

## CHAPTER 7

### FAR FROM DISADVANTAGE: ENCOUNTERING PERSONS WITH MENTAL ILLNESS

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Illness incapacitates a person; each illness incapacitates in its own fashion. Congestive heart failure incapacitates a person's cardiac output, acute renal failure incapacitates a person's glomerular filtration, and mental illness incapacitates a person's agency. A person experiencing depression has an incapacitated volition to make a choice, while a person experiencing psychosis has an incapacitated ability to distinguish between real and perceived choices.

A person whose mental illness impedes their ability to act in the world often falls out of the world's familial, civil, and ecclesial societies. Persons with mental illness are less likely than their peers to ever marry and more likely to divorce, even if they desire family.<sup>1</sup> Persons with mental illness are less likely than their peers to be employed and more likely to be disabled, even if they desire work.<sup>2</sup> Persons with mental illness are less likely than

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<sup>1</sup> Breslau J, Miller E, Jin R, Sampson NA, Alonso J, Andrade LH, Bromet EJ, de Girolamo G, Demyttenaere K, Fayyad J, Fukoa A, Gälåon M, Gureje O, He Y, Hinkov HR, Hu C, Kovess-Masfety V, Matschinger H, Medina-Mora ME, Ormel J, Posada-Villa J, Sagar R, Scott KM, Kessler RC. A multinational study of mental disorders, marriage, and divorce. *Acta Psychiatrica Scandinavica*. 2011;124(6):474-486.

<sup>2</sup> Suijkerbuijk, Y. B., F. G. Schaafsma, J. C. van Mechelen, A. Ojajarvi, M. Corbiere, and J. R. Anema. 2017. "Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis." *Cochrane Database of Systematic Reviews* 9: Cd011867.

their peers to experience accommodation and more likely to experience stigma in religious communities, even if they desire faith.<sup>3</sup>

Within the Catholic social tradition (CST), all people are created to participate in these three interdependent societies—family, work, and faith. In the encyclicals, the popes describe the human person as a social creature constituted by social engagement. John XXIII wrote in *Pacem in Terris*, “any human society, if it is to be well-ordered and productive, must lay down as a foundation this principle, namely, that every human being is a person, that is, his nature is endowed with intelligence and free will.”<sup>4</sup> CST declares that to be a person is to be a social creature endowed with intelligence and will, but leaves unsaid how to include a person whose intelligence or will is so incapacitated by mental illness that they stand alone.

When contemporary bioethicists consider what it means to include a person with mental illness in a human society, they focus upon the inclusion of such a person in the society of biomedicine. Bioethicists discuss the ethical implications of culture within psychiatric care,<sup>5</sup> the professional ethics of psychiatric practice,<sup>6</sup> and the ethics of conducting research on psychiatric subjects.<sup>7</sup> Bioethicists often leave unsaid how to include a person whose free will is incapacitated by mental illness in the human societies beyond medicine, to speak about persons with mental illness as something more than patients.

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<sup>3</sup> Smolak A, Gearing RE, Alonzo D, Baldwin S, Harmon S, McHugh K. Social support and religion: mental health service use and treatment of schizophrenia. *Community Mental Health Journal*. 2013;49(4):444-450.

<sup>4</sup> *Pacem in Terris*. 1963. #9

<sup>5</sup> e.g. Ukashah, Ahmad, J. Arboleda-Florez, and N. Sartorius. 2000. *Ethics, culture, and psychiatry: international perspectives*. Washington, DC: American Psychiatric Press.

<sup>6</sup> e.g. Roberts, Laura Weiss. 2016. *A clinical guide to psychiatric ethics*. Arlington, VA: American Psychiatric Association Publishing.

<sup>7</sup> e.g. DuBois, James M. 2008. *Ethics in mental health research: principles, guidance, and cases*. Oxford: Oxford University Press.

