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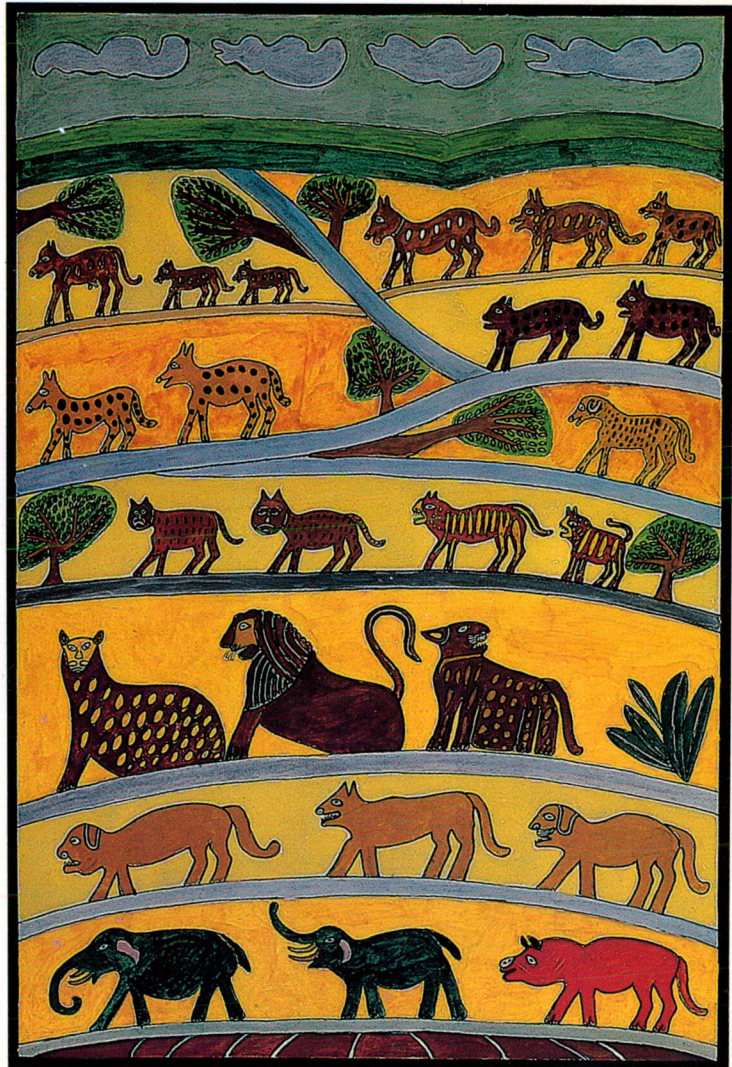
Second opinion: Health, Faith, and Ethics, 1989, V10, March

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**“A generation goes,
and a generation comes,
but the earth
remains forever.”**

- ***Sexuality and the Family***
- ***Abortion: A Middle Ground?***
- ***William F. May Profile***
- ***Physicians and Disarmament***



Cover

"The Creation of Beasts" (tempera on paper, 1960), by Israeli "naive" painter Shalom of Safed. Shalom worked at various crafts (especially watchmaking) throughout his life but never painted until he was in his fifties.

From Images from the Bible: The Paintings of Shalom of Safed; the Words of Elie Wiesel,
by Shalom and Wiesel. Paintings © 1980 Safed. Text © 1980 Wiesel.
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Second Opinion

health, faith, and ethics



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Second Opinion, as its name implies, recognizes that the complexities of modern health care make it increasingly difficult to find the single “correct” action, thought, or method. Each situation is open to a variety of apparently legitimate and appropriate interpretations and applications. But such confrontations with ambiguity need not lead to discouragement. They can instead elicit greater research, discussion, and thought.

By inviting contributions from a wide range of perspectives, *Second Opinion* stimulates interdisciplinary conversations between members of fields relating to health, faith, and ethics. While other publications deal with one or two of these concerns, *Second Opinion* distinctively seeks to address all three. The Park Ridge Center created this publication in the hope that it will help form one public out of a number of related constituencies. This public will not only wish to relate ethics and faith to health issues, but should also, through lively and enlightened interchange, be better equipped to do so.

Second Opinion

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Initial Comment

Searching for Order

Shalom of Safed's *The Creation of Beasts* on the cover of this issue cannot fail to put viewers at ease. Warm, vibrant colors radiate life. The cheerful animals all head in the same direction. None crowds the other; instead there is a sense of order and peace. The artist offers a world of harmony, inviting to all. One can listen in on imagined viewers who use words like *charming*, *quaint*, *childlike*. The painting has no tension; it seems to have little in common with the surgical suites, boardrooms, or city streets that crowd our chaotic horizons.

The art critics have labeled Shalom a "naïf," noting that his work is "unique and, for the most part, devoid of influence by any other artist." Having spent most of his years in a small Galilean town, Shalom turned to painting at age fifty-five, after years of supporting himself as a watchmaker, scribe, stonemason, silversmith, and toy maker. With little opportunity to encounter traditional and contemporary art, he developed his own vision, painting continuous pictorial narratives of biblical scenes. The world he painted—with its order, joy, and vitality—reveals nothing of his personal struggle to support a family and survive in years of great

political turmoil in the Middle East. He found his order by creating an alternative world.

Such a strategy may seem most appealing to individuals besieged with modernity's disorders. Although many countercultural projects of the sixties have been left behind, new efforts to construct alternative vistas—the weekend escape package, summer homes, the fulfilled self—participate in Shalom's search for a place of order and peace. That they, like Shalom's paintings, prove to offer only temporary respite leads most of us to try to reorder our everyday worlds, as best we can. So we weed our gardens, reorganize our corporations, support political candidates, and express ourselves on the great issues that make necessary our search for order.

The articles in this issue of *Second Opinion* reveal several dimensions of our modern need for order. The problems dealt with here—extremely difficult ones like finding a way through the current abortion debate, revising understandings of human sexuality, and reconsidering our relationships to the environment in which we live—alert us to the depth of our disorder. They also reveal an

irony: our modern disorders are often the result of our attempts to reorder our circumstances. The abortion debate would not take its present form had we not attempted to reorder—through medical science and social policy—our relationships with new life. Our current dilemmas over sexuality are part of a long history of attempts to order and reorder sexual behaviors (as John D’Emilio and Estelle B. Freedman’s *Intimate Matters: A History of Sexuality in America* [1988] demonstrates). The cities and industries we built to give us better lives now demand reordering in the face of the precarious quality of global life.

No one suggests on these pages that a quick fix exists for problems of this magnitude. These are problems for the long haul, intractable disorders that will require great effort if they are to be re-ordered at all. But the fact that authors put pen to paper—or fingers to computer keyboard—suggests

another fundamental element of our present situation: the depth of the human commitment to order and reorder. Chaos is acceptable to very few.

Where does this leave Shalom’s vision? Is there anything in his art for people whose experience of disorder overwhelms their attempts to find order? Some may be tempted to dismiss his work as escapist. Yet the regard shown him as “Israel’s best-known artist” suggests that many resonate with his search and his vision. Viewers may or may not accept the biblical gestalt that informed this painter. Yet they may find in his vision, despite (or because of) its remoteness from our own reality, a possibility for imagining an alternative to the way things are.

The signature is written in a dark, fluid, cursive script. The letters 'J', 'P', and 'W' are prominent, with the 'J' and 'W' having long, sweeping tails that loop around. The 'P' is smaller and sits between them.

James P. Wind



Leaf from the album Uta-makura, by Kitagawa Utamaro (color woodcut, 1788).

By courtesy of the Board of Trustees of the Victoria and Albert Museum, London

Sexuality and the Family

Part 1: Sexual Ignorance in the Age of Information

Christine Gudorf

OUR SOCIETY HAS ACCESS to a great deal more information about sexuality than previous generations have had. This expanded information is not only technical, such as facts about the number of sperm in a typical ejaculation or the model of the sexual response cycle in the adult female. Nor is this increase in accessible information primarily the correction of earlier misunderstandings based on superstitions, such as the myths that masturbation causes blindness, that strong mothers produce homosexual sons, and that a Coke douche is an effective contraceptive. The increase of information ranges widely, embracing many disciplines and professions, from medical sciences to sociology, psychology to history.

Nor is this tremendous increase in information con-

trolled by a single group or class in our society. If its dissemination can be said to be hindered in any way, it is only because communities cannot decide which of this information should be presented in what manner in the media or to children in public schools.

We have a tremendous increase in information about a central aspect of all our lives, and yet we feel paralyzed about using some of the main avenues for disseminating this information—not because there are external controls, but because individuals are unsure, distrustful, and anxious about who should be entrusted with the educating task.

Theoretically the vast majority of Americans believe that the proper sexual educators of children are parents. Most young people prefer that their parents be the



The discomfiture of both parents and children when the subject of sex is broached is here accentuated by the contrast to the instinctive sexuality of the family cat. The Facts of Life, by Norman Rockwell (cover for Post, July 14, 1951).

Reprinted from the *Saturday Evening Post* © 1951 by Curtis Publishing Co.

primary source of sex information (Bennett 1984:609–27). Some parents oppose sex education programs in schools because they fear the values taught will differ from parental sexual values. But parents who oppose sexual education programs in schools have a record of instructing their own children about sexuality equally as dismal as that of parents who want the schools to take over the task. Many people fear that knowledge about sex will encourage early sexual experimentation. In fact, parental involvement in sex education has the opposite effect—the children of such parents are less likely to engage in early sexual activity (Lewis 1973:156–62).

