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Feminist Christian bioethics : the theology of Rosemary Ruether in bioethical conversation

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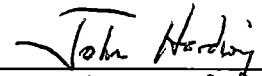
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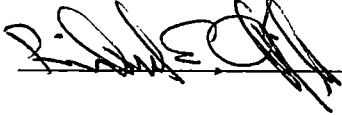
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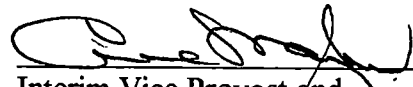
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FEMINIST CHRISTIAN BIOETHICS:
THE THEOLOGY OF ROSEMARY RUETHER
IN BIOETHICAL CONVERSATION

A Thesis
Presented for the
Master of Arts
Degree
The University of Tennessee, Knoxville

Mary Long Caldwell
May 2001

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ABSTRACT

The purpose of this project is to explore feminist Christian bioethics. There has been, in recent decades, a notable decrease in a theological voice in bioethical conversation. Noting that many patients, as well as health care professionals, are people of faith, and acknowledging that faith matters in ethical decision-making, the absence of attention to this important dimension of the moral lives of persons is an injustice. While there is a body of Christian bioethical literature, much of it is centered in one particular theological perspective.

I have examined the theology of a feminist Christian, Rosemary Ruether and extrapolated from her work a basis for a feminist Christian bioethic. Ruther's work is an interpretation of scripture and a broadly-inclusive tradition, seen through the lens of feminist theory. She centers her work in what she calls the "prophetic-liberating" tradition of biblical faith, which seeks the realization of the "full humanity of women."

I have formulated a feminist Christian bioethic, based in Ruether, and examined two bioethical issues. I have explored surrogate motherhood and physician-assisted suicide, comparing the traditional Christian position, the feminist philosophical position, and the feminist Christian position. I have shown that the feminist Christian position does indeed differ in significant ways from the other views, while also having certain dimensions in common. Feminist Christian bioethics may well offer access for a Christian voice to rejoin the larger bioethical conversation, as well as an alternative Christian perspective for some believers.

TABLE OF CONTENTS

CHAPTER		PAGE
1	INTRODUCTION.....	1
	The Theological Voice Diminished.....	5
	Feminist Theory.....	9
	Feminist Ethics.....	13
	Feminist Ethics and Feminine Ethics.....	17
	Feminism and Christianity.....	21
	Feminist Christianity.....	24
	Christian Ethics.....	27
	Feminist Christian Ethics.....	32
2	FEMINIST THEOLOGY AND BIOETHICS.....	37
	Rosemary Ruether and <i>Sexism and God Talk</i>	41
	Ruether's Feminism and Women's Experience.....	43
	Feminist Theology and Doctrines.....	47
	God.....	48
	Prophecy.....	51
	Jesus.....	55
	Anthropology.....	58
	Sin and Evil.....	60
	Death.....	63
	Eschatology.....	64
	Ruether Summarized.....	66
	Ruether and Bioethics.....	68
	Ruether on Persons as Moral Decision Makers:	
	Male and Female.....	72
	Women's Bodies.....	76
	Personal Eschatology: Death.....	78
	Prophecy for Bioethics.....	79
3	SURROGATE MOTHERHOOD: THREE VIEWS.....	83
	Surrogate Motherhood.....	84
	Traditional Christian Views.....	90
	Feminist Views on Surrogacy.....	96
	A Feminist Christian View.....	108

CHAPTER	PAGE
4	PHYSICIAN-ASSISTED SUICIDE: THREE VIEWS.117
	Traditional Christian Response. 120
	Feminist Views on Physician-Assisted Suicide.127
	A Feminist Christian View.136
5	CONCLUSION 148
	BIBLIOGRAPHY.157
	VITA. 165

CHAPTER 1

INTRODUCTION

In 1993 Allen Verhey and Stephen Lammers edited a volume of essays called *Theological Voices in Medical Ethics*.¹ Included are articles about nine male theologians examining the contribution each has made to medical ethics. Only one essay is written by a woman. The cover of the book shows nine photographs; all white males. In the tenth essay, Martin Marty notes what he calls the “distortion” created by the omission of women from the volume.

The absence of women from this book is only part of the story in the history of medical ethics. In the early days of medical ethics,² theological voices were much in evidence. Over the past thirty or so years that voice has been greatly diminished. Yet many patients and many health care professionals who care for those patients are people of faith. Regardless of ethical system or orientation, certainly most bioethicists would agree that

¹Allen Verhey and Stephen E. Lammers, eds., *Theological Voices in Medical Ethics* (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1993).

²There may be some confusion regarding the use of “medical ethics” vs. “bioethics.” Rosemarie Tong distinguishes between the two terms in a helpful way. Medical ethics is the concern of health-care practitioners, while bioethics has a larger area of concern, including the general public. See Rosemarie Tong, *Feminist Approaches to Bioethics*, (Boulder, Colorado: Westview Press, 1997), 55. Susan Wolf comments that “medical” is defined by the dictionary as relating to physicians; she says bioethics concerns much more than the physician. See Susan M. Wolf, *Feminism and Bioethics: Beyond Reproduction*, (New York: Oxford University Press, 1996), 7. Joseph Fletcher defines bioethics as “an ethical examination of the life sciences as a whole, in social as well as clinical terms.” See Joseph Fletcher, *Humanhood: Essays in Biomedical Ethics*, (Buffalo, NY: Prometheus Books, 1979), 2. Given these distinctions, I prefer to use “bioethics.”

knowing the patient and her story, something of who she is and what matters to her, are ethically important. And for many people, faith is very important, if not central, to how life is lived and experienced, and how illness and suffering are experienced and interpreted.

Kenneth Vaux says that “although our moral lives may be shaped by a host of factors. . . our religious beliefs—and the ‘faith tradition’ within which we hold these beliefs exert a powerful influence in determining how we will act at a time of crisis. From belief arises value, or priority; and out of priority issue our moral acts, consciously chosen.”³

Bradford Smith agrees: “There is no doubt that religion and morality are closely related to one another in our popular culture. For many people, what is right and wrong, good and bad, ethical and unethical is structured according to religious meaning and beliefs about the order of the universe.”⁴ Faith, for many persons, is central in ethical choices.

Yet one seldom finds references to a patient’s faith in bioethical literature. Occasionally, as in the Karen Quinlan case, church teachings played a role in the discussion. Quinlan’s parish priest assured her parents that their desire to allow their daughter to die was consistent with the ethical position of the Roman Catholic Church. In the well-known Dax case physicians refused to honor the patient’s request to be allowed to die. Dax’s mother influenced the doctors’ decision, partly because of her concern about his spiritual state. But more often, even in detailed accounts of cases, which include

³Kenneth L. Vaux, *Health and Medicine in the Reformed Tradition: Promise, Providence and Care* (New York: Crossroad, 1984), 1.

⁴Bradford Ray Smith, *Reestablishing Connections Between Bioethics and Christianity: Narratives and Virtues in Caring for a Christian Patient* (Ph.D. diss., University of Tennessee, Knoxville, 1998), 292.

lengthy discussions of ethical issues with careful attention to the philosophical and legal dimensions, there is no mention of the faith of the patient, or her family.

Certainly there is enormous diversity in how people believe and practice faith. But religious faith remains a central value for many persons, and the failure to include this significant dimension of human experience limits how fully a person and her situation are understood. Faith provides a moral compass for many people, and its significance in health care decision making may well be primary. Smith says, the “bioethical neglect of one’s religious context threatens to take the patient out of context, to treat her as something separate from that which constitutes her, to ignore her at her point of experience, and consequently to deny her respect and dignity as an autonomous person.”⁵ An understanding of the role of faith in a patient’s life, even if that understanding is to acknowledge an absence of faith, is essential for careful and thoughtful ethical analysis.

As the academic study of bioethics has grown over the past decades, those seated at the table have shifted. The theologian has moved apart. During the same period, one of the most important and creative voices which has come to speak clearly is the voice of the feminist philosopher. This is not a unified voice; there is much diversity in feminist theory, and hence, diversity in feminist bioethical thought. In general, feminists are concerned with paying attention to context, to the particularities of a situation, to the stories of those involved, and to the relationships which form the social web in which a patient lives. Feminists are less concerned with rules and principles. Hence, one might expect that the

⁵Ibid., 302.

feminist voice would be deliberate about including attention to the patient's faith values as morally important. In spite of careful work to learn the particularities of a situation, and what makes it unique, most feminist bioethical writing seems to ignore the question of faith.

Along with feminist theory in philosophy, and in bioethics, feminist scholars have been at work in the field of religious studies. Biblical interpretation, church history, and theology have seen an explosion of feminist thought, contributing to already theologically diverse fields of study. Attention to the silent voices of women in Scripture, to the lived experiences of women, to the significance of community and relationality have been hallmarks of feminist thought in theological studies.

One is left wondering, then, what a theologian with feminist grounding might have to say in the conversation with the bioethicist. Is there a distinctive Christian perspective in bioethics? Is there a distinctive *feminist* Christian perspective in bioethics? What might such a position look like? How can such a voice be articulated? What is the role of such a perspective? Is the feminist Christian able to offer a prophetic word, not to persuade others that her view is the only view, but to offer a "second opinion" which includes attention to faith?

I propose, in this work, to explore the grounding of a feminist Christian bioethic by examining the theology of Rosemary Radford Reuther, a feminist Christian. I intend to evaluate Reuther's *Sexism and God Talk: Toward a Feminist Theology* to extrapolate the underlying themes and ideas which might inform bioethical thought. In order to make concrete what feminist Christian bioethics might look like, I intend to then examine two

bioethical questions, surrogate motherhood and physician-assisted suicide. I will compare a feminist bioethical position, a traditional Christian bioethical position, as well as a feminist Christian bioethical view.

The Theological Voice Diminished

In the early days of bioethics, the voice of the theologian was clearly heard. In a 1990 article Daniel Callahan noted that the "most striking change over the past two decades or so has been the secularization of bioethics."⁶ His "short history" of bioethics traces its beginnings to Joseph Fletcher's book *Medicine and Morals* published in 1954. Fletcher's moral theory, "situation ethics," generated a good deal of controversy among religious folks. Fletcher pointed to the uniqueness of moral choices and the irrelevance of binding rules and principles.

In 1970 Paul Ramsey's *The Patient as Person* looked systematically at a number of medical issues. Protestant, Roman Catholic, and Jewish writers were working on responses to increasingly complex medical advances and the problems posed by technological progress. Yet, Callahan notes, this early theological role soon faded. He suggests that part of the reason may be that in the early 1970s academic leaders in religious studies turned to social issues such as poverty, racism, and nuclear issues rather than bioethical concerns. At the same time bioethics generated questions which became the concern of courts, legislatures, the media and professional groups. There was pressure

⁶Daniel Callahan, "Religion and the Secularization of Bioethics," *Hastings Center Report*, Special Supplement: "Theology, Religious Traditions and Bioethics," 20, no. 4 (July/August, 1990): 2-4.

“to frame the issues, and to speak, in a common secular mode.”⁷

As a result, philosophers and attorneys took the leading role which theologians had formerly held. When two federal commissions were established during the 1970s, the National Commission for the Protection of Human Subjects, and the President’s Commission, those invited to contribute were physicians, philosophers, and lawyers. Universal principles such as autonomy, beneficence, and justice were emphasized, while theological perspectives were less visible.

Callahan notes there was not “outright hostility toward religion” but rather the religious voice was simply not included. He cites a “lurking fear of religion” as a possible reason.⁸ Consequently those who would speak from a religious perspective may not feel free to express their views outside their own religious communities. Religious convictions are deemed too personal to speak aloud.

Callahan sees three problems with this change in focus with regard to public conversation.⁹ We are left too dependent on the law as the source of morality in bioethical decisions. We are left isolated from the wisdom of centuries of accumulated religious tradition. “I do not have to be a Jew,” says Callahan “to find it profitable and illuminating to see how the great rabbinical teachers have tried to understand moral problems over the

⁷Ibid., 3.

⁸Ibid., 3.

⁹Ibid., 4.

centuries.”¹⁰ And finally, we are required to pretend that we are not members of particular religious or moral communities. We must speak the language of the community at large, in secular ways that acknowledge diversity and pluralism, even when our loyalties lie within our particular moral framework. While Callahan acknowledges his own lack of belief, he suggests that the conversation in strictly secular tones is missing an important dimension of human existence.

Certainly it is important to be appropriately respectful of a person’s religious beliefs. But an increasing emphasis on diversity and pluralism need not obscure these human concerns. A secular conversation need not ignore faith because it is personal and embraces diverse manifestations. A secular conversation does not attempt to obliterate racial or ethnic differences by ignoring such diversity. Rather an acknowledgment of difference is “politically correct” in the current climate of public conversation. That one’s religious faith be excluded from discourse seems to be an injustice; an omission of moral significance.

While professional philosophers and lawyers who write theory and argue cases may not include the dimension of religious experience, it remains vital to large numbers of people. Those who become ill, who face difficult moral choices about life and death, who suffer and die are often people of faith. They may be members of religious communities which pay attention to questions about meaning in these situations. A large proportion of patients and health care workers are people of faith, not members of what James

¹⁰Ibid., 4.

Gustafson and Stanley Hauerwas refer to as “that fictional denomination called rational moral agents to which our colleagues in moral philosophy seek to evangelize all of us.”¹¹

The diminished theological voice may be a factor contributing to bioethical abdication of concern for spiritual issues at the end of life. John Hardwig maintains that “we must move the discussion of spiritual issues at the end of life to center stage in bioethics.”¹² He is clear that such discussion is not about religion, but insists that most end of life concerns are not treatment decisions about medical care, but have to do with ultimate meaning and value. Most end of life issues are essentially spiritual. Perhaps the re-integration of a responsible theological voice might advocate for a shift toward concern for the spiritual as an appropriate bioethical issue.

The theological voice has lost influence in bioethical dialogue. As Smith puts it, “religious voices have been marginalized from the broader conversation about bioethics.”¹³ If that loss is indeed morally significant, how might that situation be changed? How can the patient, and her nurse or doctor, come to consider religious faith as an important piece of the story in thinking about bioethical questions? Feminist thought may well offer an avenue to reintegrate the theological dimension.

¹¹James Gustafson and Stanley Hauerwas, “Editorial,” *The Journal of Medicine and Philosophy* 4 no. 4 (December, 1979) : 345-346.

¹²John Hardwig, “Spiritual Issues at the End of Life: A Call for Discussion,” *Hastings Center Report* 30, no. 2 (March-April, 2000): 30.

¹³Smith, 38.

Feminist Theory

As we begin to explore feminist thinking it is important to be clear about language; to say what the terms mean. First, it is important to note that feminism is not about the ascendancy of woman. It is not about reversing a dualism so that women have all the power and men have none. It is about moving toward a way of living and being that offers justice to *all* persons. It is about creating a world in which *all* persons are treated with care and respect. It is a movement and an idea which seeks to enhance the well-being of all human beings. Feminism seeks justice and caring for men and women, and for all creation as well.

Tong points out that feminist thinkers do not intend to ignore the concerns of men so they can “get even” for injustices of the past and neglect of women’s concerns. “On the contrary, most feminists believe that morality is for and about everyone; that if ‘male’ interests, issues, agency, values, and experiences do not exhaust the full range of human values, neither do ‘female’ ones.”¹⁴

In commenting on the scholarship in feminist bioethics, Hilde Lindemann Nelson raises the question about what makes it *feminist*. She states:

There’s a lot of confusion about this. Many people—including some feminists—have assumed that feminism in general is about women. I think that assumption is misguided, because it too easily leads to the idea that women present a problem but that men’s role in society is somehow normal and unproblematic. This isn’t true. In social arrangements where material conditions and institutions systematically

¹⁴Rosemarie Tong, “Feminist Approaches to Bioethics,” Susan M. Wolf, ed., *Feminism and Bioethics: Beyond Reproduction* (New York: Oxford University Press, 1996), 83.

favor men's interests, underplay women's interests, and insist on a strict gender binary, gender itself is problematic. So I'd argue that feminism isn't about women—it's about gender. If I'm right, what makes any ethics feminist is that it looks through the lens of gender as it explores how power circulates through our practices of responsibility and accountability. That is, feminist ethics examines how gender influences who gets to do what to whom, and who has to answer to whom.¹⁵

Nelson is suggesting that feminism is about attention to power. It is not about women seeking to become "normal," seeking to become like men who are perceived as the norm. It is about re-visioning power relationships. As Reuther puts it, feminism isn't about women wanting a piece of the pie; it is about baking a whole new pie.

Many writers turn to Susan Sherwin for her careful thinking defining feminism. Sherwin says: "'Feminism' is the name given to the various theories that help reveal the multiple, gender-specific patterns of harm that constitute women's oppression."¹⁶ She points to the economic disadvantages women experience as well as injustice within the sphere of interpersonal relationships. She notes the commonly accepted role-division which makes women responsible for much of the work of daily living, the work of caring for others, and the work of emotional caring and support families need. She points out the role major organized religions hold in perpetuating male dominance in patriarchal systems, claiming divine sanction for sexist practice. The many ways in which women are excluded from power are a primary source of oppression. "Feminism is the recognition of the

¹⁵Hilde Lindemann Nelson, "Feminist Bioethics: Where We've Been, Where We're Going," *Metaphilosophy*, 31, no. 5 (October, 2000): 493-494.

¹⁶Susan Sherwin, *No Longer Patient: Feminist Ethics and Health Care* (Philadelphia: Temple University Press, 1992), 14.

pattern that runs across these diverse social arrangements and connects the various manifestations of sexism; it is the perception of the power relations that structure gender relations.”¹⁷

Sherwin’s references to “gender” may need comment. Barbara Hilkert Andolsen provides a useful definition: “Gender is a term that draws attention to the culturally constructed meanings of masculinity and femininity, which are social elaborations upon human biological sexual differentiation.”¹⁸ The notion of gender is not so simple as a strict biological division between male and female. There are many dimensions of meaning which a culture attaches to those biological differences, many of which contribute to oppression for women.

Definitions of feminism abound. Lisa Cahill defines feminism as “a commitment to equal personal respect and equal social power for women and men”¹⁹ For Susan Parsons, a general definition of a feminist “is one who takes most seriously the practical concerns of women’s lives, the analysis and the critique of these conditions of life, and the ways in which women’s lives may become more fulfilling”²⁰ Susan Wolf notes the

¹⁷Ibid., 19.

¹⁸Barbara Hilkert Andolsen, “Elements of a Feminist Approach to Bioethics,” Charles E. Curran, Margaret A. Farley, and Richard A. McCormick, SJ, eds., *Feminist Ethics and the Catholic Tradition*, Readings in Moral Theology no. 9 (Mahwah, New Jersey: Paulist Press, 1996), 341.

¹⁹Lisa Sowle Cahill, *Sex, Gender and Christian Ethics* New Studies in Christian Ethics (Cambridge: University Press, 1996), 1.

²⁰Susan Frank Parsons, *Feminism and Christian Ethics* (Cambridge: University Press, 1996), 8.

complexities involved in defining feminism, concluding that "it can be safely said that feminist work takes gender and sex as centrally important analytic categories, seeks to understand their operation in the world, and strives to change the distribution and use of power to stop the oppression of women."²¹

Sherwin points out that feminism is not simply one theory. Rather there is much diversity including different theories and categories of feminism. She names liberal feminism, which is committed to formal legal and political changes to ensure rights for women. Socialist feminism looks to the structures of economic organization in generating and maintaining oppression, exploring historical roots of the oppression. Other types include cultural feminists, postmodern feminists, and ecofeminists. It is noteworthy that among the many diverse theoretical frameworks within which feminism is expounded, there is no mention of the theological.

In examining understandings of feminism, three words appear over and over. "Oppression," "power," and "justice" are fundamental to what feminism is about. There is injustice in the ways power is distributed between genders; such injustice generates oppression and inequality for women. Feminism seeks to redress the wrongs by attending to these three dimensions of human experience in one way or another. Feminists generally agree that "oppression is pervasive in all aspects of social life, and that political action . . . is necessary to understand and eliminate that oppression from our world. . . . To become

²¹Susan M. Wolf, "Introduction: Gender and Feminism in Bioethics," Susan M. Wolf, ed., *Feminism and Bioethics: Beyond Reproduction* (New York: Oxford University Press, 1996), 8.

a feminist is to change the way one lives in the world. . . .”²²

Parsons notes that the “project of feminism thus comes to embody, in constantly disturbing ways, the fact that human life exceeds the bounds rational man has sought to impose, and to remind us of the sheer complexity and indefinability of human identity.”²³

If we understand feminism to be a way of thinking and examining the world so that there may be justice for all persons, then I would suggest that feminism is not a “final goal.” Rather feminism is a movement which seeks to correct the course, to point out oppression (which is by no means limited to gender oppression) so that all persons can enjoy fairness and justice in how we live and work with one another in all spheres of life. Feminism is an important prophetic voice seeking to urge humankind to a more just way of being. When there is indeed fairness and when oppression no longer exists, there will be no need for a movement called “feminism.”

Feminist Ethics

If feminism is about oppression, power, and gender, how do we understand feminist *ethics*? Tong says, “all feminist approaches to ethics are filtered through the lens of gender.”²⁴ Feminist ethics, then, will consider appropriate ways of moral decision-making and action that consider, *as central*, ways in which power and gender create oppression, and how that may be addressed. The overarching goal of feminist ethical

²²Sherwin, 27-34.

²³Parsons, 189.

²⁴Tong, 37.

practice is about justice, not only for women, but for all creation, including human beings.

There is, as noted, much diversity in feminist thought. Feminists don't agree on many questions and issues. While feminist ethical approaches are by no means uniform, feminist thought has been instrumental in "a major formulation of ethical theory" according to Linda Hogan.²⁵ Hogan points out that feminist methodology turns toward the experience and praxis of women as a starting point for reflection. Women's experience is a central resource which feminist thinkers interpret and evaluate. Feminist ethicists do not rely strictly on traditional formulations of formal, logical thinking to propose rational systems of ethics.

Feminist ethics generally relies on a kind of blending, a careful balance between principles and rules on the one hand, and experience on the other. For example, autonomy is a highly-prized principle with an illustrious history in liberal thought. For a feminist, who values relationality, autonomy can become complicated. For centuries women have been denied full autonomy. Women have been denied the opportunity to make decisions for themselves, and to act independently. They have been treated as second-class persons, and have had no power or authority to think and act for themselves in matters dealing with government, law, economics, professional careers, or the use of their bodies. Indeed women have been, for the most part, not permitted or encouraged to act with autonomy. Given this historical situation, contemporary women often value autonomy highly, and encourage one another to think and act for themselves. But, the long tradition of looking

²⁵Linda Hogan, "Ethical Theory," Lisa Isherwood and Dorothea McEwan, eds. *An A to Z of Feminist Theology* (np: Sheffield Academic Press, 1996), 56.

to a father or husband for guidance in many aspects of life is still very much with us in many circles.

For feminists, autonomy is balanced with relationality. Many women, while valuing the freedom to think and act for themselves, will also consider how that action may affect others within their circle of family or friends. Eleanor Humes Haney comments on this complex relationship between autonomy and relationships: "There are features of autonomy that are necessary if people are to be friends and nourish our lives, but there is much about that concept that isolates us and commends an illusory sense of self-sufficiency. Dependency and relatedness also have qualities that are valuable and qualities that are destructive." Haney seeks to describe "a way of being that is both independent and responsible and yet related and interdependent"²⁶

Autonomy, understood strictly as one's "personal rule of the self,"²⁷ is an inadequate understanding for feminism. Beauchamp and Childress say that diminished autonomy happens when one is "at least in some respect controlled by others."²⁸ For feminist, the prospect of autonomy influenced by consideration for others is an acceptable balance. Autonomy is not diminished when it is exercised within mutual relationships. It is held in balance with concerns for relationships and the social context of a particular

²⁶Eleanor Humes Haney, "What is Feminist Ethics? A Proposal for Continuing Discussion," Lois K. Daly, ed., *Feminist Theological Ethics: A Reader* (Louisville, Kentucky: Westminster John Knox Press, 1994), 8.

²⁷Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics: Fourth Edition* (New York: Oxford University Press, 1994), 121.

²⁸*Ibid.*, 121.

situation. Other principles are applied by feminists ethicists with similar concern.

This kind of decision-making does not fit neatly into traditional modes. According to Carol Robb, methodology for feminist ethicists "is in large part done in the teleological mode when the understanding of teleology allows for inclusion of the relational mode. Feminist ethics is oriented toward the liberation of women and weighs the value of acts of policy in those terms. . ."²⁹ Robb points out that it is important to distinguish this form of teleology from utilitarianism. Utilitarianism which calculates the greater good in ways which sacrifice the interests of minority groups, including women, is not acceptable. Yet, feminist methodology is often teleological in its concern for long-range goals, such as justice, in how acts or decisions are valued.

Feminist ethics is multifaceted and complex. Helen Bequaert Holmes believes that an action is ethical if it is just, beneficent, and respectful of autonomy. A feminist ethic respects all humans, fully allowing for informed choices, "and at the same time cares for them, recognizes their place in relationships that are vital parts of their lives and is situation- and context-sensitive. Since authentic ethicists and authentic feminists would behave this way, I consider the adjectives 'ethical' and 'feminist' equivalent."³⁰

Laura Purdy sees feminist ethics as including consideration of several questions. There should be an emphasis on the importance of women and their interests. Justice for

²⁹Carol S. Robb, "A Framework for Feminist Ethics," *Feminist Theological Ethics: A Reader*, 16.