Persons with mental illness are sometimes patients participating in biomedical treatment. They are sometimes also companions and cousins in families, candidates and citizens in civic life, and choristers and communicants in ecclesial life. To account for the range of experiences of a person with mental illness, the questions bioethicists ask—especially Catholic bioethicists—should be expanded by CST, which implicitly asks what it means to include persons with mental illness in the familial, civil, and ecclesial societies foundational for human happiness. To extend the CST vision of engagement in these foundational societies, Catholic parishes should explicitly consider their responsibility to persons with mental illness and Catholic health systems should extend psychiatric services, especially for the estranged and indigent.

#### ENCOUNTERING LIÊM, ALONE

Liêm and I met on the adult inpatient psychiatry service of the academic safety-net hospital at which I work. The hospital is a governmental authority with a social mission to care for vulnerable persons. Many of the patients have public insurance. Many of the patients have been turned away from other hospitals. Many of the patients have delayed care until they accepted care at our facility.

Liêm accepted our care against his will. His family initially brought him to a large Catholic hospital in the area which provides technical services which generate profit margins—cardiology, oncology, and orthopedic services—but no psychiatric services. So Liêm was transported by deputies, in handcuffs, to our public hospital.

When our nurses unshackled Liêm, they found his wrists encircled by friction burns. Those red circular abrasions echoed the darker, deeper, linear abrasions on his face.

Around his right orbit, hurried marks of violence signified Liêm’s determination to cast out an offending eye. Liêm tried to claw his right eye out with his fingers because he believed Matthew 5:29—*“If your right eye causes you to sin, tear it out and throw it away”*—was written for him alone. Liêm likely would have fulfilled the command, but his older brother discovered Liêm in the act. The brother saved Liêm’s eye long enough for physicians to look upon it.

The eye was infected, so we prescribed antibiotics to fight the likely pathogens. Liêm refused antibiotics, preferring infection. The eye was damaged, so we consulted ophthalmologists who recommended extraction of his irreversibly compromised orbit. Liêm refused surgery, preferring self-extraction.

Liêm suffered from schizophrenia, an oft-disabling and progressive mental illness which erodes neurocognitive function, impairs reality perception, and sometimes distorts agency to the point that a young man will autoenucleate his own eye.<sup>8</sup>

Liêm declined biomedical treatments, so we asked our hospital ethics service which treatments Liêm could refuse and which he could be compelled to accept. The bioethicists met the medical team and reviewed Liêm’s records. They found that Liêm’s illness so impaired his autonomy that he was no longer able to make decisions for himself. They advised that an alternative “decision-maker” be identified to substitute their agency for Liêm’s own.

#### AUTONOMY, BIOETHICS, AND THE PERSON AS DECISION-MAKER

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<sup>8</sup> Shah, M., L. Sun, S. Elmann, I. Vrcek, R. Mancini, H. J. Kim, J. Carrasco, and R. Shinder. 2017. “Self-inflicted enucleations: Clinical features of seven cases.” *Orbit* 36 (3):154-158.

Clinical bioethicists, like those who evaluated Liêm, encourage and assess the ability to govern one's self. Bioethicists typically assess individual autonomy, identifying the minimal conditions at which a person can exercise his or her own authority, through interviews and reviews of available records. In doing so, bioethicists determine if a person is the power behind the reasoning which results in a person's behavior. The bioethicists who evaluated Liêm determined that psychosis was the power behind his behavior, so Liêm lacked autonomy. He lacked the minimal power of self-government, to be the "decision-maker," in his care.

In their assessment, the clinical bioethicists did not employ a relational account of autonomy, an understanding of the way Liêm made decisions in the context of social relationships. They did not ask how he came to read Matthew in so literal a fashion that he would sacrifice his sight. They did not even ask why he was named Liêm, a name which revealed his relationships.

