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### The Park Ridge Center Bulletin, 2001, N19, January/February

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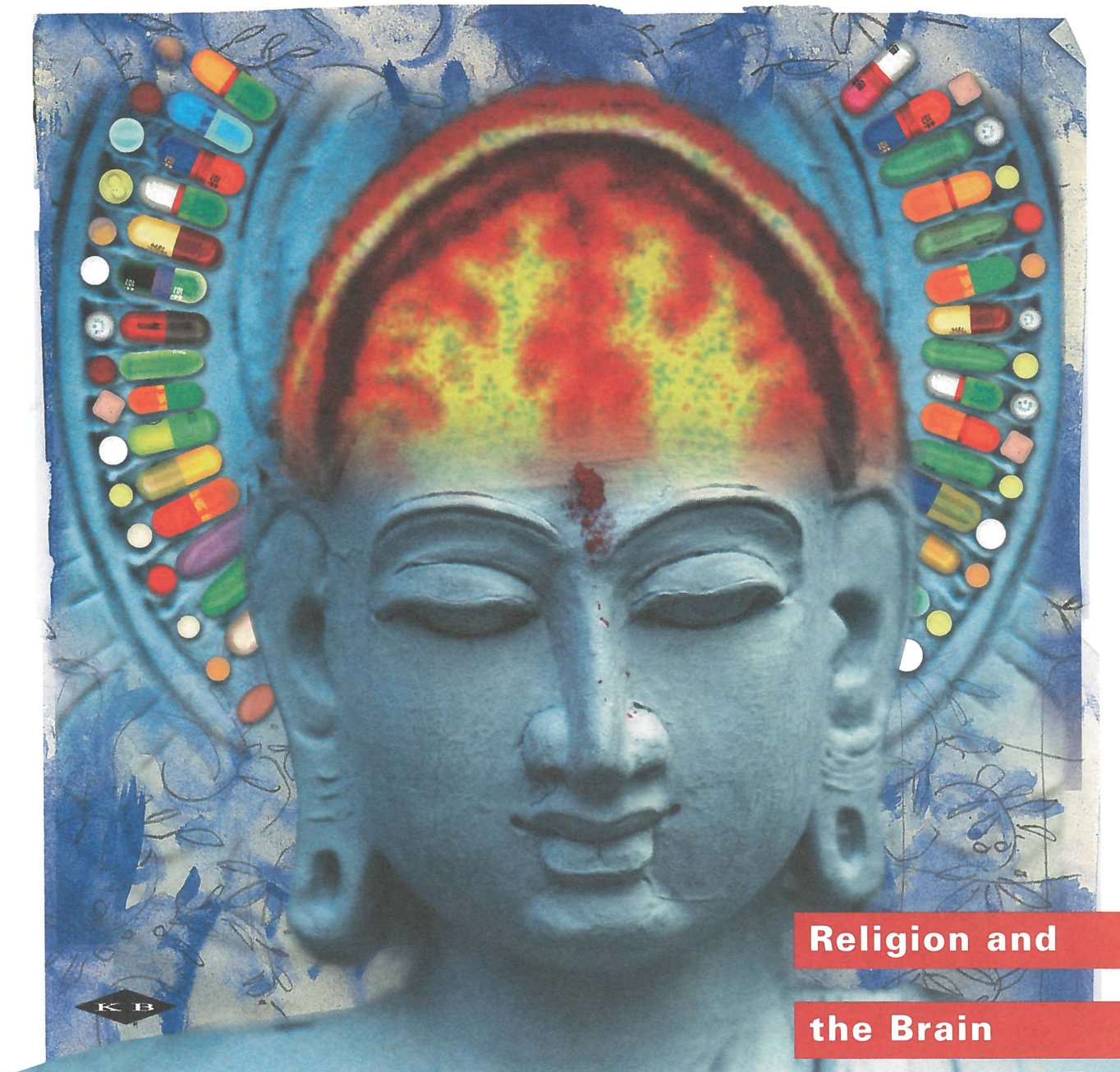
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THE PARK RIDGE CENTER

# Bulletin

JANUARY/FEBRUARY 2001



Religion and  
the Brain



# Bulletin

The Park Ridge Center for the Study of Health, Faith, and Ethics  
211 East Ontario Street, Suite 800  
Chicago, Illinois 60611-3215  
Ph: 312-266-2222  
Fax: 312-266-6086  
www.parkridgecenter.org

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## **From the Editor**

# Fearfully and Wonderfully Made

**david b McCURDY**

*Now the word of the Lord came to me saying, "Before I formed you in the womb, I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations. . . . Now, I have put my words in your mouth. See, today I appoint you over nations and kingdoms, to pluck up and to pull down, to destroy and to overthrow, to build and to plant. —Jeremiah 1:4-5, 9-10*

The saga of the biblical figure Jeremiah begins with this narrative of his "call"—a divine predestining—to become a prophet. As the story unfolds, Jeremiah's prophetic experience is often miserable. Yet he finds himself unable to do otherwise and complains that God's power is simply too strong to resist.

Commentators have since debated whether Jeremiah was free to refuse the divine call. After all, even if—as modern bioethics has taught us—self-determining human beings make autonomous life choices, when it is God who foreordains, who can really say no? At least in this exceptional case, an almighty God's exercise of sovereignty reminds human beings of the paltriness of their supposed autonomy.

The articles in this issue of the *Bulletin* might address the question of Jeremiah's freedom from what seems a quite different vantage point: that of contemporary neuroscience. If, as some researchers have observed, specific neural pathways are associated with religious experience,

might Jeremiah have been "hard wired" for a strong and even overwhelming experience of the divine call? Might his sense of predestination really have stemmed from genetically-programmed brain circuitry—neural physiology that predisposed or even fated him to conclude that God had singled him out for special assignment?

The mischief in the latter question lies in the "really." If, as our authors variously suggest, genes or dementia or epilepsy or brain-affecting drugs are a cause of religious experience, might they actually be the cause? And not only religious experience, but personal identity, consciousness, and the reality of the mind itself have fallen under the skeptical gaze of those who wonder if, in the end, these prized human attributes have no reality beyond the physical processes of the brain.