Friends are the chief source of information about sex for youth in the U.S. Most U.S. parents are painfully aware that though they feel parents are the ideal sexual educators, they in fact do not do, and most often do not attempt an adequate job of providing basic sex education for their children. This is one reason most parents want sex education programs in the schools (Alexander 1984:251–57).

I am interested in the reasons that parents do not do a better job at sex education. In this article I will first suggest some reasons for parental ignorance about sexuality and then sketch some of the basic sexual information parents need to adequately teach their children sound and healthy sexual attitudes and practices. In a following article I will describe the important role of the church in supporting parents' efforts at sexual instruction of children, especially in the area of attitude formation. One reason that parents are not adequate teachers

is that no one ever taught them. I do not mean that parents do not know where babies come from (though there are still parents in this country who don't, as many health professionals will attest from personal experience). I mean that many parents do not know basic information about arousal and response in male and female, reproduction, the role of touch in human development, the formation of gender identity, sex roles, and sexual orientation. They cannot convey what they do not know.

At the same time parents are bombarded by the media with sexual innuendo implying that in this wide-open society everybody knows all about sexuality, especially the young. There is a widespread assumption that sex is instinctual. You don't have to know anything, it is thought; just let yourself go. Now, the general mechanics of sexual activity are, for most humans, somewhat instinctual. But the bare mechanics only include, for heterosexual sex, ejaculation of the penis in the vagina. A great deal of sexual dysfunction and brokenness in sexual relationships occurs in our society among those who have the bare mechanics right.

Sexuality is only marginally instinctual for humans. Our sexuality is our entire self—as that self is affected and influenced by our biological sex and the gender role into which we have been socialized. Sexual behavior, which is one aspect of our sexuality, is learned behavior.¹ Most sexual learning takes place within sexual relationships, either through direct experience (trial and error) or modeling, as in the family. We learn to model

the behavior of our same-sex parent, as well as particular behaviors of other same-sex adults. In so doing, we learn male or female roles as our society defines them. We then imitate these sex roles in our own activities/relationships to a greater or lesser extent. Our reliance on direct experience is the reason couples often remark that sex gets better over the years, the reason sex roles change over time,² and the reason adulterers report that adulterous sex is not nearly as satisfying as marital sex, though the anticipation is greatly enhanced by adultery's taboo status. Our reliance on the model of parental behavior is the reason social patterns in sexuality are so hard to break.

It is because sexuality is learned that confusion and ignorance among parents are so disturbing (Crooks and Baur 1987:chap. 8). They cannot pass on what they do not know or are not certain about. Many of them desperately want to know more, but have ambivalent feelings about satisfying that desire. Some are unsure whether it is decent to be curious about aspects of sexuality; some think others may consider them perverted. Some understand such interest on the part of a spouse as a sign of sexual dissatisfaction and feel threatened. But many are not afraid to take advantage of information put in their way.

Over the past ten years I have taught many college classes in sexuality and ethics in which the basic text is a comprehensive social-sciences survey of sexual behavior. It always shocks some parents and students with its explicitness. But it is one text rarely resold to the

No society can cloak the entire issue of sexuality in terms of excitement, mystery, and adult fun, and then expect adolescents to believe us when we formally present sex as a regrettable and dangerous experience better forgone.

bookstore, despite its \$30 price tag, and one which, curiously enough, no one complains about buying. Indeed, bookstore browsers buy copies.

The book begins with anatomy and physiology and proceeds to discuss stages of arousal and response, types of sexual relationship, techniques for intercourse, cultural understandings of sexuality, reproduction, and sexual development and behavior in infants, children, adolescents, adults, and the elderly.

I have used such texts by four different author groups over the years: Robert Crooks and Karla Baur, *Our Sexuality* (1987); John Gagnon, *Human Sexualities* (1977); Joann Delora, Carol Warren, and Carol Ellison, *Understanding Human Sexuality* (1980); and Joann Delora and Carroll Warren, *Understanding Sexual Interaction* (1984). Every year I hear the same remarks from students about the books: "My parents take my book and read it whenever I bring it home." "My older sister took it home with her and won't give it back." "We discussed a part of the book at dinner last night." "My suitemates get together at ten o'clock every weeknight to read and discuss parts of the book." One student came to me, upset, some years ago. His parents had been disturbed by a remark of his about the book, so they asked to see it. They retired to their room, refused to emerge for two days, and then announced that they were about to take a second honeymoon thanks to the book. My student was worried about whether it was appropriate for parents to be so interested in sex!

When I give workshops or lectures or sermons on

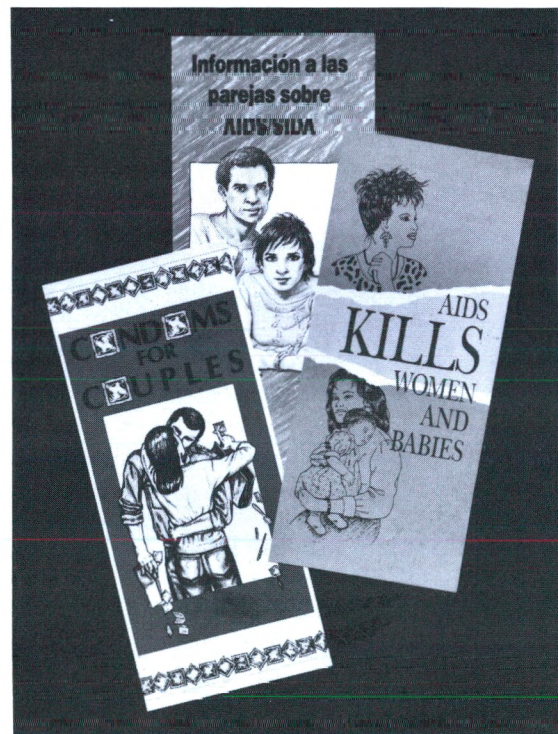
sexuality and spirituality in various Christian churches, I find the same tremendous but suppressed curiosity. It is suppressed for fear of public opinion. This fear is not merely the fear of appearing ignorant about something important and basic, or fear of sex as something dirty and dangerous. Both of these attitudes are usually present to some degree. But many adults, including parents, despite their great curiosity about sexuality, are afraid to discover what they don't know about sex, afraid of disrupting the patterns they have erected around sex in their lives, afraid to learn that they have made "mistakes" over sex in their marriages and especially in their parenting. Some fear that the media message about youth is right, that kids really do know more than adults do about sex. What could parents, with their limited experience, add?

But there are practical problems as well as general attitudinal problems preventing parents from involvement in sexual education. One important practical problem is adults' lack of sexual vocabulary (Crooks and Baur 1987:chap. 8). Our society has, in effect, two established vocabularies for sex. One is street talk, the other is technical. The first is too "hot." It is the "dirty" language of cursing and insults, the language of the uneducated. The second is, for most people, too cold and clinical, the language of hospitals and psychiatrists. It is too formal and distant, as well as too difficult, for use in talking with children about such an intimate subject. And if we are honest, we admit that very few parents know enough of the proper anatomical vocabulary to

deal even with reproduction, much less with sexual technique or relational development in sexuality. Once they get past the terms *penis*, *vagina*, *uterus*, *testicles*, and *ovaries*, most people have generally exhausted the only sexual vocabulary they could use with children without being embarrassed and feeling perverted—and they are not comfortable using even these words.

It is this lack of a usable vocabulary that has led many families and lovers to create cutesy, childish language for both sex and excretion. Health professionals tell stories of both teenagers and adults reduced to agonies of embarrassment when they need to explain some clinical problem to professionals, because they are forced to refer to their penis, for example, either as “my wee-wee” or “my dick,” for lack of a better term. Some women are reduced to even more imprecise terms. Most have never learned the names for the labia, mons, or vulva, and many stammer about problems “down there.” If we do not have a vocabulary that is comfortable, learning to be comfortable with the subject of sexuality becomes all the more difficult.

An even larger practical problem is the understanding many parents have about what sex education is. Media accounts of sex education have largely centered around efforts in the public schools. Because school systems have been paralyzed by minorities who object to sex education in the schools, most public-school sex-education programs have tried to find the least controversial, lowest common denominator. In general, they have had and still have two major emphases:



For years teachers of sex education have emphasized potential negative consequences of sex: unwanted pregnancy and venereal disease. Now the threat of AIDS overshadows all other risks and may inhibit attempts to discuss sexuality in a more positive way.

All pamphlets available from the San Francisco AIDS Foundation

The child of parents who love to hold her will take for granted one of the single most basic but most difficult bases of faith—that she is loved by God for who she is.

preventing pregnancy and preventing venereal disease. Generally speaking, the programs treat sex in terms of reproduction and emphasize the hazards of pregnancy and venereal disease. The emphasis is on avoiding danger by avoiding sex, with some further information on contraception for those who persist in being sexually active.

