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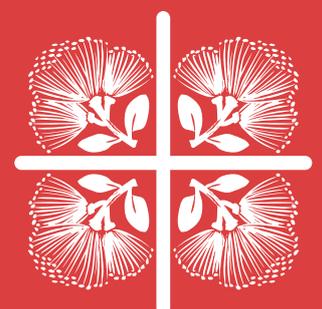
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TE KUPENGA
NATHANIEL
CENTRE FOR
BIOETHICS



The Nathaniel Centre for Bioethics was established in 1999 as an agency of the New Zealand Catholic Bishops' Conference. In 2020, the Centre was formally affiliated with Te Kupenga – The Catholic Leadership Institute.

The key functions of The Nathaniel Centre include:

- developing educational opportunities in bioethics
- acting as an advisory and resource centre for individuals, and professional, educational and community groups
- carrying out research into bioethical issues, and promoting the study and practical resolution of ethical, social, cultural and legal challenges arising out of clinical practice and scientific research
- carrying out research and action to support the Church's pastoral response to bioethical issues taking into account the needs of different cultures and groups in society

Our Philosophy

Rapid advances in science have moral, ethical, and spiritual implications at an individual and societal level. While Catholic bioethics deals with the same realities as secular bioethics we are committed to bringing the light of the Gospel and the wisdom from the Church's moral tradition to the various issues under discussion.

Reason and faith do not exist in isolation; they guide our individual and collective search for truth and they complement each other when they meet in genuine service of those who suffer. In the words of Pope Benedict XVI: "Only in charity, illumined by the light of reason and faith is it possible to pursue development goals that possess a more humane and humanising value." In this way the work of bioethics appears as a practical expression of the reverence we have for the gift of life.

For The Nathaniel Centre, the context of bioethics is pastoral, because the ethical issues arising in healthcare and the life sciences reflect the realities of people's lives.

Faith and reason are like two wings on which the human spirit rises to the contemplation of truth...

POPE JOHN PAUL II

... faith consolidates, integrates and illuminates the heritage of truth acquired by human reason.

POPE BENEDICT XVI



IN THIS ISSUE...

In our editorial, *The Intrinsic Dignity of Life – An Outrageous Claim*, **John Kleinsman** reflects on the legal contradiction and inconsistency that lies at the heart of the legalisation of assisted dying. The idea that it is intolerable that disabled people should be actively discriminated against is at odds with the idea that certain lives are not worth living on the grounds of disability. The narrative underpinning euthanasia shamelessly favours the strong and independent rather than the most vulnerable.

In his piece, *The Answer is Not Medically Assisted Suicide – Disabled People Demand Full Civil Human Rights*, **John Kelly** highlights how medically assisted suicide policies in Canada are being drawn on in place of providing real support to people in situations of poverty who lack basic human rights, such as a safe, healthy home. More recent developments in the Canadian law, upon which the New Zealand law is modelled, should give all of us reason to pause and think very deeply about any loosening of the restrictions as some are calling for.

In our third article, *Casting No More Stones – The Church's Journey to Death Penalty Abolition From John Paul II to Pope Francis*, **Greg Marcar** traces the history of the Church's teaching on the death penalty; an evolution from believing it is something morally justified in cases of extreme gravity to a position of advocating for unequivocal abolition on the basis that it constitutes an unacceptable attack on the inviolability and dignity of the person.

Next, a commentary by **Chris Middleton SJ** titled *America After Roe Versus Wade* explores some of the history of the notion of the constitutional right to abortion in the USA. Uncomfortable challenges face both sides in a debate that has become increasingly polarised. The Catholic Church brings to such a conversation the conviction that every human life is sacred.

In our fifth piece, *Images of God, Cultural Identity and Mental Wellbeing – Intersecting Identities*, **Therese Lautua** explores understandings of God from a multi-ethnic, Pacific, female and Catholic worldview in which God is seen as one who is complete, whole and at peace in the diversity within Persons of the Trinitarian Godhead; ever-ancient and ever-new, compelling us to delve deeper into a connection with each of the different aspects of our intersecting identities.

Finally, we reproduce the key messages developed by **Staff of the Nathaniel Centre** on behalf of the **Catholic Bishops of Aotearoa** for Support Life Sunday 2022 which focused on accompanying and caring for people living with mental illness.

We hope you find something to stimulate your thinking in this issue and wish you all many blessings for the upcoming Christmas and New Year Season.

Find us on 

The Intrinsic Dignity of Human Life – An Outrageous Claim

No one likes to be labelled a fool, but the Apostle Paul, in his letter to the early Christian community of Corinth, writes: “We are fools for the sake of Christ.” (1 Cor 4:10) An alternative translation of the original Greek used by St Paul is that Christians “are labeled as ‘foolish’” for Christ’s sake.

I was reminded of that verse recently while addressing a group of Catholic prison chaplains after one of them spoke about the “outrageous commitment to the inherent dignity of persons” that underpins the Catholic moral tradition’s view on the sacredness of human life.

“Precisely because life is sacred, the taking of even one human life is a momentous event. Indeed, the sense that every human life has transcendent value has led a whole stream of the Christian tradition to argue that life may never be taken.”

Unlike approaches that reduce human dignity to one factor weighed up alongside others, the Catholic moral tradition holds that the innate dignity of every human person constitutes an absolute limit on what we can do to others. In 1998, the Irish Bishops put it this way: “In every action I say something about how I regard the people most directly involved – as people whose dignity is equal to my own, or as beings I may use or manipulate.”¹

The idea that we share an equal God-given dignity means that human lives can never be traded off against other human lives, whether in the pursuit of the greatest good for the greatest number or endeavouring to maximise happiness or any other desirable outcome.

Speaking to an audience at Fordham University on the 6th of December 1983, Cardinal Bernardin (outlining for the first time his now well-known notion of the ‘Consistent Ethic of Life’) explained our ‘outrageous commitment’ to protect and preserve the sanctity of life as follows: “Precisely because life is sacred, the taking of even one human life is a momentous event. Indeed, the sense that every human life has transcendent value has led a whole stream of the Christian tradition to argue that life may never be taken.”

Pope Francis’ teaching on the moral unacceptability of capital punishment is the most recent application of the principle of intrinsic dignity to a moral issue. It’s also a reminder that even within Catholicism, our understanding of what the principle means is an unfolding one, as outlined by Dr Greg Marcar in his article titled: *Casting no more stones: The Church’s journey to Death Penalty Abolitionism from John Paul II to Pope Francis*.

For Catholic Christians, the idea that all people are inherently valuable and that we are to treat everyone as ‘sacred’, *regardless of their capacities or contributions*, is grounded in the biblical

claim that we are all made in the image and likeness of God. The philosopher John Dickson argues that it is this fundamental belief, shared by the three Abrahamic religions – Judaism, Islam and Christianity – that has given humanity its hospitals and charities as well as the language of the ‘rights of the weak’.

Dickson explains: “Ancient Greece and Rome, the cultures against which Christianity first competed, had little by way of philosophical reasoning that could guarantee the inherent worth of those lacking rational capacity or social utility. So, infanticide was common and social welfare for the aged and dying was virtually non-existent.” He argues that Christianity changed all of that because it “inherited from the Jews a theology of human dignity and a program of social welfare and added the thought that Christ had died for the world, even for the lowly and neglected. Compassion was due to all, especially to the commonly overlooked.”²

It is not surprising, then, that educated Greeks and Romans immediately criticised Christians for their stance, labelling Christianity as a religion for the poor and useless. Outrageous indeed.

That a majority of New Zealand voters supported euthanasia in the 2020 referendum is evidence of a shift away from the Abrahamic commitment that for centuries has shaped our moral imaginations and reflections...