³⁰Helen Bequaert Holmes, "Can Clinical Research Be Both Ethical and Scientific?" Helen Bequaert Holmes and Laura M. Purdy, eds., *Feminist Perspectives in Medical Ethics*. (Bloomington: Indiana University Press, 1992), 155.

women is fundamental to feminist work. There should be focus on issues which concern or affect women in particular. Fundamental assumptions concerning both principles and philosophical methods should be included as well as the incorporation of insights and conclusions from other fields and disciplines which are of feminist concern.³¹

While there is a richness in diversity of how feminists function ethically, there are some common concerns and themes. Margaret Farley comments:

Despite the pluralism in feminist ethics, there are generally shared issues and basic values. Major questions that have produced common ethical concerns include: human agency, embodiment (especially in terms of sexuality), the nature of the human self, moral development, patterns of human relationships (both personal and political), the value of the world of nature. Revisionist interpretations of these questions have yielded strong theories of the relation between reason and emotion, the positive possibilities of desire, love, anger, the place of the individual within community, the structure of human and religious virtue, the importance of dispositions for caring as well as dispositions for justice. The most fundamental substantive principle is the principle that women are fully human and are to be valued as such.³²

Feminist Ethics and Feminine Ethics

One of the most influential books in feminist ethical thought is Carol Gilligan's *In a Different Voice: Psychological Theory and Women's Development*, published in 1982.³³ In this well-known, oft-quoted, and sometimes disputed volume, Gilligan examines how

³¹Laura M. Purdy, "A Call to Heal Ethics," *Feminist Perspectives in Medical Ethics*, 11-12.

³²Margaret A. Farley, "Feminist Ethics," *Feminist Ethics and the Catholic Moral Tradition*, 7.

³³Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge: Harvard University Press, 1982).

people differ in moral judgment. She finds two distinctive modes which are gender related. Gilligan suggests that women are more likely to function based on an ethic of care, and are concerned with relationships. Women are less concerned with issues of equality or strict attention to rights and rules. Men, on the other hand, tend to make moral decisions based on justice or fairness. Gilligan is careful to argue that an ethic of care is neither a superior nor an inferior way to make choices; it is simply a different way.

Gilligan's work points to the complexities of sorting out and classifying how persons make moral choices, and how such choices are analyzed. Glenn Graber, in commenting on Gilligan, suggests that one interpretation of how women approach ethical dilemmas is "a form of teleologism with the key value being the maintenance of relationships. The point of feminine choices is not how to satisfy some abstract ethical norm or another action-guiding consideration but how to promote and maintain a value that is cherished."³⁴

Gilligan's work has generated a body of literature on the ethic of care. Her ideas have led to a distinction between "feminine ethics" and "feminist ethics." Sherwin distinguishes between the two: feminine ethics "consists of observations of how the traditional approaches to ethics fail to fit the moral experiences and intuitions of women," while feminist ethics "applies a specifically political perspective and offers suggestions for how ethics must be revised if it is to get at the patterns of dominance, and oppression as

³⁴Glenn C. Graber, "Basic Theories in Medical Ethics," John Monagle and David. C. Thomasma, eds., *Health Care Ethics: Critical Issues for the 21st Century* (Gaithersburg, Maryland: Aspen Systems Corporation, 1997), 520-521.

they affect women.”³⁵

Joan Callahan explains the difference between feminine and feminist thinking. In a *feminine* approach there is emphasis on the inclusion of women’s experience, and there is a focus on care, or “what traditionally have been considered feminine virtues—in particular nurturance and compassion—which are part of caring behavior.”³⁶ Traditional so-called feminine virtues and experiences peculiar to women (pregnancy, labor, childbirth, and nursing) are celebrated. *Feminist* views do not exclude the experiences of women, but focus on the recognition that women have been oppressed, a concern to locate and identify the sources of that oppression, and promotion of ways in which the oppression of women can be overcome.

An example of the ethic of care philosophy is Nel Noddings’ work *Caring: A Feminine Approach to Ethics and Moral Education*. Noddings explicitly rejects principles and focuses on the ethical ideal of caring. She says that an attitude of caring expresses our earliest memories of being cared for and our growing store of memories of both caring and being cared for. Caring in the context of relationality is the basis for the ethic of care. She characterizes the relationship as between what she refers to at “one-caring” and the “one-cared-for.”³⁷

³⁵Sherwin, 42-43.

³⁶Joan C. Callahan, “Feminism and Reproductive Technologies,” *The Journal of Clinical Ethics* 5, no. 1 (Spring, 1994): 76.

³⁷Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University of California Press, 1984).

Noddings work, Sara Ruddick's *Maternal Thinking*, and other strictly care-based theories, are open to criticism from *feminist* ethicists who see some danger for women. An ethical theory which essentially reinforces the traditional roles of women may not generate much change. These theories assume that persons have, in fact, experienced genuine caring in their lives, and are thus able to practice and promote caring. This may be a too-optimistic view of human experience. Theorizing about a situation and offering labels and categories may be helpful, but many writers feel that much caution should be exercised in considering an ethic of care for fear it will simply sanction the *status quo*, in which women are honored for self-sacrifice in their care for others. Alisa L. Carse and Hilde Lindemann Nelson express concern about ethics of care. They note the potential for exploitation of caregivers, and point out that the integrity of the caregiver may be at risk. Care theory may also be inadequate in responding to social justice concerns among relative strangers.³⁸

Ethic of care theory has generated discussion about the relationship between care and principles, including justice, in ethical decision making. James Lindemann Nelson and Hilde Lindemann Nelson summarize the debate, noting that feminists have written thoughtfully about justice as well as care. They describe common themes which emerge from the discussion. The importance of particularity and perception are central to an ethic of care, as we need to pay attention to the person and the situation in need of care. The importance of relationship is also central to an ethic of care.

³⁸Alisa L. Carse and Hilde Lindemann Nelson, "Rehabilitating Care," Anne Donchin and Laura M. Purdy, eds., *Embodying Bioethics: Recent Feminist Advances* (New York: Rowman & Littlefield Publishers, Inc., 1999), 17.

Feminist concerns about justice “expand moral vision, offering a way of seeing otherwise obscured injustices.”³⁹ Feminist concerns with gender also serve to enhance sensitivity to other kinds of oppression such as race-related and age-related oppression. Feminist ethics is able to notice and name factors which are of moral significance, which may be ignored by traditional accounts of justice.

One need not choose: an ethic of care can be attentive to justice and an ethic of justice can be caring. A moral agent may strike a balance between both aspects of decision-making and practice. Principles applied judiciously can inform caring action. Caring acts may be influenced by attention to principles.

Feminist ethics is about ways of thinking and acting morally so as to redress the injustice of oppression. Feminist ethics looks at situations and issues with an eye on gender in particular. Feminist ethics approaches questions asking how power is distributed and used, so that persons are treated with fairness and equality. Feminist ethics is concerned with the particularities of persons, their relationships, the context of their lives.

Feminism and Christianity

Given the history of Christianity in the West, one might reasonably expect feminism to be wary of the Christian Church. The church has surely been one of the major sources of oppression for women. Both Hebrew and Christian scriptures were written during patriarchal times in patriarchal cultures. Hence biblical religion is thoroughly

³⁹Hilde Lindemann Nelson and James Lindemann Nelson, “Justice in the Allocation of Health Care Resources: A Feminist Account,” *Feminism and Bioethics: Beyond Reproduction*, 354.

imbued with narratives and proscriptions which serve to oppress women. Old Testament interpreter Phyllis Trible states:

It is superfluous to document patriarchy in Scripture. Yahweh is the God of Abraham, Isaac, and Jacob as well as of Jesus and Paul. The legal codes of Israel treat women primarily as chattel. Qoheleth condemns her "whose heart is snares and nets and whose hands are fetters," concluding that although a few men may seek the meaning of existence, "a woman among all those I have not found." Paul considers women subordinate to their husbands, and, even worse, I Timothy makes woman responsible for sin in the world. Considerable evidence indicts the Bible as a document of male supremacy. Attempts to acquit it by tokens such as Deborah, Huldah, Ruth, or Mary and Martha only reinforce the case.⁴⁰

Not only is much of scripture misogynist, centuries of androcentric interpretation have served to reinforce the low status of women. A particularly influential example is the traditional way of looking at the story of Adam and Eve in which Eve alone is blamed for the presence of sin in the world. The legacy of this mis-reading has cast a dark shadow over Christian history and theology for two millennia.

Augustine taught that woman was made to be ruled by her husband, to be submissive and subject to him.⁴¹ Tertullian a second century Father of the Church, called woman the "gateway of the devil," and St. John Chrysostom, writing in the fourth century, stated that the writings of St. Paul made it clear that God "wishes for the man to have pre-

⁴⁰Quoted in Anne McGrew Bennett, "Overcoming the Biblical and Traditional Subordination of Women," *Feminist Theological Ethics: A Reader*, 137.

⁴¹Alcuin Blamires, ed., *Woman Defamed and Woman Defended: An Anthology of Medieval Texts* (Oxford: Clarendon Press, 1992), 51.

eminence in every way" over women.⁴²

Women, as inferior beings, were thought by many to exist solely for procreation. The only way a woman could rise even slightly above her doomed status was to remain virgin. St. Jerome believed that the only good thing about marriage is that it "produces Christian virgins who can then aspire to that higher life that had been lost by their ignominious mothers."⁴³ This dark legacy has roots beyond Christianity. Aristotle taught that woman was a misbegotten male. His views became influential among some Christian writers, most notably Aquinas, who perpetuated this view. Often those negative ideas about women which did not originate in Christianity were incorporated into Christian thought.

The negative influence of the church was noted by nineteenth century feminist Elizabeth Cady Stanton. In the Declaration of Sentiments issued by the Woman's Rights Convention of 1848 there were several grievances pertaining to Christianity:

He (man) allows her in Church, as well as State, but a subordinate position, claiming Apostolic authority for her exclusion from the ministry, and with some exceptions, from any public participation in the affairs of the Church. . . .He has usurped the prerogative of Jehovah himself, claiming it as his right to assign her a sphere of action, when that belongs to her and to her God.

Stanton observed in an article in the North American Review:

When those who are opposed to all reforms can find no other

⁴²Ibid., 51-59.

⁴³Rosemary Radford Reuther, *Sexism and God-Talk: Toward a Feminist Theology* (Boston: Beacon Press, 1983), 143.

argument, their last resort is the Bible. It has been interpreted to favor intemperance, slavery, capital punishment and the subjection of women.⁴⁴

Such views are by no means limited to the past. Women continue, in many churches, to be viewed as inferior and are taught that they are to be subject to men. The Roman Catholic Church refuses to ordain women to the priesthood. Proclamations by the large and influential Southern Baptist Convention, within the past two decades, re-affirm Eve as the cause of sin and downfall of humankind, the necessity of wives to submit to husbands; and the prohibition of women in leadership roles within the church. Thorough documentation and exploration of the ways in which some Christian churches continue to be a significant force in the oppression of women is beyond the scope of this essay.⁴⁵ Suffice it to say that feminist reluctance to look to the church for moral guidance is not without good cause.

Feminist Christianity

Diversity in Christian contemporary theology means that a particular theology is often described with an adjective, indicating the context of the thought. McFague notes that all theology is contextual; that the use of "the word 'theology' with no qualifying adjective is reserved for traditional theology, while all other theologies must have a

⁴⁴Elizabeth Cady Stanton and the Revising Committee, eds., *The Woman's Bible* (Seattle: Coalition Task Force on Women and Religion, 1974), vi.

⁴⁵As recently as fifty years ago, a revival preacher in a midwestern Protestant church, came to the pulpit and asked all the women to "cross their legs." He then announced he could begin the service as "the gates of hell were closed." Story told by Joseph Mullett.

preceding adjective—feminist, African-American, Hispanic, ecological, etc. Either all theology should have a qualifying adjective or none should.”⁴⁶ The use of the word “theology” generally means white, male theology. While the use of the term “feminist” to describe a theology is not inappropriate or inaccurate, its adjectival relationship to the broader term “theology” is worth noting.

A number of women, including scholars in religious studies, have decided that the Christian tradition and scriptures are hopelessly patriarchal, and women are better off moving on to new forms of faith. But within the past few decades a many scholars, both female and male, have looked at Christianity from a feminist perspective, claiming that one need not completely abandon scripture or tradition as beyond retrieving. There have been many who have sought to read scripture, both Hebrew and Christian texts, looking for ways to understand that run counter to traditional ways which have often been accepted and taught uncritically. Scholars have read the stories of scripture, looking for the silent voices of women who were surely present but rarely mentioned. They have searched for the missing accounts of the experiences of women in the text, and explored the ways in which views of women have been distorted by interpreters.

As a result of this continuing scholarly endeavor, there is a significant body of feminist work in Biblical studies, church history, and theology. Even within feminist thought there is much diversity of views. Some feminist scholars are conservative, and do not move very far from traditional positions, while others are bolder and more willing to

⁴⁶Sallie McFague, *Life Abundant: Rethinking Theology and Economy for a Planet in Peril* (Minneapolis: Fortress Press, 2001), 41.

re-interpret traditional texts and views, incorporating freely from other academic disciplines.

A brief examination of Tribble's interpretation of Eve and Adam will suffice to illustrate one of the ways in which feminists approach Christian thought. Tribble simply reads the Hebrew text of Genesis which traditionally "proclaims male superiority and female inferiority as the will of God. . . Over the centuries this misogynous reading has acquired a status of canonicity."⁴⁷ In her explication of the conversation between the woman and the serpent, Tribble says: "The response of the woman to the serpent reveals her as intelligent, informed, and perceptive. Theologian, ethicist, hermeneut, rabbi, she speaks with clarity and authority."⁴⁸ In this conversation Eve is the "spokesperson" for the human couple. Tribble goes on to point out:

The story is careful to specify that the man is with her. . . Yet throughout the scene the man has remained silent; he does not speak for obedience (to God). His presence is passive and bland. . . She gave fruit to him 'and-he-ate.' The story does not say that she tempted him. . . It does not present him as reluctant or hesitating. He does not theologize; he does not contemplate; and he does not envision the full possibilities of the occasion. Instead his one act is belly-oriented, and it is an act of acquiescence, not of initiative. If the woman is intelligent, sensitive and ingenious, the man is passive, brutish, and inept.⁴⁹

Ironically, Tribble's project is simply to read the Hebrew text literally. She shows

⁴⁷Phyllis Tribble, *God and the Rhetoric of Sexuality* (Philadelphia: Fortress Press, 1978), 73-143.

⁴⁸Ibid., 110.

⁴⁹Ibid., 113.

Eve in a new light, illuminating the ways in which Eve is a thoughtful, responsible woman. Parts of the story hidden for centuries are made visible. Traditional interpretations of Adam and Eve have contributed significantly to the oppression of women, and Tribe, as a feminist scholar, has shown ways to re-think the story, re-claiming it as a story which supports woman as capable and autonomous. Such is the work of feminist Christians.

We have, then, important work in feminist philosophy and bioethics, and important work in feminist religious studies in Christianity. I will briefly explore the field of Christian ethics, and feminist Christian ethics, before moving to integrate feminist bioethics and feminist Christianity.

Christian Ethics

Given the enormous diversity which the church has developed over two thousand years of thinking and writing, and the current pluralism within Christianity, there is certainly no one clear Christian ethical voice. The Christian church is by no means unified, and even within major divisions, such as Protestantism, there is much variety. McFague notes: "The Christian tradition is wide and deep, with more room for genuinely held and carefully thought through positions than many suppose."⁵⁰

Theological ethics has to do with religious belief. "The crux of ethics theologically conceived is sensitivity to, and movement along with, the ruling, reconciling, and redeeming activity of God in the world."⁵¹ For Christians, God is known through Jesus.

⁵⁰McFague, 15.

⁵¹Vaux, 101.

The starting place for ethics should “always take account of what God has done in human history in Jesus Christ. . . . Jesus is authoritative for Christian ethics.”⁵² Who Jesus was, and his work, are central establishing, supporting, and living out norms for Christian behavior. “Whereas secular ethics identifies the primary questions of ethics as ‘What is the good life? What is the life worth living?’ Christian ethics identifies the primary questions of ethics as ‘Who am I as a follower of Jesus? What life is worthy of one who recognizes the authority of Jesus?’”⁵³

Even if Christians agree that Jesus, his teachings, and his life are central, there remains a very broad range of understandings of Jesus and what he means for how a Christian should live morally. A central factor contributing to different theological understandings of Jesus is how scripture is read and interpreted. Some believers insist on literal readings, and are reluctant to include knowledge from any other arena in ethical choices. An example of such a stance comes from the president of the Southern Baptist Convention, James Merritt, who says: “I am as broad-minded as the Bible. My mind goes from the book of Genesis to the book of the Revelation, but that’s where my mind stops.”⁵⁴

⁵²Wayne Boulton, Thomas Kennedy, and Allen Verhey, “An Introduction to Christian Ethics,” Wayne Boulton, Thomas Kennedy and Allen Verhey, eds., *From Christ to the World: Introductory Readings in Christian Ethics* (Grand Rapids: William B. Eerdmans Publishing Company, 1994), 4.

⁵³Ibid., 5.

⁵⁴Adelle M. Banks, “Positive Commercials Highlight Some Little-known Acts by Southern Baptists,” *Biblical Recorder* 166, no. 24 (July 1, 2000).

Conservative Protestants, for example, may rely solely on scripture as authority for ethical decision making. In considering, for instance, reproductive questions, one would look to scripture for guidance. References to passages such as Psalm 139 underlie the view that the image of God is present “from the earliest point of embryonic life” and thus “fetuses and embryos as well as newborns and adults are indeed full persons with the corresponding rights to life and full dignity that merit someone made in God’s image.”⁵⁵ Textual support is provided by examining the Greek term *brephos*, which means “baby.” In classical Greek the term refers to an embryo as well as a child. *Brephos* in Luke 1:41 is used in reference to an unborn child, and in Luke 2 it refers to the baby Jesus. “Thus there is continuity of identity again, between conception, birth, infants, and children. The same term is used interchangeably to refer to the person at all of those stages.”⁵⁶ Such reliance on the literal translation of ancient languages for ethical argument may appear specious. While not all biblical interpreters use this type of hermeneutic, it is common among very conservative Protestants. The implications of a position relying solely on such a reading of scripture concerning reproductive issues are obvious.

While differing Christian viewpoints may arrive at similar positions, the avenue of ethical process may differ. Roman Catholic ethics is most often based on natural law, and gives less weight to scripture. Protestant positions are often more likely to be grounded in scripture, with less attention given to tradition or experience.

⁵⁵Scott B. Rae and Paul M. Cox, *Bioethics: A Christian Approach in a Pluralistic Age* (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1999), 136.

⁵⁶*Ibid.*, 137.

Differences among Christians are based on other factors as well. An additional source of diversity within Christianity lies in how one chooses to look to other sources of knowledge outside the church, such as philosophy or science, and incorporate information or viewpoints which may contribute to a theological view. In other words, does the believer see scripture as the only authority, or are other realms of human knowledge and experience included in consideration? These differences are crucial, as the resulting interpretations of Jesus can vary enormously. And differing interpretations of Jesus may well lead to significantly different moral positions.

James Gustafson points out that a theological position is not adequate, in itself, for an ethical position:

To affirm that God intends the well-being of creation is not a sufficient basis for medical ethics. To determine what constitutes that well-being, what is to be valued about both human life and the rest of creation, what principles, rights and obligations are to be adhered to in sustaining and developing well-being, requires many more sources than theology; The theological themes are basically teleological; they state an end that the ultimate power intends, and thus an end that is proper to human activity which is responsible to God. But the *telos* in such ethics must be defined or specified. . . .⁵⁷

The basic Christian foundation of Jesus' life, and what one believes God intends, can lead in different directions in terms of method. A Christian ethic can be based on principles of morality such as love and justice. A Christian ethic can focus on a consequentialist approach. A Christian ethic can look to Christian virtues. A Christian

⁵⁷James Gustafson, *The Contributions of Theology to Medical Ethics* (Milwaukee: Marquette, 1975), 76-77.

ethic may rely on any number of philosophical methodologies in ethical thinking, and hence, different systems of Christian ethics may look very different.

It is apparent then, that formulating a “Christian ethic” is by no means a simple process. For example, should one choose to be guided simply by love or *agape* as the central moral virtue, a host of questions arise. Gene Outka in *Agape: An Ethical Analysis*, raises questions about loving God and how that relates to loving one’s neighbor. He considers whether loving oneself is morally appropriate, and how love is related to justice. He distinguishes between rule-based love and act-based love. He examines love as a virtue of the moral agent.⁵⁸ Certainly not all Christians would agree about what constitutes a loving act. Hence, to say simply that one should do the loving thing is by no means simple, nor is it adequate ethically.

Gustafson points to the complexity of naming a theological ethic, noting that a “theological moral point of view cannot claim to be unique in all its aspects or dimensions; as it is delineated one sees that some of its aspects are present in views that eschew all references to theology.”⁵⁹ A “theological ethic” may not look very different from another ethic. It may lead to the same response or action with regard to a particular moral dilemma. However, the basis for the ethical norm will be different.

Christian ethics, then, is not uniform. Nor is it a simple system or method of making moral choices. It is quite diverse, both in foundation and method. A broad range

⁵⁸Gene Outka, *Agape: An Ethical Analysis*, Yale Publications in Religion, 17 (New Haven: Yale University Press, 1972).

⁵⁹Gustafson, *The Contributions of Theology to Medical Ethics*, 26.

of ethical views can be grounded in Christian thought. One needs to know more than whether an ethic is “Christian.”

Feminist Christian Ethics

One particular expression of Christian ethics can be found in feminist Christian ethics. As part of the growth of feminist thought in religious studies, feminist Christian ethics is grounded in feminist understandings of God and Jesus. “Feminist Christian ethics is feminist because it is opposed to the subordination of women to men on the basis of gender and because it incorporates a central methodological focus on the experience of women.”⁶⁰ It is Christian because it looks to the person and work of Jesus, as seen, experienced, and understood in inclusive, liberating ways.

Feminist Christianity is generally located within the larger framework of liberation theology. Liberation theology is concerned with the poor, oppressed, and marginalized peoples. It was largely developed in third world countries, and interprets the gospel in ways which focus on social and political issues. Liberation theology sees “salvation” as liberation from economic, social, and political forces which prevent the full flourishing of humankind. The well-known phrase “preferential option for the poor” represents a key concept for liberation theology.

Feminism and Christianity may have more in common than first glance would reveal. Susan Parsons argues there is an “intrinsic relation between feminist and Christian

⁶⁰Margaret Farley, “Ethics and Moral Theologies,” Letty M. Russell and J. Shannon Clarkson, eds., *Dictionary of Feminist Theologies* (Louisville, Kentucky: Westminster John Knox Press, 1996), 89.

ethics.”⁶¹ She notes the historical connection, as much early feminist thought had connections with Christianity. Writers such as Judith Sargeant Murray set their feminist thinking in the context of Christianity. Murray, author of “On the Equality of the Sexes,” wrote as a Christian, basing her call for equality on theological beliefs.⁶² Nineteenth century feminist Elizabeth Cady Stanton created what she called *The Woman’s Bible*, a partial version of scripture with detailed commentary pointing out gender injustice. Her understanding of scripture and faith offered support to the agenda of nineteenth century feminists.

Parsons notes as well that the concerns of feminism and Christian ethics are often similar. She maintains that issues in feminism often “involve implicit theological claims, which make feminism more than a secular phenomenon, and which draw its insights onto shared ground with Christian theological work.”⁶³

In Parson’s view, feminists are about three basic projects, and each of these has important theological dimensions. There is concern for an “appropriate” universalism, that is a consideration of whether universalism is *ever* appropriate with regard to justice for women. Feminist concern with narrative connects with Christianity theology, which is ultimately based on a narrative, a story of the divine interaction with humankind.

The second feminist project concerns community, and for the Christian the

⁶¹Parsons, 153.

⁶²Ibid., 21.

⁶³Ibid., 177.

community sought is a redemptive community. Parsons states: "We are not first of all unattached beings, to whom interactions with others are then added, but primarily related beings who develop a sense of self-identity in different kinds of contexts."⁶⁴ Feminist concerns with relationality and connectedness intersect with similar Christian concerns.

Parsons calls the third feminist project a "new humanism." She suggests that Christian feminist emphasis on themes of finitude and interdependence provide the setting to consider new conceptions of human life, and that such a project is in itself an ethical inquiry. She advocates the "recovery of a new humanism in which woman and man are both known to be made in the image of God, and intended for communion with one another and with God in the context of their creaturely life. . ."⁶⁵

Feminist Christian ethics is essentially about ways of thinking and acting morally with attention to oppression, power, and gender, and with a foundation based on Christian beliefs and values as understood from a feminist perspective, which is based on feminist understandings of scripture and tradition.

Feminist Christian ethicists have examined traditional theological and philosophical sources for Christian ethics, and have found overwhelming historical evidence of perceptions of the inferiority of women. Interpretations of the doctrine of the *imago dei* have been male-centered, women have been associated with evil, and there have been centuries of unquestioned assumptions concerning the limited capabilities of women, and

⁶⁴Ibid., 204.

⁶⁵Ibid., 242.

the inherent superiority of men. Such attitudes have serious implications for expectations regarding moral decision making.

The feminist project in Christian ethics has broadened to not only challenge the past, but to generate change, to “*disrupt the given order of things* (whether political, economic, ecclesiastical, familial).”⁶⁶ Feminist Christians generally expand their agendas to include victims of other kinds of oppression such as racism, poverty, heterosexism, and militarism. Feminist Christian ethicists have also expanded their concerns cross-culturally, noting that the experiences of women world-wide are immensely varied.