Suggesting that there is far more to the story, our authors cast doubt on any purely reductionistic application of neuroscientific findings. They point to the remarkable complexity of the human brain and to the impact of both bodily and external interactions on its functioning. Jeremiah and his contemporaries, of course, knew nothing of our neuroscience; but they believed that they were "fearfully and wonderfully made" (Psalm 139:14). Their vocabulary of awe and wonder might serve us well as we ponder the human in a reductionistic age. ■

# The Decade of the Brain

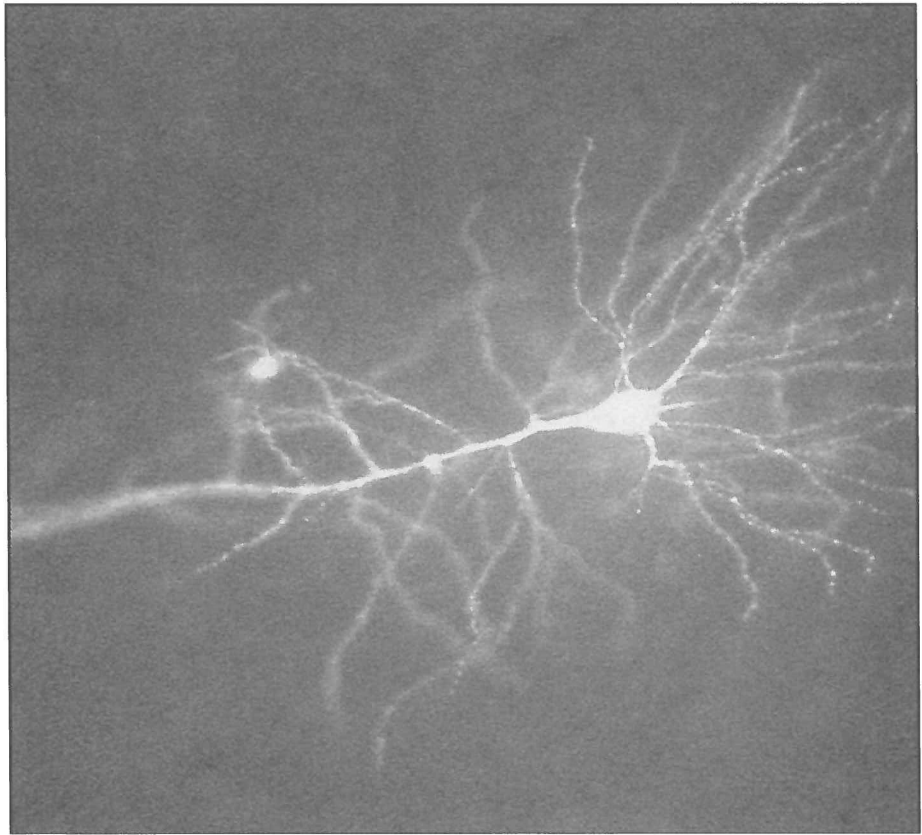
*Are religious traditions ready?*

philip j BOYLE

**T**he Decade of the Brain," so designated by an act of Congress, commenced on January 1, 1990, and proceeded with very little public fanfare—the public being almost unconscious of the fact.

But Congress did not act precipitously. Brain-related disorders account for the majority of long-term health costs and hospitalizations, more than almost all other diseases combined, with some fifty million Americans affected by a brain disorder yearly. Alzheimer's disease and other dementias, alcoholism, autism, bipolar disorder, serious brain injury, drug abuse, mood disorders, strokes, and schizophrenia are only a few of the 650 brain disorders that were to be addressed by a decade of advances in brain neurology, genetics, and pharmacology. Yet neither Congress, the public, nor religious and secular leaders realized that mapping the biochemical, molecular, and genetic structures of the brain would have such profound implications for our human identity and our religious understanding of the self.

Many of the distinguishing characteristics of human identity are intimately con-



© MIT

Nerve Cell

nected with the working of the brain, including imagination, memory, mood, reason, judgment, and consciousness—the self-awareness that provides a continuity of selfhood across our personal history. Views about these and other cherished values, such as individual responsibility, autonomy, and free will, are turned topsyturvy in light of new thinking about the organization and function of the brain.

Ever since Aristotle rejected Plato's notion that the rational soul had its seat in the brain in favor of a heart-as-mind position, philosophers and theologians

have pondered how the mind and brain work together. The prevailing theory of dualism (à la Descartes), that the mind and brain are separate, comports well with the concept of the immaterial soul that is at the foundation of much religious doctrine. But what if the mind is not separable from the components of the brain? What would a new understanding of brain biology mean for religious traditions and practices?

As scientists sleuthed, dissected, and plotted a course to better understand the separate, but interrelated, modules of the

The author is deeply indebted to Robert Blank's *Brain Policy: How the New Neuroscience Will Change Our Lives and Our Politics* (Georgetown University Press, 1999).



brain, they recast our thoughts about the organization of the brain and its connection to human characteristics, such as reason, emotion, and consciousness. By visualizing brain activity through advanced imaging, such as PET scans, scientists better localized and understood the brain's division of labor. Specific memory, for example, occurs in the temporal lobe whereas memory about performing a skill transpires elsewhere. In this research, consciousness became connected with, if not reduced to the product of, environment, genetics, and physicochemical factors.

Such reduction reintroduces questions. Is the mind a collection of mental processes, or is it spirit beyond the physical brain? How does the brain, as master juggler, integrate the neural signals from the separate modules of the brain, and if the mind and brain are distinct, how do these two interact? Genetic, environmental, and physicochemical theories that describe mind/brain interaction abound—each with its own unsettling implications for religious traditions. For example, theories that give prominence to the effect of the environment on behavior, such as B. F. Skinner's behavioral psychology, see the brain as an empty organ—a passive conveyor of information from the environment. The external environment, not some transcendent immaterial spirit, controls consciousness. Others give prominence to genetics; in this view of the mind/brain relationship, behavior can be explained in the absence of conscious acts either by genes attempting to survive or altruistic organisms operating instinctively by kin selection.

Imagining our consciousness as a vast network of nerve cells, inseparable from the working of the brain, challenges even nonreligious views of transcendence, individual responsibility, autonomy, and free will. If our consciousness arises out of, and depends upon, neurological processes, several disturbing implications need to be considered. If there is a tight connection between consciousness and

neurons, then it is possible to manipulate personal consciousness, for example through neural grafting. Does this cross a boundary by moving imperceptibly toward the possibility of mind control? Or, does the skintight link between consciousness and brain make us reimagine what it means for humans to reason and to give informed consent? Most importantly from a moral perspective, where the biological facts show consciousness bonded to biology, what does it mean to make choices, set your will toward the good and honorable, and be praised and blamed, rewarded and punished by friends and the state? Further, are brain diseases principally biochemical imbalances and neurological deficiencies or disorders of the spiritual mind? The answers to these questions may force religious traditions to rethink basic theology and pastoral implications.

The challenges posed by a new understanding of brain biology do not end here. The linkages among consciousness, genetics, and behavior have been controversial for some thirty years, starting with XYY chromosome tests for criminality and antisocial behavior. The controversy continues with studies that suggest genetic linkages to aggression, addiction, sexual orientation, and risk-taking personalities. These behaviors, often the focus of religious and secular approbation or condemnation, most likely require rethinking in the light of neurological facts. The implications of genetics, the brain, and behavior for self-identity and religious doctrine are nowhere more apparent than in the alleged identification of the "gay" gene. If homosexuality is genetic and the gene influences and perhaps regulates the brain, then homosexuality is natural and not learned or chosen. The ripples of this fact reverberate on many levels. If sexual orientation is an immutable natural characteristic, like race, gender, or height, might it require civil rights protections against unwarranted discrimination for jobs and housing? Or, if traditional views continue to disapprove the natu-

ral condition, might it pressure those who want children to prescreen and eliminate those fetuses that contain genes considered abnormal? Or again, how will those on the front line of religion and health negotiate traditional moral doctrines and pastoral practices about homosexuality in view of the advances in knowledge about the genetics/brain relationship?