More than 2000 years on, it remains outrageous to claim that a person’s value is absolutely unrelated to their ‘quality of life’ or developmental stage: outrageous to hold that the life of an elderly person with dementia is sacrosanct in the same way that the life of a newborn baby is; outrageous to believe that the life of a disabled baby has the same value as any other living person; or that the life of a human embryo is to be treated with the same absolute respect as any living person.

That a majority of New Zealand voters supported euthanasia in the 2020 referendum is evidence of a shift away from the Abrahamic commitment that for centuries has shaped our moral imaginations and reflections; a shift towards an alternative moral narrative that *replaces* the notion of the intrinsic dignity of human life with some other criterion. This alternative narrative was well described by Viktor Frankl in 1946 as ‘functionalist’ – a narrative accepting of the idea that certain lives are no longer deemed worth living. Others, today, are more likely to label this narrative as ‘ableist’; one in which a person’s right to life is no longer absolute because human dignity is able to be calculated differently for different individuals according to a reductionist, *socially constructed* calculation of ‘value’ that revolves around the (extrinsic and highly subjective) notions of being useful, independent and successful.

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Various proponents of assisted dying have been voicing their view that the “law in Aotearoa should be relaxed to remove a requirement that a patient has only six months to live”. (See, for example, *Euthanasia laws too strict and should be relaxed*, Act leader David Seymour says. NZ Herald. <https://bit.ly/3P85oPN>).

The Aotearoa law, which required a public referendum before it could be enacted, was approved by a majority of voters on the basis of a number of strict conditions, chief among them that applicants could not access a premature death *on the basis of disability or mental illness alone* and that they had a life-ending terminal illness that would result in them dying within six months. This process by which the law passed here means, as various commentators have noted, that morally and ethically speaking, there is no mandate to broaden the law without a further public referendum.

Recent developments in Canada should give all of us in Aotearoa reason to pause and think very deeply about any loosening of the restrictions.

The Answer is Not Medically Assisted Suicide – Disabled People Demand Full Civil Human Rights

John Kelly

Thirty-eight years ago, an accident left me paralyzed below my shoulders. My father was broken-hearted and wished I had died instead. His hopelessness about my life, however painful for me, was but a simple reflection of widespread prejudice against disabled people.

Over time, as medicine has focused increasingly on patient “quality-of-life” as a barometer of life-worthiness, death has been recharacterized as a benefit to an ill or disabled individual.

A few years after my injury, Jack Kevorkian became a sort of folk hero for “helping” terminally ill people die through his “self-deliverance” machine. It later came out that more than two thirds of his clients were not terminal at all, but disabled people, primarily women, in psychological distress.

Over time, as medicine has focused increasingly on patient “quality-of-life” as a barometer of life-worthiness, death has been recharacterized as a benefit to an ill or disabled individual. Most physicians (82%, a Harvard study recently found) view our “quality-of-life” as worse. Disability advocates have raised concerns about the fate of disabled people like Oregonian Sarah McSweeney and Texan Michael Hickson. Both wanted to live, both were loved by family and caregivers, but they died after hospital personnel denied them treatment based on their disabilities.

Over the last 25 years first Oregon, then additional states and Washington D.C. established assisted suicide programs for people expected to die within six months. Proponent rhetoric has focused on compassion for people’s physical pain and suffering, and the hope of a choiceful, peaceful end.

The reality, as shown by the top five reported “end of life concerns” in Oregon, hinge not on pain, but on people’s “existential distress,” as one study termed it, in reaction to the

disabling features of their illness: depending on and feeling like a burden on other people, losing abilities, losing the respect of self and others (“loss of dignity”), and shame over incontinence.

Prominent bioethicist, Thaddeus Pope, concedes that “Everybody who’s using medical aid in dying is disabled. And probably you could go to the next step and say the reason they want medical aid in dying is because of their disability.” To Pope, any disability a patient finds “personally intolerable” is sufficient reason to assist their suicide.

Disability rights advocates appreciate the willingness of many legislators to take our concerns seriously. We worry, with death reframed as a benefit for severely disabled people, that increased legalization will bring expansion of eligibility. Pope points out that the US is unique in the world for limiting assisted suicide to terminal people, and that every other jurisdiction, including Canada, offers euthanasia on demand to non-dying disabled people. He predicts that non-terminal disabled people will become eligible in the US. In Canada, disabled people have been euthanized because they were denied needed care or couldn’t find safe housing for multiple chemical sensitivities.

...when people feel they have lost their dignity and feel like a burden on others, they are vulnerable to pressure and outright coercion to sacrifice themselves for others benefit.

There are unsolvable problems with all assisted suicide laws. First, real choice resides with insurers, whose bottom-line favours delay or denial of treatment. Dr. Brian Callister reported trying to refer two patients for life-saving but expensive procedures in Oregon and California, only to hear that the insurers limited coverage to hospice and assisted suicide.

Second, when people feel they have lost their dignity and feel like a burden on others, they are vulnerable to pressure and

outright coercion to sacrifice themselves for others' benefit. In the US, abuse yearly affects one in 10 elders, exacerbated by COVID-19 restrictions.

Third, terminal prognoses are notoriously inaccurate. NPR news reported a few years ago that nearly one in five people who enter hospice survive the six-month benefit. Oregon revealed last year that just 4% of patients live past six months, meaning that the difference between 4% and almost 20% represents the body count of people who weren't really dying. People who oppose capital punishment because of the inevitability of executing an innocent person should take note.

The answer is to address people's real needs. It means more and better palliative care. And for people whose discomfort cannot be otherwise relieved, there is the option of palliative sedation, whereby a person is sedated to the point of comfort while the dying process takes place.

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Statistics gathered by the Oregon Health Authority, which date back to 1997 when assisted suicide was first legalised,³ support the claim that assisted dying is overwhelmingly motivated not by physical pain but by existential suffering; suffering calculated according to ableist-related considerations that promote a view that death is to be preferred over a reduced quality of life that has 'lost' its dignity precisely because of illness-related disability. As per Oregon's latest Report the figures are: loss of autonomy – 93%; less able to engage in activities making life enjoyable – 92%; loss of dignity – 68%; becoming a burden for family, friends or caregivers – 54%; losing control of bodily functions – 47%. In contrast, inadequate pain control or fear of inadequate pain control in the future was listed by only 27%.

...the new 'alternative' moral narrative that is increasingly capturing people's imaginations, especially in the Western countries, emerges as ultimately incoherent, reductionist and impoverished; a narrative that shamelessly favours the strong and independent while side-lining the most vulnerable and the poor...

By these measures, a personal friend of mine, now in her 60's who was born with cerebral palsy and has experienced all of the above symptoms for the whole of her life, registers as having an unacceptable quality of life. This negative message she encounters on a daily basis, a point well articulated by John Kelly in his article titled: *The Answer is Not Medically Assisted Suicide – Disabled People Demand Full Civil Human Rights*.

Looked at critically through a philosophical lens, it quickly becomes obvious that the arguments used to promote and justify assisted dying are built on a legal contradiction that many are oblivious to. Relying as it does on the idea that certain lives not worth living, it becomes clear that our euthanasia law ultimately erodes the fundamental right to life of disabled people because they are thereby, even if unwittingly, reduced to being nothing more than objects of pity by the narrative which makes euthanasia seem so desirable: 'Who in their right mind would want to live like that?' This is confirmed by the likes of Thaddeus

The answer is not medically assisted suicide. We disabled people demand full civil and human rights, equal protection under the law, equal suicide prevention, and more respect throughout society.