Some of the particular issues Christian feminist ethicists have focused on include the connection between free determination and emotional responses, revisionist interpretations of Christian love, and concerns for autonomy with regard to relationality. Though there is pluralism in feminist Christian ethical thinking, generally there is interest in the particularity and diversity of the experiences of women. There is less reliance on abstract principles among feminist thinkers. Feminist Christians struggle with theory that will consider particulars but does not eliminate universal norms. They also struggle with the relative roles of justice and caring in ethical process.⁶⁷

Feminist Christian ethics may be understandably wary of a feminine version of Christian ethics. There is a long and sturdy tradition of self-sacrifice on the part of women within the church. Such self-sacrifice has often been lauded and praised as appropriate

⁶⁶Ibid., 189.

⁶⁷Ibid., 89-90.

behavior for devout persons. Valorizing behavior which diminishes women as persons is a form of patriarchal oppression.

I have briefly surveyed feminism, feminist ethics, Christian feminism, Christian ethics and feminist Christian ethics. As I move toward the formulation of a feminist Christian bioethic, the diversity in each of these areas is potentially problematic. There simply is no single feminist Christian position about any ethical issue. Hence a focus on one particular theologian will permit analysis beyond generalizations.

CHAPTER 2

FEMINIST THEOLOGY AND BIOETHICS

In 1960 Valerie Saiving wrote an important essay which began: "I am a student of theology. I am also a woman. Perhaps it strikes you as curious that I put these two assertions beside each other."¹ At the time, such a statement was more than curious. In fact many commentators later realized it was revolutionary. Saiving's essay criticized traditional theology from the perspective of feminine experience. She announced, in effect, what would become the basic premise of feminist theology. She wrote that the point of view of the theologian is affected by the particularities of experience as male or female. She pointed out that much of traditional theological thought was in fact based on doctrines derived from white male experience.

There was no immediate outpouring of feminist theology. In fact her essay was not much noticed for several years. By the 1970s, however, the work was well underway. There is, of course, much diversity in feminist theology. Feminist theologians within the Christian tradition vary enormously in their positions. Conservative Protestants, liberal Protestants, and Roman Catholic thinkers cover a wide range of thought.

Even within the diversity, however, there are certain themes and concerns in common. Farley notes that feminist philosophy and feminist theology often begin in similar

¹Valerie Saiving, "The Human Situation: A Feminine View," Carol P. Christ and Judith Plaskow, eds., *WomanSpirit Rising: A Feminist Reader in Religion* (San Francisco: HarperSanFrancisco, 1992), 25.

places.² Both disciplines work from a methodology grounded in the experience of women. Both are concerned with relationships, with context and particularity. Both are critical of male-dominated hierarchies, whether ecclesiastical or secular, which serve to oppress women. Both use their feminist insights as a way of commenting on other forms of oppression. Both are concerned with justice and fairness in how human beings live with one another.

Within feminist theology, Farley notes there are some general parameters. The first concerns patterns of relation. She notes that feminist theology has identified “profound discrimination against women in traditions of religious patriarchy.”³ In fact, much of the work in the early decades of feminist scholarship has been devoted to naming the beliefs, symbols and religious practices which have perpetuated the oppression of patriarchy. One of the most significant and damaging findings has to do with relationships. “Within the history of Christianity, for example, the major pattern of relationship between women and men has been one of dominance and subjugation.”⁴ For many centuries the Church has taught that women are inferior, that women represent body, emotion, passivity, and dependence. On the other hand, within this dualistic system, men, seen as superior, have been thought to represent mind, reason, activity, and autonomy. These

²Margaret A. Farley, “Feminist Theology and Bioethics,” *On Moral Medicine: Theological Perspectives in Medical Ethics*, Stephen E. Lammers and Allen Verhey, eds. (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1998), 90-96.

³Ibid., 91.

⁴Ibid., 92.

views, with the stamp of approval of the Church, have been presented as the plan of the divine for humankind.

Feminist theologians have analyzed the oppressive patterns of relationship, and the beliefs that support them. They question relationships between men and women, and furthermore, they examine other situations in which there is domination by one person or group over another. Such inequity may be based on race, class, or ethnicity as well as gender. For the theologian who chooses not to abandon the Christian tradition, the task is to reconstruct Christian theology in ways that see humans as equal, functioning in relationships of mutuality which respect both autonomy and relationality.

For the Christian questions of autonomy are by no means simple. Human autonomy is addressed in conjunction with the meaning of human dependence on God. The very nature of God is called into question, with attention to thinking about how God would have humans care for, relate to, and be with one another. Human community as a religious value may look different from secular feminist notions about relationality or theories of community.

Feminist theology looks at scripture, noting the value of the prophetic tradition as a time-honored way to critique the *status quo*. It also looks to tradition and the experiences of women within that tradition. Insights from non-religious disciplines are often included as feminists theologians take into account knowledge from biology, the behavioral sciences, philosophy and other disciplines. In contrast, many conservative Protestant theologians admit no other sources of knowledge than scripture.

The second broad parameter Farley notes concerns embodiment.⁵ How women's bodies have been viewed and valued are crucial theological issues. These questions are central to bioethics, particularly with reference to reproductive questions. In Christianity women's bodies have been de-valued, and viewed as inferior. For a woman to claim the goodness of her embodiment is a significant moral and theological statement. For her to claim her autonomy as a right to exercise control over her own body is a theological statement.

The complex and convoluted Christian messages about sexuality raise serious questions for theology and bioethics. While proclaiming the goodness of human sexuality, the stronger message of the Church has often concerned the defilement which comes with sexual activity. Women have been considered closer to nature, hence more carnal than men, and incapable of behaving rationally with regard to sexual choices. Farley notes that "women's identity remains closely tied to the way they relate to their bodies, and . . . women have learned to devalue their bodies."⁶

Feminist theology has questioned these interpretations, moving toward views which enable women to develop more healthy attitudes toward their bodies, and to affirm the goodness of who they are as incarnated beings. Reclaiming the female body as good has been an important theological task. Feminist theology, then, provides an appropriate and substantial foundation for bioethics.

⁵Ibid., 94.

⁶Ibid., 95.

Rosemary Ruether and *Sexism and God-Talk*

Rosemary Radford Ruether is a pioneering feminist theologian. Her earliest published writings date from the 1960s. Her foundational work, published in 1983, is *Sexism and God-Talk: Toward a Feminist Theology*. It is an important and influential theological work. Subsequent writers frequently quote Ruether concerning basic feminist Christian concepts. She is clearly a foremother in the field.

It is important to situate Ruether and her work on the theological map. Unlike many academics in theology or religious studies, she is not a clergywoman. She is a Roman Catholic, trained in a long tradition of classical Christian theological thought. She does not, however, teach in a Roman Catholic institution. Her academic position is in a Protestant institution. Her theological position is not easy to classify, partly because she has changed somewhat over the course of her career, and partly because she refuses to be categorized in traditional theological ways.

She is a feminist with strong and clear positions concerning women and justice, and how these issues matter within a Christian framework. She incorporates ideas from feminist thought, reinterpreted through the lens of Christianity. Ruether is clearly and thoroughly grounded in Christian thought. She goes to some lengths to point out that feminist thinking and method are not inherently antithetical to Christian history or theology. Her method, as well as content, reflect a strong commitment to Christian tradition, yet it is forcefully expressed and interpreted through the experience of women with women's concerns as fundamental.

Ruether maintains that the Christian paradigm continues to be “a powerful and formative structure,” and her feminist theology is a restatement of this paradigm, seeking to correct the androcentrism of Christian thinking.⁷ One need not move away from the central beliefs of the Christian faith, rather the re-interpretation of the faith through a new lens offers intentional inclusion for women, as well as other oppressed persons and groups.

She is not among those feminists who discard scripture or tradition. Her own tradition of Roman Catholicism is not based on *sola Scriptura*. For Ruether, authority may be found in a wide range of sources. What Ruether terms “usable tradition” includes scripture, marginal and heretical Christian tradition, dominant classical Christian theology, non-Christian near-Eastern and Greco-Roman religious and philosophical traditions, and critical post-Christian world views.⁸ She seeks grounding and authority from a non-religious traditions as well, drawing on feminist philosophy, social sciences, and behavioral sciences such as psychology. The basis for her feminist Christian thought is wide-ranging and broad.

While noting her own resistance to categories, it may be helpful to place her in a central position on a continuum of liberal to conservative within feminist theology. Unlike Mary Daly, for example, Ruether does not believe that Biblical patriarchy is beyond saving. She is clear about feminist concerns, and does not seek ways to interpret scripture

⁷Ruether, *Sexism*, 38.

⁸*Ibid.*, 21-31.

simply to make it a bit more palatable to women. In placing her on a continuum, one is well aware that any such continuum is situated from a particular perspective and thus is of limited usefulness. However, for a reader unfamiliar with feminist theology, it is a helpful designation.

Ruether's Feminism and Women's Experience

For Ruether, the projects of feminism and theological understanding are not separate. Her oft-quoted succinct statement says:

The critical principle of feminist theology is the promotion of the full humanity of women. Whatever denies, diminishes, or distorts the full humanity of women is, therefore, appraised as not redemptive. Theologically speaking, whatever diminishes or denies the full humanity of women must be presumed not to reflect the divine or an authentic relation to the divine, or to reflect the authentic nature of things, or to be the message or work of an authentic redeemer or a community of redemption. This negative principle also implies the positive principle: what does promote the full humanity of women is of the Holy, it does reflect true relation to the divine, it is the true nature of things, the authentic message of redemption and the mission of redemptive community. But the meaning of this positive principle—namely, the full humanity of women—is not fully known. It has not existed in history.⁹

Ruether moves quickly to note that this principle is “hardly new.” She sees a correlation between original, authentic human nature and diminished fallen humanity. The basic structure of classical Christian theology itself provides a parallel for her thinking. The *imago dei* and the Christ are contrasted with the broken state of humankind. Feminism simply claims the traditional principle for women. The principle itself is not new.

⁹Ibid., 18-19.

Thus we see how closely Ruether ties her feminist thought to the Christian tradition.¹⁰

The role of experience in feminist philosophy and theology is a critical principle. To say that feminist theology draws on women's experience as a source of knowledge may raise questions. Ruether says: "It is generally assumed by traditional theology that any experience, let alone 'women's experience,' is merely a subjective and culture-bound source of ideas and cannot be compared with the objectivity of scripture which discloses the 'Word of God' outside of, over, and against the subjectivity and sinful impulses of human experience."¹¹ To suggest that human experience, particularly women's experience, may be a useful way to examine scripture and tradition may be seen as highly impertinent.

Ruether sees such a position as "a misunderstanding of the experimental base of all theological reflection. *What have been called the objective sources of theology; Scripture and tradition, are themselves codified collective human experience*"¹² (Italics mine).

Ruether is saying that *experience* itself is the basis of scripture and tradition. Hence to discount experience as an explicit source of knowledge fails to take into account the role of experience historically in the formation of scripture and subsequent tradition.

Ruether suggests that experience includes experience of the divine, of oneself, of the community and the world. Symbols of faith, formulas and laws are useful and

¹⁰Ibid., 19.

¹¹Rosemary Ruether, "Feminist Interpretation: A Method of Correlation," Letty Russell, ed., *Feminist Interpretation of the Bible* (Philadelphia: The Westminster Press, 1985), 111.

¹²Ruether, *Sexism*, 12.

authenticated via experience. They offer to humans what can be experienced as well as how we interpret what we experience. "If a symbol does not speak authentically to experience, it becomes dead or must be altered to provide a new meaning. The uniqueness of feminist theology lies not in its use of the criterion of experience but rather in its use of *women's* experience, which has been almost entirely shut out of theological reflection in the past."¹³ Examining women's experience as a valid source of knowledge makes it clear that classical theology, including its well-entrenched and codified doctrines and traditions, have been based, for centuries on *white, male, European* experience rather than human experience. "Feminist theology makes the sociology of theological knowledge visible, no longer hidden behind mystifications of objectified divine and universal authority."¹⁴

Every religious idea of merit begins in what Ruether calls a "revelatory" experience. She means "breakthrough experiences beyond ordinary fragmented consciousness that provide interpretive symbols illuminating the means of the *whole* of life."¹⁵ Revelation begins with an individual, and may then be mediated through interpreters. Over time the creative individual who experienced the revelation may come to stand out as Prophet, Teacher, Revealer, Savior, or Founder of a religious tradition.

The revelatory experience becomes translated into the consciousness of a community, and becomes part of a historical tradition, which finds links in past symbols.

¹³Ibid., 12-13.

¹⁴Ibid., 13.

¹⁵Ibid., 13.

The tradition becomes central to a community and the teachings of the revelatory experience are developed. There may be conflicting understandings and interpretations of the initial experience as further experiences contribute to the tradition. At some point a particular interpretation wins out, and becomes the privileged, orthodox understanding. A canon is established, and subsequent tradition is informed by the experience of reflection on the canon. Hence, experience continues to play a significant role in the ongoing development and life of a tradition.

In the Christian tradition, male experience and male power have historically dominated the ongoing life of the community. Male experience became the basis of the privileged, orthodox understanding of the religious experience. Male experience formed the basis of the codified tradition, and male experience guided the formation of scripture. For the most part, then, male experience has been the norm for religious experience.

Ruether reminds us that experience is central to religious faith and tradition, that experience is at the very heart of faith, and that experience is not a subjective unreliable source of knowledge. Rather, the supposedly "objective" basis of tradition are, in fact, grounded in experience. Codified experience, tested and tried in the life of the community, are crucial to faith. Scripture, church teachings, doctrines, and laws are made of the very stuff of human experience accumulated over centuries. However, Christian tradition has seen scripture and tradition as objective truth and has discounted the role of experience historically. For Ruether, feminist theology is about including women's experience, not offering a completely new way to do theology, but about re-interpreting the role of

experience, and moving toward inclusive ways of understanding experience.

Feminist Theology and Doctrines

In examining Ruether's theology, the question of method arises. Traditional classical Christian theology (male) is usually organized by doctrines. These include doctrines of God, the Trinity, creation, humanity, sin, Christology, incarnation, redemption, pneumatology (the doctrine of the Holy Spirit), soteriology (the doctrine of salvation, or the Christian life), ecclesiology (the doctrine of the church), and eschatology (ideas about last things). Hence Christian theology has been sometimes characterized as "systematic theology" as a way of describing the method of organizing and explicating ideas. Christian doctrine has often been set forth as a set of principles and static beliefs. Certainly not all male theologians are "traditional" with regard to method or content. However the dominant theological mode for much of the history of Christianity falls within the systematic model.

Feminist theologians generally do not utilize this method for theological reflection. Feminist thinkers are more inclined to understand and describe Christianity in terms of what Serene Jones calls "lived imaginative landscapes, which persons of faith inhabit and within which their Christian identity is shaped."¹⁶ There is more talk of "Christian themes" or "faith claims" rather than "Christian doctrine" among feminists. Ruether's work speaks to virtually all the topics of traditional doctrines; her work is systematic in its attention to traditional Christian topics. But she is not tied to a "system". Ruether is more dynamic in

¹⁶Serene Jones, *Feminist Theory and Christian Theology: Cartographies of Grace* (Minneapolis: Fortress Press, 2000), 50.

her work, less tied to tradition and more open to speaking about those issues which pertain particularly to feminist concerns.

As I characterize the main ideas of Ruether's work, one can see, then, that it is not constrained by traditional systematic doctrinal boundaries. In addition, not all of her thinking is equally relevant to bioethical issues. I will focus in particular on those themes which *are* especially pertinent to bioethics. These themes include God, prophecy, anthropology, Jesus, sin, death, and eschatology. Certainly a full explication of Ruether's theology is beyond the scope of this essay, however, I will point to themes and ideas which are important for bioethical questions.

God

The title of Ruether's work makes a statement about the importance of language in our consideration of the nature of God. How we talk about God matters, and it matters in vital ways. The very word "God" implies masculinity in many circles. To many believers, the term God is thoroughly and exclusively laden with masculine connotations. Many of the metaphors for God represent male ideas, or "masculine" qualities. In fact, Ruether notes, the Biblical proscription of idolatry can be expanded to include verbal pictures. "When the word *Father* is taken literally to mean that God is male and not female, represented by males and not females, then this word becomes idolatrous."¹⁷ Ruether reminds the reader that all names for God are analogies; any and all human words fall

¹⁷Ruether, *Sexism*, 66.

short of adequately naming the reality of the divine.¹⁸

Ruether says that the term God “is understood to be a male generic form and thus inadequate to express the vision of the divine sought in this theology.” To indicate what she terms “fuller divinity” Ruether uses the term God/ess, “a written symbol intended to combine both the masculine and feminine forms of the word for the divine while preserving the Judeo-Christian affirmation that divinity is one.” She does not intend that this term be used for worship, but says “it serves as an analytic sign to point toward that yet unnameable understanding of the divine that would transcend patriarchal limitations and signal redemptive experience for women as well as men.”¹⁹

Ruether points to the early historical foundations of the Hebrew monotheistic notion of God. She finds female images for God in early Yahwism. Yahweh is described as like a mother, or a woman in pain with the birth of a child. “These references occur particularly when the authors wish to describe God’s unconditional love and faithfulness to the people despite their sins. They express God’s compassion and forgiveness.”²⁰ Phyllis Trible points out that the root word for the ideas of compassion and mercy in Hebrew is *rechem*, which means womb.²¹

¹⁸Ibid., 66-67. For additional discussion of the question of naming God, and the idolatrous use of the term “Father,” see Sallie McFague, *Models of God: Theology for an Ecological, Nuclear Age*, (Philadelphia: Fortress Press, 1987).

¹⁹Ibid., 45-46.

²⁰Ibid., 56.

²¹Phyllis Trible, *God and the Rhetoric of Sexuality* (Philadelphia: Fortress Press, 1978), 48.

In addition to ascribing qualities of compassion to Yahweh, Ruether notes that in the Wisdom tradition the female image appears as a secondary persona of God, a presence which mediates the work and will of God to creation. The Book of Proverbs describes Wisdom as God's offspring, brought forth from God, cooperating with God, and taking delight in creation. Wisdom is a female persona. In Christian thought the idea of a secondary persona of God was taken in to the understanding of Jesus' divine identity. "Theologically, *Logos* plays the same cosmological roles as *Sophia* as ground of creation, revealer of the mind of God, and reconciler of humanity to God."²² In the development of Christian thought the *logos* came to be understood as male. However the Holy Spirit "picks up many of the Hebraic traditions of the female *Sophia* and *Hokmah* (spirit). Many early Christian texts refer to the spirit as female."²³

Part of the feminist project includes examining history to find those places where women have been present but largely unnoticed, where feminine voices have been heard, even if only softly. Ruether's examination of scripture, and subsequent Christian thought serves to locate those seldom noticed instances of a feminine aspect of the divine. Her image of God/ess, then, is inclusive. The divine is understood as "redeemer, as liberator, as one who fosters full personhood." God/ess uproots us from present historical systems and offers new possibilities of liberation and new being. This is not a God who created, founded, or sanctions patriarchal-hierarchical structures. "We have no adequate name for

²²Ruether, *Sexism*, 58.

²³Ibid., 56-59.

the true God/ess, the 'I am who I shall become.'"²⁴

Ruether's view of God is a God/ess who promotes the project of the full personhood of all persons, female and male. This God/ess sponsors what Ruether sees as the feminist project, that is the promotion of the full humanity of women. This God/ess is the source and author of that project, and it is within the scope of the divine wish and desire for humankind that this liberation be fully realized. It is God/ess, then, who initiates, undergirds, and sponsors the journey to fullness for humankind, indeed, for all creation.

Prophecy

Ruether looks to the Bible itself as a resource for feminism. Both Hebrew and Christian scriptures are unquestionably patriarchal, but both "contain resources for the critique of patriarchy and of the religious sanctification of patriarchy. . . . The prophetic-liberating traditions can be appropriated by feminism only as normative principles of Biblical faith, which, in turn, criticize and reject patriarchal ideology. Patriarchal ideology thus loses its normative character."²⁵

The very practice of prophecy, which is central in scripture, can be utilized by feminists. Hebrew prophets of the Old Testament spoke clearly and forcefully to conditions of oppression and injustice. They spoke, on behalf of God, for the poor, the widow, the orphan. They claimed the right to denounce injustice and proclaim the liberating presence of God. These kinds of pronouncements are not unlike the judgments

²⁴Ibid., 70-71

²⁵Ibid., 22-23.

made by feminists who look at the religious and cultural *status quo* of our society.

Ruether derives this notion from within the very heart of the Christian tradition. Prophecy as a method of denouncing wrong, and pointing to a better way is assuredly a feminist concern. It may not always be termed "prophecy;" in secular circles "prophecy" may sound too "religious." But the process, the method, and the resulting condemnation of injustice are quite similar. The religious prophet claims to speak for God; the secular prophet claims to speak on behalf of what is good and right, what constitutes moral values and practices. Both point to those dimensions of a way of life which serve to diminish and demean some persons.

Ruether uses the prophetic principle as a way to examine scripture itself, looking for instances of patriarchy and those places where women are excluded. She says, "what is innovative in feminist hermeneutics is not the prophetic norm but rather feminism's appropriation of this norm *for women*. Feminism claims that *women too* are among those oppressed whom God comes to vindicate and liberate."²⁶ When prophetic principles are applied to scripture, it becomes apparent that patriarchy loses its power. When prophecy is the norm for assessing scripture, patriarchy loses authority.

Ruether notes:

Four themes are essential to the prophetic-liberating tradition of Biblical faith: (1) God's defense and vindication of the oppressed; (2) the critique of the dominant systems of power and their powerholders; (3) the vision of a new age to come in which the present system of injustice is overcome and God's intended reign of peace and justice is installed in history; and (4) finally,

²⁶Ibid., 24.

the critique of ideology, or of religion, since ideology in this context is primarily religious. Prophetic faith denounces religious ideologies and systems that function of justify and sanctify the dominant, unjust social order. . . . Hence the critical-liberating tradition is the axis around which the prophetic-messianic line of Biblical faith revolves as a foundation for Christianity.²⁷

Jesus continues the Hebrew tradition of prophecy. He appropriated servanthood talk from the prophetic tradition, claiming for himself the status of servant rather than king, effectively turning the traditional power structures of the *status quo* upside down. His teachings contain significant elements of prophetic thinking. As advocate for the poor, the marginalized, women, and others who were disenfranchised, Jesus pointed to injustice as prophetic pronouncement of indictment.

Prophecy, as a feminist principle, then, works on at least two levels. First prophecy turned toward scripture, tradition, and the church sheds light on the oppression of women, and points to the re-thinking of patriarchy. The prophetic eye sees the context in which scripture was written, the historical situation and the cultural limits present. The prophet, looking at scripture, finds the presence of injustice and inequality. Prophecy serves as a critical lens to examine scripture and deflate the power and authority of patriarchy. Subsequent developments within church history and tradition are likewise examined from a prophetic perspective. The feminist prophet also casts a critical eye on the present-day church, finding in most churches a high level of gender inequality, and very few women in leadership.

²⁷Ibid., 24.

Beyond the bounds of scripture, the prophetic principle serves feminism as a method by which oppression, injustice, and inequality are pointed out in contemporary circumstances. The feminist prophet sees, and names, those forces which serve to diminish the lives of women. She points to those institutions and situations which prevent the growth of the full personhood of all persons. The feminist prophet examines the existing social order, with its hierarchies of power, and finds injustice. Religious, social, economic injustice are scrutinized with an eye toward a better future. The feminist prophet, like the Hebrew prophet, says, "There is a better way to be. There can be a future with new ways of being, socially and economically. The present system needs radical change so that injustice can be uprooted. Power can be understood and utilized in different ways. There can be a future of peace and justice for all creation."

The prophetic-liberating tradition, says Ruether, is not and cannot be made into a static set of ideas, or a doctrine. "Rather it is a plumb line of truth and untruth, justice and injustice that has to be constantly adapted to changing social contexts and circumstances."²⁸ Ruether, then, uses a principle which is central to Biblical faith as a way of examining scripture and finding it wanting in many respects. That same principle serves as a method of examining structures of the social order which serve to oppress. The prophetic principle is central not only to Biblical faith, but to feminist theology as well.

²⁸Ibid., 27.

Jesus

For the feminist theologian Jesus represents one of the most interesting challenges as well as the touchstone of new ways of being. Ruether does not skirt the hard question. Her chapter on Christology is subtitled: "Can a Male Savior Save Women?"²⁹ She traces the development of the ideas around Jesus as messiah, savior, and divine wisdom, examining the complex interplay of cultural and historical forces. She notes that classical Christology brings together two ideas; a messianic king of redemption and divine wisdom. "It is significant that both ideas, in their remote, pre-Hebraic origins, feature a central female divine actor."³⁰ However the subsequent patriarchialization of these ideas led to the loss of the female presence. On the one hand, then, male power and experience quickly become the norm in the church, and Jesus is understood and portrayed as a male savior.

Masculine Christologies have dominated for centuries. Ruether notes the presence of alternative, minority ways of understanding Christ, including androgynous Christology which sees Christ as representative of the new humanity, uniting male and female. Spirit Christology sees Christ as a power that continues to be revealed in humans, both male and female. Medieval mystics, such as Julian of Norwich, freely use creative and inclusive images for Jesus. Even though there have always been alternative ways of understanding Jesus, the overwhelming image has remained masculine.

In order to better understand Jesus, Ruether, and a host of other feminist

²⁹Ibid., 116.

³⁰Ibid., 117.