This approach means that most sex education programs have not dealt with adolescents as sexual beings, but as potential sexual actors who should be scared off for their own good. Sexuality itself is presented as something problematic, which ambivalence makes the programs ineffective. No society can cloak the entire issue of sexuality in terms of excitement, mystery, and adult fun, as our society has done, and then expect adolescents to believe us when we formally present sex as a regrettable and dangerous experience better forgone. Kids know when they are being conned. They have some reason to resent this adult stance as more than mere hypocrisy. The message that our society presents—not only in movies, television, and print but also in churches and families—is that sexual relationships are where real intimacy, real human closeness and commitment are found. The message variously depicts sex as the way to find intimacy or the celebration of intimacy already established, but the identity of sex with intimacy is absolute. Many adolescents are more emotionally needy, more desperate for intimacy, than they ever have been or ever will be again. Given the societal equation of sex with intimacy, adolescents can only in-

terpret programs that attempt to discourage them from trying sex as adult conspiracies against them.

Adolescents are in a process of separation from and often rebellion against parents. Most parents respond to burgeoning sexual development in their teen-aged children by withholding most, if not all, physical gestures of affection toward them. Paternal withdrawal from daughters is often most conscious, but the reaction of male teens is often more pained, since they have fewer peer sources of affection. This withdrawal is often exacerbated by parental resentment at teen rebellion. It is not uncommon for teens to interpret this withdrawal as a sign that it is time to turn to sex. For parents demonstrate that as children become adult-sized and adult-shaped, the sources of physical intimacy offered to them are withdrawn. Only adult avenues to intimacy seem open.

Obviously the problem concerns more than what we teach our children in sex education programs. It concerns our society's feeling that sexual relationships, not relationships with friends, coworkers, neighbors, and nonspousal family members, are our sole sources of intimacy. Such a belief impoverishes the single person and puts impossible burdens on spouses in marriages, in addition to the problems it causes children. If we want to persuade children not to experiment with sex beginning at ages ten and twelve, then we must first show them that they are not cut off from whatever affection and intimacy they knew in childhood, and, second, demonstrate that nonsexual relationships are also avenues for intimacy.

In addition, sex education, whether in the school or in the home, needs to present a much broader picture of sexuality, beginning with the child's experience of sexuality. Some aspects of sexual growth and development are now being integrated into health classes in grade and high schools. But too often such treatment does not link the physiological with the behavioral facts. For example, the health text will detail the physical sexual changes of puberty in males: penis growth, testicle growth, the appearance of pubic and underarm hair, muscle development, voice change. It may even discuss wet dreams and the full capacity for ejaculation. But seldom do boys learn in such texts that almost 100 percent of young boys masturbate, or that the hormonal changes in their bodies cause high levels of assertion and aggression that will not subside for a decade. School texts rarely go out of their way to deal with behavior, especially when it is complex. Their writers are more comfortable with physical descriptions. But if texts are to make helpful connections with experience, they must deal with both anatomy and behavior, including the feelings and thoughts that accompany the behavior.

For a variety of reasons, then, parents don't know what they should know, and don't teach what they do know to their children. In most schools the deficiencies of parental sex education are not remedied by school programs. Following is a sketch of some basic information about sexuality that all parents should know in order to be effective sexuality teachers for their children.



Although adolescents may be more difficult to approach than younger children, it is important that parents not withdraw from them the warmth and tenderness shown in earlier years. The Crochet Lesson, by Mary Cassatt (pastel on paper, 1913).

Parental Sexual Relationships

Parents need to have open, nurturing sexual relationships with each other. That is, children need to see parents be not only casually affectionate but sexually affectionate with each other. This does not mean that parents should put on sexual displays for children, but that they should not hide the nature of their relationship. How this is done will differ a great deal from family to family, but children should have no difficulty accepting that their parents find it right and pleasurable to touch, kiss, and hold each other. For children to perceive this relationship, parents must usually have a rewarding sex life—free from sexual dysfunction, open to experimentation, and characterized by mutual initiative. These

things help keep marital sex alive and central.

This sounds like a very simple criterion, but it is amazingly uncommon. Sexual dysfunction alone (for example, vaginismus, lack of arousal, and anorgasmia in females, and impotence and premature or retarded ejaculation in males) afflicts significant portions of the population. As many as 27 percent of men have recurring difficulties with impotence and/or premature ejaculation, and more than 50 percent of women rarely if ever attain orgasm, often due to pain on intercourse or lack of desire (Ende, Rockwell, and Glasgow 1984:559–60).

Though in some cases dysfunction can be the result of physiological problems or deep-seated psychological problems, Helen Singer Kaplan, sexual therapist and author of *The New Sex Therapy*, sees the “immediate



In this 1905 etching by John Sloan, a working-class couple embrace playfully as their child looks on. Man, Wife, and Child.

LEWIS AND CLARK MUSEUM, WASHINGTON

causes of the sexual dysfunctions as arising from an antierotic environment created by the couple which is destructive of the sexuality of one or both (Kaplan 1978:121). She lists as some of the most frequent causes of dysfunction:

- The couple's avoidance of or failure to engage in sexual behavior that is exciting and effectively stimulating for both.
- Fear of failure, which is often exacerbated by pressure to perform. Concern about pleasing one's partner rooted in a fear of rejection.
- The tendency to erect perceptual and intellectual defenses against erotic pleasure, often out of fear of losing control of oneself.
- Failure of the couple to communicate openly and without guilt and defensiveness about their genuine feelings, wishes, and responses (Kaplan 1978:122).

Kaplan goes on to indict general ignorance:

Many couples do not know very much about sexuality and are too guilty and frightened to explore and experiment. Women, who especially in their younger years require more stimulation and sensitivity on their partner's part to bring their sexual potential to full flower, are the more frequent victims of this situation. It is still astonishing to me

that so many couples who seek help for the wife's lack of responsiveness or for decreasing frequency of sexual contact are basically suffering only from this kind of ignorance. Frequently neither knows where the clitoris is or recognizes its potential for transmitting erotic pleasure (Kaplan 1978:123).

Sexual dysfunction and frustration in their parents' marriage frequently creates great anxiety in children. Ideally marital intercourse should make both parents more loving and giving, relaxed and open with each other, with their children, and with others. Sometimes continuing sexual frustration in marriage can cause one or both of the parents to turn to the children to meet their emotional needs. This relationship can take the form of incestuous sexual interaction, but more frequently is nonsexual. Even in its nonsexual form, such substitution can cause great damage to children. It creates a role reversal in the relationship which makes the child responsible for the well-being of the adult parent, an impossible burden for a child to carry. Such role reversal robs the child of the freedom to recognize and meet his or her own needs, and often sets up a pattern in the child which can become difficult to break even as an adult (Miller 1981:7-14, 27-29). This kind of parental dependency on children is often represented as an unusual closeness between parent and child, a positive relationship based on parental caring, rather than as the exploitation of the child it really is.



*Loving touch is as critical to development as nourishment and shelter.
Baby's First Caress, by Mary Cassatt (pastel on paper, 1891).*

From the collection of the New Britain Museum of Art, New Britain, Connecticut.
Harriet Russell Stanley Fund. (Photo by E. Irving Blomstrann)

The Role of Touch

Parents need to understand the importance of touch for the development of the personalities of children. From the moment of birth, humans need to be touched and held. We are born with as strong a hunger for touch as for food, drink, and warmth. Without loving touch, children do not grow, learn to communicate, or perform any of the normal developmental tasks which depend on communication. It is the quality and quantity of loving touch that we receive as children that teaches us trust in others, and allows us to put aside fear and anxiety in order to explore and manipulate our world. It is bodily touch, more than any other human sense, that gives us our attitudes toward our bodies and their parts. Our skin is our largest organ, and it is the chief organ for transmitting pleasure.

We have evidence that children who are deprived of touch have greater difficulties in almost all areas of life—lower IQs, slower learning, less self-confidence, and more anxiety (Klaus and Kennell 1982:58–59). We communicate enormous amounts of information through touch. When we hold or wash babies and young children we convey attitudes toward the body. When it is clear to them that we like to touch them, we convey positive attitudes about their bodies. Because they do not distinguish between their bodies and who they are as persons, we are conveying to them through caresses that they are loved, and therefore lovable. The child of parents who love to hold her will be much more easily

convinced that she is worthwhile and lovable. Such a child will take for granted one of the single most basic but most difficult bases of faith—that she is loved by God for who she is.

One of the first deliberate hand actions of babies—after finding their mouths—is genital stimulation even to the point of orgasm (Kinsey et al. 1948:177; Kinsey et al. 1953:104–5). Some parents who are comfortable with holding and touching young children in general are still very ambivalent about the genital areas of their bodies. If we slap away the hand that reaches for the genitals during diapering, or give a cursory wipe with a washcloth to the genital area during bathing, when every other part of the child's body gets loving attention, we are conveying negative attitudes toward genitalia and genital pleasure. Our earliest memories from our parents about sex come from their touch on our bodies.

Sex Roles

We have all been socialized along gender lines to take on either masculine or feminine roles (Archer and Lloyd 1985). Beginning when we are born, this socialization is a much deeper and more subtle process than is generally supposed. Although most of us think we treat boy and girl children much the same, we actually treat boys and girls differently from the moment of birth. And most of that different treatment is unconscious. Initial differences begin not so much with whether we dress them in pink or blue but with how we hold them and

Sexuality is only marginally instinctual for humans. Sexual behavior, which is one aspect of our sexuality, is learned behavior.

talk to them. We treat girls more tenderly, hold them more, leave them alone less, and talk to them more. We handle boys more roughly, talk to them less softly and less often, put them on floors more, take them outside more, and give them more space and freedom to explore (Doyle 1985). This difference in the way we treat children according to sex is the reason our first question about a baby is invariably an inquiry about its sex. We don't know how to hold or talk to a child unless we first know its sex.