John B. Kelly is New England Regional Director for Not Dead Yet USA and Director of Second Thoughts MA: Disability Rights Activists against Assisted Suicide

An earlier version of this article appeared in The Quincy Sun on Thursday 18 August 2022 which can be accessed here: <https://notdeadyet.org/2022/08/john-kelly-op-ed-opposing-assisted-suicide-bill-published-in-the-quincy-sun.html>

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Pope, a prominent bioethicist and proponent of assisted dying, who admits: "Everybody who's using [assisted dying] is disabled. And probably you could go to the next step and say the reason they want medical aid in dying is because of their disability."⁴

Herein lies an inherent and troublesome inconsistency. While promoting and justifying assisted dying, countries such as Canada, the Netherlands, New Zealand, Belgium and Australia are all signatories to the *United Nations Convention on the Rights of Persons with Disabilities* and have explicit laws promoting the rights of disabled people and protecting them from prejudice because they regard it as *intolerable* that they should be actively discriminated against. Thus, the new 'alternative' moral narrative that is increasingly capturing people's imaginations, especially in the Western countries, emerges as ultimately incoherent, reductionist and impoverished; a narrative that shamelessly favours the strong and independent while side-lining the most vulnerable and the poor; a narrative that is morally at odds with the long-standing Abrahamic narrative described by Dickson.

Looked at like this, the Catholic-Christian appeal to intrinsic dignity is not as foolish as it might appear at first glance. All of which leads me to conclude that there has never been a more urgent time for us as Catholics to claim back our outrageous commitment to the inherent dignity of all lives, something exemplified above all in the selfless and courageous work of prison chaplains.

Dr John Kleinsman is director of the Nathaniel Centre for Bioethics

- 1 The Irish Catholic Bishops' Conference. (1998) *Conscience*. Available at: <https://www.catholicbishops.ie/wp-content/uploads/images/docs/pastoral%20letter%20-%20conscience.pdf>
- 2 Dickson, J. (2012) *It's out with the old as Christian values fall away*. See: <https://www.publicchristianity.org/its-out-with-the-old-as-christian-values-fall-away/>
- 3 See: Oregon Health Authority. *Death with Dignity Act Annual Reports*. Available at <https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/ar-index.aspx>
- 4 Quoted by John Kelly in: *The Answer Is Not Medically Assisted Suicide – Disabled People Demand Full Civil Human Rights*. <https://notdeadyet.org/2022/08/john-kelly-op-ed-opposing-assisted-suicide-bill-published-in-the-quincy-sun.html>

Casting No More Stones: The Church's Journey to Death Penalty Abolitionism from John Paul II to Pope Francis

Greg Marcar

Introduction

Few symbols are more potent than one which represents ultimate public humiliation, subjugation and death enacted by a hostile State. Yet it is precisely such a symbol which Christians commonly wear around their necks every day, in witness to the fact that a man who was convicted as a criminal and crucified by the Roman Empire was God. In *God With Us*, Rowan Williams remarks that:

We can only begin to get some sense of what it might have felt like to encounter the symbol of a cross in the first couple of Christian centuries if we imagine coming into a church and being faced with a large picture of an electric chair, or perhaps a guillotine.¹

Given the significance of capital punishment within Christianity as the means by which God's self-revelation on earth was put to death, it is perhaps surprising that most Christians have not, historically, advocated for an absolutist stance on the issue. Indeed, recent polling suggests that around 66% of Roman Catholics in the USA continue to support the death penalty. In this piece, I take a closer look at the Catholic Church's evolution on capital punishment, beginning with the Church's teaching before 1997 and culminating in the recent pronouncements of Pope Francis.

...John Paul II stressed that the Church must orientate its theological ethics towards the preservation and flourishing of human life, in acknowledgement that every human being possesses an inherent dignity and worth from God that cannot be taken away.

The move away from the death penalty: Pope John Paul II

In Pope John Paul II's papal encyclical *Evangelium Vitae* (1995), many Catholic moral theologians observed a significant shift in the Roman Catholic Church's moral theology on capital punishment.² In this encyclical (the English translation of which is "The Gospel of Life"), John Paul II stressed that the Church must orientate its theological ethics towards the preservation and flourishing of human life, in acknowledgement that every human being possesses an inherent dignity and worth from God that cannot be taken away. With this message begins a moral trajectory for the Church's thinking on capital punishment whose logical conclusion is a rejection of the practice, on the theological grounds that human dignity, and the value of human life, entails that death should never be employed as an exercise of retributive punishment.

As evidence of this movement, E. Christian Brugger points out that the 1997 Catechism which follows shortly after *Evangelium Vitae*, deliberately removes the only statement (present in the pre-*Evangelium Vitae* 1992 text) which explicitly supports the view that the death penalty may be justified on retributive grounds.³ While the 1997 Catechism affirms that the State has a right to impose punishments on criminals that are "commensurate with the gravity of the crime", it *omits* the subsequent clause (in section 2266 of the 1992 Catechism) that this right includes "*in cases of extreme gravity, the death penalty*" (emphasis added). The 1997 Catechism, in stark contrast to its 1992 predecessor, simply does not mention the death penalty in its section 2266 on punishment, and instead gives the issue its own section (2267). This section goes on to state that:

Today, in fact, as a consequence of the possibilities which the state has for effectively preventing crime, by rendering one who has committed an offense incapable of doing harm - without definitively taking away from him the possibility of redeeming himself - the cases in which the execution of the offender is an absolute necessity 'are very rare, if not practically non-existent'.

The quote in the final sentence here is directly from *Evangelium Vitae*, and again stands in stark contrast with the 1992's catechism's far more muted stance (in its section 2267) that public authorities should ideally use "bloodless means" of punishment wherever possible. Commenting upon the change, Cardinal Joseph Ratzinger (then the head of the Congregation of the Doctrine of Faith) stated that "[i]t seems to me it would be very difficult to meet the ["very rare"] conditions today."

In a 1999 homily, John Paul II states that "[t]he new evangelization calls for followers of Christ who are unconditionally pro-life: who will proclaim, celebrate and serve the Gospel of life in every situation. A sign of hope is the increasing recognition that the dignity of human life must never be taken away, even in the case of someone who has done great evil."⁴ At a General Audience in November 2011, Benedict XVI (formerly Cardinal Ratzinger) again reiterated the Church's opposition to capital punishment which John Paul II had established — albeit, this time, in his capacity as the newly elected Pope:

I express my hope that your deliberations will encourage the political and legislative initiatives...to eliminate the death penalty and to continue the substantive progress made in conforming penal law both to the human dignity of prisoners and the effective maintenance of public order.⁵

Benedict XVI's remarks here signal a further shift, from the 1997 Catechism's position of preferring non-lethal punishments

as “*more in keeping with the concrete conditions of the common good and more in conformity with the dignity of the human person*” (CCC 1997, 2267),⁶ to an absolutist moral position. Punishments other than the death penalty were no longer simply preferred, but essential. Although Benedict XVI continues to use the language found in the 1997 Catechism of progressively “conforming” practices to human dignity, he is clear that the endpoint is not merely to confine or minimise death penalty usage, but to *eliminate* it entirely.

The advent of an Abolitionist Moral Theology: Pope Francis

As we have briefly surveyed, the Church’s moral teaching on the death penalty has been one of increasing opposition based upon the ethic of respect for human life and dignity spearheaded by Pope John Paul II in *Evangelium Vitae*. As Brugger notes, “[t]he judgement against capital punishment” within the Catholic Church here “derives in the first place from the inherent dignity of the human person.”⁷ Despite this, however, we have also seen how, although the dignity of the human being presents a strong case against capital punishment, it did not immediately entail an absolutist stance against the practice. The Church continued to admit for some time that the death penalty could still be morally legitimate as a means to protect society against unjust aggressors, even though (to quote Pope John Paul II’s *Evangelium Vitae*) such situations were deemed “very rare, *if not practically non-existent*.”⁸ Accordingly, the Church’s teaching continued to leave open the possibility that the death penalty might be exercised if it was necessary for the elimination of a public danger.

Human dignity stems from human creaturehood. It is by virtue of being created in the Imago Dei that all human beings, regardless of condition or deed, possess an intrinsic dignity.

