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Church, society must alter views about sexuality

By Mary Patricia Barth Fourqurean
Guest contributor

Writing about chastity is a little like walking into a minefield. To me, chastity means love for God, the total involvement of our lives with God and the world.

For married couples it involves faithfulness to one's spouse from this love. For single and celibate men and women, it means expressing their love for God in faithfulness to friends — an enriching faithfulness free from genital expression.

Sexuality is a fire which both warms in a beautiful way and burns in a dangerous way. It is the mode by which spouses unite themselves in love to one another and bring new life into the world.

But it can also be the means by which people — especially young, unmarried people — are broken and discarded.

During their college years, many students become involved in sexual relationships and in so doing are often used, sometimes abused, and — at least once — finally discarded. Yet "chastity" still seems to many a prudish concept from an outdated past. Where do we begin?

Perhaps by noting that our world's view of sex has changed drastically from the 1950s to the '90s, and that our answers to sexual questions may be irrelevant to the concerns our young people face.

In a 1990 article, "Can We Get Real About Sex?," professor Lisa Sowle Cahill of Boston College asked us to realize that "each generation has its own questions. Those of us who were teenagers before Vatican II still carry on a struggle of 'liberation' from a negative and restrictive picture of sexual dangers. But most younger adults and virtually all teens today face a different battle: to carve out some sense of sexual direction in a peer and media culture which presents sex as sophisticated recreational activity for which the only criterion is mutual consent."

I can honestly say I have met many young adults who have found positive moral direction despite the blatant sexual chaos around them in our culture. I will never forget an encounter with a student two years ago. This young man approached one of my campus ministry colleagues with a profound question.

"Why is it," he asked, "that those of us struggling to be chaste on a campus as loose as this have never — not once — heard you encourage us to be chaste?"

I was struck both by the student's willingness to address the issues of chastity and his self-understanding: as a young Catholic man, he saw himself living in a morally hostile environment and he was eager for encouragement to live the high standards he believed the church expected from him.

While some students reject chastity as a value, or are still developing an understanding of the gift of their sexuality, I assume that those young adults who have chosen to maintain their virginity (temporarily or permanently) or who have chosen to "reclaim" their chastity will find it difficult to do so without the church's challenge and support.

Young people's moral vision is challenged by almost everything they see in the American media. It is also challenged by their own yearnings for intimacy and passion. We owe it to them to keep them from the downward pull, for they want to live richer and truer lives than those they see portrayed in films or music videos. Catholic campus and youth ministers — in homilies, on retreats, and even in daily conversations with young people — expect too little from them, not too much.

We have reason to demand more from our young adults than we normally do. We need to help them understand that one model of sexuality *should* be preferred over another. A common model of sexuality today is that of repression/liberation. It likens young adults to pressure cookers waiting to burst, needing release before they can feel healthy.

But a stronger model is that of a disciplined dancer or athlete. You would not say to an Olympic athlete,



Chastity

"Be free. Express yourself by eliminating all your demanding training and hard work." The athlete would tell you, "My freedom, self-expression, and joy come only from discipline and hard work. I can't divorce the two."

The U.S. Catholic bishops' report, *Human Sexuality*, stresses that providing young people with mere biological information is inadequate if it is not combined with moral and spiritual formation. (We might add "and spiritual transformation as well.") Campus ministry, parish, and other intentional voluntary groups united by a noble moral vision can most effectively offer that formation and assist young people to act on their God-given desire for that which is good.

Something fundamental has to change in our cul-

ture's understanding of human sexuality. Likewise, something must change in the church's practical approach to sexuality as expressed in our homilies, retreats, and private conversations. Change can begin with the development of countercultural communities united by commitment to virtue. This is not meant to imply that our culture is evil. But many people who have adopted our secular culture's values are empty, lonely, and unfulfilled.

I am not advocating a return to prudish views of sexuality, for I am in favor of redeeming sexuality from the negative associations it had in the past and rethinking it in positive ways. These positive representations include seeing chastity, not as an impersonal duty imposed from the outside, but rather as a personal power developed from within — that is, as a virtue.

Chastity is a gift of personal and even interpersonal power which frees us from manipulative sexual relations before marriage. It can also help us focus on God and the needs of our neighbor.

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Practice threatens those on society's fringe

By Carlos F. Gomez, M.D.
Guest contributor

Death, and our approach to it, has occupied a large part of public debate these past few years. In part, at least, this is because of a group of enthusiasts in this country which has suggested that a planned death — an intended death — may be a better alternative for some than the uncertain and often painful exit that many of us endure.

As a physician who works primarily with indigent and underserved patients, and as an opponent of physician-assisted suicide, I have watched, with growing dismay, the evolution of a movement that threatens the civil rights and well-being of our most vulnerable patients.

I worry that what was once considered, at best, a fringe element in the field of medical ethics has gained new respectability, so much so that what was once profane and taboo — the intentional killing of an innocent human being — has become almost pedestrian.

Many of us in the medical community wholly oppose the intentional killing of patients by their physicians (or by anyone else, for that matter), yet believe there are times when it is not only appropriate, but imperative, to obey a patient's request for withdrawal of life-sustaining treatment. Part of this sentiment grows out of a consensus that has emerged over the past 20 years, which suggests that the availability of medical technology is not the same as the appropriate use of technology.

It is important to note, however, that more than two decades of debates over life-sustaining treatments have — until rather recently — stopped short of endorsing physician-assisted suicide. Many early legal and non-legal commentaries were at pains to point

out that termination of life-sustaining treatment was distinct from euthanasia.

The first was an act preserving the autonomy and dignity of the patient. It was a return to a sturdier ethic that put patient care and comfort at the center of concern. The latter was an act of homicide, no matter how well-intentioned or how well-disguised.

Proponents of legislation to decriminalize euthanasia have insisted that such dangers can be circumvented if enough attention is given to regulatory safeguards. The dangers of unbridled medical killing can be avoided, so the argument goes, if we write legislation with enough clarity and regulatory force.

My own study leads me to conclude that such precision is not obtainable, and in the final analysis, not truly wanted. My research on euthanasia in the Netherlands — where the practice is tolerated, yet formally forbidden — suggests that even under the best of circumstances the practice begins to degenerate quickly into something altogether different. In four out of 26 actual cases of clinical euthanasia that I studied in the Netherlands, it was clear that the patients were incapable of consenting to their deaths.

If history is any guide (and it usually is) the first to be nudged over the edge, however gently, will be those least able to protest: the weak, the demented, the stigmatized, the marginalized. Those who live at society's fringes have always been at risk from abuse and injustice. They are deemed by society to be entirely dispensable.

They are, however, the ones about whom we should be most concerned and the ones whom this ill-conceived practice of euthanasia would probably affect most severely.

Dr. Gomez is a resident of the Department of Internal Medicine of the University of Virginia Hospital and the author of several books on euthanasia.