Brain disorders compete amongst themselves and with other forms of illness for research and treatment dollars, generating a host of perennial ethical problems, including those related to equity and justice. Victims and caregivers incur heavy financial burdens from medical treatment, nursing homes, home care, and lost productivity, forcing choices about the allocation of medical resources.

Further successes in treating brain disorders—for example, slowing down a neurodegenerative disease, leading to better health or increased lifespan—intensify the terrible choice of prioritizing available treatments because it is unlikely that all illness can be addressed. Religious traditions will be stretched to provide reasonable guidance in doctrine and counseling for these tough equity choices.

Neuroscience research and the applications that follow will shake the foundations of social thought. The research stimulates renewed questions about the relationship among brain and mind, and may provide credence to some theories of human identity and undermine others. The study of brain chemistry helps explain behavioral patterns, personality, and a range of individual capabilities, such as artistic and mathematical abilities. Of course this knowledge challenges traditional beliefs. For the foreseeable future the facts about the brain/consciousness relationship will not be resolved, but health care professionals interested in body and spirit should consider the implications. Likewise, religious leaders need to imagine how their doctrines about transcendence and human dignity mesh with the emerging factual situation about the workings of the brain. ■

# Should the Buddha Have Taken Prozac?

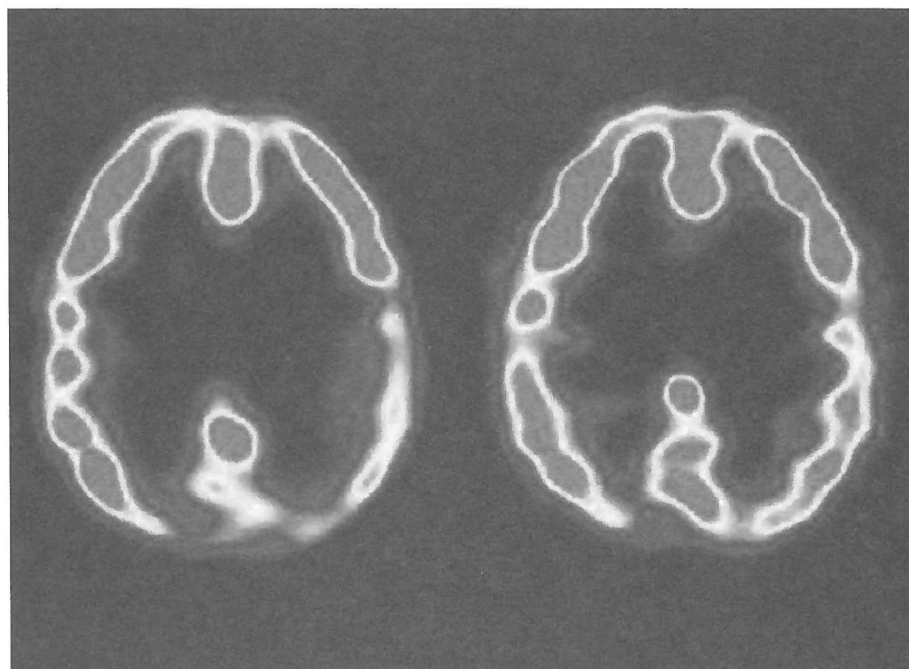
## *Religious implications of SSRIs*

**tod CHAMBERS**

Imagine a man in his late twenties who is brought by his father to a psychiatrist. The man seemingly has everything: great wealth, a happy marriage, and good health. Yet he is obsessed with death, sickness, and old age and derives no pleasure from life. The psychiatrist prescribes Prozac.

Six months later, the man reports being relieved of his obsessive morbid thoughts and able to find life pleasurable again. A number of years go by, and the man becomes an extremely successful leader in a large corporation.

Although I have taken a few liberties, this case is based on the life of Prince Siddhartha Gautama. Legend has it that when Prince Siddhartha was born, his father was told that he was destined to be either a great world leader or a great religious figure. Trying to insure that his son became the former, the father attempted, but ultimately failed, to shield him from the miseries of the world. Prince



Normal brain activity of a Buddhist (r). In meditation (l), activity in the parietal lobe on the right decreases.

© Andrew Newberg, M.D.

Siddhartha abandoned his secular life and eventually became the Buddha.

Would Prince Siddhartha on Prozac have fulfilled his other destiny?

Prozac is just one of a new generation of psychiatric medications known more generically as selective serotonin-reuptake inhibitors (SSRIs). These drugs have had a profound impact on how physicians treat such mental illnesses as depression and obsessive-compulsive disorder. Yet some critics, like the psychiatrist Peter Kramer, are disturbed by certain features of SSRIs. In his 1993 book, *Listening to Prozac*, Kramer thoughtfully explored the impact that these drugs may have on personal identity. For example, Kramer discussed the case of Tess, whose personality after taking Prozac for depression rad-

ically changed; she became more confident and socially at ease. When Kramer took her off Prozac, Tess asked him to prescribe the drug again, for, although she is no longer depressed, she said, "I am not myself."

Some claim that cases like Tess's demonstrate that Prozac is not so much curing mental disorders as it is changing the patient's sense of self. The philosopher Carl Elliott expressed concern in the March-April 2000 *Hastings Center Report* that SSRIs seem to be "curing" some patients of existential alienation. Alienation, as illustrated in the story of Prince Siddhartha, has been a common catalyst for religious quests. If Elliott is correct, should we be concerned that treating alienation as a disease may also

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Tod Chambers is Assistant Professor of Medical Ethics and Humanities and of Medicine at Northwestern University Medical School. He is presently coediting an anthology on the social implications of the use of Prozac and other SSRIs.

relieve some of the craving for spiritual exploration?

In her memoir *Prozac Diary*, Lauren Slater provided an engaging glimpse into how SSRIs can affect one's religious life. Slater was one of the first to take Prozac, and a common theme of her memoir is religiosity. Soon after being relieved of her psychiatric symptoms, Slater recalled going to her bookshelf to select something to read. Most of her books were in "the disciplines of psychology, philosophy, and theology," such as Søren Kierkegaard's *Fear and Trembling* and Victor Frankl's *Man's Search for Meaning*. "But now, well, now I stood by my bookshelves a little lost. They were full of death and anxiety, the spines seeming to exude cold clouds. I had no desire to read Kierkegaard," Slater wrote. These books, which had at one time given Slater "clues about ways to live my life," now seemed antiquated to her new sense of self. She became concerned that this drug, which had relieved her of her "disabling obsessive symptoms" had also "tweaked the deeper proclivities of my personality. Who was I? Where was I? Everything seemed less relevant—my sacred menus, my gustatory habits, the narrative that had had so much meaning for me. Diminished."