The final step of the Church’s journey towards advocating for the unequivocal abolition of the death penalty came during the Papacy of Pope Francis. In August 2018, the Catholic Church formally changed its section of the *Catechism* (no. 2267) on capital punishment. Due in part to “an increasing awareness that the dignity of the person is not lost even after the commission of very serious crimes”, as well as a recognition that “more effective systems of [penal] detention” have been developed, the Church’s official stance (which cites an address Pope Francis gave in October 2017) is now that “the death penalty is inadmissible because it is an attack on the inviolability and dignity of the person.”⁹ This statement may be regarded as the foreseeable evolution and culmination of the Roman Catholic Church’s teaching on capital punishment, which since John Paul II and the 1997 *Catechism* has been firmly based on a theological anthropology of human dignity.

The Church’s now unequivocal stance against the death penalty continues to have some vocal dissenters, even within the ranks of Roman Catholic moral theologians.¹⁰ The basis for the Church’s critique of the death penalty, however, remains clear. Within the latest edit of the Roman Catholic *Catechism* and

its emerging tradition, the dignity of things in general derives from the intrinsic goodness of creation, as stated in Genesis 1. The dignity of human beings *qua* human beings resides in their creation in the image of God (Genesis 1:26-27).¹¹ Human dignity stems from human creaturehood. It is by virtue of being created in the *Imago Dei* that all human beings, regardless of condition or deed, possess an intrinsic dignity.

Just as Christ’s crucifixion should arguably orientate our moral consciousness towards capital punishment and its abolition, therefore, so too Christ’s resurrection (on Pope Francis’ view) invites us to attend to those situations – such as life sentences without the possibility of parole – in which human dignity and hope for redemption are being denied.

In September 2022, Francis returned to his public advocacy against the death penalty, calling for a month-long focus on the issue and tying Christian opposition of the practice to the virtue of hope. As in his 2018 address, Francis notes that the death penalty is now unnecessary for maintenance of public order, and that therefore “[s]ociety can effectively repress crime without definitively depriving the offenders of the possibility of redeeming themselves.”¹² Allowing for the possibility of the criminal’s redemption is now explicitly made the centre of both a commitment to inherent human dignity, and the pursuit of Christian hope. Francis further asks his listeners to remember that “[a]lways, in every legal sentence, there must be a window of hope”, and to therefore pray that “the death penalty, which attacks the dignity of the human person, may be legally abolished in every country.”

The next horizon? Life without the possibility of parole as a “death penalty in disguise”

With a few notable and stubborn exceptions, the death penalty is declining around the world. This is true both in the sense of its removal from the statute books as a possible sentence, and – in places where it remains a legal punishment – in terms of a marked decline in its use. In this context, one might reasonably ask which practices might next come to the attention of the Church’s dignity-focussed, life-affirming moral theology? One answer to this question may be found in remarks made by Pope Francis on the subject of “life sentences” for criminals without parole.

In 2014, Pope Francis presented a critique of “life sentences” being given to criminals without the possibility of later release. A life sentence imprisonment without the possibility of parole, Pope Francis observed, is “*just a death penalty in disguise*” (emphasis added). This message was subsequently reiterated by Francis in a sermon on Holy Saturday in 2020, where the Pope spoke of how Jesus’ resurrection from the dead reveals that all humanity has been given the “right to hope” by God. By rising from the dead on Easter Sunday, Jesus “plants in our hearts the conviction that God is able to make everything work unto good, because even from the grave he brings life”. According to Francis, a sentence without parole denies the

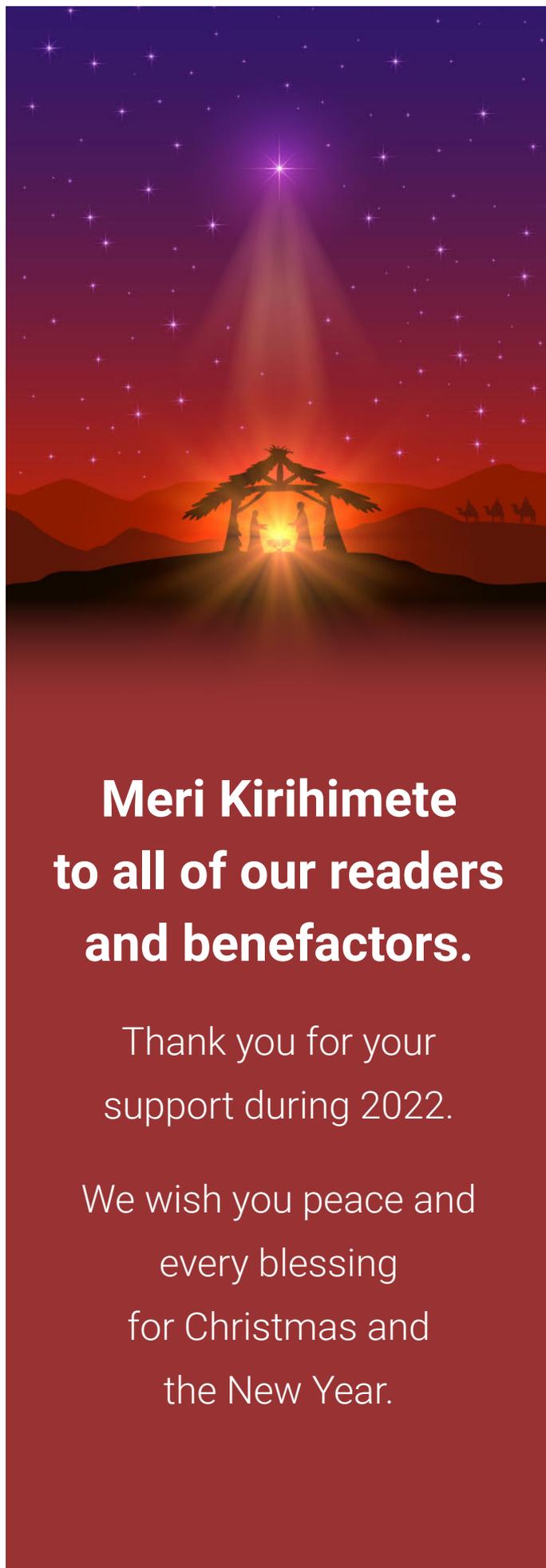
individual the possibility of believing that they might make amends for what they have done and re-enter society; in short, it denies them of Easter Sunday's message of hope.

Just as Christ's crucifixion should arguably orientate our moral consciousness towards capital punishment and its abolition, so too Christ's resurrection (on Pope Francis' view) invites us to attend to those situations – such as life sentences without the possibility of parole – in which human dignity and hope for redemption are being denied. Viewed in the context of the Church's moral theology since 1995, Pope Francis' teaching represents the flowering of the seeds which were planted by *Evangelium Vitae*, took root in the 1997 Catechism and were further cultivated by Cardinal Ratzinger/Benedict XVI.

Dr Greg Marcar is the Harold Turner Research Fellow at the Centre for Theology and Public Issues, University of Otago.