Sex roles, especially for girls, are less rigid now than they have been in the past in our society. But they are still present and possess great authority. We place especially great pressure on little boys to conform to sex-role stereotypes at early ages. By age two boys are strongly encouraged to be strong, independent, forceful, and brave (Hartley 1974). The penalties for "sissified" or girllike behavior in boys, even at such young ages, are often severe, including ridicule, withdrawal of affection, and even some types of corporal punishment or deprivation. Girls, on the other hand, do not usually experience great negative pressure to conform to feminine stereotypes until around puberty, and even then we show much greater tolerance of masculine behavior in girls than of feminine behavior in boys. Many types of traditionally masculine apparel and activities are now regarded as acceptable for girls. But boys are ridiculed if they wear dresses or like to cook, sew, clean house, or care for children. The previous bans on girls' becoming doctors or engineers are almost gone, but boys who

aspire to be nurses or dietitians, secretaries or kindergarten teachers are not considered normal.

Because sex roles are changing, parents must recognize their own conscious and unconscious roles as enforcers of sexual stereotypes and reflect on their appropriateness. If parents want sons to be involved in parenting, to be comfortable with and sensitive to children, then they should not only demonstrate such behavior but encourage in their sons nurturing behavior toward dolls, stuffed animals, and small children. If parents' only praise and approval for daughters is for housewifely skills, playing mother, and being supportive of those in leadership positions, their daughters will be less likely to develop other qualities necessary for nontraditional roles.

Parents should recognize that they themselves are the primary role models for their children. This does not mean they are the only models, or that children follow blindly. Children are not stupid. A few years ago some people were alarmed to realize that a significant portion of the daughters of the leading feminists of the sixties and seventies had ruled out or postponed indefinitely marriage and family, in favor of careers (Friedan 1981:57-66). How could this be, when their models were their superachiever mothers, who had combined careers with marriage and children? The daughters, however, had looked at their mothers' lives and judged the cost of choosing both marriage and career too high. They had decided not to cram two work careers into one life, because they did not want to carry

the double burden. They did not want to have to be superachievers, to work twice as hard as anyone else. Using their experience of their mothers' lives, they had decided that marriage was weighted in favor of men's needs and that careers were more open to women as the equals of men.

The significance of sex roles taught in the family, and in other parts of our society, penetrates into the very heart of our religious lives. Their significance goes far beyond the institutional questions of whether the churches ordain women or whether women are fairly represented in church decision-making bodies or whether girls can be altar servers. Sex roles limit our faith lives themselves. They influence our relations with other people, the criteria we use in making moral deci-

sions, and the way we understand ourselves and relate to God.

Growing research indicates that the socialization process for men discourages self-disclosure in many ways. From an early age, the range of emotions that males are encouraged to disclose is narrow. They are expected to be strong, independent, and somewhat stoic. Fear, anxiety, doubt, pain, and emotional need of any kind are considered weaknesses in males. Such attitudes discourage the disclosure of emotions and lead to their more or less constant suppression. Virtually the only strong emotion allowed with any regularity to men in our society is anger. It is no accident that many expressions of anger in our society are understood as typically male, including aggression of many types,

Cinderella, by Elizabeth Layton (lithograph). The artist describes how the fairy tale ended: " 'Cinderella and her prince got married and lived happily ever after.' Not necessarily so. He sits there, glued to the television set. She pouts, feeling neglected. She consoles herself with chocolates, romance novels, and the thought that she is that pretty little thing whose tiny pink foot slips easily into the treasured glass slipper."

Courtesy of the Lawrence Art Center, Lawrence, Kansas



The behavior of the mother who averts her eyes from a husband's battery or sexual abuse of the children because she lacks the strength or moral courage to intervene is a consequence of society's encouragement of women's passivity.

swearing, and explosions of anger in the form of shouting and violence.

Reluctance to reveal one's emotions is often lethal. It is linked to a number of physical and mental illnesses, including stroke, heart disease, stress, and depression. The same inhibition is linked to communication problems in relationships (Jourard 1974:21-29). When we have difficulty disclosing who we are, we make it hard for our partners to know us, and ultimately to love us. Love demands acceptance of the other, an acceptance that assumes knowledge of who the other is. Men typically have difficulty revealing their emotions. The problem is caricatured in situation comedies by the husband who reads the newspaper through meals, grunts answers to questions, and spends all his free time sitting in front of the television, asleep in his chair.

Some men lose touch with their feelings, since it is largely through the expression of our feelings that we come to know how we feel. Men are much more likely than women to be ignorant of what is bothering them, sometimes even of the fact of depression. Being out of touch with oneself presents problems for all relationships, including one's relationship with God. Effective prayer, for example, requires a certain level of awareness of who we are and of where we are in our journey—or at the very least an ability to ask these questions. If we aren't comfortable in dealing with our feelings, our ability to pray can only be diminished.

This is not to imply that only men are severely damaged by sex-role socialization. Sex-role socialization

also damages women. While it makes women, for the most part, more sensitive to feelings and the nuances of relationships than men, socialization causes women to assume very unhealthy attitudes toward themselves. Female socialization, despite all the changes we see around us in the lives of women, still encourages passivity. While we stress to boys that manhood is something that must be achieved, we tend to teach girls that they will naturally become women, that waiting is the proper strategy: waiting to dress like a woman, waiting to be found by a man, waiting to be a mother. It is assumed that the traits we attribute to women are innate, that they require no effort, no challenge, no struggle. Girls are not encouraged to plan their lives, but rather *not* to plan. College women take longer than college men to choose majors and careers. Psychologists suspect that this is a deliberate postponement, a part of a strategy, sometimes half-conscious, to remain unformed and thus maximize the number of one's possible mates (Sales 1978:168).

Such passivity, as distinct from its motivation, is typical of many women and needs to be understood as sinful because irresponsible. Persons who delay forming their identity are refusing to choose values, commitments, and goals. Without a strong core identity, we are not capable of the depths of love and courage demanded by the gospel. The behavior of the mother who averts her eyes from a husband's battery or sexual abuse of the children because she lacks the physical strength or moral courage to intervene is a consequence

of society's encouragement of women's passivity. The adoption of passivity as a trait can result in moral failure to act. We are not only required by the gospel to act responsibly toward others, but toward ourselves—to love others *as we love ourselves*. Both men and women were designed by God to be cocreators with God in the ongoing universe; to fail to take responsibility for one's own life is not only to neglect this charge in its most basic form but to put intolerable expectations on men to be responsible for women. The churches bear a great deal of responsibility for this failure of women because of the way they have formulated their doctrines of love and sin (see Saiving 1979).

Sexual Attraction to Children

Parents need to understand that it is normal to be attracted sexually sometimes to children. We are all sexual beings, children included, and we do not control our unconscious minds. If we accepted these occasional feelings as natural, we could then learn to interpret them and dismiss them. Such impulses are not indications of deep-seated desires or needs to interact sexually with children, and they can and should be denied.

These feelings, however, are neither accepted nor dismissed in our society; they are repressed. We send tacit signals that sexual feelings toward children are morally wrong, socially deviant, and psychologically dangerous, and this attitude leads to almost universal repression. We nevertheless sometimes have such



Pop artist Roy Lichtenstein gives a view of the passive female anxiously waiting and watching the clock. Blonde Waiting (magna on canvas, 1964).

One of the lessons that good sexual relationships teach is that sexual control is not only possible but mutually rewarding for both men and women.

thoughts, and, having had them, we feel guilty. We wonder whether we are potential molesters of children or perpetrators of incest. Such guilt often makes us withdraw from the child both physically and emotionally out of fear of our own desires.

Parental withdrawal is especially common at the onset of puberty. The child begins to appear to us as a sexual person, and because of the intimacy in which we live with our children, we have an almost instinctual sexual response. When we withdraw from the child because we fear our feelings, we in effect punish the child for growing up. Children often interpret this withdrawal as punishment, as deprivation of the supportive intimacy that has grounded their world. And they understand that it is connected with their maturation. When they question it, they get answers implying that such supportive intimacy is only for the very young, that they don't need it now. But this is an excuse, an attempt to blame the child's changed situation instead of our own inadequacies.

This common response to sexual feelings toward children, though destructive, is considered normal. The response considered deviant, child molestation or incest, is much more rare. There are two types of malefactors. One is the person whose interpersonal skills have never matured and who is not capable of intimate relationships with adults. The second is the person who has suffered some emotional trauma that has made him or her regress to an immature level of fulfilling intimacy needs (Crooks and Baur 1987:671). It is important to

note that what makes these people deviant is not that they have sexual feelings for children but that they become obsessed with them and act them out.