Christians, have simply turned to Christian scripture. "A starting point for this inquiry must be a reencounter with the Jesus of the synoptic Gospels, not the accumulated doctrine about him but his message and praxis. Once the mythology about Jesus as Messiah or divine *Logos*, with its traditional masculine imagery, is stripped off, the Jesus of the synoptic Gospels can be recognized as a figure remarkably compatible with feminism."³¹ It is, of course, anachronistic to say (as some have) that Jesus was a feminist. However his prophetic-liberating message is not unlike the feminist stance.

"Fundamentally, Jesus renews the prophetic vision whereby the Word of God does not validate the existing social and religious hierarchy but speaks on behalf of the marginalized and despised groups of society."³² Women were certainly among those groups. In many of Jesus' parables women are portrayed as representatives of the lowly. The longest recorded conversation Jesus has is with a Samaritan woman (John 4:1-42). A woman caught in adultery received Jesus' compassion (John 8:1-11). Jesus announced, for the first time, who he was: "I am the resurrection and the life" to a woman (John 11:25 RSV). Simple parables are set in traditionally female contexts, such as the story of the woman who lost a coin in her house (Luke 15:8-10). Jesus freely healed women with bleeding disorders which rendered them unclean and untouchable (Matthew 9:20-22). Examples abound in which Jesus spoke to, healed, or cared for women. Ruether says:

The role played by women of marginalized groups is an intrinsic part of the iconoclastic, messianic vision. It means that the women

³¹Ibid., 135.

³²Ibid., 135-136.

are the oppressed of the oppressed. They are the bottom of the present social hierarchy and hence are seen, in a special way, as the last who will be first in the Kingdom of God. This role is quite different from doctrines of romantic complementarity. The Gospels do not operate with a dualism of masculine and feminine. The widow, the prostitute, and the Samaritan woman are not representatives of the 'feminine,' but rather they represent those who have no honor in the present system of religious righteousness. As women they are the doubly despised within these groups. They carry the double burden of low class and low gender status. The protest of the Gospels is directed at the concrete sociological realities in which maleness and femaleness are elements, along with class, ethnicity, religious office, and law, that define the network of social status.³³

For the feminist theologian, then, Jesus is of primary significance. Not only is he central to the meaning of the faith, but his life and work are about inclusive ways of being. Reading the Gospels with intentional disregard for centuries of masculine church teachings as a guide, offers a way to understand Jesus and experience the Christ as an egalitarian, inclusive, prophetic, and liberating presence. Jesus was about proclaiming a new humanity and a new way of being. His vision of the Kingdom of God (a phrase which is problematic for some feminists) points to a future in which peace, mercy, and justice prevail. Privilege, status, and power are redefined so that no one dominates in oppressive ways over others. Networks of social relationships are reconfigured so that all are one in Christ. Jesus' life and work, the message and presence of the Christ are consistent with the hopes and dreams of the feminist who looks toward a time when gender difference as a source of oppression no longer exists.

³³Ibid., 137.

Anthropology

One of the persistent issues through Christian history concerns the nature of Jesus. Was he divine or human, or both? Ruether's portrayal of Jesus as a human person has implications for who we are as human beings created by God, in the *imago dei*. Ruether begins her discussion of anthropology by noting that Christian theology recognizes a dual structure in how humanity is understood. The essence of humanity differs from the existence of humanity. Authentic humanity and historical humanity are not the same. Historically humans are fallen and sinful. The original, authentic nature and potential, that is the *imago dei*, has been obscured, but the potential for restoration is made manifest in Christ. "The question for feminist theology is how this theological dualism of *imago dei*/fallen Adam connects with sexual duality, or humanity as male and female."³⁴

For centuries patriarchal anthropology has dominated the church. Woman was, and still is in some circles, seen as inferior in virtually every respect. She has been portrayed as inferior physically, morally, spiritually, and intellectually; she has been taught she is to be subject to men. While woman's inferiority has been the predominant theme, there have been egalitarian anthropologies within Christian history. Ruether's feminist anthropology inherits from two of these views: liberal and romantic feminism.

Her position is clear. She asserts "that all humans possess a full and equivalent human nature and personhood, *as male and female*."³⁵ Maleness and femaleness are suited

³⁴Ibid., 93.

³⁵Ibid., 111.

biologically for reproductive roles. Any psychological or social differentiation are “the work of culture and socialization.” Both sexes have a “capacity for psychic wholeness.”

Ruether states:

Women should not identify themselves with those repressed parts of the male psyche that males have projected upon them as ‘feminine.’ Nor should they adopt the male, one-sided psychic profile that identifies the ego with linear, rational types of thinking. Rather they need to appropriate and deepen the integration of the whole self–relational with rational modes of thought—that is already theirs. This may mean that they need to extend the development of those capacities for rational thought that have been culturally denied them. They need to do this not in a dualistic way but in a way that integrates these rational capacities with relational modes of thought. In this sense women are right when they instinctively feel they have a specifically female way of developing their persons that is different from men’s. But the understanding of this has been confused by its identification with the male-defined ‘feminine.’³⁶

The psychic integration Ruether calls for demands a “social revolution.” She sees a compelling need for humans, male and female to move toward “holistic psychic capacities and egalitarian access to social roles.”³⁷ The recovery of this lost full human potential is what she calls “redeemed humanity” which is reconnected with the *imago dei*, available through Christ.

Both males and females need “to recover our capacity for relationality, for hearing, receiving, and being with and for others.”³⁸ We need, as well, to develop our capacities for

³⁶Ibid., 112-113.

³⁷Ibid., 113.

³⁸Ibid., 113.

rationality, in ways that do not use reason as a tool of competitive relations with others. “Recovering our full psychic potential beyond gender stereotypes thus opens up an ongoing vision of transformed, redeemed, or converted persons and society, no longer alienated from self, from others, from the body, from the cosmos, from the Divine.”³⁹

Ruether, then, would have little interest in theories which emphasize differences in females and males regarding how they think, or function morally. Modes of moral reasoning which are characterized as “male” or “female” would have little meaning in Ruether’s theology. Males and females may have been socialized to function in different ways morally. But Ruether maintains that for both sexes to move toward redemption, toward becoming fully human, there needs to be significant development of capacities for relationality as well as rationality. The very notion that one way is “feminine” and another “masculine” is derived from socially constructed, male-dominated ways of thinking. Redemption, not yet realized, will lead to genuine equality in how men and women value and care: how human beings behave morally.

Sin and Evil

Questions about sin and evil are unavoidable in theological inquiry. These issues are central to the formulation of moral positions. Ruether recounts the history of predominant Christian views on male superiority and female inferiority. Good and evil as male and female are an age-old story. This distortion, a fundamentally male ideology, has served to support male identity as normative and to justify servile roles for women. This

³⁹Ibid., 114.

sexism, gender privilege of males over females, is sin. The recognition of sexism as sinful and evil is a fatal blow to the myth of female evil.

Feminism claims that sin is a distortion of the basic I-Thou relation which is fundamental to human community. This distortion refers not only to individual persons, but to the fallen state of humanity. "Feminism's own claim to stand in judgment on patriarchy as evil means it cannot avoid the question of the capacity of humanity for sin."⁴⁰ Ruether confronts the complexity of human sin. She maintains that "evil comes about precisely by the distortion of the self-other relationship into the good-evil, superior-inferior dualism. The good potential of human nature then is to be sought primarily in conversion to relationality."⁴¹

One of the primary ways the sin of distorted relationships has been experienced is in the ways woman's body has been objectified and viewed as a commodity. Historically the right of a male to assault a woman physically has been taken for granted as a male prerogative, and has been defended in civil and ecclesiastical law. Women have been denied the right to control their own bodies. Reproductive decisions are have been denied women, and men have been assumed to have total sexual access to their mates.

Women's bodies have been mutilated or distorted to become objects of display and conspicuous consumption. Among more affluent classes women's dress has been designed to show woman's body as an object. Ruether sees these situations as instances of sin, and

⁴⁰Ibid., 161.

⁴¹Ibid., 163.

notes that “the denial of sexual and physical integrity, the commoditization of women’s body, is only part of the story.”⁴² Women have performed menial labor, have been treated more as children than equals of men, and it has been rationalized that women are “naturally” better at caring for children.

While women have certainly been the victims of sin and evil, Ruether is careful to point out that the sin of sexism is also a sin against men; that male humanity is distorted as well by sexism. These distortions in human community do harm to all creation. It is not the case that males are evil by nature, or that women are incapable of sin (other than the sin of cooperating in their own victimization). Rather, all humans are capable of sin, though women, for the most part, may have had different opportunities or occasions than men for sin.

It is important to note as well that sin is not simply an individual problem. “White male ethics reduces evil to the individual,”⁴³ says Ruether, and she points out the need to recognize not only personal evil but social evil. The sin of distorted relationships affects not only individuals, but systems and institutions, reaching throughout the social order. Ruether calls for *metanoia*, or conversion from sexism to healthy relationality. The process of conversion, the journey to wholeness will necessarily differ for men and women, as they are moving from different places to a new way of being.

⁴²Ibid., 176.

⁴³Ibid., 181.

Death

Traditional Christianity has taught that there is life after death; that there is a heaven, and humans can hope to live on beyond this life throughout eternity, in some fashion. The hope of heaven has sustained many oppressed peoples, including women, over the centuries. Heaven has been understood as a reward for enduring deprivation on earth, and as a vindication for the oppressed against the oppressor. Ruether's view differs significantly from traditional teachings, and her ideas about death have important implications for bioethics.

Ruether's position on the question of heaven is agnostic. She claims that we cannot know, and should not pretend to know what happens upon our death. Projections of our wishes and desires are not appropriate basis for theology or praxis, and our human experience, on this issue, is of little use. Ruether states: "What we know is that death is the cessation of the life process that holds our organism together. Consciousness ceases and the organism itself gradually disintegrates. This consciousness is the interiority of that life process that holds the organism together. There is no reason to think of the two as separable, in the sense that one can exist without the other."⁴⁴

Ruether speculates that our existence as an individuated ego dissolves back into the "cosmic matrix of matter/energy" and from this matrix new being arises. We need to accept our death as an acceptance of the finitude of our individual lives within space and time. Ruether's vision is not without hope, however. She maintains that in spite of no

⁴⁴Ibid., 257.

realistic hope of a heaven in which we experience personal consciousness, our return to the great matrix of being contributes to the ground of all personhood in positive ways.

“That great collective personhood is the Holy Being in which our achievements and failures are gathered up, assimilated into the fabric of being, and carried forward into new possibilities.”⁴⁵ We can’t know precisely what this means. We can’t even imagine what it might mean. We simply know that we are called to live this life fully and well, with faith and trust “that Holy Wisdom will give transcendent meaning to our work, which is bounded by space and time.”⁴⁶

For Ruether then, how we live this life matters. How we make choices about moral and ethical questions matters in the here and now. How we treat one another, how we live in relationship matters here and now. Heaven is not a guarantee that all will be sorted out finally. We bear responsibility for striving to live toward the Kingdom as best we can.

Eschatology

Eschatology concerns “last things.” Ruether offers a creative response to the traditional Christian linear view of history which sees a single universal project pointing to a final end. She points out that humans have the capacity to imagine a better way of being. The present reality falls short of the ideal reality, and the future holds the possibility of a redeemed era in which the ideal becomes real. Ruether uses the term eschatology to refer to the possibility of human transcendence of mortality. In contrast to traditional views

⁴⁵Ibid., 258.

⁴⁶Ibid., 258.

which often focus on heaven as the ideal, Ruether focuses on ways in which we can strive to bring about the ideal in the here and now.

Her model for proposing a feminist eschatology is influenced by Native American beliefs, which honor all human and nonhuman existence as one family of life. "God/ess is the great Spirit that animates all things."⁴⁷ Such a view sees the whole cosmos as a community of life. Death is the proper culmination of life, a transformation to another state. Influenced by this world view, Ruether shuns the notion of hope centered in an idealized future. "Instead of endless flight into an unrealized future, I suggest a different model of hope and change based on conversion or *metanoia*. Conversion suggests that, while there is no one utopian state of humanity lying back in an original paradise of the 'beginning,' there are basic ingredients of a just and livable society."⁴⁸ These include accepting our finitude, understanding our relationship to nature, and balanced relationships between persons and with non-human beings. Conversion means we come to realize the call to work for change in the present reality.

Ruether calls for an end to "once-and-for-all" thinking. "To be human is to be in a state of process, to change and to die. Both change and death are good. They belong to the natural limits of life. We need to seek the life intended by God/ess for us within these limits."⁴⁹ Our seeking means we strive to bring about change in the social order so that

⁴⁷Ibid., 250.

⁴⁸Ibid., 254.

⁴⁹Ibid., 255.

justice and mercy are lived out here and now. Our conversion allows us to

discover the blessedness and holy being within the mortal limits of covenantal existence. This is the Shalom of God that remains the real connecting point of all our existence, Even when we forget and violate it. Redemptive hope is the constant recovery of that Shalom of God/ess that holds us all together, as the operative principle of our collective lives. It is the nexus of authentic creational life that has to be reincarnated in social relationships again and again in new ways and new contexts by each generation.⁵⁰

Ruether's view demands that we cease yearning for the idealized future and work for justice in our present circumstances. She is realistic in acknowledging it will not happen easily or quickly, but our conversion will lead us toward the way of God/ess and away from the wide-ranging evil of sexism.

Ruether Summarized

A theology as complex and rich as Ruethers cannot be easily summarized. There are, however, dominant themes which can be said to characterize her thinking. Her theology is deeply rooted in Christian teachings. She states: "Feminist theology is not asserting unprecedented ideas. . . ." ⁵¹ She finds method within Christianity in that she looks to accumulated experience expressed in scripture and tradition as well as the experiences of contemporary women. She looks to the prophetic principle for guidance in denouncing oppression and injustice. She finds content as well, in the life and teachings of Jesus, who she sees as part of the prophetic tradition, come to denounce injustice and

⁵⁰Ibid., 256.

⁵¹Ibid., 31.

oppression, come to liberate creation.

Ruether says:

The working assumption of this feminist theology has been the dynamic unity of creation and redemption. The God/ess who underlies creation and redemption is One. We cannot split a spiritual, antisocial redemption from the human self as a social being, embedded in sociopolitical and ecological systems. We must recognize sin precisely in this splitting and deformation of our true relationships to creation and to our neighbor and find liberation in an authentic harmony with all that is incarnate in our social, historical being. Socioeconomic humanization is indeed the outward manifestation of redemption.⁵²

Ruether is not concerned with an idealized future beyond this life. She maintains that we are called to be about the work of affirming the goodness of our bodies and our responsibility to care for creation. We are to be about the rejection of the dualisms which abound in our world, and represent much sin and evil. Spirit and matter are not antithetical, rather, they are two dimensions of the same thing. The material being, the body, the here and now are good and holy. We are called to participate in relationships of genuine mutuality, affirming the rich complexity of human and non-human patterns of relationality.

Ruether sees the injustice of sexism as sin, and points to the liberating message of Biblical religion as a guide toward the achieving of full humanity for all persons. "The 'brotherhood' of man needs to be widened to embrace not only women, but also the whole community of life."⁵³

⁵²Ibid., 215-16.

⁵³Ibid., 87.

Ruether, then, has much to say about how we are to live in this world. She looks to Christianity as the source of authority and guidance for how we live, how we make moral choices and decisions. Christianity, for Ruether, is seen in bold new ways, through the lens of feminist theory, so that some of the centuries of accumulated male-dominated tradition can be stripped away. We find, in her feminist theology, a rich resource for thinking about bioethical issues.

Ruether and Bioethics

Farley, in her essay about feminist theology and bioethics, notes that we cannot expect to find feminist theology articulating fundamental values or moral principles which are completely unique to feminist theology. "Few contemporary theological ethicists who take seriously the task of making explicit the connection between religious beliefs and ethical action claim for their theologies exclusive access to moral insight in the formation of commonly held norms."⁵⁴ Principles of equality, or the importance of respect for persons can be grounded in religious belief as well as philosophical position. Similarly, feminist theology is not the only system of thought which values the interpersonal and social. Farley notes that while "theologies do yield ethical perspectives that are unique in some respects, [and] moral points of view that claim hermeneutically privileged insights," any theological perspective will likely share moral territory with other systems of ethics. Feminist theological bioethics will not stand in isolation from other moral positions.⁵⁵

⁵⁴Farley, *On Moral Medicine*, 90.

⁵⁵Ibid., 90. Farley wrote this essay over a decade ago, noting that much work remained to be done in moving from a particular theology to a specific bioethical position.

Though Ruether has not written specifically about issues she calls "bioethical," some of her earliest publications dealt with the ethical dimensions of sexuality and reproduction. In describing her movement toward a feminist consciousness, she tells of her encounter with the Roman Catholic position on family planning. As a newly-married couple, she and her husband visited a priest who told them that if she wasn't pregnant in a year, he would know they were "living in sin." She became aware of the injustice and named the church position on contraception a "public crime, causing untold misery in millions of lives throughout the world, among people far less able to defend themselves than [she]."⁵⁶ Her first feminist writings in the mid sixties were critical of Catholic views of sexuality and reproduction.

Her more recent ethical writings have focused on environmental concerns. However her theological position, as found in *Sexism and God-Talk*, provides ample basis for extrapolating a likely stance on bioethical issues. In a few places she speaks specifically to such concerns, such as her insistence that women have control over their own bodies, including reproductive control. Her comments about death have bioethical implications. We can, then, point to important themes in Ruether's work which provide a basis for moral decision-making in the world of bioethics.

As noted above, Gustafson points out that a theology in itself is not sufficient basis for a bioethical position. Virtually all theologies would agree, for example, that God wills the well-being of creation, yet there may be vast differences in how such well-being is

⁵⁶Rosemary Radford Ruether, *Disputed Questions: On Being a Christian* (Nashville: Abingdon, 1982), 117-118.

understood and how it is to be achieved. In addition to a theological position, we need to identify method. Ruether provides both theology and method for bioethics in her feminism. Her theological content is Christian, viewed from a liberation perspective, with prophetic interpretations of scripture and tradition. Her method is influenced by feminism's concern for the experience of women as a focus.

Ruether's feminism is not just about women. It is about women, men, and indeed, all creation. She would agree with Jevne and Oberle who state: "Feminism is about wanting and working for change. . . . towards a better society, about accepting new ways of advancing our understanding of complexities of the human mind and body, and about responsiveness to the needs of others."⁵⁷

Ruether describes the better society as a just and livable society, which includes acceptance of finitude, and balanced relationships. Her vision includes the opportunity for persons to "participate in the decisions that govern their lives."⁵⁸ The living-out of this vision requires conversion in how we experience the world, how we think about ourselves and each other, and how we make moral choices.

Ruether suggests that there are two ways to imagine building the new society. One is to create an alternative, communitarian system. A small group of persons might choose to live intentionally in ways which live out the feminist vision. Such a group would live

⁵⁷R. Jevne and K. Overle, "Enriching Health Care and Health Care Research: A Feminist Perspective," *Humane Medicine* 9 (1993): 201-6. Quoted in Edmund G. Howe, "Implementing Feminist Perspectives in Clinical Care," *The Journal of Clinical Ethics* 7 (Spring, 1996), 9.

⁵⁸Ruether, *Sexism*, 254.

apart from the larger society, as communal groups have done in the past. While such an experiment might be reasonably successful, it would likely have little effect on the larger society.

A second method involves working on "pieces of the vision" separately. Child-care, education, energy systems, small employee-managed businesses, and other such ventures might offer change in a number of places. The church might well serve as the locus for imagining such projects and support for encouraging and carrying out such efforts. The church may serve as impetus for a changed society as the place where people can meet to think about and discuss how society may be altered.⁵⁹

Ruether suggests that the teaching rite of the church offers a particular place to reflect on redemptive ways of living. Churches which are intentional about feminism might choose to develop creedal statements "in which they express their faith in God/ess as the foundation of redemptive personhood of women and men, their judgment upon sin as broken relationality, their experience of newness of life, and their hopes for a liberated future world."⁶⁰ Such statements need not be fixed, but are better kept open to continual revision. The community might consider questions about how its members think about moral and ethical responsibility in many areas of life.

One of the ways in which a piece of the vision may be realized is in how health care systems relate to and care for persons. The world of bioethics offers rich opportunity

⁵⁹Ibid., 232-233.

⁶⁰Ibid., 211.

for the community of the church to reflect and suggest ways in which a vision of theological feminism may be lived out. Concerns might include not only broad questions about the allocation of health care resources, but personal choices faced by members of the community dealing with illness. The church has much to offer in the conversation about bioethical issues, with an eye toward a more just society envisioned by Ruether and other feminist theologians.

Ruether, then, would likely find it entirely appropriate that the church take an interest in bioethical questions, and offer a prophetic response based in feminist thought. How might such a position look?

Ruether on Persons as Moral Decision-Makers: Female and Male

Many feminist thinkers look to the work of Gilligan and her findings about differing ways of moral decision-making among men and women. Ruether is clear in her anthropology that she sees any such differences as socially conditioned. She sees the presence of intuitive sensibilities in all persons, in which the *imago dei* is located. She believes “that ‘intimations of healthy and life-giving relationality’ remain ‘in spite of . . . ideological and social misshaping’”⁶¹ The *imago dei* does not look different in men and women. There is no valid reason to name certain tendencies or capacities as male or female; masculine or feminine. Women are not essentially more caring, and men are not basically more thoughtful or rational.

Women and men are both to strive toward balance and wholeness. Women and

⁶¹Parsons, 88.

men are called to “appropriate and deepen the integration of the whole self.”⁶² The rational and relational modes are already present in both women and men. These modes simply need to be intentionally cultivated in a balanced way so that all persons may come to live out of the *imago dei* inherent in their being. All persons “possess a full and equivalent human nature and personhood *as male and female*.”⁶³

The debate between what Tong terms “the so-called ethics of care” and “the so-called ethics of justice” claims to represent two approaches to ethics, often characterized in terms of gender. Tong delineates the contrasts generally drawn between the two:

1. Justice ethics takes an abstract approach, while care ethics takes a contextual approach,
2. Justice ethics begins with an assumption of human separateness, while care ethics begins with an assumption of human connectedness,
3. Justice ethics emphasizes individual rights, while care ethics emphasizes communal relationships,
4. Justice ethics works best in the public realm, whereas care ethics works best in the private realm,
5. Justice ethics stresses the role of reason in performing *right* actions, while care ethics stresses the role of emotions (or sentiments) in constituting *good* character,
6. Justice ethics is male/masculine/masculinist, while care ethics is female/feminine/feminist.⁶⁴

The Biblically based ethics of a feminist theologian need not choose between the either-or in this debate. The prophetic call for justice is lived out in ways that exemplify

⁶²Ruether, *Sexism*, 112.

⁶³Ibid., 111.

⁶⁴Rosemarie Tong, “The Ethics of Care: A Feminist Virtue of Care for Healthcare Practitioners,” *Journal of Medicine and Philosophy* 23, no. 2 (1998): 131-132.

the virtues of care. Justice and care are neither inherently male or female. Both are present in the *imago dei*. Both are to be cultivated and lived out.

Virginia Held, in an article titled "The Meshing of Care and Justice" notes that some have considered justice as appropriate to the public sphere of the political, while care is better suited to private areas of family and friends. Held disagrees with this division, and points out that justice is needed in the family and care is needed in the public domain. "Care and justice, then, cannot be allocated to the separate spheres of the private and the public. But they are different, and they are not always compatible."⁶⁵ Held goes to suggest that "care is the wider moral framework into which justice should be fitted."⁶⁶ The discussion about the appropriate relationship between care and justice continues. Ruether would certainly advocate a position which includes both, though she does not comment explicitly on their relationship.

Callahan, in an article concerning universalism and particularism (which are also at times characterized as primarily male and female), suggests that universal rules or principles, and concern with the particular context in which human beings live and work need not be in conflict. He says that the two positions can exist in tension with one another, "with context and circumstance determining their relative weight."⁶⁷ Finding a

⁶⁵Virginia Held, "The Meshing of Care and Justice," *Hypatia* 10, no. 2 (Spring 1995): 129.

⁶⁶*Ibid.*, 128.

⁶⁷Daniel Callahan, "Universalism & Particularism: Fighting to a Draw," *Hastings Center Report* 30, no. 1 (January-February, 2000): 38.

way for these two claims to work together in harmony is a challenge, but moral decision making can indeed be enriched by the tensions between particularism and universalism.

Ruether's theology need not choose an ethics based on principles over an ethic of care, or vice versa. She would likely maintain that the balance between caring for persons in their particular contexts needs to be in proportion with overarching concern for justice and fairness. Biblical faith demands both justice and care in ethical decision-making.

Ruether's bioethics would show concern for both: for the principle of justice as well as the concern for caring for persons in their particular webs of social relationships, responsibilities, and connections. Respect for persons as the locus of the *imago dei* demands that principles such as autonomy and beneficence be honored. At the same time, the example of Jesus points to extraordinary ways of caring which reside not just in sentiment or emotion, but reaches out to action as well. The story of the Good Samaritan (Luke 10:29-37) illustrates the lengths to which caring action will go, even in a situation involving strangers.

Ruether would support a continuing conversation about appropriate ethical responses in which there is on-going dialogue about moral decisions. She would not posit a set of rules by which persons are to make bioethical decisions. She would have the community (the church) continue thinking about, and talking about, appropriate ways to make bioethical decisions. The conversation would maintain a focus on the future hope in which justice reigns and the sin of oppression is overcome. The conversation would move toward redemption, not just of individuals, but of the entire community of creation. And the guiding principle would be described as "the plumb line of truth and untruth, justice

and injustice.”⁶⁸

Women’s Bodies

Ruether speaks often of the need for *metanoia* or conversion. No other area in Christian history is so in need of transformation and healing as views and attitudes concerning women’s bodies. Ruether states the goal in the final paragraph of her book: we are “to learn the harmony, the peace, the justice of body, bodies in right relation to each other.”⁶⁹

The subjugation and denigration of the female body is one of the most damaging manifestations of oppression the church has supported. Not only have women been denied choices about their own bodies, such as choosing a mate, or reproducing, women’s bodies have been seen as the locus of sin. Male control of woman’s body and her womb has been the accepted norm in much of the history of Christianity.