Liêm's parents named him after Saint Vincent Liêm, the first martyr of the Vietnamese church. Liêm's parents fled persecution in Vietnam and raised Liêm to revere the saint's heroism. Of their six children, Liêm was the only unmarried one, the only one to drop out of school, and the only one who had been escorted out of Mass for interrupting the priest. Liêm fell out of his family's plans for marriage, for an educated future, and out of their parish life. Alone, Liêm took to reading scripture and concluded that Matthew 5:29 spoke to his sins. He was refusing antibiotics, corrective surgery, and psychiatric medications as a large act of penance and a small act of martyrdom.

If a clinical bioethicist wanted to understand Liêm's actions in a relational fashion without asking relational questions like why he was named Liêm, they would meet

obstacles. If a bioethicist sought counsel from the biomedical literature, they would find a culturally-specific account of autoenucleation which pathologizes Liêm's faith by characterizing autoenucleation as a sequelae of Christian beliefs.<sup>9</sup> If a bioethicist sought a culturally-specific care setting, they would find that while the first institutions for care of persons with mental illness in the United States were developed by Protestant communities, very few were developed by Catholics.<sup>10</sup> If a bioethicist sought a specifically Catholic guild of psychiatrists to mediate between psychiatry and Liêm's faith, they would find that while such a guild existed in the twentieth-century, none exists today.<sup>11</sup> Finally, if a bioethicist turned to the Catholic bioethics literature, they would find very limited discussions of what it means to care for persons with mental illness.

#### THE MISSING PERSONS OF CATHOLIC BIOETHICS

In magisterial documents, the care of persons with mental illness is discussed either as an illustration of other concerns or in brief papal missives.<sup>12</sup> There is no mention of the care of persons with mental illness in magisterial bioethics texts like *Donum vitae* and *Dignitas personae*. Perhaps as a result, the only mention within the United States Conference of Catholic Bishops' *Ethical and Religious Directives for Catholic Health Care Services* is that "the person with mental or physical disabilities, regardless of the cause or

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<sup>9</sup> e.g. Shiwach, R. S. 1998. "Autoenucleation--a culture-specific phenomenon: a case series and review." *Comprehensive Psychiatry* 39 (5):318-22.

<sup>10</sup> Vacek, Heather H. 2015. *Madness: American Protestant responses to mental illness*. Waco, Texas: Baylor University Press. Catholics have not typically built mental health institutions, but have relied upon the state to do so, c.f. Kelly, B. D. 2017. "Hearing voices: Lessons from the history of psychiatry in Ireland." *Irish Medical Journal* 110 (3):537

<sup>11</sup> Nussbaum, A. M. 2007. "Profession and faith: the National Guild of Catholic Psychiatrists." *Catholic Historical Review* 93 (4):845-865.

<sup>12</sup> e.g. John Paul II, Saint, Pope. 1991. "John Paul II, Pope (1990-11-17) Address to participants in the International Congress on the Human Mind." *Acta Apostolicae Sedis* 83, no. 8: 66-672.; Benedict XVI, Pope. 2006. "Benedict XVI, Pope (2005-12-08) Effective help needed for those with mental illness." *L'osservatore Romano* 1926, 2.

severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.”<sup>13</sup> In the *Directives*, persons with mental illness are recognized as persons with rights, but grouped among the disabled, even though many persons with mental illness are not disabled, and mental illnesses incapacitate a person differently than other illnesses.

While persons with mental illness go missing in magisterial documents and ethical directives, they are readily found in the human societies identified by the encyclicals. According to the World Health Organization, a single class of mental illnesses, depressive disorders, is the leading cause of non-fatal disability worldwide.<sup>14</sup> According to the United States Substance Abuse and Mental Health Services Administration, approximately 1 in 5 American adolescents and adults had a diagnosable mental illness in the past year, and approximately 1 in 25 American adults is seriously impaired by a mental illness.<sup>15</sup> And when a Catholic health system recently surveyed the residents of their underserved community, respondents identified poor mental health as their most pressing concern.<sup>16</sup>

When persons with mental illness appear in the Catholic health care literature, authors typically propose ways to better include persons with mental illness in the society of medical care. In the pages of *Health Progress*, the journal of the Catholic Health Association, readers can find articles about integrating mental health services into primary

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<sup>13</sup> Catholic Church. United States Conference of Catholic Bishops. 2009. *Ethical and religious directives for Catholic health care services*. 5<sup>th</sup> ed. Washington, DC: USCCB Pub., p. 11-12.