Today, when there is so much scandal about child molestation, it is important to insist that mature people who have other sources of affection and intimacy will have no difficulty in resisting such impulses. We can be aroused by an image on the screen, a sculpture in a museum, a stranger on the street, and yet we have little trouble resisting obsession.³ A real social problem affects the family at this point, and it is one for which the churches bear some responsibility. The Christian church inherited from Judaism and greatly magnified a fear of sex. Both Christians and Jews have been working on reforming their received ideas in this area for some decades now, teaching that sex is a great gift of God. And to a certain extent they have made some headway, at least with what we consider normal sex. But the demonic character that religion attributed to sex when the body and all things sexual were considered the tool of the devil still clings to our notions of deviant sexuality. Both Judaic and Christian traditions include understandings of sex as demonic that border on the magical. In examining the Jewish-Christian treatment of the Fall of Adam in *Genesis*, Bernard Prusak explains the early association of sex with demons and with women:

Puzzled by the power of sexual drive and the mysteries of generation and birth, authors in a patriarchal society killed two birds with one

stone. They explained the *de facto* existence of evil by indicting women as its source, and thereby had also both a theological explanation and the justification for maintaining the cultural facts of male dominance and female subservience. Men at that time coped better with their dependence upon or need for woman as wife and mother if they had an excuse to intimidate her. This was accomplished by connecting sexual drive and generation with evil. If self-control was originally lost because of a powerful devil, then man's ego could breathe more easily when his present self-control seemed tenuous (1974:97).

The inherited fear of sexuality, especially deviant sexuality, causes us to attribute to it a great deal more power than it actually has. Sexual desire is controllable. When we experience it as "uncontrollable" it is usually because we do not have sufficient reasons to control our sexual drives. For instance, a young couple told to wait until after the wedding for intercourse may get carried away precisely because the reasons for waiting are not convincing. But it would be wrong to infer that the members of this couple are therefore liable to rape others or to molest their children because their sexual desire is overpowering. Sexual desire can and should be controlled. One of the lessons that good sexual relationships teach is that sexual control is not only possible but mutually rewarding for both men and women.

We are in the midst of a major social withdrawal from children which threatens their welfare. Parents,

teachers, daycare workers, and other child-care personnel have become afraid to touch children. Parents must themselves learn to distinguish and teach children to distinguish between touch that is demanding and coercive and touch that is supportive. We all need to be touched. But demanding touch is impersonal; it treats the person touched as an object and attempts to define and control that person.

In programs designed to teach children to recognize sexual abuse, distinctions between "good" and "bad" touch are made. Bad touch is chiefly defined as touching children's genitals or demanding inappropriate nudity. This is a beginning and necessary step in recognizing bad touch. But it is not sufficient. As children mature they need to learn that what chiefly characterizes bad touch is lack of mutuality. That is, both sides must choose the touching. Any touch that is unwelcome is bad, no matter where it occurs on the body. And mutual touch therefore implies reciprocity. No one should touch another unless he or she is open to reciprocal touching.

This element is often overlooked in teaching about sexual harassment, whether it occurs in the workplace, the family, or the classroom. When touching does not invite reciprocity, it is controlling. It is an exercise in domination, not affection. Bosses who pat secretaries, teachers who stroke students, parents who hug children but who send signals that the initiative in touching must come from them, are not being loving, but manipulative. It is especially important in families that

It's natural to be curious about other people's private parts, but their bodies belong to them.

It's wrong to insist on seeing someone else's private parts.

If a person wants to see your private parts, you say "No." You leave and tell me—even if it's a person you know.

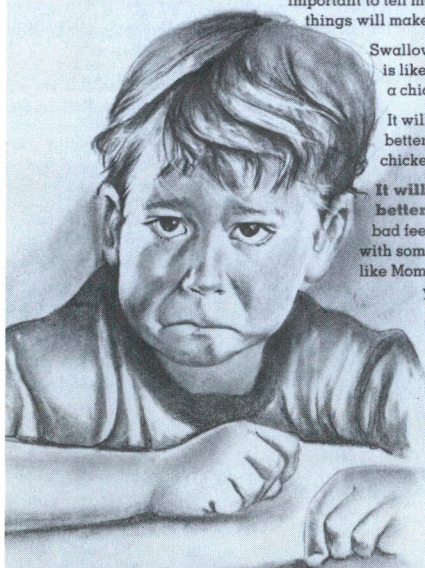
If a person wants to touch your private parts, you say "No" and leave and tell me—even if it's a person you know.

If a person touched your private parts already, it's important to tell me. Telling about things will make you feel better.

Swallowing a bad feeling is like trying to swallow a chicken bone.

It will always feel better to cough up that chicken bone.

It will always feel better to tell about the bad feeling, to talk it over with someone who cares, like Mom or Dad or your teacher.



Parent's page

From Joanne Barbara Koch, *Getting to Know Me: Families in Touch Series, Book Two*, illustrated by Jan Spivey Gilchrist (Illinois Department of Alcoholism and Substance Abuse, 1988).

children of all ages not only are touched with love but feel able both to touch others and to refuse touch from others in the family when they so desire. It is wrong for parents to use gestures of affection toward children which they cannot refuse without fear of reprisal—for example, during an argument when the child is angry at the enforcement of parental will.

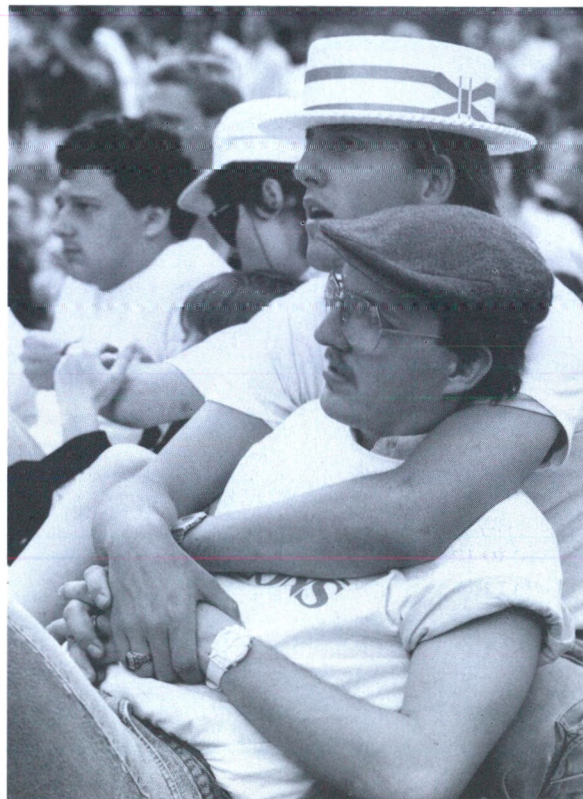
Gender Identity and Sexual Orientation

Parents should understand the distinction between gender identity and sexual orientation. Most adults do not. Gender identity is the child's ability to distinguish males and females and to identify with the appropriate sex. A child usually acquires this ability by eighteen months (Crooks and Baur 1987:68). Sexual orientation is sexual attraction to one sex or the other. Sexual orientation is more difficult to fix at a given age. Most heterosexuals are never aware of having chosen their orientation; most homosexuals "discover" their orientation in late youth, but many of these claim, with supporting evidence, that there were clear signs of their later orientation in early childhood. Seventy-five percent of males and 85 percent of females have a heterosexual orientation, that is, they are primarily sexually attracted to persons of the opposite sex. Homosexuals, 2 to 4 percent of males and 1 to 2 percent of females in our population, are primarily sexually attracted to persons of the same

sex.⁴ This is somewhat oversimplified; almost all of us are a combination of heterosexual and homosexual, but with a preponderance of one or the other. About 23 percent of males and 14 percent of females experience both types of attraction (Hunt 1974:303-7).

The most common misunderstandings stem from a belief that people with a homosexual orientation want to be members of the opposite sex. This is not true. Homosexuals are no more likely than heterosexuals to have a confused gender identity. In studies of what we have termed masculine and feminine traits and behaviors, homosexuals are as likely as heterosexuals to demonstrate the appropriate range of traits and behaviors for their sex. Most are not in any way discernible to observers as homosexual. Most homosexual couples today do not play out the male-female roles that some homosexual couples did in the past. As many male homosexuals are "hypermasculine" as are "feminine." Our stereotypes are not based on what homosexuals as a whole are like, but on those few who least blend in with expected heterosexual behavior.

There is danger in parents' confusing gender identity with sexual orientation because of the homophobia rampant in our society. Parents whose two-year-old son plays Wonder Woman may see it as an indication that he wants to be a girl, which they wrongly interpret as evidence of a disposition toward homosexuality. They may foist hypermasculine activity and interests on him, and the child, equally confused about sexual identity and sexual orientation, may learn doubts about his



In accepting their gay children as loving, moral people, parents can remove from them a tremendous burden.

Photo by Lisa Ebright, 1988

Almost all of us are a combination of heterosexual and homosexual, but with a preponderance of one or the other.

sexual orientation or, more rarely, his sexual identity, since sexual identity seems to be fixed much earlier. Parents can wreck basic self-confidence in children by attacking the sex-appropriateness of their choices. Many psychologists believe that the people most alarmed by inappropriate gender activity have insecure gender identity themselves, and that those most rabidly against homosexuals often fear homosexuality in themselves (Crooks and Baur 312–13). One study (MacDonald and Games 1974) found homophobia closely related to holding rigid gender role stereotypes.

We now know that both sexual orientation and gender identity are relatively permanent once set. (There is a small group of people who remain confused about one or the other until long after gender identity and sexual orientation are normally set, but with therapy persons confused about gender identity can be helped to a firm identity in one sex.) Researchers think it most appropriate to understand transsexuals as persons who have never reached an identification with their biological sex and have decided that identity would be clearer for them as a member of the other sex (Crooks and Baur 1987:69–74). People without a clear sexual orientation are often called bisexuals. Bisexuals who get therapy usually do so because they want to be heterosexual, and many of these people can become exclusively heterosexual (Barlow et al. 1980:355–59; Zilbergeld and Evans 1980:29–43). (Still another group of people without clear sexual orientation are often ignored because they tend to be uninterested in sex at all.)