This would seem to confirm Elliott's worst nightmare, that is, the creation of a happy-go-lucky King Siddhartha instead of the Buddha. But religiosity soon returns to Slater's life in a new cast. In the December entry of her diary, Slater wrote, "I am becoming a little bit spiritual, which I'm sure is not a side effect Eli Lilly reports in its literature on Prozac. After work today, I stopped by the bookstore and picked up Merton, a calm Catholic." In February, Slater discussed her new fascination with "contemplation," and she had a question for the late Trappist monk Merton: "What does it mean, for instance, that my burgeoning contemplative bent does not come directly from God but from Prozac?"

This change in her orientation reminds me of William James's grouping of reli-

gious temperaments: "healthy-mindedness" and the "sick soul." The religion of healthy-mindedness is the result of a personality in which "happiness is congenital and irreclaimable," he wrote in *The Varieties of Religious Experience*. The healthy-minded worldview is that existence is in its essence "good," and only our misunderstanding of it makes it appear otherwise. The way of the sick soul is the way of those "congenitally fated to suffer from" the presence of evil. From the perspective of these "morbid-minded types," evil and unhappiness are constitutive of the fabric of the world and not simply the result of our naivete. According to James the way of the sick soul can lead to happiness, but only through a dramatic and painful process of unification through "rebirth."

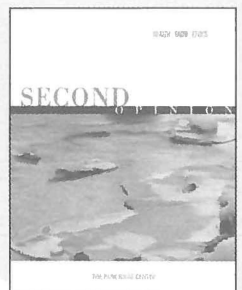
Although we most probably should be suspicious of James's relatively simple typology, these categories do provide a rudimentary vocabulary for understanding the potential alterations in religious orientation brought about by SSRIs. Prior to taking Prozac, Slater had the religious temperament of the sick soul. The happiness she gains, however, is not from rebirth but from the SSRI's alteration of her temperament. She has been reoriented toward the way of healthy-mindedness; she turns away from the melancholy world of Kierkegaard and toward the calm, contemplative world of Merton. Should we be disturbed by this new orientation?

For all his desire for neutrality, James clearly thought the way of the sick soul to be a more sophisticated path. His valorization of the sick soul, though, may be a sign of how American James was as a thinker. Elliott stated that "spiritual emptiness, the search for a sense of self, alienation in the midst of abundance" are particularly American traits; we seem to be a nation that venerates the way of the sick soul. Walker Percy—Elliott's muse for alienation—encapsulated this disdain for healthy-mindedness when he wryly commented in *Lost in the Cosmos*: "Consider

the only adults who are never depressed; chuckle-heads, California surfers, and fundamentalist Christians who believe they have had a personal encounter with Jesus and are saved once and for all." Comparing Kierkegaard to surfer dudes clearly stacks the deck against healthy-mindedness; it is something akin to comparing Edward Hopper to Norman Rockwell.

A fairer match can be found in Abraham Heschel's *A Passion for Truth*. In this book, Heschel described his infatuation with two very different Hasidic leaders: the extreme healthy-mindedness of the Baal Shem Tov and the profoundly melancholy sick soul of Reb Menahem Mendle of Kotzk. The first valued love over truth and the second truth over love. Like Heschel, I wish to have both temperaments in the world, and so the dissolution of one seems a great loss to diversity (an aspect of life James himself greatly valued). As Heschel claimed: "Honesty, authenticity, integrity without love may lead to the ruin of others, of oneself, or both. On the other hand, love, fervor, or exaltation alone may seduce us into living in a fool's Paradise—a wise man's Hell." ■

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# Body and Soul

## *Neuroscience, religion, and embodiment*

carol RAUSCH ALBRIGHT

Addressing God in his *Confessions*, Saint Augustine once wrote, “Thou has formed us for Thyself, and our hearts are restless till they find rest in Thee.”

In an age of science, what might this mean? Surely our muscular pump of a heart does not fit into a divine resting place! It sounds just as odd to say that the gray matter inside our skull might include a special place for God.

But recently the popular press reported the “discovery” of just such a niche and dubbed it “the God module.” This supposed niche in fact was said to have a specific location, in the left temporal lobe, near the ear. The press was drawing on the work of the eminent neuroscientist V. S. Ramachandran, especially as described in a book coauthored with science writer Sandra Blakeslee, *Phantoms in the Brain*. Although these authors stopped short of identifying a “God module,” they did conclude that there are circuits in the human brain that are specifically involved in religious experience.

Ramachandran’s work focused especially on manifestations of epilepsy originating in the left temporal lobe. Besides

causing seizures, epilepsy can lead to unusual mental experiences, and many patients report:

deeply moving spiritual experiences including a feeling of divine presence and the sense that they are in direct communion with God. Everything around them is imbued with cosmic significance. They may say, “I finally understand what it’s all about. This is the moment I’ve been waiting for all my life. Suddenly it all makes sense.” Or, “Finally I have insight into the true nature of the cosmos.”

Not surprisingly, persons who have such spiritual experiences during seizures tend to become preoccupied, even obsessed, with God and religion during periods between seizures as well. The authors suggest that the seizure experience may establish or reinforce brain “tracks” dedicated to this kind of thinking. From such observations, some have drawn the inference that the left temporal lobe is either (a) the seat of a God-given human faculty for experiencing the divine or (b) the seat of religious delusions. Ramachandran is careful to note that patients may in fact be experiencing God—who can say?

Although temporal-lobe epilepsy may be induced by trauma, it often has a genetic component. V. Elving Anderson’s research group at the University of Minnesota is closing in on genes that predispose to epilepsy, including temporal lobe epilepsy. Is religious experience, then, attributable to a genetic defect? Or,

as Ramachandran suggests, by removing a portion of the temporal lobe, could we perform a “Godectomy”?

There are several possible responses to the query. One, of course, is to define religion as a delusion. Another is to reaffirm dualism, and the belief that the human spirit has an existence independent from the brain and the rest of the body. Still another response is to explore a wholistic approach to religious experience, affirming that human experience—including religious experience—is indeed embodied: intricately interactive with the brain and the rest of the body.

There is precedent for the last two responses in the faith traditions. Although many believe in the immortality of the soul, Christians and Muslims traditionally confess a belief in the resurrection of the body. Judaism tends to emphasize right action in the here and now, with consequences for future (embodied) generations. And as neuroscience and medicine unravel the secrets of the human psyche, it becomes increasingly difficult to envision a soul—a self—that has no connection to the marvelously complex brain with which we have been endowed.