Ruether seeks to right this injustice by naming women’s rights over their own bodies as a central *theological* claim. Such a claim is an explicit bioethical statement about the capacity of women as moral decision-makers. Women are to make their own choices about their bodies, which are to be experienced and understood as *good*. Women are to make their own choices about sexual relationships, about bearing children, and about not bearing children. Women are to have access to adequate information, and adequate health care resources so they may have responsible control over their sexuality. Women, as full members of the community, and as persons intricately involved in relationships, are to

⁶⁸See the Hebrew prophet Amos 7:8 in which God is portrayed as saying: “Behold I am setting a plumb line in the midst of my people Israel . . .” (RSV).

⁶⁹Ruether, *Sexism*, 266.

make their decisions within the contexts of their lives and circumstances.⁷⁰

Ruether is insistent that human experience is central to theological claims. She acknowledges that biological differences do matter. "Women, as persons who live in and through a female body, have some distinctive experiences of the world that men do not have. A woman who has experienced her bodily rhythms in menstruation, or who has borne and suckled a child, feels some things which males have never experienced."⁷¹ But too often women have been taught to interpret these experiences according to male norms. Menstruation is understood according to a disease model, and is treated accordingly. Pregnancy and childbirth are likewise medicalized.

One of the ways the *metanoia* can be lived out concerns how women experience, and *interpret* the experiences of their bodies. Ruether's book *Women-Church: Theology and Practice*⁷² includes liturgies for a variety of women's experiences, including bodily experiences. She offers a celebration of healing from abortion, miscarriage, or stillbirth. She suggests a rite of puberty for a young woman. She offers rituals for a lesbian coming-out, for menopause, and for croning (a celebration of aging). These liturgies, to be celebrated within the church community, are about affirming the goodness of women, their bodies, and their bodily experiences.

Bodies matter for Ruether. Bodies matter in the here and now. Human bodies,

⁷⁰Ruether's position is, of course, a bold challenge to Roman Catholic teachings concerning women's bodies. Restrictions around birth control and artificially assisted means of conception severely limit women's choices.

⁷¹Ruether, *Feminist Interpretation*, 113.

⁷²Rosemary Radford Ruether, *Women-Church: Theology and Practice of Feminist Liturgical Communities* (San Francisco: Harper & Row, 1986).

particularly women's bodies, are to be viewed and treated with respect and care as good and holy. Ruether would support the right of women to make their own decisions about bioethical issues that affect them. She would insist that as full persons created with the presence of the *imago dei*, women are capable of making just and right moral choices for themselves with regard to their own bodies, and with appropriate care for others involved in their lives.

Personal Eschatology: Death

Ruether's comments about death are not consistent with traditional Christian teaching, which promises heaven to all those who are saved. Her agnosticism about an afterlife, and her incorporation of notions from Native American spirituality combine to support a strong stance in favor of caring for, and respecting life in the here and now. Death, she says, is the place where women and men are equal. "Death levels all socially constructed differences between the genders, races, and classes."⁷³

Ruether points to the ancient Hebrew tradition which accepts the finitude of human life, and expects nothing beyond a full span. Life cut short by war or disease is evil. Death is seen as the normal end of life, not as an evil to be avoided or postponed unduly. The later notion of a soul which flies to heaven upon death tends to devalue life in the present.

For Ruether death is not a dreaded enemy. Death is not to be seen as medical failure. The acceptance that life culminates in death means that we offer health care, with respect for the dignity of persons, in ways which will enhance the experience of life.

⁷³Ruether, *Sexism*, 235.

Feminist believers will understand that there are times when appropriate health-care decision making will lead to cessation of extraordinary or futile care. There are times as well, when extraordinary efforts must be made to ensure survival and care for persons with serious illness. There are times when community and other social considerations may affect how a decision may be made with regard to a particular individual.

Respect for life means that we care for persons in ways that will enhance living. Justice demands that all persons, as made in the *imago dei*, have access to decent health care. Acknowledging that this life is all we can know with certainty means that we will honor, respect, and care for humans in this life to the fullest extent possible. We will provide for the greatest possible range of health care so that persons may have the best possible opportunity to live out a full span of life. And when the full span of this life is lived out, we will graciously prepare for a transition to the end of life.

Prophecy for Bioethics

Prophecy is central to Biblical faith. Hebrew prophets spoke loudly and forcefully against the urban rich who oppressed the rural poor of ancient Israel. "This established at the heart of Biblical religion a motif of protest against the status quo of ruling-class privilege and deprivation of the poor. God is seen as a critic of this society, a champion of the social victims."⁷⁴

As I have shown, feminist principles with regard to approaching scripture itself are prophetic. The feminist interpreter reads and understands scripture as a document written from the perspective of male experience in largely male-dominated cultures by men. The

⁷⁴Ruether, *Sexism*, 62.

experience of men are treated as the norm. The prophetic principle serves as a hermeneutic tool for the feminist who seeks to examine scripture, and measure with the plumb line of justice and truth for all creation.

Not only do feminists turn a prophetic eye on scripture, they look at the world around them to note injustice and oppression. "This biblical principle of prophetic faith parallels the critical dynamic of feminism, which likewise examines structures of injustice toward women, unmask and denounces their cultural and religious sanctifications, and points toward an alternative humanity, an alternative society, capable of affirming the personhood of women."⁷⁵

Ruether's emphasis on prophecy as a way to redeem patriarchal scripture moves beyond the text to serve as a principle by which feminist theology looks at all society, noting in particular how religious teachings have given the "approval of God" to oppressive practices and structures. The feminist prophet looks within the tradition, and then turns toward the social order with a prophetic word.

Bioethics has need of a prophetic voice. Issues concerning the male-centered ways in which bioethics is understood and how it is lived out in clinical settings come under scrutiny by the feminist prophet. Male-based experience as the accepted norm for belief, practice, and behavior are examined. The feminist bioethicist is already functioning as a "prophet" without using the religious language of prophecy.

Perhaps one of Ruether's most important theological contributions to bioethics lies in her understanding and valuing prophecy. Not only does the prophetic principle look at

⁷⁵Ruether, *Sexism*, 118.

health care systems, it looks at the entire social order to name those places where there is injustice and oppression. Women are not the only victims. Feminist critique often moves outward to look at discrimination based on race, ethnicity, age, or other factors.

The feminist theologian may announce her position concerning bioethical issues from a prophetic perspective. She may not insist that her position on a particular question is the only one, or the best one, or the right one for everyone, but she may suggest that her stance can serve as a “second opinion” offering an alternative view which takes into account the religious beliefs of those involved. Christian feminist bioethics can function as Hebrew prophets of old, speaking in protest against injustice, and offering new ways to think about how persons, female and male, make moral decisions regarding health care.

In summary, Ruether’s theology offers much to feminist bioethics. Her insistence that all humans are created with the *imago dei* is a reminder of the importance of respect and care for persons. Her emphasis on justice as central to Biblical religion leads the Christian feminist bioethicist to speak out on behalf of those who are oppressed in particular. Biblical justice is concerned with the here and now, with the reality of the lives persons are experiencing, with hunger and poverty, illness and debility. Jesus’ example and teachings point toward an intentional seeking out and caring for the disenfranchised. What liberation theologians call the preferential option for the poor becomes, in health care, a mandate to include the marginalized *in particular*. One may even go so far as to suggest that the *Magnificat* prescribes that the proud are to be scattered, the mighty put down, and the rich sent empty away (Luke 2:46-55). Health care, as one of the goods of society which serves to enhance and maintain life to its fullness, is to be available to everybody.

Ruether's theology differs from many other feminist thinkers in its anthropology. On her view, male and female are both full persons, both created with the *imago dei*. Differences in ways of thinking, acting, and moral reasoning are socially conditioned. Both genders are to seek balance in what she calls relationality and rationality. Ruether moves beyond some feminist thinking which claims differences in how females and males think about, and function ethically. Her respect for persons capable of making choices about their own lives, and bodies, is central to her thinking.

Ruether is clearly and fundamentally tied to scripture and Christian tradition. She goes to some length to point out that the importance she gives to women's concerns is not essentially a new idea. Rather she sees her feminism as simply broadening and correcting Christian thought to include women intentionally. The prophetic principle is central in looking to the faith to note the places in need of correction. The basic paradigm of humans as they are, and humans as they can become, as a Christian motif, is central to Ruether's thought.

Ruether's theological feminism may not look very different from secular feminism when applied to particular bioethical issues. It may not look radically different from traditional Christian bioethics. In the next two chapters I will examine two bioethical issues. Surrogate motherhood raises questions about the beginning of life, and physician-assisted suicide looks to one way in which life may end. Both bioethical dilemmas, then, have obvious theological implications for believers. Feminist philosophers and traditional Christian bioethicists have written about both issues. The feminist Christian position has yet to be articulated. How might these three positions differ on these specific issues?

CHAPTER 3

SURROGATE MOTHERHOOD: THREE VIEWS

A feminist Christian bioethic based on Ruether will not offer a completely unique position on any ethical issue. There may well be areas of similarity and overlap with other ethical positions. There may be places where the feminist Christian viewpoint will be quite similar to the secular feminist viewpoint. There may be places where the feminist Christian position will look much like other Christian positions. In order to characterize and locate the feminist Christian response to bioethical dilemmas, I propose to consider two specific bioethical situations and look at three responses. With regard to surrogate motherhood, and physician-assisted suicide, I will look to traditional Christian theology for a bioethical position. I will examine what feminist philosophers have to say on the issue. Finally I will suggest what the feminist Christian position, grounded in Ruether, might look like.¹

There is a fair amount of writing which may be termed "Christian" bioethics.. For the purposes of this project I will look to what may be called "traditional" Christian ethics. I will examine several Protestant bioethicists, as no single writer covers all the bioethical questions I wish to consider. These writers are generally within a conservative Protestant tradition.² Though every such theologian will certainly not agree on every point, there is

¹There are, of course, other positions on this issue which will not be considered. The discussion will be limited to the three named, with an awareness that there may be other viewpoints and opinions that will not be discussed.

²The use of terms such as "conservative" or "liberal" with regard to theology is somewhat problematic. The terms are imprecise and relative, and indicate only a general direction, not a specific position.

much in common among such theologians. Most often their primary authority is scripture. These theological viewpoints often arise from white male theology and are quite traditional regarding women's issues, which is to say they are largely patriarchal. While there is some diversity within the Protestant conservative position, there is sufficient agreement on bioethical issues to allow these writers to be understood as speaking with one broad "traditional Christian" voice.³

Feminist bioethics is a relatively recent development within bioethics. Feminist writers have not yet treated every bioethical issue in depth; many issues are simply not yet examined thoroughly. It should be no surprise that many of the writings thus far deal with reproductive issues as these are bioethical issues which affect women most directly and most profoundly. Hilde Nelson, in a recent essay, notes: "The vast perponderance of feminist critique in bioethics has been directed at practices surrounding the care of women's bodies, and in particular, the parts of women's bodies that mark them as different from men."⁴

Surrogate Motherhood

The first bioethical question to examine, then, concerns a particular reproductive issue. The question of surrogate motherhood poses an interesting set of issues. Surrogacy

³As noted above (24) McFague points out that "theology" with no descriptive adjective is usually taken to refer to traditional, i.e. white male, theology. My repeated use of "traditional" along with "Christian" is deliberate. If "feminist theology" needs the adjective, so does "traditional theology."

⁴Hilde Nelson, "Feminist Bioethics: Where We've Been, Where We're Going," 496.

has been called an “exceedingly complex undertaking which involves some of the thorniest issues of our day.”⁵ Surrogate motherhood is not a simple situation involving a patient, her family, and one or more bioethical questions. The very nature of the surrogate arrangement includes at least four persons: the infertile husband and wife who desire a child, the surrogate mother, and the child. Others who have interests or claims may include the surrogate’s spouse and family, as well as legal and medical professionals. The large number of people involved make for complicated ethical dilemmas.

Nelson and Nelson point out that the very use of the term “surrogate” may be an odd choice. The OED defines “surrogate” as “a person appointed by authority to act in the place of another.”⁶ Furthermore, the OED says that a “mother” is “a woman who has given birth to a child.” Given these definitions, one might suppose that the surrogate mother is the one who receives the child borne by another woman. “The person who does the surrendering, it seems clear, is a *real* mother, not a surrogate anything.”⁷

The bioethical literature on surrogacy is extensive and complex, due, in part, to the number of persons involved. The possible interests of each party, as well as the point of

⁵Mark A. Johnson “Necessity of a Contract,”
<http://www.surrogacy.com/legals/article/checklist/chklst7.html>, 1 of 14, 1/17/01.

⁶The term “surrogate” is well-established in bioethics with regard to decision making on behalf of persons unable to make their own health care decisions. In such cases, a surrogate may be appointed to make decisions on behalf of an incapacitated patient. The use of the term with regard to reproductive issues is, obviously, different.

⁷Hilde Lindemann Nelson and James Lindemann Nelson, “Cutting Motherhood in Two: Some Suspicions Concerning Surrogacy,” *Feminist Perspectives in Medical Ethics*, 258.

view of each party, make for a multiplicity of perspectives. There are many questions raised, depending on who is asking, and on whose behalf one asks. The infertile couple are interested in arranging for the birth of a child which they intend to adopt and rear. Their concern for the surrogate mother may be limited to their desiring her cooperation, her good health, and her willingness to turn over a child she has borne. They may be prepared to pay expenses to the surrogate, and provide additional compensation. They desire a healthy child, and a speedy adoption (in those states which require it). They want no "second thoughts" on the part of the woman giving birth. This couple generally will spend a great deal of money, including expenses and compensation for the birth mother, as well as legal expenses. Even in situations in which the surrogate earns no compensation, the expenses may be considerable for the infertile couple.

The surrogate mother may have different interests. She may be interested in helping someone, or she may be interested in making money. She does not want to incur expenses for which she may be responsible. She may not want to be responsible should the child be born with physical or mental problems. She may have a family of her own she wishes to protect from possible problems with the surrogate arrangement. The surrogacy arrangement may jeopardize her marriage. She may realize that she could develop an attachment to the baby, and want to keep her.

The child's interests are often not considered. Nelson and Nelson consider her perspective, as I shall describe below. However most discussions of surrogacy do not include consideration of the child's interests, apparently assuming that the infertile couple

very much want her, and the surrogate mother is willing to forgo her biological inclinations as a mother, and her moral and legal rights as a parent. It is by no means simple to determine the “fundamental issue” in discussions of surrogacy.

Some of the central issues concern the nature of the family. What does it mean to become a parent? What is the nature of the relationships within a family, particularly between a parent and a child? What is the meaning of motherhood? What course of action will further the good of the child and family? Philosophical questions concerning families and relationships underlie the surrogate debate.

Feminists point to the issue of autonomy. Does a woman have total and absolute rights concerning her own reproductive capacity? Does persons have a *right* to have a child, even if it requires complex and costly infertility treatment? Do other family duties and obligations play a role? How is a mother’s autonomy to be balanced with interests and claims of her spouse or partner? Are there ethical barriers to lesbians arranging for surrogacy? Is there a danger that the surrogate, who may or may not be economically motivated, might be exploited? Are there concerns about exploitation other than economic, such as emotional exploitation?

Basic ethical principles are challenged. What is the role of confidentiality concerning all parties involved? What is the obligation for truth-telling? What potential harms may occur? What constitutes genuinely informed consent for a surrogate who cannot know what she will feel upon surrendering the child she has birthed? What is the moral status of the embryo? How does one deal with the possibility of “left-over”

embryos? None of these are easy issues. There may be significant differences depending on which participant is under consideration and whose point of view or interests are primary.

Biologically there are two types of surrogacy. In gestational surrogacy the surrogate mother is impregnated with the egg and sperm of other people, usually the couple involved. In this case, the surrogate mother has no biological connection to the child; she simply gestates and gives birth. In genetic surrogacy, the husband of the couple contributes his sperm, which is used for in vitro fertilization with the surrogate mother, and the surrogate mother's own egg is involved. The child, then, is genetically the child of the surrogate mother. Ethical issues may differ depending on which type of surrogacy is under consideration.

Surrogacy is generally of two types with regard to economic arrangements. Commercial surrogacy refers to an arrangement whereby the surrogate mother receives compensation, expenses and/or fees for carrying the child. Altruistic surrogacy refers to an arrangement whereby the surrogate mother donates her services, often to a family member or friend. Typically the altruistic surrogate receives no compensation, except for medical expenses. Again, ethical issues may vary depending on the nature of the payment. There may well be a moral distinction between a woman who receives only expenses as opposed to a woman who receives a fee for her services in addition to expenses.

Surrogacy, then, is not simply a moral question. There are economic considerations with ethical implications. Does surrogacy involve "baby-selling"? Are the services of the surrogate a commodity like any other? What do economic arrangements

say about the personhood of those involved? Can parents, legally or morally, give up their parental duties and rights, particularly for monetary compensation? If becoming a parent, whether father or mother, entails some duties and obligations, may the biological parents in surrogate arrangements choose to abdicate those duties and obligations?

Surrogacy is a legal issue as well. The mother giving birth may automatically have legal status as the mother of the child, and there may need to be an adoption for the rearing mother to become the legal mother. Contracts may be advisable in surrogacy arrangements, whether commercial or altruistic. Laws governing surrogacy vary enormously from state to state. Some states criminalize surrogacy. Some states allow for surrogacy contracts, but find them unenforceable. Other states have laws recognizing surrogacy, with varying degrees of state intervention. Some states, such as California, use case law regarding surrogacy. Some states prohibit payment in exchange for termination of parental rights. Some states have no legislation regarding surrogacy.⁸ The diversity in legislation concerning surrogacy arrangements and contracts speaks to the complexity surrounding the situation, and the wide diversity of ethical positions reflected in legislation.

Surrogate motherhood is ethically complicated. It should be no surprise that the three viewpoints to consider may differ dramatically, as each perspective will focus the questions in differing ways. Certainly a complete analysis of all the ethical dimensions is beyond the scope of this essay. However the three positions under consideration address

⁸“Legal Overview of Surrogacy Laws by State,” The American Surrogacy Center, Inc., Legal Map, <http://www.surrogacy.com.legals/map.html>. 1/17/01.

the basic issue: is surrogate motherhood a morally acceptable alternative to childlessness?

Traditional Christian Views

The male Christian bioethicists examined are professional academics, teaching mainly in Christian colleges and universities. McDowell is described as an educator for Planned Parenthood and an ethics consultant. These writers are considering surrogate motherhood from a Christian perspective, writing for a general as well as an academic audience. Their views are remarkably similar.

One of the central issues considered has to do with the family. How are families to be formed and maintained? What constitutes appropriate practices and norms for marriage and child-bearing? Ethical questions concerning reproductive technologies are focused on what constitutes moral behavior with regard to creating and maintaining families.

Truesdale acknowledges the complexity of surrogacy issues, saying “there is good reason to believe that a moral distinction should be made between gestational and genetic surrogacy.”⁹ McDowell points out that the many ways in which surrogacy can be arranged raise moral questions with differing responses for Christians. She says an infertile couple needs to sort out the kind of arrangement they wish to pursue (gestational vs. genetic, or commercial vs. altruistic). “Only then could they consider the moral implications of the agreement.”¹⁰ The traditional Christian response does indeed appreciate

⁹Al Truesdale, *God in the Laboratory: Equipping Christians to Deal with Issues in Bioethics* (Kansas City: Beacon Hill Press, 2000), 138.

¹⁰Janet Dickey McDowell, “Surrogate Motherhood,” *From Christ to the World: Introductory Readings in Christian Ethics*, 392.

the nuances of differing surrogacy arrangements.

The Bible is a primary authority. Several writers point to scripture for guidance. There are situations in scripture which are similar to modern surrogate arrangements. In Genesis 16 there is the story of Abram and Sarai. Sarai had no children, and so she sent her Egyptian maid, Hagar, to her husband saying, "it may be that I shall obtain children by her" (Genesis 16:2b, RSV). The Levirate law, described in Deuteronomy, says that if a man dies with no son, "the wife of the dead shall not be married outside the family to a stranger; her husband's brother shall go in to her, and take her as his wife, and perform the duty of a husband's brother to her. And the first son whom she bears shall succeed to the name of his brother who is dead, that his name may not be blotted out of Israel" (Deuteronomy 25:5-6, RSV). With regard to these practices, Rae and Cox note "God's allowance of a practice does not constitute its sanction as a moral norm."¹¹

Though scripture does not deal in a systematic way with human infertility, the "Bible contains substantial guidance regarding the relative importance of procreation and parenthood for those within God's covenant community."¹² According to McDowell, human procreation is highly esteemed in the Bible. In the creation narratives of Genesis human beings are created male and female with the potential to 'be fruitful and multiply,' but only together. . . . Through the companionship and sexual communion of two people committed to one another was to come new life. . . Thus from a biblical standpoint

¹¹Scott B. Rae and Paul M. Cox, *Bioethics: A Christian Approach in a Pluralistic Age* (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1999), 108.

¹²McDowell, 392.

procreation is a joint venture of marriage partners”¹³

Scott Rae raises the issue of a third person present with the marriage partners. He says:

Scripture looks skeptically at reproductive interventions, including altruistic surrogacy, that involve a third party contributor. The natural order of the family is established by the God of nature who embedded a specific structure of the family into the creation. In Genesis 1-2, here is a critical link between the man and woman in the context of marriage and the procreation of children. Placing the more specific account of the creation of male and female and the subsequent institution of marriage back into the broader context of the creation in Genesis 1:26, the command to procreate is thus given to Adam and Eve in the context of leaving, cleaving and becoming one flesh, that is, in the context of marriage. Though it is true that Adam and Eve are representative of the first male and female of the species, it is also true that their relationship sets the precedent for heterosexual marriage and procreation within that setting. Though the example of Adam and Eve clearly does not suggest that every male and female must be joined in marriage, it does indicate that marriage is to be between male and female, and that only in marriage is procreation to occur. In other words, God has set up procreation to be restricted to heterosexual couples in marriage.¹⁴

The notion of a third party participating with the husband and wife in procreation violates this interpretation of scripture and the family, hence many Christian bioethicists cannot support the practice of surrogacy. Truesdale quotes several noted theologians on

¹³McDowell, 393.

¹⁴Scott Rae, “Pregnancy for Profit?: Legal and Moral Perspectives on Commercial Surrogate Motherhood,” eds., John F. Kilner, Nigel M. de S. Cameron, and David L. Schiedermayer, *Bioethics and the Future of Medicine: A Christian Appraisal* (Grand Rapids, Michigan: William B Eerdmans Publishing Company, 1995), 228-229.

the “third-party” question.¹⁵ Helmut Thielicke, in arguing against artificial insemination by donor, says that a moral error occurs when a third person enters the “exclusive psychological relationship within marriage.” Paul Ramsey held that marital love, as established by God, is a reflection of the love of God for the world. He wrote: “Procreation and the communications of bodily love, nurturing and strengthening the bonds of life, belong . . . together—not, it is true, in every act of marriage—but between two persons who are married.” Likewise, Edward Schneider points out that a third party exercises procreative powers “apart from any marital bond or commitment.”

The presence of another person, other than the husband and wife, is seen as a violation of the sacrament of marriage by many Christians. However, there is sufficient ambiguity concerning scriptural interpretations so that some Christians acknowledge that “Scripture may not be clear enough to warrant a blanket prohibition of surrogate motherhood.”¹⁶

On other grounds, Gilbert Meilaender would prohibit surrogacy arrangements for Christians. He believes that the “greatest moral difficulty with surrogacy is that the surrogate is being invited to conceive a human being as a means to satisfying someone else’s desire to have a child.”¹⁷ He goes on to point out that while many people desperately desire to have a child, “we should also be free of the idolatrous desire to have

¹⁵Truesdale, 134-135.

¹⁶Rae and Cox, 108.

¹⁷Gilbert Meilaender, *Bioethics: A Primer for Christians* (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1996), 23.

them at any cost—as our project rather than God’s gift. . . .At least for Christians, procreation is primarily neither the exercise of a right nor a means of self-fulfillment. . . .The couple who cannot have children may—and should—find other ways in which their union may, as a union, turn outward and be fruitful.”¹⁸

In addition to Biblical norms for family life, Christian bioethicists cite other reasons to discourage surrogacy. The question of human dignity is a serious consideration. “The strongest argument against commercial surrogacy is based on the violation of human dignity that occurs when any human being is an object of barter. Since commercial surrogacy clearly involves the sale of children, it is prohibited on deontological grounds.”¹⁹ Some things simply cannot be bought or sold. The fees involved lead opponents of commercial surrogacy to speak of “commodification.” As Alan Wertheimer points out, there are some good and services appropriately exchanged for money. Other goods and services, such as citizenship, criminal justice, and human beings, should not be exchanged for money. He refers to Michael Walzer’s phrase, calling such transactions “blocked exchanges.”²⁰

Scott Rae points out that in choosing an appropriate surrogate, couples look for a woman who can easily give up the child she will carry. Ideally the woman giving birth will not become too attached to the baby within her. Surrogacy, then, turns what we normally

¹⁸Ibid., 24-25.

¹⁹Rae, 233.

