

Conscience Project Meeting 3-20-10

The meeting was conducted at Ethna's home. Present were Dean, Ethna, John, Sister Mary, Jere, Sue, Matt, Meg, Susan and Joe.

The minutes from the previous meeting 12-6-09 were reviewed and accepted.

Matt distributed the summary of the **Conscience Project** meeting from 9-26-09 with the emendations that were made to ready it for **Conscience Chronicles**. Participants had no additional editorial suggestions to make and the edited version was given to Jere to post. The summaries sent directly to Conscience Project participants and friends ahead of the next meeting will remain in the format familiar to everyone. Matt will continue to edit summaries (the next in the queue being 12-6-09) according to the same basic formula (eg, eliminating last names and personal information). Jere has offered a tutorial on technical aspects of the electronic submissions to **Conscience Chronicles** for our Conscience Project authors who wish to submit contributions. The time and place of the tutorial is yet to be arranged.

Matt distributed copies of an article apropos psychobiology of conscience: Mendez M (2009): The neurobiology of moral behavior: review and neuropsychiatric implications, **CNS Spectrums** 14(11): 608-620. Matt noted that the bibliography was comprised of many references that were covered in our earlier (and, he asserted, more critical) review: The psychobiology of conscience: *signatures in brain regions of interest*. **Conscience Works Theory, Research and Clinical Applications** 3(1): 1-33, 2009. Matt also circulated an article brought to his attention by Ted: Harenski C, Antonenko O, Shane M, Kiehl K (2008): Gender differences in neural mechanisms underlying moral sensitivity. **Social Cognitive and Affective Neuroscience** 3(4):313-321. The article was posted on **MEDSCAPE** 1/15/2009.

Dean introduced himself. He had learned of the Conscience Project from Ethna. Dean is a PhD who teaches biology and who is deeply concerned about conscience in the classroom.

Although unable to attend today's meeting, Barb had asked Matt to convey her remarks upon reviewing John's book review and essay. The review was given to Jere for posting on **Conscience Chronicles** while the essay was given to Sue for inclusion on **Conscience Works**. John led off today by elaborating on remarks he had previously made about the four part psycho-educational series in his group work with war veterans at the VA hospital, in particular how the activity of a group participant getting into touch with conscience might be seen (and treated) by self and/or others as *profound* whereas, on John's view, it should be seen (and treated) as *basic* or *fundamental*. The categorization of conscience work as *profound*, he said, fed into avoidance exemplified in self talk such as: "It is too intense, overpowering or overwhelming for me to do." He proceeded, however, to read statements revealing concerns about conscience from the persons he serves. John highlighted comparisons made by some combat veterans to experiencing an earthquake with each flashback likened to an aftershock. Dean associated to how witnessing trauma could have 'sleeper' effects with re-experiencing triggered by someone else's life event. Sister Mary had learned from listening to narratives in therapy that the re-experiencing can be of such vividness that she wondered if it is not more properly described as a *re-entry* or *being present* rather than being distracted by an intrusive recollection. John extended the discussion to

survivor guilt as a moral emotional response in PTSD. Susan brought into the conversation *resilience*. Following Susan, Ethna commented on *new found ethical concern*, a moral valuational shift, as sometimes being an outcome of traumatic experience.

In his turn, Joe resumed the conversation on *cheating*, with a new case illustration. He turned our attention to interventions that are customarily made: upon emergent suspicion of cheating, faculty reviewing the honor code with the learner(s); upon detection of cheating, faculty confronting the learner with the observed behaviors. In response to confrontation, learners had two different patterns, in Joe's experience. The first was a moral emotional breakdown and confession, which Joe associated with a relatively strong conscience, the second was persistent denial even in the face of evidence, which Joe associated with a relatively weak conscience (Susan observed there could be discerned similar response patterns in confrontations with bullies). Joe added that in the former pattern, dismissal by Students Promotions Board or the Dean was likely, but not so in the latter case, with the result that a cheater's survival in medical school really depended upon his or her capacity to maintain the lie. Pursuant to Joe's remarks (and to an inquiry from Sister Mary about alternatives to dismissal for cheating), Meg provided counter examples in which cheating was admitted but remediation --and not dismissal-- was the outcome. Remediation (cf: reparation and healing in moral emotional responsiveness) might include research papers, community service (one recent example was serving in a soup kitchen for the homeless, which seemed to be something of a transformative experience in the given case), letters of apology, and exercises in expanding consequential thinking (via obligatory contact with the medical licensing board, for example). Susan inquired about what was known of the psychobiology of group based cheating. Matt referred back to the book **Moral Minds** for what Hauser had to say about the biology of not only cheating but also cheating detection (Hauser M (2006): **Moral Minds: How Nature Designed Our Universal Sense of Right and Wrong**. New York: HarperCollins). Ethna wondered what supports were available to 'whistle blowers' in academic settings such as the medical school when it comes to exposing cheating. Dean wondered about egoistic motives in the calculus of whether or not to inform on cheating. Matt and Meg made comments about an application of the Value Matrix to help learners sort out and gauge the strength of egoistic and altruistic motives for 'whistle blowing'. Joe and Susan are considering an essay.