<sup>14</sup> World Health Organization. 2017. *Depression and Other Common Mental Disorders: Global Health Estimates*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO  
<http://apps.who.int/iris/bitstream/10665/254610/1/WHO-MSD-MER-2017.2-eng.pdf>

<sup>15</sup> Substance Abuse and Mental Health Services Administration. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

<sup>16</sup> Carrillo A, O’Grady CL: Responding to Chicago communities: residents list mental health care as top need. *Health Progress* Jan-Feb 2018: 29-33

care clinics,<sup>17</sup> using telepsychiatry to provide access to psychiatric services in rural communities,<sup>18</sup> and imagining the success of the quality improvement movement within medicine as a model for transforming the care of persons with mental illness.<sup>19</sup> These initiatives, many with profound merit, are adopted from secular psychiatric practice rather than birthed from Catholic models of care.

#### FORGOTTEN WITNESSES FROM THE TRADITION

Liêm was sent away from a Catholic hospital which offered no psychiatric services even though such services were first developed by Catholic communities.

Liêm needed psychiatric hospitalization; Father Joan-Gilabert Jofré founded the first psychiatric hospital in Western society. In 1409, Jofré observed a group of children in Valencia, Spain mocking and striking a disturbed man, crying out “The madman, the madman, here comes the madman.”<sup>20</sup> Jofré stopped the children and sheltered the man in a local convent. Two days later, Jofré delivered a sermon calling his parishioners to action. He said their city lacked “a hospital house where the innocent and frenzied would be drawn together... it would be a very holy thing and work for Valencia to build a hostel or hospital where such insane or innocent persons could be housed so that they would not be wandering through the city and could not hurt nor be hurt.”<sup>21</sup> Soon after, his congregants built The Hospital of Santa María of the Holy Martyr Innocents. They named their hospital

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<sup>17</sup> Brunelle J, Porter R: Integrating care helps reduce stigma. *Health Progress* Mar-Apr 2013: 26-29

<sup>18</sup> Linquist S, Erickson B: A network touches the hard-to-reach: expanding access to mental health services through telehealth. *Health Progress* Jan-Feb 2018: 23-27

<sup>19</sup> Hochman R: The substance abuse and mental health epidemic: It is time to ignite a transformational campaign. *Health Progress* Jan-Feb 2018: 19-22

<sup>20</sup> Rumbaut, Ruben D. “The first psychiatric hospital of the western world.” *American Journal of Psychiatry*. 1972;128(10):125-129.

<sup>21</sup> Quoted in López-Ibor JJ. “The founding of the first psychiatric hospital in the world in Valenica.” *Actas Espanolas De Psiquiatria*. 2008;36(1):6.

after the children Herod slaughtered, who are acclaimed as saints despite dying before they had reached the age of reason. The company of saints makes room for those without reason; Jofré and his congregants similarly found room in their communal life for persons with mental illness, figuratively turning “madmen” into “holy innocents” deserving of humane care. Their hospital admitted local and foreign patients, provided the full range of contemporary treatments, pioneered a humane form of inpatient treatment, and inspired mental hospitals throughout the Iberian Peninsula as well as in Cuba, Guatemala, and Mexico.