²⁰Alan Wertheimer, *Exploitation* (Princeton: Princeton University Press, 1996), 102-103.

call a vice, the ability to detach from the child in utero, into a virtue. Rae quotes Daniel Callahan: "We will be forced to cultivate the services of women with the hardly desirable trait of being willing to gestate and then give up their own children. . . This is not a psychological trait we should want to foster, even in the name of altruism."²¹

Not only does surrogacy create the possibility of encouraging behavior most would consider callous in other circumstances, it encourages the gestational mother to engage in behavior that would otherwise be considered irresponsible. The capacity to take responsibility for one's decisions, and actions is generally considered a mark of mature behavior. Surrogacy not only permits, but encourages persons to renounce responsibility for their choices and decisions. In fact, the cases which have received publicity, and become involved in legal battles are those in which the mother refuses to give up her child.

In summary, Christian bioethicists are generally opposed to surrogacy. They are uniformly opposed to commercial surrogacy. Some are unequivocally opposed to any form of surrogacy. While there may be some instances, such as within families, in which altruistic surrogacy is acceptable, there remain serious reservations concerning the presence of the third party within the marriage. The Biblical norm does not dictate absolute prohibitions, but most interpreters within the traditional Christian position understand Scripture to discourage surrogate arrangements. The primary concerns of traditional Christian bioethicists focus on the family, the dignity of human beings, and the nature of marriage.

²¹Rae, 228.

Feminist Views on Surrogacy

Maura Ryan notes that the “freedom to decide whether one will bear and nurture children, and under what circumstances, has been a central issue in the women’s liberation movement. As persons whose self-identity and social role have been defined historically in relation to their procreative capacities, women have a great deal at stake in questions of reproductive freedom.”²²

Feminist bioethicists are not of one mind on the moral acceptability of surrogate motherhood. They seem to be in general agreement, however, about the questions to be considered. Their central focus and concern is not the preservation of the traditional heterosexual family or how the Bible views procreation. Beverly Wildung Harrison, who is a Christian ethicist, takes sharp issue with what she calls “biblicist anti-intellectualism” which claims that “God’s ‘word’ requires no justification other than their [male theologians] attestation that divine utterance says what it says. Against such irrationalism, no rational objections have a chance.”²³ Attempting to counter traditional Christian claims and arguments will likely be futile. For feminists the questions are different: the focus of the discussion shifts and enlarges.

Sherwin notes that “feminist writers see reproductive practices as having very broad social implications, but most non-feminist commentators have adopted a

²²Maura A. Ryan, “The Argument for Unlimited Procreative Liberty: A Feminist Critique,” *Feminist Ethics and the Catholic Moral Tradition*, 384.

²³Beverly Wildung Harrison with Shirley Cloyes, “Theology and Morality of Procreative Choice,” *Feminist Theological Ethics: A Reader*, 214.

comparatively narrow perspective on the topic.”²⁴ She goes on to point out that “cultural attitudes toward both technology and reproduction shape the meanings and values that the various reproductive technologies carry in our society. . . . both technological and reproductive choices are usually placed in the sphere of private decision-making, feminist methodology directs us to evaluate practices within the broader scheme of oppressive social structures.” We need to ask questions about a wide range of issues, about the social, political, and economic effects of such technology. There is no doubt that “reproductive practices carry profound social as well as private implications.”

Feminist concerns include the genuine autonomy of all the persons involved, the nature of altruism within our society, economic as well as emotional exploitation, and commodification of babies. Each of these issues involve more than one person; there are networks of persons, and the relationships they live in are significant factors. Consideration of these issues centers on the effects of surrogacy on the women involved, but expands to societal implications and concerns. Most feminist writers are generally opposed to surrogacy for a variety of reasons. Before exploring their reasons in depth, I wish to examine briefly the arguments feminists make in favor of surrogate motherhood.

Tong summarizes feminist arguments for surrogacy.²⁵ The first centers on reproductive freedom for women. “Preventing a woman from working for payment as a surrogate mother, or from hiring a surrogate mother, violates her reproductive freedom

²⁴Sherwin, 117-118.

²⁵Tong, 201-203.

just as much as does preventing her from using birth control or from having an abortion.”²⁶ Women, as fully autonomous persons, should not be prevented from exercising their rights to reproductive activity, whatever form that may take. In order for women to be fully equal with men, women must not have such rights denied them.

Some feminists celebrate the collaboration between women who cooperate to create and raise a child. Others note that it is usually rich women hiring poor women to be surrogates, hence there are serious economic divisions between women. Pro-surrogacy feminists point out that such arrangements need not always be characterized by oppression. Rather the women may be understood to be working together, cooperating with one another to achieve something new. In fact, some feminists go on to suggest that surrogacy may lead to a new paradigm for family in which there is not only collaborative reproduction but collaborative parenting as well. The commissioning couple may include the surrogate mother in the family arrangement in creative non-traditional ways of being family.

Most surrogate arrangements are governed by legal contracts. Attorney Lori Andrews argues that “failing to hold contract mothers to their agreements treats women as less able than men to make promises and keep them.”²⁷ Women, as fully autonomous persons, should be able to enter into contracts, and should be held to them. Women should not be prevented from making or keeping contracts. Such policies smack strongly of

²⁶Ibid., 202.

²⁷Quoted in Joan C. Callahan, 79.

paternalism. Stereotypes which treat women as less than capable may thereby be perpetuated.

One of the arguments feminists consider in opposition to surrogacy concerns the notion of self-sacrifice. Briefly, they maintain that we live in a culture marked with oppression, and there are deeply-held, socially constructed ideas that say women are to sacrifice themselves for others. This notion will be explored below in more detail.

However it is important to note that some pro-surrogacy feminists believe that even if surrogacy involves self-sacrifice on the part of the surrogate, she has the right to make that choice and to sacrifice herself in that manner. There may well be situations in which women may legitimately and “willingly sacrifice their own interests in order to benefit others.”²⁸

The feminist voice favoring surrogacy is the minority position. Reproductive freedom is central to this position. Most feminists, however, are opposed to surrogate motherhood. They believe it is a practice which is potentially harmful to all those involved, and should be discouraged if not prevented by legal means. They offer a number of arguments.

Commercial forms of surrogacy, in which money is exchanged, are problematic because they almost always involve rich women hiring poor women to carry their babies. There are often significant socio-economic differences between the two women involved. Kelly Oliver notes that “the market forces women into surrogacy. Economic concerns

²⁸Barbara Hilkert Andolsen, “Agape in Feminist Ethics,” *Feminist Theological Ethics: A Reader*, 153.

cause women to do something which they would not otherwise do.”²⁹ While some women may choose to be surrogates freely for friends or family, commercial surrogacy is a market arrangement in which women bear children for the money they will earn.

Commercial surrogacy, then, raises serious concerns about the exploitation of poorer women who live in a society in which they cannot earn an adequate living by working in traditional jobs. These women are exploited personally, physically, and economically. The larger question involves oppression of women in a society in which educational opportunities, and employment opportunities are limited for women and surrogacy appears a viable way to earn income. Lisa Cahill points out that “powerful social forces always shape choice and define the options that we are able to discern as available to us.”³⁰ Surrogacy is unacceptable because it means that individual women are exploited economically. It speaks as well about oppression in the culture.

Tong points out that the economic disparities serve to create “harmful relationships among women.” Commercial surrogacy “drives wedges between economically privileged women and economically disadvantaged women.”³¹ There is a long tradition in our culture of disadvantaged women providing childcare for well-off women, often at very low salaries. Surrogacy simply carries the process a step further so that the poor woman not only cares for the children of the rich woman; now she can

²⁹Kelly Oliver, “Marxism and Surrogacy,” *Feminist Perspectives in Medical Ethics*, 268.

³⁰Lisa Sowle Cahill, *Sex, Gender and Christian Ethics*, 243.

³¹Tong, 199.

actually bear the child for her as well.

Exploitation is a crucial concern for anti-surrogacy feminists raising serious questions about informed consent. The Baby M case is the well-known and much-cited example of informed consent gone awry. While a woman may sign a contract promising she will turn over the child, it is difficult for a woman to be completely informed in such a situation. She cannot know how it will feel to relinquish the child. She may well imagine she can handle the psychological and emotional consequences, but then find herself unable to carry through with the agreement. Judge Wilentz, in ruling on the Baby M case stated:

Under the contract, the natural mother is irrevocably committed before she knows the strength of her bond with her child. She never makes a totally voluntary, informed decision, for quite clearly any decision prior to the baby's birth is, in the most important sense, uninformed, and any decision after that, compelled by a pre-existing contractual commitment, the threat of a lawsuit, and the inducement of a \$10,000 payment, is less than totally voluntary.³²

Hence, a woman who consents to be a surrogate, believing she fully understands the ramifications of her consent, may be deceiving herself. The notion of informed consent requires a certain standard of knowledge and understanding. It may be extremely difficult to achieve even a minimum standard of "informed" for the woman to consent meaningfully to be a surrogate.

Her consent is usually recorded in the form of a legal contract. Feminists find such contracts problematic. There may be an inherent conflict of interest because the attorney

³²Quoted in Oliver, 269.

who prepares the contract is usually chosen, and paid, by the contracting couple. The nature of the contract, by which the surrogate mother agrees to bear a child, "is always biased in favor of the financially secure male."³³ Contracts are usually arranged between the husband of the couple, and the surrogate mother. The wife is usually not included in the legal arrangement. Nor is the baby included as a party to the contract. Nelson and Nelson oppose surrogacy in part because "contractual models . . . tend to leave out the interests of infants, who are not contracting parties."³⁴ Legal contracts governing surrogacy are often unjust to the surrogate in that her rights are not fully protected and she forfeits freedom. Should she decides she wants to keep the baby, she is not legally free to do so.

Nelson and Nelson make a strong argument against surrogacy based on the nature of parental obligation. The *causal* relationship between parents and their children; the fact that parents have children creates responsibilities. They state:

The leading idea of our view is that in bringing a child into the world, the parents have put it at risk of harm; it is extremely needy and highly vulnerable to a vast assortment of physical and psychological damage. Because they have exposed it to that risk, they have at least a prima facie obligation to defend it; further, they may not transfer their parental duties to another caretaker simply as a matter of choice, for it is the

³³Ibid., 269.

³⁴Hilde Lindemann Nelson and James Lindemann Nelson, "Cutting Motherhood in Two," 261.

child who holds the claim against both mother and father, and it cannot release them.³⁵

Nelson and Nelson clearly have the interests of the child at the forefront of their position against surrogate motherhood. Parents simply cannot abdicate their responsibilities to the children they bear.

Feminists have a variety of reasons for opposing commercial surrogacy arrangements, generally focusing on issues of exploitation. Altruistic surrogacy, however, does not involve the exchange of money. Altruistic surrogates give of themselves, their capacity to bear a child, without expecting to make money in the process. While one might expect that feminists would applaud the impulse of one woman to help another, the question of altruism raises a host of complex issues for feminists.

Many accounts of surrogacy tell heart-warming stories of women freely giving of themselves to serve as surrogate mothers for relatives or friends. Often a woman offers to carry a child for her infertile sister. There are instances in which the mother of the infertile woman carries her daughter's child. In such cases the surrogate mother actually gives birth to her own grandchild. At times women may choose to bear a child for a friend. These stories of altruistic surrogacy are generally told in a manner which gives much praise and admiration to the surrogate mother.

The OED defines "altruism" as the devotion to the welfare of others, regard for others, as a principle of action. The nature of altruism, of love for others, has long been the subject of theological and philosophical conversation. The Greek term, *agape*, means

³⁵Ibid., 258-259.

love and is often described as an altruistic kind of love in which one gives to, and cares for the well-being of others with little or no regard for one's own well-being.. The role of self-sacrifice within context of *agape* is the subject of much discussion.³⁶

Self-sacrifice is lauded as an admirable virtue by some who see self-sacrifice as the very *heart* of love for others. Love for one's self may well be discouraged as selfish and inappropriate. Many feminists see a serious problem in this perspective on self-sacrifice. Andolsen notes that "feminist ethicists are critical of the emphasis on sacrifice as the quintessence of *agape* and of the denigration of self-love."³⁷ Women have been socialized to sacrifice of themselves, particularly in Christian circles. Feminist thinking argues that *agape* understood exclusively as other-regard or self-sacrifice is not an appropriate virtue for women who are likely to give of themselves to excess. Farley says that too often for women, "Christian self-sacrifice has means the sacrifice of women for the sake of men."³⁸

Janice Raymond explores feminist concerns about altruistic surrogacy in depth.³⁹ The idea of gift giving, she notes, is influenced by a variety of factors. The nature of the relationships between the giver and the recipient are strongly determined by values and cultural orientations. Cultural values shape gift-giving arrangements. With regard to

³⁶For a thorough discussion of these issues see Gene Outka, *Agape: An Ethical Analysis* (New Haven: Yale University Press, 1972).

³⁷Andolsen, 146.

³⁸Quoted in Andolsen, 152.

³⁹Janice G. Raymond, "Reproductive Gifts and Gift Giving: The Altruistic Woman," *Feminist Theological Ethics: A Reader*, 233.

surrogate motherhood, it is women who are the givers. "The unexamined acceptance of women as reproductive gift givers is very much related to a longstanding patriarchal tradition of giving women away in other cultural contexts—for sex and in marriage, for example."⁴⁰

The traditional view has been a general acceptance of altruistic surrogacy, while commercial surrogacy is often criticized. Carrying a child out of love is laudable; carrying a child for money is in a different moral category. Altruism has become the ethical standard to give approval for surrogacy. Women are encouraged to give of themselves, and are called exceptional or special. Altruistic surrogacy is often highly praised.

Raymond sees a host of problems. These views of altruistic surrogacy arise within a cultural norm of the woman who gives infinitely, who is always available to care for others. The context is a moral tradition which celebrates women's duty to meet the needs of others. Raymond refers to Beverly Harrison who notes that such attitudes are deeply ingrained such that some "philosophers and theologians, although decrying gender inequality, still unconsciously assume that women's lives should express a different moral norm than men's."⁴¹

There is, in effect, a moral double standard, by which women are expected to be giving, caring, and endlessly attentive to the needs of others. A distinct moral language centering on women's maternal capacities and focusing on nurturing capacities is often

⁴⁰Ibid., 234.

⁴¹Ibid., 236.

used to describe women's way of being in the world. In some circles such behavior is the expected norm. Theorists such as Gilligan have "valorized women's altruistic development as the morality of responsibility."⁴²

Raymond maintains that "altruism has been one of the most effective blocks to women's self-awareness and demand for self-determination. It has been an instrument structuring social organization and patterns of relationship in women's lives. The social relations set up by altruism and the giving of self have been among the most powerful forces that bind women to cultural roles and expectations."⁴³

Women are expected to act in altruistic ways. They are socialized to be giving and caring. While such virtues may indeed be laudable, the excesses to which women are taught to give may involve self-sacrifice to a degree which may be emotionally, spiritually, and physically detrimental to the woman. Such high expectations for the role of giver denies women the genuine freedom necessary to give freely.

Raymond notes the complexities of families with regard to surrogate arrangements. There may well be unspoken obligations which serve to coerce. Concern for the infertile woman may be genuine and deep. But it may result in subtle forces which leave her sisters (as well as other family members or friends) feeling that they cannot but offer to carry a child. Some women may receive messages that their reluctance to bear another person's child is selfish or uncaring.

⁴²Ibid., 237.

⁴³Ibid., 237.

Robyn Rowland shares concerns about family dynamics regarding altruistic surrogate motherhood. She expresses concern about

the issue of exploitation within families. These arrangements are still a form of contract—women are contracting both their bodies and their resulting children away—yet proponents of surrogacy often term it ‘altruistic’ or ‘family’ surrogacy because of the seductive power of family ideology. But here the bonds are more formidable than money. The currency is love: love and gratitude will be exchanged for the child. Often touted as a truly sisterly act, these contracted arrangements have even more complex problems than commercial transactions. . . it is often difficult to distinguish between an act of ‘surrogacy’ out of love and one out of guilt, even in the closest relationships.⁴⁴

There is good reason, then, to question the nature of altruistic surrogacy. Women have been taught to give of themselves in such ways that it may be virtually impossible for some women to consider refusing to bear a child for another, particularly a family member. In traditional Christian circles the virtue of *agape* for women reinforces and honors such giving, elevating the self-sacrifice involved. Feminists are wary of social and cultural forces which teach women to give endlessly, at the expense of their own autonomy and their own well-being. Feminists note, as well, the complexities of family life. Love, guilt, fear, and other powerful forces may leave a woman unable or unwilling to refuse to offer to bear a child for another.

Feminists have many reasons to be cautious about surrogate motherhood. Commercial surrogacy may well be exploitative in many ways. Economic exploitation

⁴⁴Robyn Rowland, *Living Laboratories: Women and Reproductive Technologies*, (Bloomington: Indiana University Press, 1992), 163.

generates concerns about informed consent, unjust contracts, and the failure to carry out moral obligations tied to bearing a child. Altruistic surrogacy is suspect because of the ways in which women have been thoroughly trained to give and care, to the exclusion of self-love, and at the expense of their own well-being.

There is almost a tone of “maternalism” in some of the writings of feminists about surrogate motherhood. While feminists generally value autonomy highly, the sense of much of the literature on surrogacy implies that women are less than able to discern the true circumstances they face, and are unable to make thoughtful or careful moral decisions. While feminists claim to value the rights of women to make their own choices, the message with regard to surrogacy at times seems to imply that it is best prevented, as women may be unable to care for their own interests in such decisions.

Surrogacy, whether commercial or altruistic, is morally complex. Traditional Christian bioethicists generally oppose surrogate motherhood. The majority of feminist bioethicists oppose surrogacy as well, though on different grounds, and for different reasons. How might a feminist Christian approach surrogate motherhood?

A Feminist Christian View

A feminist Christian view of surrogacy may well bear similarities to each of the views described. As the other perspectives have already shown, the moral challenges are complex. In looking to Ruether for guidance in thinking about a feminist Christian view, one cannot, of course, know precisely what she would say about the moral acceptability of surrogate motherhood. Her theology might well permit extrapolating positions which

could favor or discourage surrogacy. Depending on the relative weight of concerns such as autonomy, community, exploitation, or scriptural norms, one could develop a feminist Christian position on either side of the issue.

Ruether's primary concern, what she calls the "critical principle" of feminist theology is the "promotion of the full humanity of women." Any bioethical position that is not consistent with this principle will not be true to feminist Christian goals, which includes attention to scripture, tradition, and discernment of divine desires for creation.

As Ruether's theology is thoroughly grounded in scripture, it is important first to consider how she might look to the Bible for guidance on the question of surrogacy. Feminist interpreters approach scripture with a different set of questions and presuppositions than traditional Christian interpreters. The traditional Christian interpreter generally looks to scripture for a set of moral norms, or guidance to develop such norms.

Feminists take a different approach. McFague points out that the Bible is the expression of those who had experienced God through Jesus of Nazareth. "They did this in the only way they could with the images and concepts from their own historical, cultural setting. The New Testament is a product of first-century Mediterranean culture with its worldview that included . . .the inferiority of women. . .among other things."⁴⁵ Any subsequent interpretation of the Christian faith is likewise the product of a particular worldview, sociological or cultural framework.

Feminist ways of looking at scripture include careful attention to the context,

⁴⁵McFague, *Life Abundant*, 41.

concern for a critical analysis of that context such that God's ways may be discerned amidst the culture in which the Bible was written. They point out that the oppressive patriarchal ways of first century do not necessarily constitute God-given norms for human behavior for all time. Sifting through a book written over hundreds of years to understand divine intentions for human life is no simple process.

As noted above, there are actually some Biblical examples and provisions for a primitive kind of surrogate motherhood. The Genesis 16 story of Abram, his wife Sarai, and the maid Hagar offer a clear example of a woman bearing a child on behalf of a barren woman. Of course, Hagar had no choice; her contribution was not a commercial arrangement, and she certainly didn't volunteer to act as a surrogate for altruistic reasons. Nevertheless, she became pregnant by Abram, and bore a child to meet Sarai's needs.

The Hebrew law provided for a widow to have sex with her dead husband's brother so she could bear a son that the family name might survive. This so called Levirate law is a form of surrogacy. There is, then, Biblical precedent for arrangements other than the traditional, customary method for a husband and wife to bear a child. While these situations are not the norm, there is no explicit prohibition. Such arrangements offer a creative way to deal with a serious and painful human problem.

Many feminists look first to Jesus and the prophetic-liberating tradition for guidance on moral questions. While the traditional Christian focus in examining scripture points toward norms for family life as established in Genesis, the feminist focus looks to Jesus and his way regarding human relationships. Jesus did not condemn traditional family

arrangements. However, his attention to the marginalized, his concern for the outcast, his care for those considered unclean and unacceptable, as well as his respect for women suggest the creation of a new kind of "family." Jesus' way of creating family was inclusive of all persons. When Jesus' mother and brothers came to speak to him, he pointed toward his followers and announced: "Here are my mother and my brothers! For whoever does the will of my Father in heaven is my brother, and sister, and mother" (Matthew 12:49b-50, RSV).

The kingdom of God, as envisioned by Jesus, may be understood to offer revised and expanded ways of realizing and living out family relationships. For Jesus family was not just a husband and wife, and their naturally conceived and borne children. The meaning of family was broadened to include persons who might not fit the standard pattern.

It may be appropriate, then, to suggest that scripture not only fails to prohibit surrogacy, but Hebrew examples of non-conventional family arrangements, and Jesus understanding of the notion of family may well offer generous latitude in ideas of family. The teachings of Jesus, understood within the context of the prophetic-liberating tradition may well offer blessing for the creation of loving families in non-traditional ways.

The feminist Christian can maintain that Biblical interpretation from her perspective, with attention first to Jesus, and concern for sorting out historical contextual issues, can offer support for the loving creation of families in new and non-conventional ways.

Consideration of the moral questions around surrogacy for the feminist Christian will take place within the community of faith. Ruether's concern that people be able to participate in decisions about their own lives, coupled with her insistence that women have rights over their own bodies, lead to careful consideration of the many dimensions of surrogacy. All those involved must be treated with appropriate care and justice. The childless couple as well as the surrogate mother and the baby must be considered, and treated, with the respect due all persons as created in the *imago dei*. Whether the means of conception be in vitro fertilization or more traditional methods, the child conceived is indeed the locus for the *imago dei*.

Commercial surrogacy, which suggests commodification of human beings, is morally unacceptable for a feminist Christian. Bearing a child for monetary compensation constitutes a "blocked exchange;" it is unethical for persons to be paid for such transactions. Some things simply cannot be bought or sold; bearing a child with the *imago dei* is one of those things. The risk of economic exploitation is eliminated when commercial surrogacy is deemed unacceptable.

Altruistic surrogacy is another matter. The Christian tradition has long given prominence to the notion of *agape*, the New Testament word which means love. It refers to the kind of giving, caring love which leads one to act on behalf of another. *Agape* is about caring for others with an interest in their well-being.

Some feminists are understandably wary of altruism among women because, as noted above, many women have been socialized such that self-sacrifice to their own

detriment is the norm. For the Christian, careful consideration of altruism may well mean that respect for a woman's autonomy and her rights to make choices about her own body, permit her to choose to bear a child for another. Not every instance of surrogacy necessarily constitutes exploitation or extremes of self-sacrifice. Should a woman choose to make such a sacrifice, it may indeed be her choice, made within the context of community and with the understanding and support of those around her. In other words, a woman may make the informed choice to sacrifice something of her own well-being for the sake of others. *Agape*, rightly understood, means the kind of love that is fully expressed in mutuality. It need not refer only to the caring of a person who gives and gives, always with the well-being of others uppermost to the exclusion of her own well-being. A full and rich understanding of *agape* provides for caring acts and feelings to flow in more than one direction. The act of giving oneself as a surrogate may constitute a significant act of compassion. It is worth noting that *rechem*, the Hebrew word meaning compassion and mercy, is literally the word for "womb."

While Ruether expresses concern that historically women and their bodies have been subjugated, denigrated, and abused, if a woman is able to make a thoughtful decision to bear a child for another, her wish to do so should be respected. There need be no concern about a "third-party" intruding into a marriage. Jesus' notion of families is not so strictly limited that a surrogate mother is necessarily a violation of the covenant within a marriage.

Ruether's standard for moral norms will not be expressed in a set of static

doctrines or rules. Rather ongoing discussion within the community of faith, the church, will lead to continuing conversation with attention to changing contexts and circumstances. The church may discuss a particular situation and the consensus may be that surrogacy is not advisable. On the other hand, in other situations surrogacy may be deemed appropriate. In either case, the church would not function as the final arbiter, rather it would serve as the place for conversation with compassion and love for all those involved, offering guidance and support to its members.

The prophetic-liberating tradition Ruether articulates does not generate rules; rather it offers a “plumb line of truth and untruth, justice and injustice.” Continuing dialogue will enable that plumb line to be used appropriately so that the full humanity of women (and men) may be lived out. Altruistic surrogacy may indeed be an acceptable moral choice within the context of Christian community for a feminist. Provided all those involved are acting out of love, and are acting with as much freedom as is possible, such choices should be respected.

Ruether’s concern for the whole of creation may contribute to a position favoring adoption over surrogacy. Concerns about overpopulation and the use of global resources suggest that choosing to adopt and rear a child already-born may be a more responsible choice for childless couples.

The feminist Christian position, grounded in the theology of Ruether, can maintain surrogacy as a morally acceptable option. Based on respect for persons, particularly the rights of women to make choices about their own bodies, and the recognition that all

persons bear the *imago dei*, the freedom to give of oneself as a surrogate may not be arbitrarily denied. It may, in fact, be the way in which a particular woman expresses most completely her full humanity.

