions being mainly of a sexual kind. He was a very conscientious person, as most obsessionals are, and he was very distressed by the particular nature of his obsessions. He was unmarried and though he had succeeded in controlling to his satisfaction his normal sexual urges, he had found himself unable to dispel from his mind the sexual thoughts that kept recurring with insistence in spite of all his efforts to suppress them. This persistence of a thought or wish which a person refuses to accept but which he cannot get rid of, constitutes an obsession, that is, it enters within the realm of the pathological and therefore exonerates the patient from all responsibility. Subjectively, however, it is accompanied by a sense of guilt and the individual may seek advice about his trouble from a religious source. There is, of course, no harm in this provided that his counsellor recognises the real nature of the trouble. Not uncommonly, however, obsessional symptoms are mistaken for moral lapses. This is what happened to the patient I have referred to above. His obsessive thinking was not recognised as a mental symptom and he was told that his sexual fantasies were "tentazzjonijiet" — the result of diabolic activity having as a goal the damnation of his soul. This did not improve mat-

ters but only helped to increase his sense of guilt. Fortunately, in his search for peace of mind, he confined his worries to another priest who, realising that the troubles of his penitent were mental symptoms, referred him to the psychiatrist. But a good amount of harm had been done for by the time this man had reached the psychiatrist he was not only worried about his unwanted thoughts but had also become very anxious because he had come to regard his thoughts as sinful and was pre-occupied about the fate of his soul. This secondary conflict would have been avoided if the patient had been referred to the doctor before the idea of devilish interference had been inculcated in him.

Sometimes the patients themselves are spontaneously misled into regarding their troubles as moral lapses instead of symptoms of a sick mind. These individuals undergo a good amount of suffering from the pangs of conscience before it dawns upon them to seek medical advice. A patient went through continuous torment for months because of a compulsion to swear and blaspheme in the presence of sacred images. This was the more distressing to him because as a boy he had been brought up very religiously and was a keen member of the Catholic Action. Some of these patients resort to unusual practices in their efforts to get rid of their trouble. A middle-aged widow had interpreted her frustrated sexual impulses as having been in some way occasioned by the soul of her husband and in order to obtain relief she was in the habit of devoting her meagre savings for the saying of masses in the hope of placating her husband's soul. Another young lady had not left her home for months on end because of the compulsion to put her hands on the private parts of those around her.

We are familiar with individuals who feel compelled to make the sign of the cross repeatedly, or to say the same prayer over and over again, or who are assailed by persistent doubts about the tenets of their faith. Sometimes, however, the patient's fantasies are quite bizarre. An elderly man could not ride in a bus or car because the thought occurred to him that the wheels of the vehicle were threading on the Sacred Host; while another patient had become incapable of moving about because of the fear that when she walked she trampled on sacred images. These patients may fully realise the absurdity of their fears but since they are unable to account for their origin they are prone to see in them the influence of evil spirits or the punishing hand of God for some past misdeed. Not a few of these patients become gravely depressed and are driven to suicide to escape their supposed immoral thoughts and acts. It is of the utmost importance for the safe-guarding of the patient's health that his troubles should be distinguished from real moral lapses and that psychiatric treatment should be advised from the very begining. In the case of obsessional neurotics it is mere waste of time hoping that the condition will clear spontaneously. The priest is usually the first in whom a patient will confide his worries and he can do a lot of good in protecting the patient's health by referring him to the psychiatrist without delay.

The man or woman who has begun to suffer from depression also needs a sharp look out. When this illness has become well established there is very little risk that it will escape attention, but its real nature may pass unnoticed in the initial stages. Not infrequently a patient who is feeling depressed does not look it, and the only outward sign of the trouble that is brewing may be some degree of over-religiosity or self-reproachfulness. He may accuse himself of imaginary wrong doings which may be so realistic that there is a danger that he may be taken at his word by persons that do not know him intimately. Thus a depressed patient may blame himself for the death of a relative through negligence or wilful bad nursing. Indeed there is no depraved act of which a depressed person may not accuse himself ranging from quite trivial matters to murder. I know of a depressed man who

handed himself over to the police in England declaring himself to be the perpetrator of a murder that had caused a sensation a few years ago.

Depressed patients may go so far as to reproach themselves for their dreams. I came across such a patient quite recently. She was a middle-aged widow who had frequent wishfulfilling dreams of a sexual nature. She became very preoccupied about them as in her depressive state she could not bring herself to regard them as being otherwise than sinful fantasies.

Some depressed patients dwell on misdeeds which they have really committed in the past. They may have confessed them, obtained absolution for them and forgotten them altogether. But when a patient becomes depressed he is inclined to review his past life and to exaggerate the importance of lapses committed in his younger days. This revival of old, unpleasant memories is accompanied by a deep feeling of guilt which is disproportionate to the nature of the acts of which he accuses himself. The anxiety produced by such a conflict may be so intense and persistent that in order to escape its torment the patient may do away with his life. Hence the importance of recognising that this self-accusator is a very ill person. We must be very careful not to increase, by words or deeds, his self-imposed burden of remorse; on the other hand we must do our best to lighten his guilty feeling and ensure his peace of mind.