Yet it is believed to be almost impossible, and some therapists insist it is totally impossible, to reverse sexual orientation once it is fully set. Therapy can prevent behavior of the unwanted orientation, but it cannot induce satisfactory sexual behavior that runs counter to the original orientation (Crooks and Baur 1987:317). With regard to gender identity, research on children whose sex was misdiagnosed at birth due to genital abnormalities has shown that the gender identity is firmly set by ages four to six. By that age surgery changing the genitalia to the learned sex is a more successful treatment than training the child to identify with its biological sex (Money 1972:146–54).

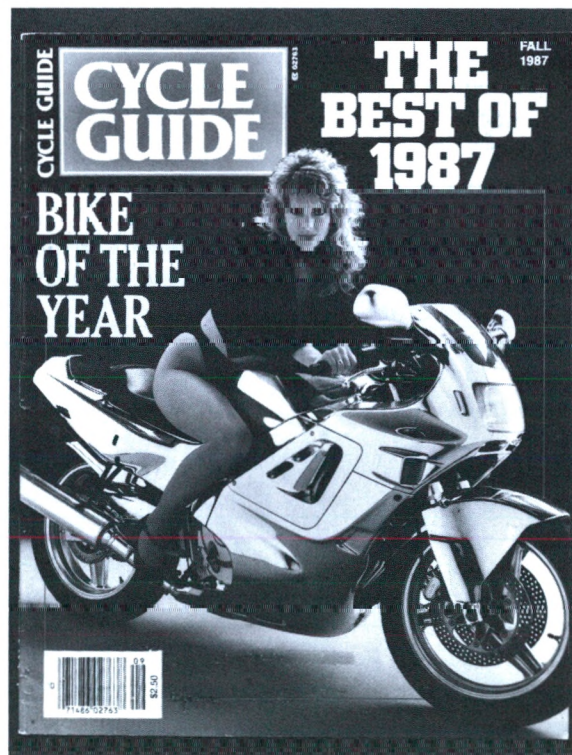
We do not know what causes homosexuality: there is nothing we can do to prevent it in our children. We do know that it is not caused by imitating the behavior of others (Green 1978:692–97). Nor is it caused by seduction of the young; in fact, seduction by an experienced person is more typical of heterosexuals than of homosexuals (Bell et al. 1981:101). Nor is homosexuality deliberately chosen. Most homosexuals are aware of their differences from their same-sex peer group by early adolescence, some in early childhood (Marmor 1980:255–59). Researchers are investigating the possibility that homosexuality is due to genetic influence which can be triggered by fetal or early childhood experiences. Parents need not feel responsible and should not blame their children for being homosexual. It is no one's "fault." The intense degree of homophobia in our society makes understandable our regret when we discover

our children are homosexual. No one would choose that their children be members of a minority group so often targeted for abuse and discrimination. But research also indicates that true homosexuals who accept their orientation are as well-balanced as heterosexuals and contribute just as much to society (Peplau 1981, 15:33).

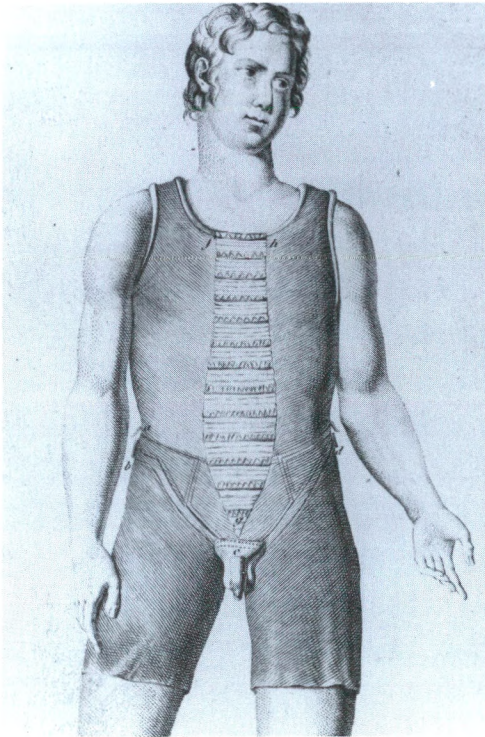
One of the most oppressive and feared aspects of discovering one's homosexual orientation is the prospect of telling one's parents (Weinberg 1973:91-118). Parents who understand that gay people can be normal, moral, productive citizens could take a tremendous burden from the shoulders of their gay children, who, after all, did not choose to be gay any more than their parents chose to be heterosexual.

Embodiment

Parents need to develop for themselves and pass on to their children the experience of "embodiment" (Nelson 1978). Embodiment entails understanding our bodies as ourselves, as integral to who we are. It is more than merely accepting our bodies, letting go of negative attitudes toward the body, though that is certainly a part of embodiment. Embodiment is understanding wholistically, not just intellectually, that every person and thing we know comes to us through our bodily senses, and everything we do, including thinking, is done through our body.⁵ That there is something more to us than physicality is an insight that should not lead



The widespread use of women's bodies to market goods from chewing gum to motorcycles contributes to women's alienation from their bodies.



The dire consequences attributed to masturbation were not always sufficient to prevent the practice, as the existence of devices like the one pictured in this nineteenth-century engraving implies.

National Library of Medicine, Bethesda, Maryland

to denigration of our bodies, but should rather enhance the reverence we feel for our body and those of others.

Christian theological tradition is responsible for a great deal of the body denigration in our culture, but religion is not the sole source. Denigration of the body is so ingrained in our culture at large that even trends meant to correct it are deformed by it. An example is the current emphasis on physical fitness. Responsible care of our physical selves is an important part of the good life, but for many, physical fitness is but another guilt-inducing burden to load onto some internal sense of self, as though our true self had obligations to the shell we inhabit. What embodiment suggests about physical fitness is that not caring for our body is neglecting our real self; it leads to negative repercussions in all aspects of our lives. Maintaining the body, on the other hand, enhances our appreciation and enjoyment of all areas of life.

Embodiment is a particular problem for females in our culture. More than boys, girls are taught that their bodies are not their *selves*, but rather a commodity. Women have been encouraged in the past to hoard and preserve and then display this commodity as a way of attracting males. The body was then to be handed over to an individual male who explored this virgin territory for the first time, teaching and interpreting it to the female so that she could appreciate it through his exploration. Many of the attempts to “liberate” women from this process have served only to encourage them to distribute the commodity more liberally. Women’s

bodies are further explored, interpreted, and preserved by the medical profession.

Women are taught to be alienated from their bodies. They are taught not to touch their genitals, to treat them as private, off-limits, even for themselves.⁶ Girls' bathrooms and locker rooms still more often than boys' have private stalls, even for showering. At the same time, girls' bodies are treated as a public commodity which can be used to sell cars, war bonds, liquor, and technology. Sometimes it seems that the only people without some ownership claim to women's bodies are women themselves.

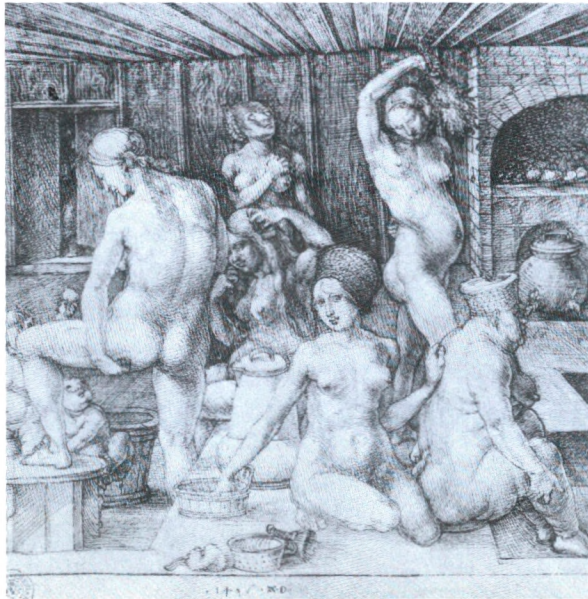
Alienation from our bodies prevents embodiment and prevents us from being responsible adults. Today several trends are correcting the alienation of women from their bodies. One is the "self-health" movement.⁷ Women are coming to know their bodies better inside and out, to learn what the various organs do, what common malfunctions occur, and what treatments are least invasive. This movement has led to more wholistic approaches to childbirth, contraception, breast cancer, cervical and uterine cancer, and other gynecological problems. The occasion of giving oneself a vaginal self-examination is often the first time an adult woman has ever seen her vulva, and sometimes the first time she has tactilely explored it. Many adult women do not have the consciousness of their bodies that the average ten-year-old boy takes for granted.

A second and related trend is a growing encouragement of masturbation by psychologists, sex therapists,

and educators. There are tremendous sex differences in adolescent masturbation. By age nineteen virtually all adolescent boys masturbate; over three-quarters do so by age fifteen. Boys often first learn of masturbation from other boys, and sometimes it is a social practice among them (Hunt 1974:79–80). Many fewer girls masturbate. In fact, only two-thirds of girls masturbate before age nineteen. Girls who do have usually discovered masturbation on their own; there is no evidence that girls communicate to each other about it (Crooks and Baur 1987:430–31). Many girls who masturbate do not know what it is called; they understand the term to refer to something boys do with their penises.