The feminist Christian position differs from those viewpoints outlined above. It is like the traditional Christian position in looking to Scripture for guidance. However the conclusions about Scriptural guidance differ dramatically. The feminist Christian position is more like the minority feminist position which permits surrogacy based on the rights of women to be treated as competent adults who can make choices for themselves. The church as the locus for discussion and support is an added dimension for the Christian.

Each of the three positions on surrogate motherhood differ, in part, because different questions are raised from each perspective. The traditional Christian seeks answers largely from scripture, with a traditional interpretive stance. Concerns other than scriptural norms are considered, but are clearly secondary. The feminist philosopher asks questions about what is best for women, what questions point to noticing and guarding the political, social, and economic interests and well-being of women. The feminist Christian includes some concerns of the traditional Christian as well as the feminist philosopher. She examines scripture, interpreted through feminist hermeneutics. She seeks to discern the path will promote the full humanity of all human beings, with careful consideration to the whole of creation, believing that such a path is how God would have human beings live.

The feminist Christian position does indeed offer a unique way to approach the questions around surrogate motherhood. This position expresses concern not only for the

women involved, but for all the persons considered in surrogate motherhood arrangements. Many of the considerations discussed could well be applied to other bioethical issues around reproductive technologies. The Christian feminist voice does indeed have something new to add to the bioethical conversation.

CHAPTER 4

PHYSICIAN-ASSISTED SUICIDE: THREE VIEWS

“How we deal with illness, age, and decline says a great deal about who and what we are both as individuals and as a society.”¹ Consideration of the ways in which a life may be ended “reflects our understanding of what it means to be human: it articulates both our struggles for meaning and self-expression and our fears and anxieties in the face of death.”² Albert Camus said, “Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy.”³ Philosophical and theological struggles around the question of suicide point to the very nature of discussion about human existence. One of the most controversial end of life ethical questions concerns physician-assisted suicide. There are legal as well as moral issues involved. The issue cuts deeper than simple consideration of whether it is right or wrong to ask for, or provide, assistance in committing suicide. It touches on the very meaning of being human.

Physician-assisted suicide is only one form of suicide. It is generally considered in extreme situations, such as a terminal illness with intractable pain. There is a long and interesting history of human beings thinking about suicide, and the questions it poses.

¹Herbert Hendin, “Selling Death and Dignity,” *Hastings Center Report* 25, no. 3 (1995): 23.

²Kathleen Marie Dixon, “The Quality of Mercy: Reflections on Provider-Assisted Suicide,” *The Journal of Clinical Ethics*, 8 no.3 (Fall, 1997): 290.

³Quoted in Joseph Fletcher, “In Defense of Suicide,” eds., Samuel E. Wallace and Albin Eser, *Suicide and Euthanasia: The Rights of Personhood* (Knoxville: The University of Tennessee Press, 1981), 45.

There are many dimensions to the debate; but a consideration of the nature of suicide in general, whether it can be rational or not, whether it should be permitted or not, and other such questions are beyond the scope of this essay.

There is much lively legal debate about physician-assisted suicide, and there have been several state ballot initiatives. At this time only Oregon permits the practice. Nonetheless, it is likely that assisting patients who wish to die by providing prescriptions for lethal doses of medication, or other lethal mechanisms, occurs with some frequency in other states. However data on the practice is understandably scarce.

One of the difficulties in the literature about physician-assisted suicide is confusion about terms and their meaning. Passive or active euthanasia, voluntary or involuntary euthanasia, physician assisted suicide, mercy killing, and assisted dying are terms which are sometimes used in unclear ways. Some writers use language without careful attention to definitions. Richard Gula points out that “the terms voluntary active euthanasia and physician-assisted suicide sometimes are used interchangeably, confusing the two practices”⁴ Truesdale, in a section of his book called “Defining the Terms” speaks of “euthanasia, usually referred to as ‘physician-assisted suicide’”⁵ It is important that one be entirely clear about the meaning of the language used. Many of these terms are laden with emotional content as well as moral implications. Tangled terminology does not enable clear debate about ethical issues. Not only is precise terminology important for clear

⁴Richard M. Gula, “Dying Well: A Challenge to Christian Compassion,” *Christian Century*, 5 May 1999, 501.

⁵Truesdale, 62.

communication, it has significant implications in the continuing debates about the moral differences among the related practices.⁶

In using the term physician-assisted suicide (hereafter referred to as PAS), I am relying on the definition formulated by Ezekiel Emanuel, who defines PAS as: "A physician providing medications or other interventions to a patient with understanding that the patient intends to use them to commit suicide."⁷ Emanuel points out that an important difference between voluntary active euthanasia and physician-assisted suicide involves who actually administers the deadly medication or intervention. The physician writes the prescription, or otherwise provides the means, and the patient actually administers the medication, perhaps with the assistance of family or friends. The physician may or may not be present at the time the patient takes the medication. The physician understands the patient's intent, and agrees to cooperate in PAS.

The question, then, is whether it is right or wrong for a patient to ask a physician for assistance in committing suicide, and whether the physician is acting morally to comply with the request. I shall, again, examine three differing perspectives on the question; a traditional Christian stance, a feminist secular position, and a feminist Christian response. As with the previous discussion concerning surrogate motherhood, there will be positions, issues, and viewpoints which are important to the general discussion of PAS, but do not

⁶For example, see Nicholas Dixon, "On the Difference between Physician-Assisted Suicide and Active Euthanasia," *Hastings Center Report* 28, no. 5 (1998): 25-29.

⁷Ezekiel J. Emanuel, MD, PhD, "Euthanasia: Historical, Ethical, and Empiric Perspectives," *Archives of Internal Medicine* 154, (September, 12, 1994): 1891.

fall within the boundaries of these three positions. Likewise, as with the discussion about surrogate motherhood, one may expect significant differences among the three positions.

Traditional Christian Response

The conservative Christian response to PAS is overwhelmingly negative. While a very few theologians may permit PAS in extreme circumstances, the vast majority are strongly opposed to the practice. Most turn first to scripture for guidance. While the word suicide is not in the Bible, there are several occurrences. In Hebrew scripture, Saul and his armor-bearer (I Samuel 31:4-5), Ahithophel (II Samuel 17:23), and Zimri (I Kings 16:18) all commit suicide. In Christian scripture, Judas kills himself (Matthew 27:5). While there are no explicit prohibitions against suicide in the Bible, and the act is never actually condemned, there is an attitude throughout scripture which favors life as given by God. The sixth commandment, "You shall not kill" and rules about shedding human blood (Genesis 9:5-6, RSV) contribute to the view that it is wrong to take one's own life.⁸ Human beings are created in the *imago dei*, and life is sacred.

Church tradition has long been opposed to suicide. While early Church Fathers preached against suicide, Augustine made the prohibition absolute. He based his reasoning on several ideas: the sixth commandment; the notion that we are to bear suffering; that we may not kill ourselves if we are innocent, and if we are guilty we may not take justice into our own hands; and the idea that suicide precludes repentance. Only martyrs, acting under

⁸F. W. Young, "Suicide," George A. Buttrick, et. al., eds., *The Interpreter's Dictionary of the Bible, Volume 4: R-Z* (Nashville: Abingdon Press, 1982), 453-454.

God's guidance were permitted to kill themselves.⁹

Thomas Aquinas, in his *Summa Theologiae*, wrote: "The passage from this life to a more blessed one is. . . . not a matter subject to man's free will, but to God's power. A man may not, therefore kill himself in order to escape from any of the miseries of this life. . . . God alone has the authority to decide about life and death. . . ." ¹⁰ Church teachings influenced law and custom throughout Europe for many centuries. In some countries, attempted suicides which failed were then hanged publicly, as suicide was illegal. Property of suicides was confiscated in England until 1870. The legal penalty for a suicide attempt was prison in England until a change of law in 1961.¹¹ Contemporary Christian views against suicide continue a long history of prohibition, based in scripture and reinforced by church teachings.

A major theme in current Christian writing about suicide concerns the limits of human autonomy. The basic idea is that our lives are not our own. Life is a gift from God, and one may not destroy God's gift, the locus of the *imago dei*. Gula states: "According to Christian beliefs, the sovereignty of God and the human responsibility for stewardship limit our freedom to control life. God has absolute dominion over life, and we share in that dominion only as limited creatures."¹² Truesdale says "if God is the giver of human life and

⁹Fletcher, 43.

¹⁰Quoted in John B. Cobb, Jr. *Matters of Life and Death* (Louisville, Kentucky: Westminster/John Knox Press, 1991), 49.

¹¹Fletcher, 44.

¹²Gula, 502.

if we are stewards of God's gift, then to the very end we must treat life as the gift that it is. No Christian can abide by the principle and at the same time take control over the gift by deciding the time when life will end. . . .It breaks faith with God and throws the gift back into His face."¹³

Theologian Karl Barth writes that human life "must always be regarded as a divine act of trust," and while human life is to be treated with respect, "life is no second God, and therefore the respect due to it cannot rival the reverence owed to God."¹⁴ The Christian view is clear that life is God's gift, yet as Vaux points out, while God alone "has authority to end life. . . .even life itself is not the *summum bonum*. This belongs only to the commanding God."¹⁵

Christian freedom and the human capacity to make choices have limits. Christians are often critical of contemporary notions of autonomy derived from liberal thinking, which suggests unlimited personal freedom to make choices about one's life. Christians believe life is a gift of God, and its normal and natural limits are to be honored and respected. God will choose when and how a person's life is to end.

Liberal autonomy is challenged as well by Christian notions of community. Vaux says: "We are not autonomous (self-ruling) creatures. We belong to and live for one another because our Father has joined us into one body, one family. Directions for

¹³Truesdale, 73.

¹⁴Quoted in Gilbert Meilaender, "Euthanasia and Christian Vision," *On Moral Medicine*, 658-659.

¹⁵Vaux, *Health and Medicine in the Reformed Tradition*, 95-96.

personal action are indicated by that which is needed to edify the community.”¹⁶ Personal choices are to include consideration of what choice best benefits the body of believers.

Suicide, then, is not an acceptable option for a Christian. The nature of our lives as a gift for which we are accountable, and obligations to one another in community prohibit suicide. However, the circumstances which usually raise the issue of PAS add another dimension to the discussion. Consideration of PAS usually arises in situations of terminal illness and unrelenting, severe pain. Christian views about suffering become part of the discussion about PAS. A thorough examination of the extensive Christian literature on suffering is beyond the scope of this project. However it is important to note that Christians generally agree that suffering is not necessarily to be avoided at all costs. While no one is to intentionally seek suffering, the presence of evil in the world means that at times human beings will suffer. Suffering may, in fact, be redemptive and offer opportunity to strengthen faith. However, one need not summon suffering; it will surely come in the normal course of one’s life.

At times of suffering, the community of believers is to respond with care and compassion, to stand with those suffering. In fact, suicide may deprive the community of the opportunity to serve by tending the dying. Taking one’s life, removing one’s self from the community, can be seen as an injustice to other members who then lose the potentially redemptive opportunity to serve by caring for the dying.

Meilaender summarizes conservative Protestant views well:

¹⁶Ibid., 106.

The principle that governs Christian compassion. . . is not 'minimize suffering.' It is 'maximize care.' Were our goal only to minimize suffering, no doubt we could sometimes achieve it by eliminating *sufferers*. But then we refuse to understand suffering as a significant part of human life that can have meaning or purpose. We should not, of course, pretend that suffering in itself is a good thing, nor should we put forward claims about the benefits others can reap from their suffering. Jesus in Gethsemane—who shrinks from the suffering to come but accepts it as part of his calling and obedience—should be our model here. The suffering that comes is an evil, but the God who in Jesus has not abandoned us in that suffering can bring good from it for us as for Jesus. We are called simply to live out our personal histories—the stories of which God is author—as faithfully as we can.¹⁷

When the question of PAS arises, Christian writers often respond with eloquent pleas for greater attention to pain control, palliative care, hospice care, and other forms of caring and compassion for the dying. Many point to the often inadequate ways in which our society responds to the dying. Rae and Cox say:

Undergirded by Christian moral values such as the sacredness of life, respect for the dignity of persons made in God's image, compassion for the vulnerable, and a view of death as a conquered enemy, caring well for the dying is a moral obligation for professional caregivers and loved ones who take care of dying family members.¹⁸

Edmund Pellegrino points out that permitting PAS is often a misguided attempt at compassion: "It is often more compassionate for the frustrated physician or hurting family than it is for the patient. In fact, assisted suicide is really a noncompassionate form of

¹⁷Meilaender, *Bioethics*, 65.

¹⁸Rae and Cox, 231.

moral abandonment.”¹⁹

As Christians feel called to care for the suffering, and reach out to those who are vulnerable, they are supported by widespread belief in an afterlife which holds promise of relief from suffering. Most Christians believe “the New Testament is abundantly clear that the afterlife is a reality and that the grave is not a person’s final destination.”²⁰ The corresponding fear of eternal punishment may well prevent some persons who are inclined to suicide from acting on their wishes to die, as there is a popular belief in many Christian circles that one who commits suicide is inevitably doomed to hell.

The vast majority of Christians, then, maintain that Christians should not request their physicians to assist in suicide. Christian physicians should not comply with such requests. Christian pharmacists, likewise, are not to participate by filling prescriptions they know to be intended for suicidal purposes. Christians should not, in any way, participate in PAS. “Death is an appointment with destiny. Our responsible role is to watch near with care and succor, restraining ourselves from coercing or retarding its enactment.”²¹

There are a few traditional Christian writers who permit PAS in some limited situations. Vaux suggests that some situations, extreme cases in which patients are suffering, but not necessarily actively dying, may be permissible occasions for a physician to not only disconnect life-support, but to “ease them into death with barbiturates and

¹⁹Gary L. Thomas, “Deadly Compassion,” *Christianity Today*, 41, no.7 (July 16, 1997): 17.

²⁰Ibid., 228.

²¹Vaux, *Health and Medicine in the Reformed Tradition*, 140.

muscle relaxants. In my view such cases are compelling and justify active euthanasia.”²²

While Vaux is not speaking directly to PAS, the circumstances and actions he describes are similar, and one may surmise that he would permit PAS in similar extreme situations.

Some conservative Christians may maintain that it is acceptable to request PAS “when death is imminent and life has become torturous” acknowledging that we need not hold onto life as an ultimate value.²³ “Hanging onto life when it is pointless to do so. . . is selfish. Doing so, they [proponents of PAS] believe, unnecessarily taxes the resources of families, friends, and congregations that could be put to much better use.”²⁴ PAS may well be an act of mercy under some circumstances.

Most traditional Christians oppose PAS as morally unacceptable, as a serious violation of the nature of human life as God’s gift. They call for greater compassion, and more adequate resources to care for those who suffer, acknowledging the potential value which may lie in the experience of suffering. The sovereignty of God and God’s care for creation demand respect for the timing and circumstances of one’s death. The necessity for the community to stand with those who suffer and die are central values in traditional Christian views on PAS.

²²Kenneth L. Vaux, “The Theologic Ethics of Euthanasia,” *Hastings Center Report: A Special Supplement*, (January/February, 1989): 21.

²³Truesdale, 71. Truesdale summarizes this position, though it is important to note that he disagrees with permitting PAS.

²⁴*Ibid.*, 71.

Feminist Views on Physician-Assisted Suicide

There is scant literature from a feminist perspective concerning PAS. Susan Wolf wrote an important essay a few years ago which has generated some discussion in the literature.²⁵ While there are not a multitude of essays specifically about PAS, it is helpful to rely on feminist thinking on other issues to formulate feminist thinking on this issue. As with the previous discussion on surrogacy, feminists do not always agree about what is the best moral option. One of the difficulties concerning PAS is the lack of data about actual practice. Studies from Oregon are very limited. Similarities in theoretical thinking may lead to differing positions, and there is very little data to substantiate any position.

The focus shifts as feminists ask different questions, and approach the question of PAS from a different standpoint than traditional Christians. Rather than focus on God's will or plan, and look to scripture for guidance, the feminist question is concerned with ways in which the lives of women may be enhanced and empowered. Justice, oppression, and power are of primary concern as women consider PAS with attention to how it affects women as particular human beings deeply embedded in significant networks of social and familial connections.

Nancy Jecker, in writing about the Netherlands experience with PAS, notes that gender issues are evident in the studies concerning PAS. She states: "These empirical findings paint a troubling picture of gender-related abuses that might take place in

²⁵Susan M. Wolf, "Gender, Feminism, and Death: Physician-Assisted Suicide and Euthanasia," *Feminism and Bioethics: Beyond Reproduction*, 282-317.

connection with physician-assisted death in the US.”²⁶ Making assumptions about the US based on the Netherlands may or may not be valid or helpful. However Jecker’s findings are worth noting simply for the recognition that gender may play a significant role in PAS issues.

Wolf maintains that gender matters in many complex ways with regard to PAS.²⁷ She points out that the prominent cases which have received attention in America concern women far more often than men. The first eight patients Dr. Kevorkian “assisted” with suicide were women. The dramatic stories of the women who sought his help were widely distributed throughout the media. Herbert Hendin raises troubling questions about publicity surrounding particular cases of PAS. He notes that elaborate descriptions of very ill individuals in severe pain are often recounted in ways designed to persuade the public that PAS is necessary and appropriate. The use of cases which “may rely either on nightmarish images of unnecessarily prolonged dying or on predictions of severe disability” distort the debate and cloud the discussion.²⁸ Many of these such cases involve women patients.

Wolf maintains that these early cases, such as those publicized by Kevorkian, need to be analyzed carefully. While systematic data about current practice of PAS is very

²⁶Nancy S. Jecker, “Physician-Assisted Death in the Netherlands and the United States: Ethical and Cultural Aspects of Health Policy Development,” *Journal of the American Geriatrics Society*, 42, no. 6, (1994): 676.

²⁷Wolf, 282-317 passim.

²⁸Hendin, 19.

difficult to obtain, Wolf finds that women committing suicide has a significant cultural lineage. She traces the history of women as victims of sacrifice and self-sacrifice from the early days of ancient Greek tragedy. "The connection between societal gender roles and modes of death persists through history."²⁹ There are numerous examples of differences in attitudes about suicide by women than men. This lineage, notes Wolf, has important implications:

It means that even while we debate physician-assisted suicide and euthanasia rationally, we may be animated by unacknowledged images that give the practices a certain gendered logic and felt correctness. In some deep way it makes sense to us to see these women dying, it seems right. . . . Moreover, these acts seem good; they are born of virtue. We may not recognize that the virtues in question--female sacrifice and self-sacrifice--are ones now widely questioned and deliberately rejected. Instead, our subconscious may harken back to older forms, reembracing those ancient virtues, and thus lauding these women's deaths.³⁰

We may, then, be influenced in subtle ways concerning how we view PAS with regard to gender. It may seem to be a more acceptable practice for women than for men.

Wolf notes that women may seek PAS for different reasons than men. In our society gender differences in health care are well documented, showing that women have greater difficulty getting good medical care, they receive less pain relief, they experience a higher incidences of depression, and higher rates of poverty. Such conditions may well lead women to ask for PAS as escape from very difficult circumstances as they face illness

²⁹Wolf, "Gender, Feminism, and Death," 289.

³⁰Ibid., 289-290.

with little social or medical support. The fact that women generally outlive men, and are more likely to be alone in old age complicates the experience of illness. Sydney Callahan notes that "old women will bear the brunt of any inadequacies in the system our society devises for the fragile old at the end of life."³¹

Such conditions raise questions about motivation for asking for PAS. If elderly women dealing with serious illness had better support, better pain relief, better social and medical care, might they be able to manage the illness without resorting to PAS? Is the request for PAS really a plea for other kinds of help? Such questions lead to a consideration of the nature of the doctor-patient relationship, and how gender may be a factor when women ask their physicians for help in dying. Wolf sees the unequal social conditions that may lead women to seek PAS, and questions if physicians may be more likely to fulfil women's request for help with dying. "The same historical valorization of women's self-sacrifice and the same background sexism that may affect women's readiness to request may also affect physicians' responses. Physicians may be susceptible to affirming women's negative self-judgments. This might or might not result in physicians agreeing to assist."³² The physician might be influenced by views that women are too emotional, and their capacity for decision-making too unreliable. The physician may discount a woman's request for PAS, and fail to take her concerns seriously.

³¹Sydney Callahan, "A Feminist Case Against Euthanasia," *Health Progress* (Nov.-Dec. 1996): 23.

³²Wolf, "Gender, Feminism, and Death," 284. Wolf's comments apparently assume that the physician in question is male.

Jennifer Parks notes that one can argue either way concerning how physicians respond to women's requests for PAS. She suggests that women's requests for assistance in dying "may be discounted, trivialized, and ignored for the same reasons that Wolf claims they are too likely to be heeded."³³ There is the expectation that "women will be altruistic, self-abnegating caregivers," and their requests for autonomy in such decisions may be too easily dismissed.³⁴ Similar feminist theoretical concerns about how women and physicians relate to one another can lead to differing conclusions. In the absence of empirical studies, the debate continues.

Women asking for PAS are not the only women affected by the issue. Serious illness will inevitably affect not only the patient, but those around her. Given shortened hospital stays and high costs for professional care, much of the care for very ill patients takes place in the home, and is most often provided by family members, usually women. Often women have no choice but to resign their jobs to care for a parent or spouse who is dying at home. Aside from the potential loss of income and career goals put aside, the task of caregiving can be daunting. John Hardwig describes a common scenario:

The burdens of providing care or even just supervision twenty-four hours a day, seven days a week are often overwhelming. When this kind of caregiving goes on for years, it leaves the caregiver exhausted, with no time for herself or life of her own. Ultimately, even her health is often destroyed. But it can also be emotionally devastating

³³Jennifer A. Parks, "Why Gender Matters to the Euthanasia Debate: On Decisional Capacity and the Rejection of Women's Death Requests," *Hastings Center Report*, 30, no. 1 (January-February, 2000): 31.

³⁴*Ibid.*, 31.

simply to live with a spouse who is increasingly distant, uncommunicative, unresponsive, foreign, and unreachably. Other family members' needs often go unmet as the caring capacity of the family is exceeded. Social life and friendships evaporate, as there is no opportunity to go out to see friends and the home is no longer a place suitable for having friends in.³⁵

Women are more often the caregivers described for several reasons. Their careers or jobs are likely to be considered less important, partly because women continue to earn less than men. Women are seen as "natural" caregivers; it is the cultural expectation. Husbands often become ill and die before their wives, and thus the wife is the one who is still healthy and able to provide care. Given this situation, it is no surprise that many persons fear becoming a burden to their loved ones should they become ill and require constant care.

Oregon studies find that the primary reason persons ask for PAS is not because they fear pain, but rather concern about loss of autonomy and loss of control of bodily functions.³⁶ Many people are not comfortable with the prospect of others providing ongoing care as they become ill and lose the capacity to choose and act for themselves. Many people are not comfortable receiving the care so provided. They do not want to burden others who would be required to make significant sacrifices to provide such care.

Feminists raise concerns about the long and well-entrenched expectation that women will act in sacrificial ways. Such expectations may well mean that for women to

³⁵John Hardwig, "Is There a Duty to Die?" *Hastings Center Report*, 27, no. 2 (March-April, 1997): 36.

³⁶Arthur E. Chin, MD, Katrina Hedberg, MD, MPH, Grant K. Higginson, MD, MPH, and David W. Felming, MD, "Legalized Physician-Assisted Suicide in Oregon—The First Year's Experience," *The New England Journal of Medicine* 340, no. 7, (February 18, 1999): 82.

choose PAS could be understood as a heroic act of self-sacrifice born of altruism. While self-sacrifice may indeed be a laudable virtue, women are so often socialized to give of themselves in this culture that the notion of care for the self becomes lost.

Carol Gilligan points out that the conventions of femininity equate moral goodness with self-sacrifice, and it is "in their care and concern for others that women have both judged themselves and been judged."³⁷ The "good woman", says Gilligan, seeks only to meet the needs of others while the "bad woman" is one who renounces such commitments.

Cultural and social expectations of altruism and sacrifice by women are a feminist concern not only in PAS discussions, but, as noted previously regarding surrogacy, in many areas of life. For situations which may raise the PAS question, distorted altruism has two important implications. First, women are under significant pressure to give of themselves as caretakers when family members become ill. It is women who are expected to give up jobs, income, rest, social lives, and other personal dimensions of living their own lives. Not only are women expected to become the caretakers, they themselves often assume it is their obligation and duty. In many families such arrangements are simply assumed, and there is likely little discussion about whether a daughter or a son will become the primary caregiver. Socially conditioned notions of women as self-sacrificing often leave little room for consideration of other options. Situations in which PAS might be a realistic and reasonable option are those situations in which women become the sacrificing giver.

³⁷Gilligan, 70.

Second, women who are ill or dying may well experience subtle pressures to opt for PAS rather than impose the burden of their care on others. Women who save their families from the devastating burden of extended care may be seen as heroes who seek the final sacrifice of themselves as an act of caring for others. Such expectations may come not only from those around her, but from the woman herself. That any woman may consider PAS for such reasons is a serious concern.

Should there be legal and moral sanction for ending one's life by PAS, there may well be subtle changes in interpersonal dynamics. Sick persons may experience a need to justify a choice to go on living, requiring costly and burdensome care from others. There may be internal pressures on the dying "to stop being a burden on others by taking up resources and energy. Women who have been socialized to be self-sacrificing may be the most vulnerable to such pressures."³⁸

Feminists note the importance of context. They "understand that individuals cannot be treated or treat others as though they are alienated monads cut off from all bonds with one another."³⁹ A person requesting PAS is much more than a patient asking her doctor for help. Persons are deeply connected to others in social and familial relationships. Consideration of PAS, then, is not simply a decision or action between a woman and her physician. Many others are affected by the choice. Families and friends are most directly affected by the choice to die by PAS, but such choices have implications for society at

³⁸Sydney Callahan, 26.