But a person who accepts the embodiment of religious experience must also avoid the assertion that such experience is “nothing but” a manifestation of activities of the left temporal lobe, or any other particular part of the brain. Human religious experience is too multifarious and pervasive to assign it to any one cerebral location. Consider that religious experience includes not only mystical

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Carol Rausch Albright is codirector of the Midwest Region of the Science and Religion Course Program, administered by the Center for Theology and the Natural Sciences, Berkeley, California.



experience, but also ritual, music, and dance; experiences of love and connection, guilt and forgiveness, renewal, and empathy; selection of values and courses of action; and, over time, spiritual growth. A survey of neuroanatomy would place these experiences in various parts of the brain, and in several parts of the brain at once.

Furthermore, values and faith commitments not only are embodied, but they themselves influence other embodied processes as well—in the mind and in other parts of the body. For example, suppose you are about to undergo major surgery. You believe God loves you and God's spirit will guide the surgeon's hand. You know the chaplain is sitting with your spouse, and that folks from your church will bring a casserole dinner for your family. You are calmer and steadier than the patient next in line who shares none of these experiences. Other things being equal, your outcome is likely to be better.

Recent research supports this claim: (1) Heart surgery patients who are religious have 20 percent shorter postoperative

hospital stays than nonreligious patients. (2) In a study of 1,718 older adults, plasma interleukin-6 levels (a measure of immune function) were lower among frequent church attenders than among infrequent attenders. (3) In a sixteen-year mortality study of 3,900 carefully matched subjects in eleven religious and eleven nonreligious kibbutzim in Israel, 69 persons in religious settings died, compared with 199 in secular settings.

Apparently, though, not all religious beliefs are equally healthful. In a study of 577 hospitalized medically ill patients age fifty-five or over, for example, beliefs in a punitive God and demonic forces were associated with worse mental and physical health, while beliefs in a benevolent God, collaboration with God, and giving religious help to others were associated with more positive outcomes.

If religious belief is indeed embodied, how does it get that way? Like our other beliefs and inclinations, our faith is shaped through interactions among genetically-based abilities and proclivities, experience in our culture and close

associations, and our own conclusions. The genome does not carry nearly enough information to specify the content and connections of all the neurons in an ordinary human brain. There are something like one hundred thousand million neurons in the brain—a number that rivals the number of stars in our galaxy. The number of connections among them is about one thousand million million, and the total length of this “wiring” is roughly one hundred thousand kilometers. The design of the wiring varies from person to person. Genes set up the basic design of an infant's brain, which comes equipped with more neurons than it needs. Especially during the first two years of life, neurons that are put to use continue to live, but those not used are programmed to self-destruct. The surviving neurons thrive with activity.

In adults, the number of neurons remains fairly constant, but neurons can still sprout new connections among themselves. Experience stimulates new connections, so active neurons become more densely interlinked. Brain circuits that are seldom used become less responsive, and less neuronal space is devoted to them. Thus, while the basic potential for religious experience is inborn, our experiences and thoughts shape not only our convictions, but also the neuronal connections that embody them.

In humans, the parts of the brain that enable thought, emotion, sensation, and bodily functions all interact. Religious experience comprises emotion, understanding, relationships, action—and metabolic activity. Our commitments are embodied. They are part and parcel of our thoughts and behaviors—and our neurons and physiology as well. ■

## Spirituality and Health Care

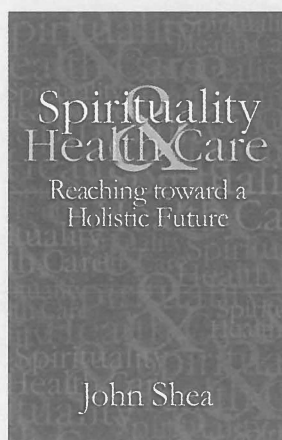
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# God and Alzheimer's

*A neurological reflection on religious experience, self, and soul*

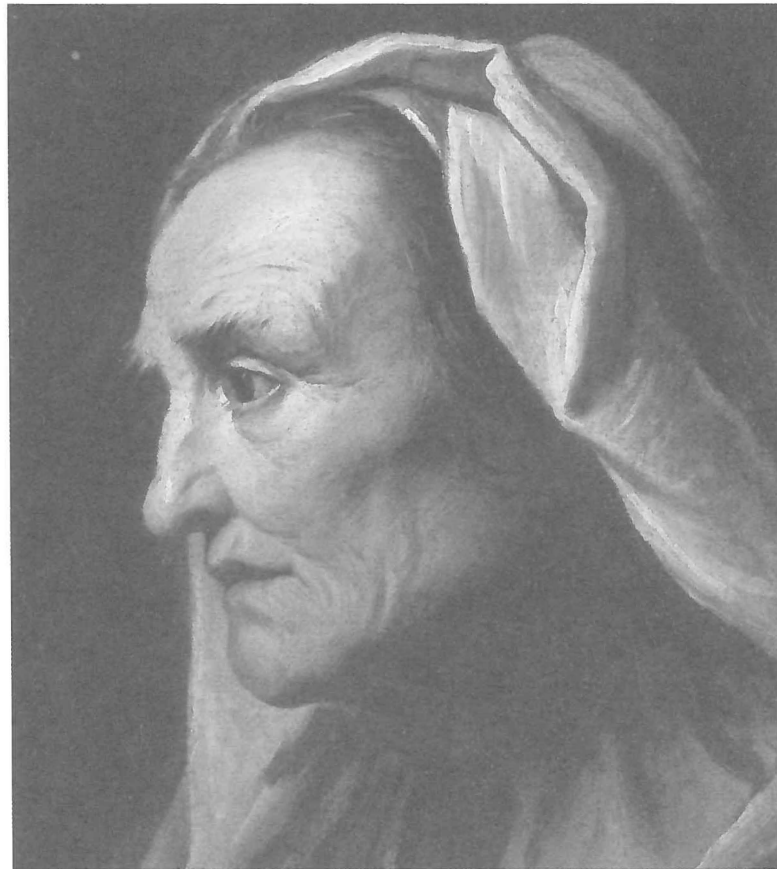
stephen g POST

To have seen one case of progressive irreversible dementia, most often caused by Alzheimer's disease in older adults, is to have seen only one case.

In December, for example, I received this e-mail from the daughter of a man recently deceased:

Hello Dear Friends: As many of you know, my father has been suffering from Alzheimer's disease for the past 4.5 years. It has been a long and often very hard road. . . . However, as of 7 P.M. last night, my father no longer has to struggle with the disease that robbed him of every part of his being, except one. He never once stopped recognizing my mom and never, ever stopped reaching out to her and wanting to give her a kiss. No matter how many parts of his personality were lost . . . he always retained his kind, gentle sweetness and his European manners. . . . In the end, things went very quickly for him. He simply closed his eyes and closed his mouth, indicating no more food or water.

Stephen G. Post is Professor of Biomedical Ethics, School of Medicine, Case Western Reserve University, Cleveland, Ohio. He is the author of *The Moral Challenge of Alzheimer Disease: Ethical Issues From Diagnosis to Dying*, 2nd ed.