Another class of patients who deserve sympathy and careful handling are those with moral conflicts about masturbation. These are usually adolescents who for the first time in their life are becoming aware of the stirring of their natural sexual drives. Because of the adult's hush-hush attitude towards sex, a number of these youths pick up erroneous and fantastic ideas about the supposed harmful effects of masturbation. Unfortunately these ideas are sometimes drilled into them by persons who have an authoritative standing in society but who have no clear idea of the anatomy and physiology of the sexual organs. Consequently their advice and warnings about masturbation are of no value at all or else are definitely harmful. Instead of helping the youth to adjust himself to his budding sexual urges by an explanation of the very natural processes taking place in his body and mind, they frighten him with imaginary physical and mental consequences that may attend his acts. The result is that to a moral conflict is added the anxiety that through his immoral actions he is ruining his health. By the time they consult the psychiatrist these patients are terrified lest as a consequence of their sexual habits they have become tubercular or weakened their spine (whatever that may mean) or are going mad. The degree of misery occasioned by these ideas about the alleged harmful effects of masturbation is only equalled by their absurdity. I wish to emphasise that no physical ill effects are caused by masturbation but quite a lot of mental agony and harm is produced by worry about its imaginary deleterious influence on health.

Far from being a cause of insanity, masturbation may be the result of a mental illness. In some persons with an obsessional personality masturbation may be a compulsion, like, for instance, the frequent washing of hands which is commonly found in obsessional states. It is an uncontrollable urge which the patient tries hard not to carry out but which he cannot help performing in spite of the fact that his act is morally unacceptable to him. It is irresistible and therefore the patient cannot be held morally responsible for it.

There is another type of masturbation which is equally involuntary and which is found in neurotics. The patient is usually a conscientious and religious person for whom masturbation is extremely repugnant. He manages to suppress his sexual tendencies by driving them from his conscious into the unconscious mind, where, however, they do not become extinguished. On the other hand they strive to obtain satisfaction but since they cannot overcome the moral resist-

ance of the patient they attain their goal in a morbid way. The result is what we may call surrogate-masturbation. The patient is caught by mild convulsive movements during which orgasm occurs accompanied by ejaculation. The orgasm may also occur spontaneously or following slight friction of the patient's genitalia with his underwear while he is walking or bending down.

In all the cases illustrated above masturbation is invariably accompanied by a deep feeling of guilt. In some forms of mental disorder, however, there is no such feeling of remorse and the individual appears not to care at all about the moral implications of his acts. This is bound to occur in cases of schizophrenia and mental deficiency.

In the schizophrenic, sexual acts may be performed at the behest of an hallucination which usually takes the form of a "voice" that the patient hears commanding him to do them.

The sexual behaviour of the mentally deficient patient may result from various factors. It may be due to his lack of a sense of shame or his impaired judgment. Thus it is not uncommon for him to carry out sexual acts in the presence of relatives or in open disregard of public censure. Another characteristic of the mentally deficient which may lead him to come in conflict with the moral code is his suggestibility. He is easily induced by others to uncover himself in public or to commit similar indecent actions. Suggestion need not be direct to influence the mentally deficient. Indirect suggestion is as effective. A feebleminded was sent to hospital because of indecent exposure provoked by the taunts of his neighbours who used to insinuate in his presence that he was a eunuch.

Self-exhibitionism may be a sign of senile mental deterioration. This condition is generally ushered in by gradual loss of memory but an apparent offence of a sexual kind may be the first untoward abnormality to be noticed in the patient's conduct. Unfortunately the acts of these seniles are not uncommonly regarded as being wilful perversions. Old men who have never fallen foul of the law may find themselves in prison for such crimes as corruption of minors and indecent exposure. Their impaired powers of inhibition are the cause of their apparently immoral conduct. These poor individuals are really sick people who are entitled to care and treatment just as much as society is entitled to protect itself from the consequences of their actions. It is not only unfair but also useless to punish these men who because of pathological processes beyond their control are unable to resist the last flare-ups of an instinct which is on the point of extinction.

Still another class of mentally ill patients who frequently clash with the ethical rules of the community are the psychopaths. These are people whose intellectual development proceeds normally (indeed their intellectual attainments may be above the average) but whose emotional growth lags behind and never reaches full maturity. The moral sense may, therefore, remain imperfectly developed with the consequence that the patient never succeeds in subduing his antisocial urges in conformity with the ethical tenets of the community. This failure in ethical adjustment may be the only gross impairment exhibited by the patient. Indeed in the past he was designated as a "moral deficient". We have dropped this term now because we have found out that the patient's immaturity shows itself also, though in a lesser degree, in other spheres of mental life. The homosexual or the swindler may be such a psychopath. If you trace his life history you will discover that he has manifested untoward behaviour since his early years. He may have been a management problem for his parents or he may have shown morbid sexual tendencies since adolescence. These abnormalities, however, may first make their appearance at a much later period. Censure and punishment have no remedial effects on these individuals; on the contrary they may even make them worse as some of them get the impression that they are misunderstood and may even

develop paranoid ideas or a strong feeling of hostility towards society in general. Marriage should never be recommended to a homosexual as a remedy for his sexual anomaly. He should be dissuaded from marrying for marriage will not cure his disability. It will only succeed in rendering him more unhappy and in imposing a life of misery on his unfortunate partner.

Man is a complex creature. We should not be satisfied by the simple observation of his behaviour when passing judgment on him, but we must enquire what are the motives from which his actions spring. If this principle is kept in mind we are bound to discover that what, sometimes, appears to be immoral conduct is actually a manifestation of a disordered mind. Persons thus disabled are unable to conform to the moral requirements of the group through circumstances which are beyond their control. It is, therefore, important to understand the mechanism, conscious or unconscious, that underlies such behaviour in order to prevent our moral indignation from chastising the sick with the evil-doer.

Every pain has its distinct and pregnant signification, if we will but carefully search for it.

JOHN HILTON, Lectures on Rest and Pain

We acknowledge receipt of the following Journals; we apologise for any omissions:

"The British Medical Students' Journal."
"Melita Theologica".
"Lux et Vita".
"British Medical Journal".