Endnotes

- 1 Rowan Williams, *God With Us: The Meaning Of The Cross And Resurrection – Then And Now* (London: SPCK, 2017), 3.
- 2 See for instance E. Christian Brugger, "Catholic Moral Teaching and the Problem of Capital Punishment," *The Thomist* 68.1 (2004): 41–67; For an example of someone who dissents against this view and argues instead that *Evangelium Vitae* does not represent any kind of sea-change in the Church's view on capital punishment, see for instance Steven A. Long, "Evangelium Vitae, St. Thomas Aquinas, and the Death Penalty," *The Thomist* 63.4 (2017): 511–52.
- 3 Brugger, "Catholic Moral Teaching and the Problem of Capital Punishment," 48–49.
- 4 Pope John Paul II, Homily at the Papal Mass, St. Louis, Mo. (Jan. 27, 1999), accessible at https://w2.vatican.va/content/john-paul-ii/en/travels/1999/documents/hf_jp-ii_hom_27011999_stlouis.html.
- 5 Benedict XVI, General Audience, 30 November 2011 (https://www.vatican.va/content/benedict-xvi/en/audiences/2011/documents/hf_ben-xvi_aud_20111130.pdf).
- 6 *Catechism of the Catholic Church*, para 2267, accessible at http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm. (emphasis added).
- 7 E. Christian Brugger, "Rejecting the Death Penalty: Continuity and Change in the Tradition," *The Heythrop Journal* 49.3 (2008): 397.
- 8 *Catechism of the Catholic Church*, para 2267. See also Pope John Paul II, *Evangelium Vitae*, para. 56, accessible at http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html.
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**Meri Kirihimete
to all of our readers
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Thank you for your
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We wish you peace and
every blessing
for Christmas and
the New Year.

America After Roe v Wade

Chris Middleton

The Supreme Court ruled that ‘The Constitution makes no reference to abortion, and no such right is implicitly protected by any constitutional provision, including the one on which the defenders of Roe and Casey now chiefly rely – the Due Process Clause of the Fourteenth Amendment’.

Leaving aside for the moment the abortion issue, it should be acknowledged that the Roe v Wade decision of 1973 was always problematic from a legal perspective, in that for many, the judges indulged in a constitutional overreach so as to establish ‘a constitutional right’ to abortion. The late Justice, Ruth Bader Ginsburg, an articulate advocate of abortion, was critical of the Roe v Wade decision, even saying in 2012 that it was a ‘most undemocratic decision’ in that nine unelected judges effectively made policy. For many conservatives, the Dobbs decision is primarily about the nature of the American Constitution and the role of judges in shaping public policy.

Despite the fact that the Supreme Court ruling had been foreshadowed months ago, the shock has been real. It is not the first-time previous rulings had been overturned; both the Dred Scott and Plessy ruling which, to their shame had upheld slavery and segregation, were overturned more than fifty years later. In 1973, the decision of nine rather elderly white men changed overnight the abortion landscape, by a ruling that from the beginning has been problematic constitutionally.

American public opinion itself, has been deeply divided on abortion for decades. While a plurality has supported the Roe decision, a plurality has also favoured a range of restrictions which have been problematic under Roe v Wade.

The Dobbs decision heralds a new stage in the abortion debate. The editors of *America*, a Jesuit publication, put the case ‘*that as a constitutional matter, the regulation of abortion is primarily a question for state legislatures; as a moral matter, unborn human life has sacred dignity and is deserving of legal protection; and finally, as a political matter, the complicated and divisive questions surrounding abortion cannot be effectively addressed when the only real venue for the issue is in the Supreme Court.*’ The Supreme Court decision accords with this perspective.

The reversal of the Roe v Wade decision does not ban abortion, but rather gives over abortion legislation to the fifty American States: ‘*It is time to heed the Constitution and return the issue of abortion to the people’s elected representatives.*’ Some States will largely ban abortion, while the majority will allow abortion with some restrictions, while others will have among the most liberal laws in the world allowing abortion up to birth. In many of the States where there may be restrictions, they will be in line with the situation in much of the world where abortion is legal but restricted.

American public opinion itself has been deeply divided on abortion for decades. While a plurality has supported the Roe decision, a plurality has also favoured a range of restrictions

which have been problematic under Roe v Wade. Originally, the Roe v Wade decision had revolved around the idea of viability of the foetus, but increasingly Court decisions across America were ignoring this condition, while medical advances were pushing viability back to around twenty weeks.

This debate is perhaps like no other, in that there are many individuals of good will, decency and principle on both sides of the abortion debate. There is a huge number of women who are pro-choice and who are mothers, and who are people of principle. Similarly, there are a huge number of women who are pro-life, and not anti-women. Most of the leaders of right to life in America have been women. Dr Mildred Jefferson, one of the movement’s founders, was the first black woman to graduate from the Harvard Medical school. Nellie Gray was a remarkably committed activist.

Unhelpful stereotypes abound in the debate. There are pro-life feminists and people of no religion who are pro-life, and there are religious people who are pro-choice. Liberals need to acknowledge that pro-life liberals have been marginalized, while conservatives need to remind themselves not to allow the pro-life position to be captive to a different conservative agenda.

There has been a growing polarization around abortion in American politics. And this process had largely begun on the left in American politics. Pro-lifers have been virtually expelled from the Democratic Party, with Emily’s List aggressively seeking to purge the party of pro-life voices. It was the left that first applied an abortion litmus test for appointments to the Supreme Court, a test now applied by the right in regards to such appointments. Democrat politicians like Obama, Biden and Hilary Clinton who had spoken of abortion as a tragic choice that should be ‘legal, safe and rare’, no longer use such moderate language. At the same time, the pro-life cause has risked becoming hostage to the right of American politics. It is perceived by many as a protagonist in the culture wars and as an enemy, for example, of the LGBTI community, where there is no inherent reason to do.

As the pro-life challenge has grown, pro-choice positions have become more radical – supporting third semester abortions, partial birth abortion, abortion to eliminate Down Syndrome children, abortion on the basis of gender selection. And while the defence of the autonomy of women and their right to choose have become more absolute, the science has moved decisively against any argument that the unborn are simply parts of their mothers’ bodies. Advances in science mean that those who were voiceless can now be seen in the womb.

In 2019 Steve Jacobs completed a PhD at the University of Chicago. He did so in the face of considerable internal opposition at the University. A key part of his research was a survey of nearly 5,577 academic biologists worldwide. He asked the simple question – ‘when does human life begin?’ 96% affirmed that a human life begins at conception. There is a unique biological human from fertilisation. It is an

uncomfortable fact of biology for the debate. It is not the potential human life expression that is found in the language of the original Roe v Wade decision in 1973, when the U.S. Supreme Court had suggested there was no consensus on 'the difficult question of when life begins' and that 'the judiciary, at this point in the development of man's knowledge, [was] not in a position to speculate as to the answer.' A curious position then, but one that is untenable today.

To simply ignore the humanity of the unborn child in the name of the rights of the mother, with no legal protections, strikes at the heart of a concept of the law protecting equally, including those without a voice.

Proponents of abortion who accept the biology fall back on the idea of personhood. At some point the individual achieves personhood, and only then does the child achieve legal recognition. It is not an unreasonable view, though at what point is personhood achieved is the question, and to some extent it is an arbitrary point that imposes a non-scientific judgment in the process. And if the point is birth, as seems to be the logic of the pro-abortion position in America, then a babe delivered at 20 weeks is fully protected by the law as a legal person, while a babe at nine months in the womb can be aborted. This seems uncomfortably close to the legal basis for slavery in America in the Dred Scott case of 1857.

At about twenty weeks, the foetus feels pain, is male or female, has a heartbeat, and there is brain activity. To simply ignore the humanity of the unborn child in the name of the rights of the mother, with no legal protections, strikes at the heart of a concept of the law protecting equally, including those without a voice. Daniel Berrigan SJ, the prominent anti-war activist, was critical of a view that the lives of the unborn are considered among those that do not deserve rights and dignity. 'Civilized people,' said Father Berrigan, 'have no business disposing of life at whatever stage.'

Uncomfortable challenges face both sides of the debate.

Criminalization of abortion in some States, in some or all circumstances, is problematic in that very few are comfortable with the idea of imposing penalties on women who in most cases are making difficult decisions of the most personal nature. And there are many medical people who are committed to the care as they see it of the mother. I would draw two caveats. There is growing pressure, and in places, even compulsion, from the time of training onwards, for nurses and doctors to participate in abortions even if they have conscientious objections. Secondly, I have no time for Planned Parenthood, a wealthy big business, founded by a proponent of eugenics, as ruthless in pushing for unrestricted abortion as the National Rifle Association in opposing gun controls, and credibly accused in some branches of trading in body parts.

