

People of the Eucharist

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In *Ethics and Medicine* (Fall 2006), there are two articles which remind us of important truths. In the first, (“When Eloquence is Inarticulate”) William P. Cheshire, Jr. points to the necessity of affect as well as reason to come to a proper bioethical judgement. In the second, (“Are Christian Voices Needed in Public Bioethics Debates? Care for Persons with Disabilities in a Test Case”) Jay Hollman and John Kilner speak about the difference a biblical faith makes to proper ethical application of ethical principles.

In May, 2006, the Senate Report “Out of the Shadows at Last” dealt with mental illness in Canada. The report is very full and well documented. What seem to be missing, however, are precisely the points made by the aforementioned authors.

The Second Vatican Council, in the Decree on the Liturgy, speaks of the Eucharist as the source and summit of all Christian living. We are people who are in relationship with Jesus Christ through the sacramental presence of the Lord, who gives us life, the life of love proper to God alone. Catholics are essentially a Eucharistic People. What makes us who we are, People of the Eucharist, must make a difference both as to how we consider what measures might ameliorate the condition of a most vulnerable section of society and how we are motivated to bring forward this aid.

Much of what the Senate Committee proposes would be in accord with Catholic natural law thinking. But, as People of the Eucharist, we look beyond the rationally conceived proposals of the Senate Committee to what is demanded by our

belief in Christ present in the Eucharist, as our sustenance. We recognize that the mentally ill are, or are called to be, one with us in the Body of Christ. As Adam said of Eve, the mentally ill person is flesh of my flesh, bone of my bones, in the one Body of Christ. The whole purpose of the sacrament of Eucharist is to engender in us a created participation in the love which belongs to God alone. This love, like that of Christ in whose image we are being formed, extends especially to the vulnerable. The notion of stereotyping, of shunning, of scapegoating is not simply foreign to People of the Eucharist; it is a contradiction.

How does the love of the People of the Eucharist lead to distinctive behaviour? We could examine any or all of the proposals of the Senate Committee and look for this distinctive character. For example, the Committee makes a lot of peer support, which is obviously very important. But as a People, we cannot simply leave the matter there, as if somehow this allows us to feel free of community responsibility. All of the mentally ill and their family and carers should know that People of the Eucharist welcome them to our assemblies - liturgical and social. Of course, the consequences of this have to be weighed. Often the behaviour of the mentally ill is unpredictable, so liturgies could be chaotic on occasion. And parents have to look to the well-being of their children. We cannot, however, let difficulties stand in the way of full recognition of a sister or brother in Christ. Mental illness is not something that is to be kept hidden, except when it cannot be, as in cases of the mentally ill homeless.

Persons in the field should not be left to fight a lonely fight for necessary government funding. We owe it to our mentally ill sisters and brothers to pressure government in this

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regard. Again, experimentation on the mentally ill should be carefully defined. There are laws and regulations with respect to all medical experimentation. In the case of the mentally ill, these regulations should be carefully monitored in all cases, because of the vulnerability of the mentally ill. People of the Eucharist should be especially sensitive to any kind of behaviour that would tend to see the mentally ill as somehow of less worth than the healthy.

One area of study which seems to be especially lacking is how the mentally ill might lead spiritual lives. We mean by that, how they might relate to God. The different illnesses would require different approaches, and within any category, each person is unique. There should be, though, a responsibility incumbent on the People of the Eucharist to reveal the love of God to the person and have him or her begin to grow in prayer. It is essential, of course, that valid religion is taught and not some aberration that might further confuse an ill person.

As People of the Eucharist, we cannot feel satisfied that our responsibilities to the mentally ill are taken care of because we supply chaplains for the institutionalized mentally ill. Mental illness is all around us. People are suffering and carers, especially family members, are under incredible pressures. As a Eucharistic People, we have to reach out to all of these.

STUDY GUIDE

QUESTIONS FOR DISCUSSION

1. How are we People of the Eucharist?

2. Has consciousness of this truth waxed or waned since Vatican II?

3. Do you know a fellow parishioner who is mentally ill?

4. Reflection: "For I was mentally ill and you cared for me."