Liêm also needed supported housing; Saint Dymphna, the seventh century martyr, inspired a tradition of psychiatric foster care. According to legend, Dymphna was born to an unbelieving Celtic king and his Catholic wife. When Dymphna’s mother died, the king insisted that Dymphna become his bride. Dymphna refused her father, fled across the North Sea, and founded an oratory near Amsterdam. Dymphna’s father, literally mad with rage, sought her relentlessly and, when he found her, martyred Dymphna and her three companions. In the ensuing centuries, Geel, the Belgian town where Dymphna was killed, became a favorite pilgrimage site for the deranged, depressed, and disturbed. In recognition of cures attributed to Dymphna, the Church canonized her in 1247 as a virgin martyr who resisted irrational madness. Canonization increased Dymphna’s pilgrims and Geel made room by constructing a hospital for pilgrims in 1286. The number of pilgrims grew even further and the community increased its services, consecrating a church dedicated to her cult in 1349, adding an infirmary in 1480, and, in the 15<sup>th</sup> century, a system for lodging Dymphna’s pilgrims in the homes of villagers. Many pilgrims never left the hospitable homes of Geel and a system of foster care for mentally ill adults developed

around the relics of Saint Dymphna. Today, the adult foster care for the mentally ill in Geel remains a paradigm for providing long-term care while integrating the mentally ill into the larger community.<sup>22</sup>

The ongoing example of Geel poses a question to contemporary psychiatry—why can it not similarly integrate persons with mental illness into community settings? It also puts a question to Catholic parishes and health systems—where are today’s Dymphna-inspired hospitality rooms or Holy Innocent-inspired hospitals for persons with mental illness?

#### SEEKING LIÊM, SOCIAL, IN THE ENCYCLICALS

If we seek rationale for building these kinds of services, we find it, at least implicitly, in CST. Explicitly, the encyclicals make little mention of persons with mental illness. However, the tradition was inaugurated by a text declaring “There naturally exist among [humankind] manifold differences of the most important kind; people differ in capacity, skill, health, strength; and unequal fortune is a necessary result of unequal condition. Such inequality is far from being disadvantageous either to individuals or to the community.”<sup>23</sup> Leo XIII was writing about the condition of workers, but by acknowledging the reality of “unequal fortune” and insisting that inequality is far from a disadvantage, Leo XIII prepared fertile ground for renewing psychiatric services.

In a biomedical model, unequal fortune is accounted individually as pathology to be corrected, so Liêm was assessed individually against standards of mental health. He fell

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<sup>22</sup> Goldstein Jackie L. and Godemont MM. “The legend and lessons of Geel, Belgium: a 1500-year-old legend, a 21<sup>st</sup> century model.” *Community Mental Health Journal*. 2003 Oct:39(5):441-58.

<sup>23</sup> *Rerum Novarum*. 1891. #17

short because his mental illness incapacitated his agency, so he was involuntarily committed to treatment. Hospitalized on our unit, Liêm was isolated from his family, his culture, and his faith. His meals were prepared for him, his days were scheduled for him, and his physical movement was restricted to a locked unit. The very treatments we prescribed, despite our intentions, decreased Liêm's agency. On the unit, we encountered Liêm, as in the words of *Octogesima Adveniens*, in a "world dominated by scientific and technological change," where "methodological necessity and ideological presuppositions too often lead the human sciences to isolate... certain aspects of man, and yet to give these an explanation which claims to be complete or at least an interpretation which is meant to be all-embracing from a purely quantitative or phenomenological point of view." We privileged a scientific way of understanding Liêm which isolated his pathology and autonomy from a relational understanding, making "it impossible to understand [Liêm] in his totality."<sup>24</sup>

In contrast, the encyclicals teach that unequal fortune is a reality borne through engagement in human societies. The family is the first society, the society of origin, so Paul VI wrote that a person "finds his true identity only in his social milieu, where the family plays a fundamental role," growing in wisdom, and learning to harmonize individual rights with communal living.<sup>25</sup> It is in the family that a person like Liêm learns to live in solidarity with others. Liêm was angry at his brother for interrupting his autonucleation, but his family visited daily, easing Liêm's estrangement.

