

# Liberalism, the Catholic Human Rights Tradition and the Involuntary Hospitalization of People with Serious Mental Illness

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In November 2022 New York City Mayor Eric Adams announced a proposal to increase the city's involuntarily hospitalization of people with serious mental illnesses such as schizophrenia and bipolar disorder when they were found to be dangerous to themselves. Adams touted his proposal as fulfilling a "moral obligation [...] to assist those who are suffering from mental illness" and to reduce the city's homelessness and crime.<sup>1</sup> Nevertheless, pushback to Adams's proposal was swift and varied, with concerns about the plan's feasibility, the city's lack of structural and systemic support, high rates of burnout among first responders, and exacerbating police violence, especially against Black men.<sup>2</sup>

Adams's proposal was met with a still more difficult challenge: the conviction that involuntary hospitalization is unethical precisely because it is done against the will of the person with serious mental illness. As City Councilwoman Tiffany Cabán tweeted shortly after the announcement of Adams's proposal, "Consent is key [...]."<sup>3</sup> Cabán's tweet helpfully clarifies that debates about Adams's proposal are at least as much about ethical

questions such as the meaning and purpose of human rights as they are about psychiatric or social questions about, for example, proper medication and homelessness.

The objection that involuntary care violates the rights of people with serious mental illness fears – sometimes with strong justification – that even the most well-intended interventions can be harmful and that justifying any intervention at all makes it easier to legitimize harmful ones. Invoking human rights would seem to protect people with serious mental illness from harms that are too often and too easily inflicted when consent is rendered unnecessary, but doing so would tie the city's hands and, thus, to perpetuate homelessness and crime.

I believe that thinking more carefully about the meaning and purpose of rights can provide a way forward from this impasse. Cabán's defense of consent reflects one way to understand rights, but it does not necessarily reflect the only or the best way to think about these issues. Her understanding of rights reflects that of classical liberalism, according to which the solitary, rational individual is prior to the community or the state, and rights exist to protect the individual's life, liberty, and property from

interference by others.

A classically liberal assessment of the case at hand yields the conclusions that the individual with mental illness is necessarily the primary unit of moral concern and that the city of New York and the needs of its other residents are of secondary value; that that person with serious mental illness has a right to live life as he or she sees fit, even if those life-plans are not good for themselves (e.g. because they are devised under hallucinations, delusions, or manic or depressive episodes); that those life-plans ought not be interfered with by the city's police or workers, especially when that person does not consent to hospitalization; and that, therefore, involuntary hospitalization is unethical. If liberalism is presumed, Cabán's defense becomes intelligible and even persuasive.

And yet, questions arise. Should liberalism be presumed? How viable or compelling, in fact, are its presuppositions? How helpful is its assessment of this case? Even granting liberalism's long history of shaping social thought in the United States, it is not, in fact, the only resource that Americans have drawn from to think about public life throughout history. As sociologist Robert Bellah and his co-authors famously argued in *Habits of the Heart: Individualism and Commitment in American Public Life*, individualism might be Americans' "first language," but they have also turned to the less individualistic and more communally-centered resources of civic republicanism and biblical religion (including, of course, the Catholic tradition). Liberalism, then, is not our only option for evaluating Adams's proposal.

Nor should it necessarily be, as there are good reasons to challenge liberal presuppositions.

A wide array of resources ranging from the Catholic tradition to Aristotelian philosophy to evolutionary biology to contemporary studies about human loneliness to human experiences such as friendship, marriage, and parenthood cast serious doubt upon liberalism's claim that humans are first and foremost individuals disconnected from one another rather than intrinsically relational creatures.

Furthermore, as philosopher Martha Nussbaum argues in *Frontiers of Justice: Disability, Nationality, Species Membership*, liberalism's requiring rationality casts people with serious mental illness as sub-human. Protecting people with serious mental illness from interference is not entirely meritless, but it also risks cutting them off from loving and being loved in the concrete – precisely the type of relationships and care privileged by the Catholic tradition and its healthcare organizations. By uncritically and necessarily prioritizing the wants of the individual over the needs of the community, liberalism risks justifying the perpetuation of homelessness, crime, and other problems that imperil people with serious mental illness.

The Catholic rights tradition as developed through papal encyclicals like *Pacem in Terris* (1963) and the work of Catholic social ethicist David Hollenbach offers a more helpful way to think about rights for evaluating Adams's proposal. Unlike liberalism's individualistic, rationalistic anthropology, this tradition maintains that humans are intrinsically dignified and relational creatures because they are created in the image and likeness of a relational, trinitarian God. This anthropology suggests that having serious mental illness does not erase one's humanity and commends balance between the wants (and needs) of

the individual and the needs of the wider society. This balance suggests that simply invoking one's "right" to be left alone is not necessarily the trump card that liberalism believes it to be, because people with serious mental illness – like all humans, for that matter – can be mistaken or misled about what is, in fact, good for them. This is especially the case when their illness affects the areas of the brain responsible for recognizing mental illness itself, as this unawareness often leads to medication noncompliance. Rights, therefore, do not so much protect freedom from interference as they do the freedom of each person to participate as fully as possible in the life of the society. Participation includes (but is not limited to) access to psychiatric healthcare as well as the responsibility to contribute as best one can to the common good.

The Catholic rights tradition does not entirely reject the importance of consent, but it can helpfully complicate a singular privileging of consent over other worthwhile ethical issues and resources. It can help us to appreciate more carefully the good that Adams's proposal might enact (while not precluding necessary caution about how well it can and will be implemented on the ground). It can invite us to critically assess the presuppositions upon which our positions depend. And it can remind us that concerns such as Cabán's, though certainly not unimportant, are not the only ones that deserve a fair hearing in our conversations about how best to care for people with serious mental illness, because, ultimately, "do not interfere with your neighbor" falls woefully short of loving one's neighbor as oneself (Matthew 22:34-40). †

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## ENDNOTES

1. Andy Newman and Emma G. Fitzsimmons, "[New York City to Involuntarily Remove Mentally Ill People From Streets.](#)" The New York Times, November 29, 2022,
2. For example, see Emma G. Fitzsimmons and Andy Newman, "[New York's Plan to Address Crisis of Mentally Ill Faces High Hurdles.](#)" The New York Times, November 30, 2022, sec. New York, Anthony Almojera, "[I'm an N.Y.C. Paramedic. I've Never Witnessed a Mental Health Crisis Like This One.](#)" The New York Times, December 7, 2022.; Giulia Heyward, "[NYC Mayor Adams Faces Backlash for Move to Involuntarily Hospitalize Homeless People.](#)" National Public Radio, November 30, 2022, For support of Adams's proposal from a leading psychiatrist who specializes in the marginalization of people with serious mental illness, see Ellen Barry, "[Behind New York City's Shift on Mental Health, a Solitary Quest.](#)" The New York Times, December 11, 2022
3. [https://twitter.com/tiffany\\_caban/status/159763875832492032](https://twitter.com/tiffany_caban/status/159763875832492032)