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*Portrait of an Elderly Woman by Pietro Novelli*

This gentleman was in the advanced, terminal stage of Alzheimer's disease (AD), marked by a combination of incapacities to speak, recognize loved ones, maintain bowel and/or bladder control, ambulate without assistance, and swallow without assistance. Most who reach this stage will pass on within two years.

During this period, do these individuals have the capacity to relate to a presence in the universe that is greater than our own? What about their personhood and continued self-identity?

## The Human and God

A nonreductive physicalist would argue that while human beings do not possess a nonmaterial soul, they do possess the evolved neurological capacity for relationship with the Supreme Being. Such a relationship is not caused by neurological pathways, but is rather made possible through them. Contrary to the assertions of Carl Sagan and Francis Crick, a non-material soul is not necessary for the religious experience of a Supreme Being to be genuine. Concepts of the Supreme

Being and correlative human perception must now be studied neurologically. The capacity for this relationship represents a kind of neurological “phase change” grounded in new knowledge about the organizational development of the human brain.

I have witnessed cases of persons with mild and moderate dementia responding to religious rituals, inspired by intimate prayer, and emotionally moved by religious symbols. In some cases, it appears that the religious capacity may be disinhibited in dementia. Some people who have never been religious appear to become so, suggesting that the neurological capacity to relate to the Supreme Being can be ignited.

As for the advanced stage of dementia, so long as any neurological function exists, one cannot scientifically state that the neurological capacity for relationship with God is entirely lost—unless the person with AD is among those very rare cases in which survival is regrettably protracted to the point of entering the persistent vegetative state. As for the man described by his daughter in the above case, one can only hope that the love of God reached into his life in ways that we may never understand. Religious rituals, songs, prayers, and symbols remain relevant in providing care.

## Personhood

Is the person in advanced dementia still a person? There is a persistent bias against the profoundly forgetful that is especially pronounced in modern philosophical definitions of personhood. Only “persons” narrowly defined, it is often argued, have moral standing. Human beings with significant cognitive disabilities would have little or no moral status under such a system. The philosophers of this “hypercognitive” personhood seem to state that if we do not wear the persona dictated by their intellectualist leanings, we count less or not at all under the protective principles of nonmaleficence and beneficence.

The concern of the Christian ethicist about this view is well stated by Stanley Rudman in *Concepts of Persons and Christian Ethics*, who, after an exhaustive discussion of the disparities in philosophical thinking about what constitutes a person, concludes, “It is clear that the emphasis on rationality easily leads to diminished concern for certain human beings such as infants . . . and the senile, groups of people who have, under the influence of both Christian and humanistic considerations, been given special considerations.” As Rudman summarizes, rationality is too severe a ground for moral standing, “allowing if not requiring the deaths of many individuals who may, in fact, continue to enjoy simple pleasures despite their lack of rationality.” He is specifically concerned with persons who have cognitive disabilities, whether developmental or dementia-related.

The fitting response to the increasing incidence of dementia in our aging society is to enlarge our sense of human worth to counter an exclusionary emphasis on rationality, efficient use of time and energy, ability to control distracting impulses, thrift, economic success, self-reliance, “language advantage,” and the like. We make too much of these things.

Here I would distinguish the heritage of Stoic rationalism from Judaism, Christianity, and other religions. The great Stoic philosophers achieved much for universal human moral standing by emphasizing the spark of reason (*logos*) in us all. Yet this is clearly an arrogant view in that it makes the worth of a human being entirely dependent on rationality, and then gives too much power to the reasonable.

Religious ethics, however, are generally more truly universal in scope, for even those with cognitive disabilities count under the protective umbrella of “do no harm.” Equal regard under the love of God, along with the emotional, relational, and symbolic expressions of persons with even advanced dementia, lead me to reject the notion “I think, therefore I

am,” and replace it with the less arrogant Christian notion, “I feel and relate, and above all, I am.” Deep into the progression of dementia, continuities with the past usually exist amidst discontinuities.

As for the man described in our case study, he was surely a person by emotional and relational criteria, and secondarily, by virtue of having personality. His brain had been severely affected by AD, but clearly a variety of important human capacities remained richly intact.

## Self-Identity

The radical disjunction between the formerly intact or “then” self and the currently demented or “now” self, as put forward by some commentators, is simply a misrepresentation of the facts. The reality is that until the very advanced and even terminal stage of AD, the person with dementia will usually have sporadically articulated memories of deeply meaningful events and relationships ensconced in long-term memory. In the advanced stage of dementia, as in our case here, one finds varying degrees of emotional and relational expression, remnants of personality, and even meaningful nonverbal communication, as in the reaching out for a hug. I would argue that only those rare persons in the vegetative state are absolutely gone. This is why it is essential that professional caregivers be aware of the person’s life story, making up for losses by providing cues toward continuity in self-identity.

## Conclusion

For those who see that all the capacities once associated with the nonmaterial soul have now been at least roughly mapped neurologically, the nonmaterial soul may no longer be deemed necessary. Nevertheless there is solace in knowing that dementia does not eliminate the capacity for a peaceful relationship with the Supreme Being, that the person remains, and that continuities in self-identity can be quite surprising. ■

# Buddhism Meets Western Science

## *A dialogue on the mind and consciousness*

gay WATSON

**T**he field of cognitive science has fundamentally changed in recent decades. As Western researchers grapple with problems of consciousness and subjective experience, an interesting dialogue opens with Buddhist tradition, which has always been overwhelmingly concerned with human experience.

While the pan-Indian doctrine of karma refers to an inevitable causal chain of actions, the great innovation of Buddhism was to ethicize and psychologize this by emphasizing intent rather than action. Buddhism has always presented an empirical psychology that both reveals and rests upon a philosophy of process. The Buddha's analysis of the human condition was that it is unsatisfactory; that craving and misunderstanding cause this suffering; that it can be ended; and that a path of emotional and cognitive realignment leads to such liberation. These truths are less a statement of fact

than a call to act. We are called to understand fully that ordinary life is suffering; cease from the causes of suffering; realize liberation; and cultivate the path. Throughout, the emphasis is on human experience, and the path to liberation from suffering is seen as attainable only by understanding experience and the ways to improve it. Buddhism does not propose beliefs of the supernatural or transcendent, but offers a practice: the cultivation of cognitive, emotional, and physical practices to bring about change.

Three realizations characterize the current generation of cognitive science: the fundamental and inescapable importance of embodiment, the importance of emotion, and the extent and importance of nonconscious processes; all must be seen as contextualized and interdependent.

Western science now acknowledges that the mind is not just a program in the brain, but that its processes are distributed throughout the body. This acknowledgment ends centuries of mind/body splitting in Western discourse. More importantly, it ends overvaluation of mind at the expense of body. Indeed, in a world theoretically ever more relative and pluralist, mindful realization of our common human embodiment may provide us with a much-needed foundation.

