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To Judge or Not to Judge: That is the Question.

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There are quite a few verses in Scripture that seem to contradict other verses. The Ten Commandments, for example, certainly teach that we can know right from wrong. We can recognize morally offensive actions like stealing and adultery. So, we judge. But we are told in Scripture not to judge, as in Matt. 7:1 or Luke 3:37.

Relativism is strong in our days, whether cultural or individual. People may say, "That may be wrong in your culture, be we see things differently, and so would you if you had been born here." Or, a person may say, "That's your view of things, but don't try to impose that on me. I'm perfectly free to do my own thing, thank you very much."

I remember a nun at the theology department at St. Mike's, Toronto, with a group around her, saying that her blood sister was aborting her very handicapped child that morning. "And don't anyone judge her. It's her truth."

But in John 7:53, Jesus says to the woman caught in adultery, "Neither do I condemn you," was he saying that her adultery was understandable?

Or consider the question: Is Hitler in Hell? Hitler was the cause of unbelievable atrocities. But is he in Hell? Leaving aside any notion of just-before-death conversion, was he responsible for millions of deaths and not simply the cause of these deaths?

Some years ago, I read about a very famous American moralist saying in anger, "I don't care about theological niceties, Hitler is burning in Hell for eternity." Our emotions can quell reason. The moral distinction here is between objective and subjective morality.

Objective morality looks to the human act in itself apart from the agent (which is impossible in real life since an act always requires an actor). So, we can consider abortion as such – an unborn child, a member of the human race since conception, sacred to God, is killed directly, for whatever reason. Abortion thus defined is always seriously morally wrong. We judge, following Scripture and Church teaching.

Pope St. John Paul II gives a clear rendition of this traditional moral teaching of the Church concerning abortion in his encyclical *Evangelium Vitae (March 25, 1995).* In paragraphs eleven and twelve, he sees many individual causes which reduce culpability.

We look at the woman choosing abortion. She is an individual who may be mentally and emotionally bereft; she may be under threat by the father to "get rid of" the child. Her responsibility for the death of the baby may be reduced or removed altogether. She may not be sinning.

Some years ago, the renowned Jesuit moralist, Richard McCormack, was in conversation with famous non-Catholic Christian moralist friends about an actual case. A woman, mother of three young children, had been abused throughout her marriage and was suffering from ill health. One day, in desperation, she plucked up the courage to flee the home with her children. She found a flat and tried to make do, with little resources and being ill herself. Her husband found her and with others gang raped her and she fell pregnant. She aborted the baby.

The Protestant moralists believed this abortion was justified but McCormack, disagreed. He argued nothing ever justifies abortion. But almost certainly the woman was not guilty of the sin of abortion.

Objective and Subjective Morality

To repeat: we can and should judge actions, but we should not, and actually cannot, judge people. For the most part, they can judge their own guilt, but not always.

So how do we relate all this to conscience? A sincere but erroneous conscience deals with subjective morality. The person is without sin who sincerely judges some course of action or some omission to be morally justified. Their judgment is based after serious efforts to get to the truth after prayer and counsel. A conscience can be sincere but erroneous for different reasons. For example, a person can be ignorant of the morally correct course of action, the ignorance not being through his or her own fault. Or the person may be overcome by fear. But a sincere conscience does not mean that the action or omission is justified. Much pain and sorrow can be the result of a sincere conscience decision.

Back to Jesus and the woman taken in adultery. He alone could judge the woman's conscience. But he is not dealing with her conscience here. Both He and the woman know that what she did was wrong, even granted that the Jewish leaders were exploiting her. He is forgiving the sin of the terrified woman and directing her towards a better life.

Here's a question that I've never heard discussed, and I am not suggesting that we

may act on our solution before the Church gives a teaching.

In examples of immoral action not being held against a person because of subjective factors (fear, weakness, e.g.), the example is always of a single action – this abortion, this lie, etc. Could, though, the teaching be applied to an ongoing situation? A woman with three young children is divorced by an abusive husband. He disappears with his latest "lady-love". After a couple of difficult years, she meets and falls in love with a good man and enters into a civil marriage with him. He cares deeply for her and her children and the baby they have together. She knows what the Church says about her situation, but she doesn't have the strength to change this.

On the understanding that the woman is doing something morally wrong (for the sake of argument), is she in sin?