The civic life is the second society, the society where a person has the agency to exercises their rights and duties. CST describes a person as naturally social and meant to

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<sup>24</sup> *Octogesima Adveniens*. 1971. #38

<sup>25</sup> *Populorum Progressio*. 1967. #36

live with others and to work for one another's welfare. A well-ordered human society requires that each person contribute generously to the establishment of a civic order in which rights and duties are acknowledged and fulfilled. Acting in civic life, a person has both a right to work and a duty to work. A person's labor is not just a commodity to be exchanged, John XIII wrote, but "a specifically human activity," whose remuneration "must be determined by the laws of justice and equity."<sup>26</sup> The state exists to pursue justice and equity—the common good—and to reduce unequal fortune by protecting its most vulnerable citizens. The state provides necessary social services; John XXIII named health care as a necessity of life and affirmed that "systems of social insurance and social security can...be instrumental in reducing imbalances between the different classes of citizens."<sup>27</sup> The job of the state, John XXIII wrote, is to provide necessary social services at the lowest or least centralized competent authority, and to offer these services without "depriving the individual citizen of his freedom of action. It must rather augment [one's] freedom while effectively guaranteeing the protection of his essential personal rights."<sup>28</sup> The state must provide services, on the basis of subsidiarity, which augment freedom to act in the world. Today, persons with mental illness often receive services so focused on public safety that they decrease the agency of an individual person, as when Liêm's family sought care for his eye only to see Liêm's hands shackled.

#### ENCOUNTERING LIÊM, FAR FROM DISADVANTAGED

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<sup>26</sup> *Mater et Magistra*. 1961. #18

<sup>27</sup> *Ibid.* #136

<sup>28</sup> *Ibid.* #55

Liêm's agency was incapacitated by schizophrenia and its treatments, increasing his isolation from society. If we had evaluated Liêm from a perspective informed by CST, or seen him in a facility which embodied CST, we could have simultaneously acknowledged Liêm's unequal fortune in developing schizophrenia, prescribed the best available treatments, and seen Liêm as far from disadvantaged. Liêm had relationships, however strained, to which he could be restored; Catholic bioethicists and health systems similarly have relationships to CST, however strained, which can be restored through practicable ways.

First, biomedical care is a means to becoming fully human, rather than an end in itself. The biomedical model trains practitioners to diagnose and treat pathophysiological dysfunction. It also trains people outside the health professions to look at their bodies and assess them functionally. The encyclicals implicitly rebuke functional accounts of person by situating biomedical care as a means. John XXIII wrote that every person has the right "to the means which are suitable for the proper development of life; these are primarily food, clothing, shelter, rest, medical care, and finally the necessary social services."<sup>29</sup> Medical care serves the human good, but health is not the good itself.

Second, Catholic health systems could include other means suitable for human development in psychiatric treatment plans. In a biomedical model, our obligation to an ill person like Liêm is complete when his symptoms remit, or at least no longer impair his behavior. The encyclicals encourage a broader assessment of whether or not Liêm has access to the material conditions—food, shelter, and rest—he needs to be fully human.

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<sup>29</sup> *Pacem in Terris*. 1963. #11

Reducing food insecurity, providing housing, and ensuring rest are both salutary, the concern of biomedicine, and humanizing, the concern of the Catholic social tradition.

Third, Catholic health systems can encourage vocational rehabilitation and supported employment. The encyclicals conceive of work as an activity constituent of being fully human. John XXIII wrote that “work, which is the immediate expression of a human personality, must always be rated higher than the possession of external goods which of their very nature are merely instrumental.”<sup>30</sup> People work not just to obtain goods, but to become themselves.<sup>31</sup> A person with mental illness needs a form of work which allows expression of their human personality.