The pro-choice position has become adept at not addressing the status of the preborn. Euphemisms have now changed to 'forced motherhood'. Describing the foetus as potential life is simply not sustainable – science is science, and just because the foetus in the womb has no voice or name, he/she cannot

be simply ignored. There are arguments to be made around the relative claims of an embryo and a fully developed foetus, but if no rights are to be granted at any stage to the human life in the womb, then there is no room for dialogue.

This latter point brings us to the question of rights. In our western tradition there are no absolute rights – there can be competing rights, and sometimes a difficult balance has to be struck (which was acknowledged by early proponents of abortion). Our right to freedom of speech and expression can be limited by laws around hate speech and the like. In the American context, the constitutional right to bear arms must surely be subject to common sense restrictions around the safety of the community. Private property rights are not absolute and have to be measured against the common good, including environmental concerns. While at the moment there is not much appetite for conversation and dialogue, ultimately the issue of competing rights needs to be addressed by all.

I'm very much aware that I'm a celibate male writing about an issue that has a unique relationship to women. The implications for legislation around abortion are incredibly complex and challenging. The overturning of Roe v Wade is not the end of the abortion debate. Steve Jacobs' research suggested a middle ground 'that both a majority of pro-choice Americans (53%) and a majority of pro-life Americans (54%) would support a comprehensive policy compromise that provides entitlements to pregnant women, improves the adoption process for parents, permits abortion in extreme circumstances, and restricts elective abortion after the first trimester.'

For Catholics the challenge is acute. Catholic churches have been targeted by vandals and arsonists. Catholics working in areas of social advocacy feel vulnerable. It is not in the Church's interest to become a pawn in the culture wars nor to allow the polarization in American society to become a feature within the community of Church.

Let me close with part of the statement of Cardinal Cupich of Chicago:

"This moment should serve as a turning point in our dialogue about the place an unborn child holds in our nation, about our responsibility to listen to women and support them through pregnancies and after the birth of their children, and about the need to refocus our national priorities to support families, particularly those in need.

The Catholic Church brings to such a conversation the conviction that every human life is sacred, that every person is made in the image and likeness of God and therefore deserving of reverence and protection. That belief is the reason the Catholic Church is the country's largest provider of social services, many aimed at eliminating the systemic poverty and health care insecurity that trap families in a cycle of hopelessness and limit authentic choice."

Fr Chris Middleton SJ is the rector of Xavier College in Melbourne. This article was originally published by Eureka Street on 5 July 2022 (<https://www.eurekastreet.com.au/article/america-after-roe-v-wade>). Reproduced with the kind permission of the editor.

Images of God, Cultural Identity and Mental Wellbeing – Intersecting Identities

Therese Lautua

Published in 2018, *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* argued for more concerted efforts into suicide prevention and early intervention through and emphasis on wellbeing and community.¹ The comprehensive report delved into approaches to suicide prevention and mental health for various communities within Aotearoa, including Pacific peoples.

The national state of mental health in Aotearoa

From consultations with Pacific communities, a key theme which emerged was that mental health services need to be transformed and be underpinned by a genuine holistic approach to wellbeing that incorporates spirituality, Pacific languages, cultural identity, nutrition, physical wellbeing, and healthy relationships.² Pacific peoples are far from homogenous, have diverse multi-ethnic backgrounds, languages, sexualities and genders, and various ethnic group interests. The services would either be from a strong network of Pacific mental healthcare providers or a centralised large service for the needs of all Pacific peoples.

The different aspects of a holistic approach to wellbeing are important in ensuring mental resilience and suicide prevention. Many of the women described benefitting from different cultural perspectives, having a sense of belonging in wider community networks and a sense of pride and worth from their ethnic communities.

Aotearoa has some of the highest suicide rates in the OECD, particularly young people. *He Ara Oranga* recommended overall that a national, culturally sound, suicide prevention strategy be put in place that targets a minimum 20% reduction in suicide by 2030, targeting all populations – rather than just the total population.³ This kind of transformation requires significantly increased strategic investment, and a suicide prevention office within the Ministry of Health.⁴ Mental health strategies, initiatives and funding remains a contested issue post the publication of *He Ara Oranga*.

Pacific women with diverse ethnic backgrounds in Aotearoa face complex challenges to their mental wellbeing in everyday life. Focus group interviews of 64, multi-ethnic, Catholic women aged 17–24 years undertaken in 2018 highlighted how cultural identity is tightly interwoven with faith, family life, the environment and the physical body.⁵ These women were all based in Auckland and each practiced Catholicism to varying extents in their lives. The different aspects of a holistic approach to wellbeing are important in ensuring mental resilience and suicide prevention. Many of the women described benefitting from different cultural perspectives, having a sense

of belonging in wider community networks and a sense of pride and worth from their ethnic communities.

The way one images God either compensates for the lack of relationship with parents or authority figures or consolidates it and reflects positive relationships with parents or authority figures.

On the other hand, the women found it difficult when they lacked language fluency in one of their parents' mother tongues or they lacked cultural knowledge. Not being able to converse within the various ethnic communities they are descended from can cause emotional distress and feeling ostracized from their wider family and community. At the same time, the women also experienced tension between living in a predominantly Western society with its values and practices that often clashed with their Pacific cultural values and practices. While the focus group participants faced these different challenges, they reaffirmed that cultural identity was an important buffer for mental distress along with other aspects of their identity.

Narratives of Pacific women

52 of the 64 focus group participants stated that the way they perceived God helped them to maintain a positive state of mental wellbeing. One's image of God is closely reflected in one's relationship to parents or authority figures in an individual's life.⁶ A positive image of God is one that is, for example, loving and compassionate and more likely to be beneficial for an individual's mental wellbeing. The way one images God either compensates for the lack of relationship with parents or authority figures or consolidates it and reflects positive relationships with parents or authority figures.⁷ Thus, for a Pacific person, if the parental relationship with a child is not open and loving this may also be reflected in how they perceive God – and therefore negatively impact their mental wellbeing.

The most common responses to positive images of God were God as ubiquitous and present in all situations, Father, Love itself and as Creator or nature-based metaphors. Pacific forms of feminism are not the same as Western feminism, where gendered names for God were not a significant issue for the focus group participants:

"When I think of God, like He just reminds me of my dad. You know, because out of my parents, I'm mainly close with my dad. And I feel like I have comfort, if God was a man, I guess, in comparison to God being, I don't know a female. For me, it wasn't a big deal, even though today there's always like a big conversation about gender and everything. For me, I find comfort in my dad I guess and that relates, and I feel like that's the kind of relationship that I want to maintain." – 19 yrs, Tongan/Samoan/Wallis & Futuna

A Samoan, Fijian young woman summarises why her image of God helped her maintain a positive state of mental wellbeing:

"My image of God in the clouds, having this open relationship with God is most definitely positive for mental wellbeing because I know I can talk to him. I'm able to get things off my chest and he talks to me through people. It gives me hope for the future because as I grow, my relationship will grow with God and that image will change but in a positive way." – 19 yrs, Samoan/Fijian

This comment links back to the Pacific definition of wellbeing for *He Ara Oranga* which is underpinned by a worldview that we are born into cosmic relationships connecting the natural environment, ancestors, culture, the physical body and spirituality.⁸ Each person exists with a different genealogy and life experiences, but each person is connected with the same sun, stars, moon and natural environment. It was clear from the responses and discussion with the focus group participants that the way God was spoken about and perceived in their families and parish communities affected how they personally imaged God and their mental wellbeing.

Havea described Christianity within Tongan communities as being the 'great equaliser' – an opportunity to sit on the same fala (mat) and freely share what issues they were facing mentally and physically, including family violence, because each person is equally loved and healed by God.