Encouragement of masturbation is aimed at relieving boys of the needless guilt long attached to what is an almost universal practice, and at giving girls a sense of ownership of their genitalia. It would have the added benefit for girls, as it does for boys, of teaching them about their own sexual response patterns—about what arouses them.⁸ Ignorance of one's own arousal patterns is a major cause of lack of sexual response in females, and a cause of great suffering.

A third movement which is helping to overcome body alienation is girls' sports. Extensive organized sports programs have given boys a tremendous advantage in claiming ownership of their bodies. In such programs boys learn to train their bodies, to develop their abilities and sense of limitations, and to make decisions about what they do with their bodily selves. The experience of the locker room gives them an added advan-



Communal bathing fostered awareness and acceptance of the great variety of human bodies. The Women's Bath, by Albrecht Dürer (pen and ink, 1496).

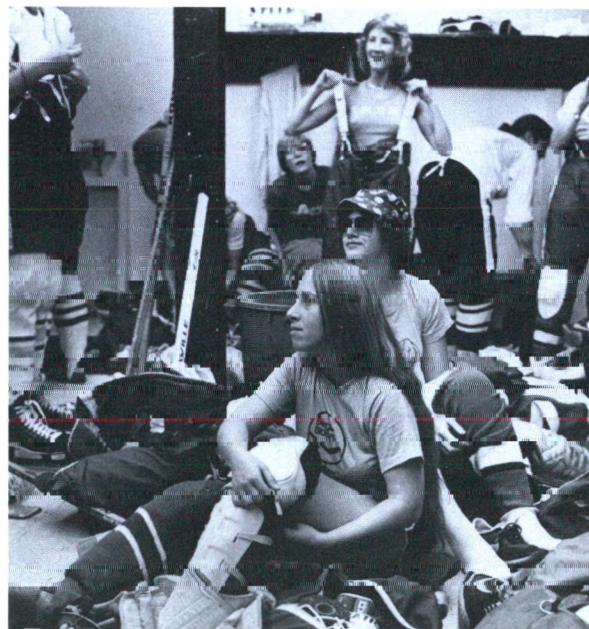
tage, for it accustoms boys to the great varieties of male bodies and helps them to accept their own as one of that infinite variety.

Casual locker-room nudity is a disturbing but often rewarding experience for older women. They have learned to approach their bodies in a judgmental way, finding fault with them for failing to meet an abstract ideal. The experience of seeing dozens of naked female bodies induces respect for the variety of bodies, and an appreciation of the beauty in that variety which includes their own body. Girls in sports programs are beginning to have these experiences from a young age, and they emerge with a marked difference. They move with more assurance, they claim their space more confidently. Our attitudes toward our bodies are an important part of our attitudes toward ourselves as a whole.

The average parent in our society needs to know all this and more. This information is important both in its own right and because it influences *attitudes* toward sexuality. The most crucial sexual legacy of parents to their children is sexual attitudes. We need to convey to our children that each person is uniquely and richly sexual. They need to learn a reverence and appreciation for all human bodies and for the physical communication and communion between them. When children see parents treat their bodies and each other's with love and reverence, when they recognize no separation between persons and bodies, when sex is understood as expressing/creating love rather than as only physical release or a type of recreation, then children will seek out informa-

tion about sex as they need it. They will be able to talk about sexual issues as they come up and will be open to new attitudes/practices. Their openness will not be uncritical acclaim for all things new, but based in an understanding of the human significance of sexuality.

Parents, of course, are not the only source of sexual attitudes in children. Schools, churches, the media all contribute to the attitudes children adopt. The churches have a singularly important role in legitimating the information and attitudes conveyed elsewhere. In Volume 11 of *Second Opinion I* will lay out an agenda for the church in dealing with sexuality in the family. ☸



Participation in sports can foster a sense of being "at home" in the body. Here players for the (New Jersey) Bergen Blades suit up for a game.

UPI/Bettmann Newsphotos

This paper was presented on March 8, 1988, at the conference "Responsible Sexuality: Issues for Ministry," sponsored by the Parkside Pastoral Counseling Center, Park Ridge, Illinois.

NOTES

1. One of the best proofs that sexual attitudes and behavior are learned comes from examining sexuality in other cultures. There are few universals. For example, all societies have sexual taboos, but they differ from society to society. All societies bar incest, but those societies define incest very differently.
2. See Sales 1978 for a comparative description of men's and women's roles in marriage over decades.
3. The brain is the most central sense organ for sexual arousal. Any sensory event can trigger arousal if properly interpreted by the psyche. Touch is the most frequent source of arousal, and we frequently touch our children. Yet we know that in other situations we use intimate touch, for example, in the course of one's work as a nurse or therapist, without responding sexually to any arousal stimulated by the touch.
4. The variations are those between Kinsey's and Morton Hunt's survey results.
5. See Nelson 1978 for a complete treatment of embodiment.
6. A good film for illustrating this alienation is Jessie Potter's *The Touch Film* (by Sterling Productions, New York).
7. The earliest and still the best source of information is by Boston Women's Health Book Collective, now in revised form as *The New Our Bodies, Ourselves* (1984).
8. Most social science surveys of sexuality reach this conclusion today, including Crooks and Baur (1987), and Delora and Warren (1984). In addition many theologians and some churches have come to reject—or at least they no longer refer to—past religious-ethical condemnations of masturbation.

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Abortion:

With its decision on January 9, 1989, to hear arguments concerning the constitutionality of *Webster v. Reproductive Health Services*, the U.S. Supreme Court has returned the abortion debate to the top of our national list of moral quandaries. Immediately after the Court's announcement, interest groups began to voice their concerns. Would this attempt by Missourians to limit access to abortion within their own state be used by the Court to overturn *Roe v. Wade*, thereby igniting statewide debates on abortion policy across the nation? Or would the court respond in a more limited way? Ahead of us lie months of speculation, repetition of all the old arguments, and, no doubt, attempts to shed new light on what Yale University Law School Dean Guido Calabresi has called the " 'thorniest' belief conflict in America today" (*Ideals, Beliefs, Attitudes, and the Law*, p. 91).

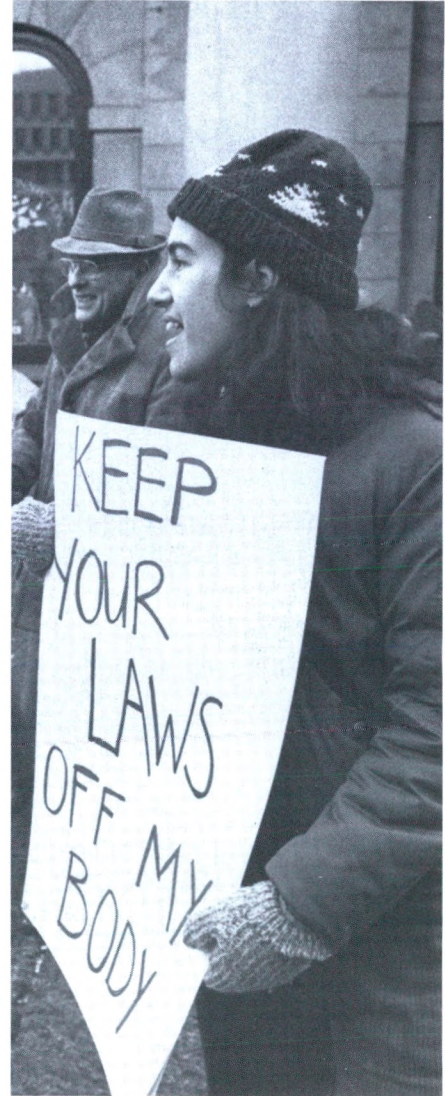
Signs of ferment are easy to spot. Five days after the Supreme Court announced its decision Surgeon General C. Everett Koop reported to President Reagan

A Middle Ground?

that no conclusive scientific evidence supports the assumption that abortion often results in physical or emotional health problems for women who choose to terminate a pregnancy. Immediate debate on the existence of a "postabortion syndrome" followed. Three weeks earlier an article in the *New York Times* on Christmas Day reported that "the percentage of geneticists who approve of prenatal diagnosis for sex selection rose from 1 percent in 1973 [the year *Roe v. Wade* became law] to nearly 20 percent in 1988," producing ripples of commentary about the growing acceptance of "terminations for sex." These contradictory signals indicate that 1989 will be a very difficult year for those who care deeply about this issue.

According to the Alan Guttmacher Institute (a sponsor of research on issues related to family planning), some patterns in the nation's abortion practices have emerged. About 30 percent of pregnancies (excluding those ending in stillbirths and miscarriages) end in

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abortion in the U.S. each year—between 1.5 and 1.6 million per annum. The majority take place in abortion clinics, not hospitals, and that trend is growing stronger. At these clinics acceptance of second-trimester abortions is increasing. Estimates of the total number of abortions performed since *Roe v. Wade* range from 18,000,000 to 22,000,000, depending upon whether one uses statistics from the Centers for Disease Control or the Guttmacher Institute.