Fourth, Catholic bioethicists could define and assess “mental illness” relationally. In medicine, mental illness is a dysfunction delimited to the individual, which neglects the ways mental illness is socially determined.<sup>32</sup> It also neglect the ways mental health is social engagement. In CST, people are intrinsically social, so a single person is never an independent unit of analysis. People, no matter how ill, are related to other people, and responsible to other people, so psychiatric treatment plans should include relational accounts of persons with mental illness.

Fifth, all Catholics can advance the agency of persons with mental illness in civic society. Persons with mental illness are excluded from civic society in multiple ways.

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<sup>30</sup> *Mater et Magistra*. 1961. #107

<sup>31</sup> This vision of work is bolstered by findings in the biomedical literature, where a large clinical trial of persons with schizophrenia found that the best clinical outcomes were experienced by persons who are employed. Rosenheck, R., D. Leslie, R. Keefe, J. McEvoy, M. Swartz, D. Perkins, S. Stroup, J. K. Hsiao, J. Lieberman, and CATIE Study Investigators Group. 2006. “Barriers to employment for people with schizophrenia.” *American Journal of Psychiatry* 163 (3):411-7.

<sup>32</sup> Compton, Michael T. and Ruth S. Shim, eds. 2015. *The social determinants of mental health*. Washington, DC: American Psychiatric Publishing.

Literally, persons with serious mental illness die roughly ten years before their peers.<sup>33</sup> While living, persons with serious mental illness are often imprisoned or jailed, a removal from civic life which often forecloses future involvement in civic life. Exclusion from civic life limits the action of persons with mental illness. Encouraging and enabling a person with mental illness to participate in civic life—by volunteering, voting, running for office, organizing direct action, and engaging in civil disobedience—build agency, so they are themselves a treatment for mental illness.

Sixth, Catholic health professionals could encourage membership in familial society. Persons with mental illness are often estranged from their families for many reasons. Families are often perplexed by the thoughts or behaviors of a person with mental illness. Families are often exhausted by the demands of caring of a person with mental illness. Families often simply no longer exist in the ways assumed by the social teaching encyclicals. And yet CST insists that the family is the first society, reminding us that we become ourselves through these fundamental interpersonal relationships. In psychiatric services, we should support and encourage membership in families, ideally families of origin, but also found families which can endure trials and differences.

Seventh, church leaders could enable membership in the found family that is the church. The sociologist Robert Orsi recently observed that “Any honest description of very many religious spaces in contemporary America would have to include some reference to the presence there of strange, disturbed, possibly psychotic people loudly sharing their

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<sup>33</sup> Walker, E. R., R. E. McGee, and B. G. Druss. 2015. “Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis.” *JAMA Psychiatry* 72 (4):334-41.

distress with the worshippers.”<sup>34</sup> Orsi was wondering why people with mental illness are edited out of sociological accounts of worship. We might similarly ask: why are the ordinary experiences of people with mental illness often ignored in parish life? Instead of excluding persons with mental illness, a parish could welcome and value people with mental illness by hosting peer support groups, a devotion to Saint Dymphna, organizing support ministries, advocating for justice for persons with mental illness, and helping Catholic health systems to offer high quality, low-cost care for persons with mental illness by turning their homes into Geel-inspired foster homes. Parishes can, in short, encourage solidarity between persons with and without mental illness, while advocating for treatments characterized by subsidiarity.

The Catholic social tradition insists that a person is fully human only when in relationships with other people. Surely this includes relationships with persons with mental illness like Liêm. Persons without mental illness can become more human by visiting a person with mental illness in their home, in the hospital, or at Mass. Persons with mental illness, persons like Liêm, are readily found in all these places. In relationship with Liêm, perhaps he could have read Matthew 5:29 in conversation with others instead of, to considerable harm, reading the parable alone.

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<sup>34</sup> Orsi, Robert. 2005. *Between heaven and earth: the religious worlds people make and the scholars who study them*. Princeton, NJ: Princeton University Press, p. 165.