³⁹Ibid., 23.

large as well. Moral approval of PAS makes important statements about how human life is valued, about how a society cares for the sick and dying, and about relationships within the context of interconnected social networks. The choice to die by PAS is not a solitary choice with limited ramifications. It says something about the nature of human beings and their care for one another.

Feminists generally are strong advocates for autonomy, given the dismal history of the ways in which women's autonomy has been diminished and trivialized. However, Jennifer Nedelsky notes ideas of autonomy may be revised such that woman may reject "the pathological conception of autonomy as boundaries against others."⁴⁰ One may come to see, rather that "what actually enables people to be autonomous. . . is not isolation but relationships. . . that provide the support and guidance necessary for the development and experience of autonomy."⁴¹ Autonomy thus understood provides options for women to think and act for themselves, taking into consideration their actual context and situation involved with, and connected to other persons.

The complex factors currently at work in situations leading to PAS raise many reasons for caution about moral approval. Women are so thoroughly socialized to give of themselves, even to the point of suicide, that a genuine rational decision for PAS may be almost impossible to make. There is much to be done in providing for the needs of the dying which could well forestall requests for PAS. Noting that such requests often are

⁴⁰Quoted in Wolf, "Gender, Feminism, and Death," 300.

⁴¹Ibid., 300.

really pleas for other kinds of help, feminists advocate for better health care, better treatment of pain, treatment for possible depression, and provisions for adequate care for all dying persons. Only when the burdens no longer fall disproportionately on women, can one consider a more objective appraisal of PAS. Only when gender differences in doctor-patient relationships are gone, and when gender differences in care for the dying are gone, can one begin to make reasoned decisions about PAS.

The feminist position concerning PAS as a moral option does not prohibit the practice. However myriad concerns about gender issues lead to a strong position cautioning against suicide. In some extreme cases of pain and suffering, if a woman is able to think carefully about her options and the implications of her choice for suicide, such a choice would be morally permissible.⁴² Only after other options (better care, pain control, etc.) have been exhausted, and with the knowledge and assent of those around her, should a woman choose PAS.

A Feminist Christian View

Ruether's theology may lead to differing positions with regard to PAS. She may provide basis for approval, or for prohibition, of PAS. I do not presume to speak for her, and announce "what Ruether would say" about PAS or any other issue. However, her theology offers some direction in formulating a feminist Christian bioethical position on PAS. Many aspects of her views discussed above concerning surrogate motherhood apply

⁴²One wonders how clearly any person can think, and make rational choices in situations of extreme pain and suffering. Perhaps a decision for PAS, to be carried out when the situation warrants it, is best made in the early stages of a disease, before pain, and its treatment, may cloud decision-making capacity.

equally to the discussion of PAS, such as her understanding of scripture. I will not discuss in detail her theological underpinning as it has been outlined above. Other contemporary theologians who fall within a broadly defined contemporary theology which emphasizes liberation contribute to the discussion, including Sallie McFague and John Cobb.

It is helpful to remember that Ruether's theology is always guided by her concern for the "promotion of the full humanity of women." She insists that "whatever denies, diminishes, or distorts the full humanity of women . . . [is] not redemptive."⁴³ Her central theological statement is crucial to this discussion. Situations in which PAS may become a serious option are those in which one's full humanity may be seriously compromised by painful illness. A feminist Christian position based on Ruether, can permit PAS in some circumstances.

Ruether values scripture as an important moral guide. There is, as noted, no direct prohibition regarding suicide. In spite of the widely-held popular belief that suicide is an explicitly forbidden act, scripture does not confirm that view. Certainly the overwhelming thrust of scriptural teachings affirm life and the goodness of being, but there is no absolute dictum which says one may never kill oneself.

Jesus' role as prophet-liberator has significance. His concern focused on the marginalized and the outcast, and in his culture (as in ours) this was often women. In fact, Ruether notes that in Jesus' teachings women are "the oppressed of the oppressed."⁴⁴ As

⁴³Ruether, *Sexism*, 19.

⁴⁴*Ibid.*, 136.

prophet, Jesus denounced those who would oppress, and those systems and structures of society which led to injustice. As liberator, Jesus offers hope that situations in which humans live diminished or distorted lives can be transformed. Certainly Jesus values life, but he also cares about the circumstances in which people live. Jesus did not walk away from sick persons asking for help; he did not leave sinners outside the gate; he invited the poor and hungry to the banquet; he noticed and cared about the situations in which people lived. How people live matters; the state of their bodies matters. Jesus message of liberating hope did not speak simply to an afterlife; it was about the here and now; about the concrete ways in which people live their lives.

Traditional Christian theology points to the doctrine of the sacredness of life, noting the *imago dei* present in every person. Ruether, too finds the *imago dei* important for how Christians live. There are many understandings of what it means for a human to bear the image of God, and a thorough exploration of the doctrine of the *imago dei* is far beyond the scope of this essay. It is worth noting, however, that to claim the value of persons as imaging God does not necessarily demand that one may never kill, either oneself or others. While life is certainly God's good gift, John Cobb points out that Christians regularly "qualify the absoluteness of the affirmation for practical purposes."⁴⁵ John Cobb points out that killing people in war or by capital punishment, for example, are regularly approved by some Christians. "Clearly the absoluteness of the value of human

⁴⁵John Cobb, *Matters of Life and Death* (Louisville, Kentucky: Westminster John Knox Press, 1991), 50.

life has never been consistently acted on.”⁴⁶

Cobb goes on to point out that the doctrine of the *imago dei* is not the same as calling human life sacred. He says: “Although Christians are committed to a teaching that affirms respect for every human being simply as human, they are not committed to the sacralizing of human life or to the affirmation of the *infinite* value of each human life.”⁴⁷ Other values, such as respect for human freedom and care for the community may need to be balanced with concerns for the sacredness of life.

It is not only contemporary theologians who revise understandings of the *imago dei* beyond notions of the absolute sacredness of human life. Thomas Aquinas suggests that the entire creation is *imago dei* when “he claims that the whole panorama of creation is needed to reflect the divine glory.”⁴⁸ The *imago dei* and the doctrine of the sacredness of life may be understood as important theological statements about the nature of personhood, but need not be absolute prohibitions against killing persons.

Feminist philosophers have shown that women may be affected particularly in adverse ways by the practice of PAS. A feminist Christian would take note of, and be deeply concerned about, greater risks for women. Conditions which make women more vulnerable, particularly elderly women, are alarming. Poverty, inadequate health care, inadequate social and economic support, inadequate pain control and distorted doctor-

⁴⁶Ibid., 50.

⁴⁷Ibid., 51.

⁴⁸Quoted in McFague, *Life Abundant*, 169

patient communication are all causes for grave concern. A feminist Christian position demands attention to these issues which may compromise a woman's capacity to choose or act for herself.

Christian notions of *agape*, of giving of oneself, are central to a consideration of PAS. Just as feminists have concerns about women's altruism with regard to surrogacy, there is real concern that women may choose self-sacrifice to the point of ending their lives by PAS. Women have been conditioned to give of themselves in sacrificial ways in our culture. In feminist views of Christian theology, self-giving and personal sacrifice need not always be condemned. In fact, such choices may be consistent with the authentic practice of faith. Feminist Christian theology does not deny these options, but can point to the equally important need to care for oneself as a divine mandate.

Women may indeed be conditioned to sacrifice themselves, to give up their very lives so as to save those around them from the burden and expense of care, and the personal sacrifice others may make on their behalf. Women may have a difficult time asking for care for themselves, receiving care, and believing they are worthy of such care. PAS may seem like an easy way to spare those around them of burdens. It is likely impossible to sort out thoroughly any person's motives for asking for PAS. Such situations are complex and multi-dimensional. However, a prohibition against PAS means that if any person should choose freely to make such a sacrifice, the option is not available. There may indeed be situations in which persons can make rational competent decisions for suicide on behalf of the well-being of those around them. If genuine *agape* is lived out

in mutuality, there are certainly times when such love means that one may opt for PAS. Altruism, self-sacrifice, and other ways in which persons give of themselves are often intricate forces which move in many directions. A feminist Christian recognizes such complexity and honors the autonomous right of a woman to choose for herself regarding decisions about her own body and life.

Autonomy is re-envisioned by feminists such that persons are understood to live in social networks of significant relationships with others. They note, as well that women do indeed have the capacity and the right to make decisions for themselves, and often do so with due consideration for those around them. Autonomy is also qualified by Christians with regard to one's relationship to God. Feminist Christian views about autonomy consider both one's familial and social situation as well as one's relationship to God. Ruether insists that women are to make their own decisions, particularly about matters having to do with their bodies. It is well within the bounds of feminist Christianity to suppose that a woman may find that in extreme illness her full humanity is seriously diminished, that her love for those around her who are going to great lengths to provide care is real and deep, and that her best choice may be to decide the time has come to end her life.

While a woman's autonomy may be appropriately exercised in choosing PAS, it is important to note that it is by no means a solitary act. She requests the collaboration of her physician who must agree with her choice in order to provide the medications. She takes the prescription to a pharmacy, and another person becomes involved, possibly

unwittingly. At the very least two persons are involved in PAS, and possibly many more if the family and the church community are involved in the decision or the action. PAS is, in some measure, a communal process.

The notion of community is central to Christian theology, and its role in feminist Christianity is important to Ruether. It is within community that on-going dialogue about important questions takes place. It is within community that persons have the opportunity, and the moral obligation to care for one another. The role of community can function in at least two ways regarding the possibility of PAS. First the community may be the place which offers support and care for the ill person as well as the caregivers. The community may offer practical assistance, financial help, or spiritual and emotional support for all those involved. In fact, the community is obligated by gospel mandate to provide such care.

However, as a measure of honoring autonomy, the sick person may look to her community and see that her care is a larger drain on the community's resources than she is willing to make. She may see her responsible moral role as removing herself from the community by ending her life. She may make a well-considered decision to take her leave, believing that such a choice is in the best interest of those around her. Such a decision may well be an act of *agape*, a deliberate sacrifice which she has a right to make.

Christian notions of community extend well beyond the family or the local congregation. The community of all creation is a concern for feminist Christians. Disparities in economic and social circumstances, in the availability of decent health care

and education, in political freedom or access to the goods of life are matters of theological consequence. How the resources of the globe are shared and distributed are theological issues. A very rich nation, such as the US, consumes far more than its share of available resources in many ways. The costly technology needed to treat an illness which is inevitably fatal may be an unjust use of resources when one considers its broadest implications.

Feminist Christians are among those who take these concerns seriously, and look to the well-being of the entire planet as important. For human beings to have opportunity to experience their full humanity, for all creation to flourish, there must be limits on how we use the resources which are available. McFague maintains that God desires the well-being of all forms of life. What she calls "the economy of the universe" must be managed so that the flourishing of life is made possible. "In a closed ecological system with limits on natural resources, difficult decisions must be made to insure the continuation, growth, and fulfillment of the many forms of life (not just one form and not all its individuals)."⁴⁹ One such decision may well be to opt for PAS, as a loving choice not only for one's family, but for all creation. While few people in the difficult circumstances of illness may be thinking in such terms, a theological grounding which values the planet may be a factor in such a choice.

It is clear that as Christians value justice in community, both locally and globally, there may be real concern for how resources are utilized. Bioethicist Larry Churchill says,

⁴⁹Sallie McFague, *Models of God: Theology for an Ecological, Nuclear Age* (Philadelphia: Fortress Press, 1987), 103-104.

“Christian doctrines of stewardship prohibit the extension of one’s own life at a great cost to the neighbor.”⁵⁰ Likewise choosing to end one’s life out of concern for the just use of community resources may be an acceptable choice for feminist Christians.

Ruether’s views on death, influenced by Native American ideas, play a role in thinking about PAS. She sees death as the proper culmination of life, as the natural way in which human life is limited. Death is not simply a medical failure but is part of being human. Treating elderly or ill persons with respect and care may enhance the experience of life for all those involved. What comes following death, says Ruether, is a mystery. In her view we become part of the “cosmic matrix” from which new being arises. Our choice to end life which has become so compromised that we can no longer experience even a modicum of full humanity may be a wise and caring choice for ourselves as well as those around us.

Feminist Christians, while supportive of the availability of PAS, certainly urge care and caution in choosing for suicide. A clear and carefully designed protocol would help ensure that such a decision was not hasty or impulsive. A thorough look at the situation could reveal hidden motives or pleas for help of other kinds. Attention to depression, adequate medical care, adequate pain control, and other options for care and treatment need to be explored fully.⁵¹ Only when it becomes clear that her decision is freely made,

⁵⁰Larry R. Churchill, *Rationing Health Care in America: Perceptions and Principles of Justice* (Notre Dame, Indiana: University of Notre Dame Press, 1987), 112.

⁵¹One such protocol is outlined by Linda L. Emanuel, MD, PhD, “Facing Requests for Physician-Assisted Suicide: Toward a Practical and Principled Clinical Skill Set,”

and her choice is right for her under the circumstances, should PAS be supported. Only when all other options for care and treatment have been exhausted, should PAS be supported.

There are such situations. There are persons with terminal illnesses with pain which is all but impossible to control. There times and places when PAS can be a moral choice. Christian ethicist Karen Lebacqz writes about euthanasia, but her remarks apply equally to PAS:

I know that death is not the last word, not the greatest evil. Failure to live, to care, to enact justice, to be in proper relationship—those are greater evils. Death can serve evil or it can serve the values of life. As a way of bringing about death, active euthanasia can serve evil or it can serve the values of life. When it serves the values of life, it can be morally justified.⁵²

Feminist Christian bioethics can permit PAS. It should never be utilized quickly or easily, and should be considered with due regard for the serious nature of such a choice. PAS should not be encouraged, but permitted, only in extreme situations. With the support of a loving community, and appropriate care for family and close friends of the sick person, PAS may well be the most loving choice for a person to make. Certainly Christian values favoring life make PAS a difficult decision, but those same values may well enable someone to choose to bring life to an end.

The feminist Christian, by focusing the concerns and interests of faith in a different

JAMA 280. no. 7 (August 19, 1998): 643-647.

⁵²Karen Lebacqz, "Reflection," *On Moral Medicine*, 667.

manner than the traditional Christian, can support a position which permits the practice of PAS. Care for the dying person as well as concern for justice and well-being for all creation contribute to a position which honors a woman's choice to ask for assistance in ending her life.

The feminist Christian position on PAS shares in some ways with both the traditional Christian view and the feminist secular view. The feminist Christian honors the *imago dei* and has deep respect for life. Her concerns, however, are not limited to human existence, but extend to all creation. Rather than emphasize the care for one individual, the feminist Christian takes into account a global perspective, considering how justice for all may be a factor in using expensive resources. Like the traditional Christian, a feminist Christian seeks better care and better resources for the disenfranchised, those who may be at most risk for PAS. The feminist Christian values the right of a woman to make her own choices, carefully considered, and acknowledges that her choice to sacrifice herself may indeed be morally appropriate. The feminist Christian position is more open to the possibility of *permitting* PAS in some circumstances, though does not encourage the practice.

The serious problems faced by powerless women, particularly the sick and elderly, are a primary concern for feminists. The feminist Christian shares those concerns, and along with her secular feminist sisters, advocates for improvement. While the secular feminist position is appropriately concerned about the ways in which women are socialized to extremes of altruistic behavior, the feminist Christian may find such choices,

thoughtfully made, more acceptable. Global concerns regarding utilization of resources are also a primary concern for both categories of feminists.

The Christian feminist position shares some things in common, but also differs in some ways from the other two positions. Given the importance for a woman to have the option to act autonomously, within the framework of her social and familial settings, and given an understanding of faith within community, a woman may choose PAS after all other options are exhausted. The feminist Christian may be more willing to consider the meaning of sacrifice in religious terms, and find it an acceptable choice.

CHAPTER 5

CONCLUSION

The feminist Christian viewpoint does indeed offer a different perspective on the two issues considered, surrogacy and physician-assisted suicide. The feminist Christian stands between the traditional Christian and the feminist philosopher, sharing some concerns and views with each, yet not quite the same as either. Her position may well offer a perspective for many believers who find themselves uncomfortable with traditional Christian bioethics because of its conservatism. Her position may well speak to many believers who are concerned with bioethical issues and whose theological orientation is more moderate or liberal.

Of course there are many more bioethical issues which might be examined. A careful examination of abortion, genetic testing and treatment, research issues, futile treatment, care for the mentally ill, or questions about health care resource allocation would likely yield differences among the three positions similar to those outlined above.

For example, a brief look at an issue such as abortion would find most traditional Christians in opposition, based on the sanctity of life and scriptural prohibitions against killing. He would find biblical support for the notion that life begins at conception. The feminist philosopher might be supportive or opposed, depending on the circumstances of a particular situation. The focus and emphasis of her concerns would differ from the traditional Christian approach. She would surely support the right of a woman to make an autonomous choice about her own body, including the right to have an abortion. She

would also be open to considering the effect of an unwanted pregnancy on the family involved. A feminist Christian would agree with the traditional Christian about the holy dimension of human existence, but the meaning of the sacredness of life could be interpreted differently such that she may support the option of abortion. Given the circumstances such as an already over-burdened family, scarce resources, or other limitations within a family, or community, there may well be situations in which the loving choice for all those involved leads to abortion.

To some extent the differences among the three positions are based on the differences in concerns raised and questions asked. There are differences regarding what or who constitutes authority, where one looks for answers. There are differences around who has the authority to speak for whom, and who has the power to provide guidance for another's actions. All three positions have high regard for treating persons with respect and dignity, for autonomy and the right to make one's own choices. All three positions attend to many of the same concerns. However the relative weight of these concerns may vary considerably. There may be significant differences in emphasis. For instance, the traditional Christian values autonomy in relation to God. The feminist philosopher values autonomy in relation to a woman's care and concern for others as well as her capacity to make choices about her own well-being. The feminist Christian includes both concerns in her perspective.

The traditional Christian position has been characterized in broad and general strokes. It represents a spectrum of Protestant views which are by no means identical, but

share basic assumptions. Authority for the traditional Christian is mainly, but not exclusively, scripture as revelation of God's will for humankind. Though the Bible does not have direct answers to every ethical dilemma, there are guidelines and principles which point to a particular position. Other sources of knowledge, such as biology or psychology, may play a role in the discussion, but the primary source, the final word, is based in scripture.

The traditional Christian usually comes to a bioethical issue asking, "What does scripture (as source of information about what God wills) say about this question, or, if the Bible does not speak directly to the issue, what guidelines drawn from scripture offer help?" The traditional Christian bioethicist may consider biblical principles such as love for one's neighbor, or demands for justice. Therefore secondary questions may include "What is the loving thing to do?" or "What is the just thing to do?" He will formulate a position guided by scripture and scriptural principles, supplemented by other sources of knowledge, all seeking to know God's will for human action.

The feminist philosopher looks to more politically and socially oriented concerns. She will come to a bioethical dilemma asking how women experience a situation, how women are treated within a particular system, how women have, or don't have, power and influence, and what is best for women who may be experiencing oppression. Such concerns affect not only women, but all persons involved. If, for example, she finds that a woman is relatively powerless, and a man is wielding much power, a correction toward justice means a shift and re-distribution of power. It is not simply that he loses and she

gains, as a re-thinking of the meaning and use of power so that power is experienced differently by both persons.

Questions about how justice may be achieved, how women's concerns may be honored, and how the flourishing of all persons may be enhanced are central to the feminist philosopher. She will not look to a woman as isolated from the social or familial settings in which she lives. She will consider the network of relationships that connect women to others in vital ways. She will ask questions, and look for responses, which serve to empower women so that their experience of justice and caring are enhanced and enriched.

The feminist Christian bioethicist position proposed is based in Ruether's theology. There may well be other interpretations of feminist Christianity which may yield other bioethical views. Ruether's bioethicist will ask some of the same questions and address some of the same issues as each of the others. Like the traditional Christian she will look to scripture, but her reading will be through the lens of feminist hermeneutics. She will come to scripture with a suspicious eye, using the prophetic-liberating principle as guidance. She will not read the Bible literally, but will take into account the ways in which it is a patriarchal document situated in an historical time and place. Scriptural themes of community, justice, care, and love will guide the formulation of her understanding of how God wishes humans to live with, and care for one another.

The feminist Christian relies on experience, keeping in mind that scripture itself is codified experience. The experience of women matters. How women live in relationship

with other persons, and with all creation, matters. Concerns for justice, not just for an individual woman, but for communities, both local and global, matter. Concern for the care of persons, for meeting bodily needs, and for health care for the oppressed are central. Concern for just distribution of resources world-wide, with an interest in the well-being of the entire planet matters. On one level these concerns are based on feminist Christian caring for how women live and function politically, socially, economically, and spiritually. At a deeper level the feminist Christian position rests on what she believes to be God's desires for humankind.

While the feminist Christian position may look much like the feminist position, the sources of authority, the reasons behind the viewpoint, are significantly different. Both are concerned with the full humanity of all persons, but how to achieve the goal and why the goal matters are different. While the feminist Christian position may look like the traditional Christian position, the interpretation and understanding of authoritative sources will differ, and emphasis and relative weight of various concerns will differ. The feminist Christian position can be identified as sufficiently different from the other two positions to warrant its own place at the table in the bioethical conversation.

There is much traditional Christian writing on bioethics. It is generally conservative and holds appeal largely within Christian circles. Perhaps it is difficult for even a moderate version of the Christian voice to be heard in a public climate where the Christian Right is loud and insistent about its political agenda. Strident rhetoric and aggressive protest around an issue such as abortion, for example, do not contribute to meaningful discussion

with others in bioethics, such as feminists or liberal Christians.

It may be that within the climate of public opinion, and the circles in which public policy are formulated, there is not a significant welcome for a narrowly conservative Christian perspective. If the public language is strictly secular, how can the Christian voice make itself heard? Rae and Cox deal with this issue. They note, for example, that Christian physicians acting explicitly on their theological views, and basing their actions on biblical authority, may not be welcomed by many persons. Hence they suggest an approach "in which one uses publicly accessible reasons for one's position"¹ with regard to bioethics. They point to scripture as offering precedent, noting Paul's conversation with Greek philosophers in Acts 17, in which he uses language familiar to Athenians. Rae and Cox propose that Christians learn to speak the secular language, and learn to use ways of persuasion and reasoning which promote the Christian agenda without using Christian language. They state:

Christian positions in bioethics must be thought through at the theological level, since theology provides the parameters outside of which no position can be seriously entertained. No position that is contrary to orthodox theology should be advanced. But the foundations for a position and the means used to persuade others who do not share an evangelical view of the world can be very different. In this effort at persuasion it is essential that the position taken be identifiably Christian, but the means of persuasion need not and should not be limited to theological and biblical notions.²

They recognize that this method may not appeal to all Christians, however they offer

¹Rae and Cox, 283.

²Ibid., 287.

lengthy justification and suggestions regarding how Christians may persuade others to agree with their views.³

Perhaps there is another way for the Christian voice to be heard. As Daniel Callahan noted, a consideration of the wisdom accumulated from centuries of religious thought can be a “profitable and illuminating” contribution to the bioethical conversation. One need not become a believer, or adopt a theological position wholeheartedly to appreciate the perspective of another worldview. The Christian position, rather than attempting to persuade others of its validity, may serve as a “second opinion” to enrich and enliven bioethical conversation.

Given that the feminist philosopher is careful to note the particularities of a person and her situation, and given that many persons *are* believers, it may well be that feminist thinking offers a accessible avenue by which the Christian voice may be included. She can speak to what Callahan calls “the persistent human need to find some moral guidance and something on which to rest that guidance.”⁴ The feminist Christian will not speak the same language, or use the same methods as the traditional Christian voice. The feminist Christian will sit at a different place at the table, close by the feminist philosopher whose theoretical orientation is capable of appreciating the importance of faith for many people. The feminist Christian may advocate positions quite like the feminist philosopher, but her

³One wonders if Sydney Callahan is using such methodology in her article on euthanasia when she refers to human life and identity as “a gift from evolutionary biology.” Such talk of gift is usually the province of a faith perspective. Callahan, 23.

⁴Daniel Callahan, “Universalism and Particularism,” 39.

reasons and her motives differ. Her understanding of the world, her valuing faith and God's presence in the world create a different basis for a bioethics. However she can openly discuss issues without believing she has to persuade others to the same position.

Feminist Christianity does indeed offer a rich contribution to the dialogue in the bioethical conversation. Though the feminist Christian may use "God talk" and advocate for positions based in faith, her agenda focuses on the creation of a climate in which the full humanity of all persons, and indeed the flourishing of all creation may be realized. She can talk meaningfully with non-believers who are open to hearing her voice. She can contribute a new interpretation to the wisdom of the ages, speaking as one who believes and who values a theological perspective which is concerned explicitly with the well-being of women, as well as the good of all creation. Feminist Christian bioethics can be an important participant in contemporary bioethical conversation.

Feminist Christian bioethics offers an alternative to believers whose theological orientation is less conservative than most of what is available in the literature of Christian bioethics. The feminist Christian position is significantly different theologically, and may well be more compatible with moderate or liberal Protestant thought.

Feminist Christian bioethics has something to say, both within the circle of professional bioethical conversation, and to the wider culture. The feminist Christian brings a thoughtful voice to bioethics, a voice grounded in Christian faith as interpreted through feminist thinking. She brings to many believers an alternative way to think about bioethical issues. Hers is a much-needed and important voice.

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