In Buddhism the separation of body and mind has never been as thorough as in the West. In a work that brings together philosophy, ritual, and medical practice, a thirteenth century Tibetan writer proclaimed that even if the mind is understood with the greatest wisdom one will never be fully enlightened until one

understands the body. In an interview in the Winter 2000 *Tricycle*, S.N. Goenka, a leading meditation teacher, refers to the Buddha as a superscientist, stating, "If proper attention is not given to the sensations, then we are not going to the deepest levels of the mind. The deepest level of the mind, according to Buddha, is constantly in contact with bodily sensations. And you find this by experience." By attending to sensations, one trains the mind to resist reacting nonconsciously to them.

Western science now also finds conscious reason to be the tip of the iceberg of complex processes that are largely emotional and below the level of consciousness. Buddhism has always been concerned with feelings, emotions, sensations, and cognition. The Buddha points both to cognitive and emotional causes of suffering. The emotional cause is desire and its negative opposite, aversion. The cognitive cause is ignorance of the way things truly occur, or of three marks of existence: that all things are unsatisfactory, impermanent, and without essential self. The Samyutta Nikaya, a canonical work of Buddhism, describes feelings, referring to a twofold division into those of body and of mind and continuing on to a division into 108 types. The teachings place equal importance on body, speech, and mind; practices of mindfulness are related to bodily sensations, feeling, the mind, and its objects.

Though Western research finds that many of these processes function subconsciously, Buddhism has always posited sufficient freedom of consciousness to

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Gay Watson obtained her doctorate from the University of London for work on Buddhism and psychotherapy. She is the author of *The Resonance of Emptiness: A Buddhist Inspiration for a Contemporary Psychotherapy*, and coeditor of *The Psychology of Awakening*. She teaches at Sharpham College, Devon, England.



Indeed, Buddhism's centuries of exploration of subjective mind states may be a resource for Western science. As scientists discover the impossibility and the inadequacy of objectivity, and the need for new methods to study subjective experience, they may turn toward this treasury of mental practices for help. A recent issue of the *Journal for Consciousness Studies* explores this. Perhaps this very project within contemporary cognitive and neuroscience will unite inner and outer, body and mind, first-person and third-person

The other face of dependent origination is the doctrine of emptiness. All phenomena, including persons, are empty of any unchanging, isolated essence because of this very dependence upon a network of causes and conditions from which they cannot be separated. Such theory resonates both with the findings of contemporary neuroscience and with the post-modern insistence upon contextuality and difference. Each person and thing is, at the same time, dependent, contingent, and determined by causes and conditions

The related questions of self and free will are too enormous to engage here. The unexplained gap between physical phenomena and subjective experience remains both in East and West, science and philosophy. The no-self of Buddhism refers to the lack of some unchanging essential self, but does not deny a contingent transactional processual self, or one based on processes, such as thinking, feeling, and acting, rather than product. Buddhism posits sufficient free will to allow for intentional practices to augment awareness, to foster wholesome thought and action, and to defuse unhealthy reactions. Beyond this we must return again to intention—in this case the intention of dharma, which is the search for liberation. Outside this, Buddhism is little concerned about free will. For Buddhism is not concerned with ontology, or indeed with knowledge for its own sake. Such are questions that the Buddha refused to answer. What Buddhism is centrally concerned with is a path to liberation and the end of suffering through realigning our experience in accordance with the way things are, rather than the way we tend to misperceive them. It suggests that the way to change our experience is through understanding that experience. To this end it has undertaken centuries of first-person exploration of experience that may now helpfully come into dialogue with the West's superior third-person research. ■

12 THE PARK RIDGE CENTER BULLETIN

# Jewish Tradition and Health Care Choices

## *A Park Ridge Center Grant Award*

**gail GLICKSMAN and martha b HOLSTEIN**

**W**hoever saves a single life, is considered as though he saved the entire world.”

—Mishnah Sanhedrin 4:5

This Talmudic passage underscores Judaism's valuation of every human being as a reflection of God. It has inspired a new Park Ridge Center project, funded by the Michael Reese Health Trust.

What do ancient precepts such as this mean in the complex world of modern biomedicine? Let's consider one example. The Hebrew term *P'ru U'r'vu* (to be fruitful and multiply) is a central precept of Judaism. Existing technology holds the promise of creating offspring when natural means fail. Yet high-tech forms of assisted reproduction are expensive and are only partially reimbursed through insurance mandates in thirteen states. Some techniques involve physically and/or emotionally stressful procedures. Others rely on donated gametes, either ovum or sperm, or on surrogacy. Considering these factors, how far should Jews go to try to fulfill the commandment?

Such are questions typically posed by contemporary health care. Although Judaism's great texts and traditions provide ethical insights, they have not been tapped sufficiently in contemporary bioethics debates. The Jewish tradition can offer a method of thinking about questions, provide a source of comfort in tragic circumstances, and connect Jewish patients, their families, and their health

care providers both geographically and historically with a larger community.

To bring Jewish ethical thinking into mainstream conversations about health care ethics, the project seeks to galvanize Jewish and non-Jewish health care professionals, family members, clergy, and policy makers. The Center will create resources to guide decision makers through complex health care issues and to help protect vulnerable populations.

The project's objectives are to:

- make useful to health care practitioners critical Jewish cultural resources, specifically those relevant to problems in contemporary biomedicine;
- enable professionals to use less familiar methods to form reasoned positions about health and ethics;
- help health care practitioners, families, and religious leaders redefine the clinical situations and policy problems they encounter, by asking new questions about biomedical problems.

At the core of our project are four working groups, focused on specific clinical and policy questions at the intersection of Judaism and health care ethics:

- beginning-of-life issues (including assisted reproduction);
- genetics issues (genetic counseling, gene therapy, and behavioral genetics);
- long-term quality-of-life issues for frail neonates and children with special needs;
- aging, life extension, and our obligations to the elderly.

Each working group will consist of an interdisciplinary mix of physicians and other health care professionals, rabbis and scholars of Judaic studies, social workers, policy experts, sociologists, anthropologists, and others. Working groups should generate a rich, multi-voiced Jewish perspective, giving practitioners an opportunity to discuss significant themes and creating an interested community of scholars and practitioners that can become an important resource.

Among the outcomes will be community presentations and our second annual conference (April 24), which is cosponsored with Beth Emet The Free Synagogue, Evanston, Ill.; the Chicago Center for Jewish Genetic Disorders; and the Jewish United Fund/Jewish Federation of Metropolitan Chicago.