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Dignity Therapy: Making Our Last Words Matter

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As we approach death, some of us will be at peace with it, many of us however may not have the same sense of closure. We may feel like a burden to our family or lose our sense of self-worth. Being physically reduced and dependent on others for our daily needs can lead to a loss of self-esteem and hope. Research shows that 'dignity therapy' a brief individualized type of psychotherapy is designed to address the emotional needs of adults who are receiving hospice or palliative care and can help bring comfort at the end of life.

Although not well known to the general public, dignity therapy is a valuable way to enrich the life of a person who is nearing death. The intervention was created by Canadian psychiatrist Harvey Chochinov, distinguished professor of psychiatry at the University of Manitoba and Senior Scientist, CancerCare Manitoba Research Institute.

In the 1990's Chochinov and his colleagues were researching depression and anxiety in patients approaching the end of life. Their search to understand why some people feel despair while others do not, led them to countries where euthanasia and assisted suicide have long been legal. They found that the most common reason people gave for seeking assisted death was loss of dignity. (Butcher 2021)

In an NPR article on dignity therapy "For the Dying, A chance to Rewrite Life", Chochinov describes how a powerful experience with a patient who had an inoperable brain tumor

highlighted the need in the face of death to assert ourselves. On one of his last visits with the patient, he noticed a photograph of the man as a young healthy bodybuilder. The contrasting images – one the patient in the bed thin, frail and weak and the picture at the bedside of a glistening muscle giant were striking. Chochinov understood that the positioning of this picture in such a prominent place was sending a message to everyone: "this is how I need to be seen". (Spiegel 2011) Time and again he was confronted by the need for patients to be remembered for who they were, and that their life had value.

During Dignity Therapy, a trained professional completes a personal interview with the patient, allowing them to discuss their most important memories, accomplishments, and life roles. Lessons learned in life and hopes or dreams they may have for their loved ones in the future are also explored and shared. Dignity therapy provides those with terminal illnesses an opportunity to speak about things that matter to them and to give surviving heirs a lasting memory. In essence it asks the dying to tell the story of their life.

According to Kenneth J. Doka, Professor of Gerontology at the Graduate School of The College of New Rochelle and Senior Vice-President for grief programs for Hospice Foundation of America, as we reach the end of life we want to look back and know that our life counted and that it mattered. That in whatever way we define it, we made a difference.

Another key need of those who are dying is to tend to relationships. Sociologist Deborah Carr studies well-being at the end of life. She notes that these conversations are important because they allow us to heal our relationships and to be able to say goodbye without regret. (Carr 2019) Dignity therapy speaks to the need for all of us to find meaning in life and make right relationships with those who are important to us, and it does so in a very structured and successful way.

How does it Work?

Dignity therapy involves sessions of guided conversation with a trained professional. These conversations allow dying people to speak about the things that matter most to them, to say things they would want said before they can no longer speak for themselves. The process includes four basic steps:

1. **Inventory:** The initial assessment helps identify the aspects of life the patient wants to discuss. The most common things patients want to discuss include:

- Accomplishments, meaningful roles and life history
- Hopes and dreams
- Legacy and instructions to heirs

2. **Participate in the therapy sessions.** After the inventory, the patient can have one or more talk sessions in a safe, comfortable environment. With the patient's permission the conversation can be recorded and transcribed.

3. **Creation of a legacy document.** The final step is to take the transcriptions of the conversations and form them into the patient's 'life story.' The patient reviews the document and approves or makes edits to it.

4. **Transfer the document to family and friends.** The patient can choose to transfer the paper to his or her loved ones before or after their death. (Crown Hospice June 17, 2020)

Benefits

Research has shown that dignity therapy can be beneficial towards end of life. One study showed high patient satisfaction with most patients saying they felt a heightened sense of dignity and meaning. They also believed this document would help their family. (Chochinov et al. 2005) The relief that patients show after dignity therapy means they can live out their last days in a better emotional and mental state. These sessions can make patients feel less like a burden to their family and help them to have the peace of mind that their legacy will remain after they pass. (Crown Hospice June 17,2020)

At end-of-life excellent palliative or hospice care should be a priority for all of us. Dignity therapy can allow your loved one to express concerns or relay important information to friends and family. If dignity therapy is not an option or is not available in your area, try scheduling some time to talk with your loved one. Lending a listening ear can give your friend or family member the opportunity to deal with difficult feelings that come with assessing life in our final days.

If you would like to learn more about dignity therapy access the link below or contact your local Hospice Palliative care provider for assistance.
https://www.dignityincare.ca/en/toolkit.html

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