The focus group participants were asked to define mental wellbeing and identify what resources they believed were most useful as buffers against mental distress. Four main resources were identified, being family (33 responses), friends (24 responses), faith (19 responses) and community programmes or groups (13 responses). The importance of communication and healthy relationships with family was consistently raised by the focus group participants. All decisions in their lives, both in the present and future, considered the wellbeing of the collective family as equally as important as the individual's wellbeing alongside the responsibility to serve their family.

"For us we've been so family orientated, we've always been quite strong in our mental wellbeing. There's those young ones that are really distant. They don't have someone to talk to, it's their surroundings. I think that a lot of our young people need a mix of people, not always to be surrounded by people of the same age. They need to be around those who are older and younger." – 20 yrs, Fijian/Samoan

"Especially for young women, the home is your first sense of society and your mum helps you ground yourself and plants that seed, helps you grow in yourself in what you need to know. Even for girls in our youth [church group], the Bible isn't an easy resource. You learn to love and know God through your family. If you're not the eldest sibling then you learn from your parents." – 19 yrs, Tongan/Niuean

The women who commented on community support as being important did so in the context of professional mental health support that was culturally competent:

"Family should be at the forefront but as I mentioned early on, but there may be a situation that comes up where the family doesn't know how to handle it because they've never encountered it before. I would love for counselling to happen, I do wish I was counselled. I would never blame my parents for what happened to me. We should encourage counselling and I was talking to my older sister, we had the same experience - of sexual abuse. I didn't realise how common it was for Pasifika women." – Ena, 22 yrs, NZ born Samoan

Pacific youth are more likely to experience sexual abuse compared to New Zealand-European youth, including abuse committed by family members.⁹ Tongan researcher Sesimani Havea posits that professional mental health support is important, but also that faith-based communities hold important roles in helping individuals process family violence.¹⁰ Havea described Christianity within Tongan communities as being the 'great equaliser' – an opportunity to sit on the same *fala* (mat) and freely share what issues they were facing mentally and physically, including family violence, because each person is equally loved and healed by God.¹¹ Faith-based approaches to mental wellbeing can be a positive means for grappling with difficult life challenges and experiences.

Local Church approaches to mental health

Within the Catholic Church in Aotearoa there are few initiatives aimed at mental wellbeing and suicide prevention, much less culturally specific approaches. Moving out of the Covid-19 pandemic and reflecting on the future of parish life provides an opportune time to try new projects and think deeply about who God is for us as individuals and as the People of God. It is important that church initiatives not only target those individuals and groups charged with pastoral care and those living with a mental illness, but that they also include the average parishioner on their journey in understanding who God is for them. It is important that the Church listens attentively to the narratives of everyday parishioners' lives as opposed to framing mental distress of any kind as a part of God's plan for one's life which will ultimately bring about some good.¹²

Currently, in the Auckland Diocese, the Marist youth development organisation, the Logos Project, and youth branch of the Society of St. Vincent de Paul have developed various faith-based workshops and programmes offered to the school aged students and volunteers they work with.¹³ Catholic Social Services also provide access to counselling in various diocese throughout Aotearoa.¹⁴ These in themselves are positive contributions to suicide prevention in the Church community.

At the same time, inspiration can be taken from the universal Church and from other faith-based organisations and projects in Aotearoa. The Catholic Mental Health Project, funded by the UK Catholic Bishops Conference, has a comprehensive approach to supporting the Catholic community to develop spiritual and pastoral care for mental health.¹⁵ Groups and individuals from different dioceses are invited to apply for funding from the associated grant to create projects which are context-specific to their diocese. Some examples include retreats for those involved in pastoral care, creating online

resources, a community café drop-in centre and training from mental health professionals for parish leaders. The Diocese of Chicago in North America offers a programme which allows those experiencing a mental illness to meet regularly for prayer, reflective activities and discussion.¹⁶ In Aotearoa, Scripture Union NZ has created 'Āpōpō', which means 'The Next Day', a programme designed to respond to the issue of mental health and suicide.¹⁷ Āpōpō aims to equip high-school aged young people with the tools to support family and friends using scripture-based activities and the commonly known *Te Whare Tapa Wha* model of holistic wellbeing.¹⁸ Each of these examples demonstrates that mental wellbeing projects can be successful if supported at diocesan and national level for funding and advertising.

Hope for the future

In looking to the future, new mental wellbeing initiatives must be paired with theological reflection and sustained by the Eucharist and community life. It is important that any mental wellbeing project be grounded in Catholicism and also have culturally specific elements as the best method of ensuring safe spaces for discussion. However, in the long term, it would be most beneficial if the New Zealand Catholic Bishops Conference followed the example of their UK confreres and implemented a national strategy and funding for mental health. This would allow for Diocese-specific, local approaches to tackling mental wellbeing able to be facilitated by people within their own Diocese. It is important that in our parishes, schools and homes, conversations around who the Triune God is for each individual is explored if mental health projects for Pacific people are to be successful. The Church has a wealth of resources which can be utilised for this deeper reflection – from Ignatian spirituality, Taizé prayer and the testimonies of saints such as St. Teresa of Kolkata and St. Josephine Bakhita who struggled through mental health issues.

In summary, while our images of God are but glimpses of who God is, these have the real capacity to play an important role in suicide prevention. "Understanding God from a multi-ethnic, Pacific, female and Catholic worldview sees God as one who is complete, whole and at peace in the diversity within Persons of the Trinitarian Godhead. It sees God as the origin of our ancestors from each of our cultures; God as one who is truly present in the Eucharist and present in the stars and the oceans our ancestors used to navigate the globe. It sees God as the love which binds together all the relationships within our families, who are so important in each of our lives, and propels us forward to serve them and our communities with vigour. God is ever-ancient and ever-new, compelling us to delve deeper into a connection with each of these different aspects of our intersecting identities."¹⁹

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Endnotes

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Support Life Sunday – Tautokona te Rātapu Whakaora 2022

You Are Not Alone – Accompanying and Caring for People Living with Mental Illness

NZ Catholic Bishops and Staff of the Nathaniel Centre

It's estimated that 50 to 80% of New Zealanders will experience some form of mental distress, addiction challenges or both in their lifetimes. This means that mental distress is a major issue which touches every family in some way. Because of this, the New Zealand Catholic Bishops chose mental health as the focus for the annual Support Life Sunday (2022) with the aim of highlighting the needs of many in our community and to affirm everyone who works in the mental health area.

Overseas research indicates that continuing stigma and fears surrounding mental illness mean people living with mental illnesses are less likely to get the level of pastoral care provided for people with physical illnesses. There is, thus, an urgent need to break down and lessen the stigma and discrimination which still surrounds mental illness and to encourage more open and honest conversations.

The scriptures' presentation of leprosy provides an ideal foundation for reflecting on the importance of accompanying and caring for people living with mental illness given that, at the time of writing 2000+ years ago, leprosy was regarded as not just a physical ailment but as a symptom or sign of deeper psychological struggles. Lepers of that time, and since, were also actively side-lined by the society in which they lived. In many ways, therefore, they can be considered the sisters and brothers of those living with mental illness in 2022. Jesus' response to those suffering leprosy reminds us of the enduring need to embrace one another as sisters and brothers and to seek to learn from one another in these encounters.

Many passages in the Old and New Testaments (2 Kings 5:14-17 – the Conversion of Naaman; Psalm 98:1, 2-3,3-4 – The Lord has revealed to the nations his saving power; 2 Tm 2:8-13 – If we have died with him, we shall also live with him; and Luke 17:11-19 – The story of the Ten Lepers) remind us that there are times when each of us struggle psychologically; when things are tough, when dealing with the death of one we love, when facing our own death, when the dreams we have for our relationships and our work, for our children and our security seem to unravel. It is appropriate and even necessary to acknowledge the struggle with mental health at these times, since that awareness turns us to Jesus who is the healer, the guide and the one ready to accompany us through our present difficulties to greater human maturity and therefore to greater maturity of faith.