The project will also set the institutional foundations for a center on Judaism and health care ethics that can provide a stable resource for information, research, and clinical consultations. This represents ideas generated during a planning phase supported by a grant from the Michael Reese Health Trust. An advisory group of Jewish scholars, rabbis, community representatives and health care practitioners (chaired by Rabbi Peter Knobel of Beth Emet) guided the development phase and will guide the implementation of the Judaism program's agenda for future research and consultation. Rabbi Gail Glicksman will direct the project and the Judaism program; Martha Holstein, the coordinator of the successful planning phase, will work closely with Rabbi Glicksman. ■

## Hamburger Theology

Catholic theologian Massimo Salani recently condemned fast-food hamburgers as a Protestant tradition inappropriate for Catholics. Eating burgers and fries, he wrote in the Italian bishops' daily paper *Avvenire*, reflects an "individualistic relationship between man and God which goes back to (Martin) Luther," reported *Agence France-Presse*.

The target of Salani's ire, fast-food giant McDonald's, was quick to defend its religious pluralism: "[We serve] customers of all races and religions and we adapt to all cultures and tastes." Kosher burgers are served in Israel, a company spokesperson said, and no beef at all is served in India where cows are considered sacred.

Salani, author of the book *At Table with Religions*, went on to say that Protestants eat badly, Catholics eat too much, and that Muslims have an unbalanced diet. While he holds Christians

ultimately responsible for the triumph of fast food throughout the world he has yet to publish on the theological implications of other cultural phenomena related to fast-food service, such as drive-through windows, sporks, and the "Rugrats in Paris" kiddie meal.

## Compensating a Bad Rebirth

Buddhists believe that death is a process. Life is not like a light switch, either on or off; death is the gradual disassembling of the various elements that comprise life. When a Buddhist dies, tradition prescribes that the body lie in state for seven days, a crucial transition period between this life and the next. Emory University professor of religion Eric R. Reinders says, "The moment of death is very important—the approach to it and the time immediately after. That's the time when your next birth will be decided."

When Wages and Sons Funeral Home in Atlanta, Georgia, cremated Khin Tep on the day of his clinical death instead of seven days later, his family believes, they doomed him to a dreadful rebirth. Richard D. Hobbs, the family's lawyer, said that the funeral home had performed a Buddhist funeral service before, and that the staff knew what the family expected. But Georgia law doesn't have much to say about making reparations for an unfavorable reincarnation, according to the *Fulton County Daily Report*.

Hobbs proposed a singularly American solution: a new tort, "denial of closure." His goal is to establish a new legal principle about a family's right to attend to their dead in a manner congruent with their faith. The principle might also apply to someone who hides a body after a murder, for example, denying the family a proper burial.

Hobbs asks \$2 million for Tep's family. In a letter to the funeral home's insurance company, he wrote "I am very confident that the emotional strain this family has endured this past year will transcend to a jury very well." And maybe that's what tort law is all about: karmic payback.

—Kirston Fortune

## THE CHALLENGES OF AGING

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# Horizons, Encounters, Reconsiderations

## *Venturing into the unfamiliar*

**martin e MARTY**

**F**ifteen years ago at a seminar in Kyoto two Christians of the East but “oriented”—dare I say it?—toward the West got into an intense argument about a point of doctrine. They soon picked up allies from among others in the Christian minority at the session.

Put off by the fracas, my wife mentioned at recess over tea that for several days she had been moved by the serenity, generosity, and clarity of expression of one of the seminarists. With a bit of a wink she said, “He strikes me as being the most exemplary Christian in the room.” She was not, I think, baptizing him terminologically or being imperial about where among the religions goodness lies. She was working through a process in which we were both learning something new about the “other.”

Later in the day we developed our acquaintance with the scholar, from what school of Buddhism he derived I do not know. We asked him to elaborate on it, and he gave us a document that had, as I recall, mainly white space on the first page. It went something like this:

Chapter One:  
Being equals Nonbeing.

Oh! I read on in a longer Chapter Two how this Buddhist outlook has no subject, nor object. Ego and non-ego were one and the same.

I doubt whether his document made it home with us. But just as the whole Kyoto experience brought us to a new horizon, the encounter with this scholar stayed in my mind. Elements of the considerations he was eliciting stay in the recesses of my consciousness, to be brought forward when I read articles like those in this *Bulletin*. I hope that these writings do for you what they do for me: dispel some of the haze on that horizon, invite new encounters, and prompt reconsiderations.

Of course, it is expecting a great deal if any of that is to happen thanks to our short articles. Let them represent opportunities to enlarge my vistas, to welcome unanticipated experiences, and, yes, to reconsider approaches to reality that I had taken for granted. To the point: such occasions come with the territory to which the Park Ridge Center devotes itself. It was designed to be “interfaith, interdisciplinary, intercultural” and a few more “inter’s-” along the way in its intentions. And so it is.

I live with relative ease in a world symbolized by Chambers with the word Prozac. Would we know anything of the enlightenment of Buddhism had the Buddha taken Prozac? On one level that question sounds silly—“What Would Jesus Do?” and all that. (Would Jesus drink unblended Scotch, enjoy hip-hop, represent the ACLU or the Christian Coalition? Would he go to a psychiatrist?) What Chambers does pose on his horizon

is a range of issues having to do with creativity and brain processes, with what our Japanese friend of that week long ago would call “therapy and nontherapy conjoined.”

Just about the time one begins to get a handle on “consciousness,” along come writings like those condensed by Gay Watson. How should a Westerner find a way into and through the disturbing signpost-less territory where Buddhism challenges Western science? Can one, dare one, avoid the encounters to which she invites readers, and still do justice to the mission of understanding?

Stephen Post does not take us out of the West, but on his horizon conventional ways of looking at soul and non-soul, faith and nonfaith, body versus mind and soul and spirit, encounter readers and, let us hope, elicit some reconsiderations.

Carol Rausch Albright’s horizon is on the scene where a possible “God module” works in the brain. The module can lead some to think religion is nothing but a physical reaction, or it can promote new understanding of bodily experience in relation to religion. Reconsiderations lead different people in opposite directions.

Perhaps at the end of an issue like this and, more, after intense seminars or book-length experiences of the “other,” we might welcome a wall instead of a horizon; a chance to settle back with the familiar instead of that which encounters us afresh; dogmatic affirmation of what we have long considered. But the adventure, typified by articles like those in the present package, offers perhaps better ways to serve, and to be. ■



THE PARK RIDGE CENTER

# Bulletin

January/February 2001

Issue Number Nineteen

**2 From the Editor**

Fearfully and Wonderfully Made  
*David B. McCurdy*

**3 Up Front**

The Decade of the Brain  
*Philip J. Boyle*

**5 Feature**

Should the Buddha Have Taken Prozac?  
*Tod Chambers*

**7 Feature**

Body and Soul  
*Carol Rausch Albright*

**9 Case Study**

God and Alzheimer's  
*Stephen G. Post*

**11 Perspective**

Buddhism Meets Western Science  
*Gay Watson*

**13 Centerline**

Jewish Tradition and Health Care Choices  
*Gail Glicksman and Martha B. Holstein*

**14 News & Notes**

**15 Last Word**

Horizons, Encounters, Reconsiderations  
*Martin E. Marty*



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