Jere, in his turn (perhaps hearkening back to the distinctions made regarding cheaters with and without conscience, or more generally between robust and absent moral emotional responsiveness upon detection of wrongdoing), was concerned with labeling others, particularly children, as persons devoid of conscience. Matt underscored the importance of Jere's concern and responded that any application of the phrase 'a child without a conscience' seemed to him very unfortunate and very unhelpful; Matt indicated his view that basic to therapeutic conscience work is the recognition of developmental stages and domains as well as psychopathological interference in conscience. He opined it was far more helpful to identify specific delays and deviations as well as accelerations in achieving age-expectable stages and to gauge relative strengths and weaknesses among the contours of an individual child's conscience domains.

Susan shared she had been presented with the dilemma of how to respond to a student who engaged in shoplifting while on a school field trip.

Sue provided an update on her activities with respect to **Conscience Works**. She is supervising an intern in the library who is picking out key terminology in selected existing **Conscience Works** documents compatible with MESH (acronym for a program that accomplishes searches) and Psych Info so that the documents will be carried by **IUPUI ScholarWorks** (the successor to **IDEA**). Matt brought to Sue's attention that the existing link to ScholarWorks appearing at the beginning of **Conscience Works** actually takes the search to IU (Bloomington) ScholarWorks and not IUPUI ScholarWorks. Sue indicated that there had been systemic changes which accounted for this glitch and she would be able to rectify it.

Sue had been in e-correspondence on a listserv with other librarians concerned with the (moral) emotional burden (not always distress) that might encumber them in dealing with requests for assistance. The following excerpt from that correspondence, to which Sue alluded at today's meeting, provides an indication of the scope of Sue's concerns:

I have never seen this discussed or written about but I am wondering if there might be some thoughts on the emotional burden of being a medical librarian. I refer to several different scenarios.

The student (nursing, medical, pharmaceutical, etc) who builds a professional and personal relationship as they continue through their educational career. Of course, it is so wonderful to see these students grow and succeed and of course it makes one feel satisfied when you have contributed to this success. I helped one middle aged student through her final class as she learned she had developed lymphoma. She is now back at work and stops by often feeling a strong sense of attachment. But not every case is so successful.

A neighbor who has discovered with stage 4 lung cancer and relies on his/her medical librarian for every amount of medical information, social support information, family support, etc, etc.

A community acquaintance who suffered from traumatic brain injury with its subsequent neuropsychological deficits who relies on his/her "friend" to answer questions the doctor doesn't have time to go into.

The young girl who has been diagnosed with bi-polar disorder and doesn't understand it and just wants to talk to someone.

Not to mention the personal involvement with family who have serious physical issues which will mean long personal involvement.

I know why doctors and nurses engage in detachment. And when I was younger it seemed to not take its toll as it does now. The times are so difficult now. Healthcare is so emotionally taxing with financial and insurance issues. Dealing with physician offices, hospitals, and the "system" make life so difficult these days - even for librarians.

... I have been part of a team in our bioethics committee working on moral distress. We have discussed all types of issues which face nurses, physicians and patients. I am not in any way indicating that the items I suggested indicate moral distress (that only occurs when I have

medical staff not telling me the truth in order to not pay for certain things or trying to get CME's without going to meetings). But as hospital librarians and human beings we suffer the same types of psychological distress or burden that nurses and physicians face day in and day out. Sometimes our burdens might be the result of the detachment and lack of communication with the medical community at other ends of the spectrum.

Sue had begun assembling a bibliography, at the point of today's meeting culled largely from a literature on nurse-physician conflicts, on the subject of moral distress. Matt recalled a reference he had encountered which cited the Stilwell Conscience Study and sent a copy to Sue: Glasberg A (2007): Stress on conscience and burnout in healthcare: the danger of deadening one's conscience, UMEÅ UNIVERSITY MEDICAL DISSERTATIONS, Umea Sweden. In discussion at today's meeting of that literature, again the vulnerability of the whistle blower came up.

Find **Conscience Chronicles** at: <http://iuconscienceproject.org/>

Find **Conscience Works** at: <http://shaw.medlib.iupui.edu/conscience/>

The next meeting of the IU Conscience Project will be hosted by Ethna at her home, on Saturday 6/19/10 at 10:00 AM to noon.

Respectfully submitted,

4-24-10

Edited for **Conscience Chronicles**, 6-4-10

Matthew R. Galvin