Seeking the counsel of a professional (just as the lepers sought out Jesus) is not a sign of weakness but a step in courage, confident that Jesus works through wise and skilled people, and aware that we are wise when we ask for the help we need. Healthy psychology does not contradict healthy spirituality, and healthy spirituality does not contradict healthy

psychology. As Pope Francis himself, whilst reflecting on seeking psychoanalysis at a challenging time in his own life, has commented: "The treatment with the psychiatrist also helped me to locate myself and learn to manage my anxiety and avoid being rushed when making decisions. The decision-making process is always complex. And the advice and observations that she gave me was very helpful. ... Her teachings are still very useful to me today."

Pope Francis' homily on the scriptures suggests that there are three steps in the journey of faith of the leper who returned to give thanks: 1. They cry out. 2. They walk. 3. They give thanks. While the nine lepers took the first two steps, they were not as fully healed as the one who understood that this desire was not simply for the appearance of recovery (her skin was restored) but for relationship with Jesus the healer. The nine did not respond to Jesus' invitation to relationship. Only the one returned seeking a relationship with Jesus, and no doubt every time Jesus returned to the border region between Samaria and Galilee he and the cured man would have reunited as friends.

As St John Paul II observed: "Whoever suffers from mental illness always bears God's image and likeness in themselves, as does every human being. In addition, they always have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such". It is with this insight in mind that the following Support Life Sunday media slides were created to nurture thought, reflection and action in reaching out to and accompanying those who are suffering – *you are not alone*.

Further learning:

<https://mhaw.nz/> – Mental Health Awareness Week, reconnect with the people and places that lift you up.

<https://mentalhealth.org.nz/> – New Zealand's Mental Health Foundation has useful resources and information for the New Zealand context.

<https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-3-what-we-think/3-2-our-conclusions/> – the conclusion section of He Ara Oranga : Report of the Government Inquiry into Mental Health and Addiction (2018).

<https://mediablog.catholic.org.au/bishops-release-mental-illness-outreach-guidelines/> – the Australian Catholic Bishops have published guidelines to provide parishes with very useful information about mental illness in its various forms.

<https://www.cbcew.org.uk/mental-health/> – the Catholic Bishops Conference of England & Wales has established a Mental Health Project to further encourage and inspire communities of understanding.

#eharahokiitemeakokoeanake

"My brother has schizophrenia. When I started telling people, they started ignoring me. I don't think they knew what to do. They could have said, 'You told me your brother has schizophrenia, what do you need and what can we do to help you both?'"

#youarenotalone

SUPPORT LIFE SUNDAY 2022

Te Huiinga o nga Pihopa Katorika o Aotearoa
New Zealand Catholic Bishops Conference

TE KUPENGA
THE NATHANIEL CENTRE
THE NEW ZEALAND CATHOLIC BIOETHICS CENTRE

#eharahokiitemeakokoeanake

"My husband died unexpectedly. People were really kind and caring for about a week after he died, but then it all stopped. I needed that support to be there for months and especially that first anniversary."

#youarenotalone

SUPPORT LIFE SUNDAY 2022

Te Huiinga o nga Pihopa Katorika o Aotearoa
New Zealand Catholic Bishops Conference

the nathaniel centre
THE NEW ZEALAND CATHOLIC BIOETHICS CENTRE

#eharahokiitemeakokoeanake

"It was made much harder when people close to me avoided speaking to me because they knew I was ill – I felt more isolated and alone than ever."

#youarenotalone

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TE KUPENGA
THE NATHANIEL CENTRE
THE NEW ZEALAND CATHOLIC BIOETHICS CENTRE

To access resources for Support Life Sunday, go to:
www.catholic.org.nz/resources/sls2022/

SUPPORT LIFE SUNDAY 2022
TAUTOKONA TE RĀTAPU WHAKAORA

YOU ARE NOT ALONE – ACCOMPANYING AND CARING FOR PEOPLE WITH MENTAL ILLNESS

An Examination of Conscience

Take a moment to quickly skim the reflection points below, taking note of which question(s) challenge you most deeply.

1. How might I be able to more actively listen to the response of another when I ask "How are you?"
2. How honest am I about the reality of my life, particularly my struggles, when people ask how I am?
3. In what ways do I think differently about mental illness from other illnesses?
4. How do I respond to people with a mental illness? Am I likely to use cliches and platitudes instead of truly empathising?
5. Do I ever avoid people I know who are struggling with their mental health?
6. Do I carelessly use language to describe situations or behaviour which diminishes or makes light of mental illness?
7. How can we make our parish faith community more inclusive and inviting for people who are mentally ill and their whanau?

Commit yourself to one or more practical actions you can take.

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Helplines:

Need to talk? Free call or text 1737 any time for support from a trained counsellor.

Lifeline – 0800 543 354 (0800 LIFELINE) for counselling and support.

Depression Helpline – 0800 111 757 to talk to a trained counsellor about how you are feeling or to ask any questions.

Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO) For people in distress, and people who are worried about someone else.

Healthline – 0800 611 116 for advice from trained registered nurses.

Samaritans – 0800 726 666

Youthline – 0800 376 633, free text 234 or email talk@youthline.co.nz.

For young people, and their parents, whānau and friends.

What's Up – 0800 942 8787 (for 5–18-year-olds; Mon to Fri midday–11pm and weekends 3pm–11pm).

Kidsline – 0800 54 37 54 (0800 KIDSLINE) – for young people up to 18 years of age. Open 24/7.

OUTLine NZ – 0800 688 5463 (0800 OUTLINE) – provides confidential support for sexuality or gender identity issues.

SPARX – an online self-help tool that teaches young people the key skills needed to help combat depression and anxiety.

The Journal – NZ based self-help programme designed to teach you skills that can help get through mild to moderate depression more effectively.

Big White Wall – Free for Auckland residents. A UK-based professionally facilitated, peer support community of people who are experiencing common mental health problems.



The Nathaniel Centre for Bioethics

THE STORY BEHIND THE NAME

The red flowers of the Pohutukawa appear in December each year. At Cape Reinga on the northern tip of New Zealand there is a lone Pohutukawa, thought to be 800 years old. In Māori tradition the spirits of the dying travel to Cape Reinga where they slip down the roots of the sacred Pohutukawa into the sea, to journey back to their origin in Hawaiki.

Nathaniel Knoef was born on 12 December 1998, as the Pohutukawa flowers were beginning to appear. He died on 2 February 1999 as the same flowers faded, giving way to the seed from which new Pohutukawa would grow. At his birth Nathaniel was diagnosed with incurable health problems and in the few weeks of his life his parents faced many ethical issues associated with his care. Their story clearly highlighted the need ordinary people have for access to support in dealing with the growing number of ethical issues which surround the gift of life.

The naming of New Zealand's national Catholic Bioethics Centre in honour of Nathaniel is a sign of the Centre's commitment to those who are most vulnerable in the complex ethical situations which develop in their lives.

Thanks

The staff of the Nathaniel Centre for Bioethics wish to thank all their benefactors whose support has been instrumental in the establishment and continued work of the Centre. The Nathaniel Centre for Bioethics is supported by the New Zealand Catholic Bishops' Conference and also relies upon fees for its services, and individual donations for its continued operation and growth.

We are grateful to the Bishops' Conference and all who support us through donations. We provide a receipt for all donations received. The receipt states the Charities Commission registration number.

Subscription

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If you wish to support the ongoing work of the Centre by making a donation or if your circumstances prevent you from helping us now, would you consider making a bequest to the Nathaniel Centre in your will? If you would like information on how to do this please contact:

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