Do we view these statistics as signs of great liberation or great tragedy? As indicators of a compassionate or a callous society? Our answer depends in large part upon deeply held, often unarticulated convictions, and to step into this debate requires us to call up these deep (sometimes contradictory) convictions. On those rare occasions when we move beyond the inflammatory rhetoric that characterizes our national approach to this issue, fundamental beliefs surface—about the nature of human life, the place of women in our society, the value of newly conceived life, the rights of individuals, the responsibilities of society, even the very source of life itself. Within those moments of honest searching most of us give evidence of our divided minds: we try to support the self-determination of women at the same time that we seek to welcome new life into the human family. We find ourselves nodding in agreement with thoughtful prochoicers and nodding again when the thoughtful prolife responds.

Is it possible that some “middle ground,” some place of consensus can be found or created for people seeking

to cross such treacherous moral terrain? In the essay and responses that follow, this possibility is given serious consideration. As readers look at the “middle ground” option they will confront a wide range of questions. Is abortion killing? Is there a qualitative difference between preimplantation and postimplantation life? How does our position on abortion relate to other debates about euthanasia, the definition of death, a consistent ethic, or justice for women and fetuses? These articles remind us that abortion is connected to large social realities, that the conditions leading to rape, poverty, and exploitative sexual relations are part of the problem and must be addressed as part of any solution. These writers also point to developments that can add to or take away from the middle ground. Will the new abortifacient RU-486 remove some of our problems—or simply relocate them? Will our abilities to lower the threshold of fetal viability or to make use of fetal tissue change the tenor of the debate?

Even though the middle ground seems at times quite shaky and the challenge of finding a solution overwhelming, the pressure to create a shared public approach to this issue only increases. The need for new proposals, straightforward and open interchange of specific concerns and underlying values, and individual soul-searching grows, along with our public agitation and uncertainty. These authors are not the first—or the last—to consider the issue of a middle ground. But their reflections can aid our own as we step onto ground that must be traversed with great care and caution.

Abortion: The Unexplored Middle Ground

Richard A. McCormick

DURING THE REPUBLICAN National Convention in August 1988, I listened to an interview with fundamentalist minister Jerry Falwell and Faye Wattleton, president of Planned Parenthood, on the subject of abortion. Falwell kept insisting that unborn babies were the last disenfranchised minority—voiceless, voteless, and unprotected in the most basic of civil liberties. Wattleton's statements all returned to the concept of privacy and the woman's right to decide whether she would or would not bear a child. It was a tired old stalemate. Neither party budged an inch. The moderator identified their only common ground as the fact that this is a great country in which people are free to disagree.

Unfortunately, the Falwell-Wattleton exchange is an example of the way discussions on abortion are often

conducted. One point is picked as central and then is all but absolutized. The discussion accomplishes nothing except perhaps to raise everyone's blood pressure. All remarks return to the single absolutized starting point and are interpreted in light of it. Thus Falwell sees non-violent demonstrations at abortion clinics as signs of hope for a transformation of consciousness and a growing rejection of abortion. Wattleton sees them as unconstitutional and violent disturbances of a woman's exercise of her prerogative to make her own choice.

Are we doomed forever to this kind of dialogue of the deaf? Perhaps, especially if the central principles identified by both sides are indeed central. An important difference in these "central issues" should be noted here. Falwell and those who share his view are speaking

***Any individual or society sanctioning this or that act of intentional killing
bears the burden of proof.***

primarily of the *morality* of abortion and only secondarily about public policy or the civil rights of the unborn. Wattleton says little about morality (though she implies much) but puts all her emphasis on what is now constitutional *public policy*. On his level, I believe Falwell is right. On her level, Wattleton is right (in the sense that *Roe v. Wade* does give women a constitutional right). Two planes passing in the night at different altitudes.

What rarely gets discussed in such heated standoffs is what public policy *ought to be*, especially in light of *which morality*. The linkage of these two in a consistent, rationally defensible, humanly sensitive way almost always falls victim to gavel-pounding. It never gets discussed. Unless this linkage is made more satisfactorily in the public consciousness than it has been, any public policy on abortion will lack supportive consensus and will continue to be seriously disruptive of social life. The terms *prochoice* and *prolife* will continue to mislead, label, and divide our citizenry.

Can we enlarge the public conversation so that a minimally acceptable consensus might have the chance to develop? I am probably naive to think so. But I have seen more unexpected and startling things happen—Vatican II, for example. Falwell and Wattleton could agree on a few things beyond the edifying puff that this is a great country because people are free to disagree. I call my proposed area of conversation “the unexplored middle ground.” If we talked more about this middle ground, we could perhaps establish a public conversational atmosphere with a better chance at achieving a

peaceable public policy. I say perhaps because I am not at all optimistic. Still, it is worth a shot.

Before listing possible elements of this unexplored middle ground, I want to make three introductory points. First, diverting attention to the middle ground is not an invitation to compromise. To attempt to discover what we might agree on is not to forfeit our disagreements. It is only to shift the conversational focus. It is to discuss one's convictions with a different purpose, with different people, in a different way.

Second, my own *moral* position is abundantly clear from previous writings (see, for example, McCormick 1981:189–206). So is my conviction that the policy set in *Roe v. Wade* does not adequately reflect the position of a majority of Americans. Although that conviction should in no way hinder the search for a middle ground, it does warn the reader that the “middle ground” I propose is influenced by these postures. The consensus I would like to see develop and be reflected in policy is not unrelated to my own beliefs. It will undoubtedly shape my identification and wording of the “unexplored middle ground.” Indeed, some—from both sides—will undoubtedly see my middle ground as a poorly disguised presentation of only one point of view, hardly in the middle. I acknowledge the possibility in advance, but forge ahead nonetheless.

Third, when I speak of a common ground I do not mean that all or many now agree on these points. But I believe there is solid hope that they can be brought to agreement.

Elements of a Middle Ground

1. *There is a presumption against the moral permissibility of taking human life.* This means that any individual or society sanctioning this or that act of intentional killing bears the burden of proof. Life, as the condition of all other experiences and achievements, is a basic good, indeed the most basic of all goods. If it may be taken without public accountability, we have returned to moral savagery. For this reason all civilized societies have rules about homicide, though we might disagree with their particulars.

I take the presumption stated above to be the substance of the Christian tradition. The strength of this presumption varies with times and cultures. Cardinal Joseph Bernardin has noted that the presumption has been strengthened in our time (1983–84: 491–94; 1984–85:705, 707–9). By that he means that in the past capital punishment was viewed as a legitimate act of public protection. Furthermore war, in which killing was foreseen, was justified on three grounds: national self-defense, the recovery of property, and the redressing of injury. Now, however, many people (including several recent popes) reject capital punishment and view only national self-defense as justifying violent resistance. While such applications remain controversial, they are not the point here. The key principle is the presumption against taking human life.

2. *Abortion is a killing act.* So many discussions of

abortion gloss over the intervention as “the procedure” or “emptying the uterus” or “terminating the pregnancy.” In saying that abortion is a killing act, I do not mean to imply that it cannot be justified at times; the statement does not raise that issue. I mean only that the one certain and unavoidable outcome of the intervention is the death of the fetus. That is true of any abortion, whether it is descriptively and intentionally direct or indirect. If the death of the fetus is not the ineluctable result, we should speak of premature delivery. To fudge on this issue is to shade our imagination from the shape of our conduct and amounts to an anesthetizing self-deception. All of us should be able to agree on this description, whether we consider this or that abortion justified or not.

(A final gloss. I here pass over—with no intention of ignoring it—a key issue: at what point does interruption of the reproductive process merit the name *abortion*? That is a legitimate question. Plausible reasons exist for saying that only interruption of an *implanted*, fertilized ovum deserves this name. Here, however, I wish not to distract from the main assertion—one that applies to the 1.3 to 1.5 million abortions done per year in this country.)

3. *Abortion to save the life of the mother is morally acceptable.* Readers may wonder why I bother to mention this point. I do so because those who are morally opposed to abortion frequently see their position caricatured into unrecognizability. Such a caricature only intensifies opposition and polarization.

***Those who formulate their convictions in terms of a “fundamental right to life”
by no stretch of the imagination deny a similar right to the mother.***

Let me cite a recent instance. The *New York Times* is hardly celebrated for its serene objectivity in this realm (it has supported *Roe v. Wade* from the beginning). In an editorial on George Bush's supposed gender gap it reported the Republican platform as follows: “That the unborn child has a fundamental individual right to life which cannot be infringed.” In other words, given a choice between saving the fetus or the mother, the mother must die” (August 19, 1988).

That interpretation of a “fundamental individual right to life” is so distorted that it comes as close to editorial hucksterism as can be imagined. Those who formulate their convictions in terms of a “fundamental right to life” by no stretch of the imagination deny a similar right to the mother. Nor does such a general statement about fetal rights even address situations of conflict. The language is meant to restate for the abortion context the presumption mentioned in my first point.

Presumptions can at times be overcome. Here it would be useful to recall the statement of J. Stimpfle, bishop of Augsburg: “He who performs an abortion, *except to save the life of the mother*, sins gravely and burdens his conscience with the killing of human life” (Scholz 1975:342). The Belgian bishops made a similar statement (Les évêques belges 1973).

Agreement on this point may seem a marginal gain at best. But in the abortion discussion, *any* agreement can be regarded as a gain, especially when it puts caricatures to rest.

4. *Judgment about the morality of abortion is not simply a matter of a woman's determination and choice.* Prochoice advocates often present their position as though the woman's choice were the sole criterion in the judgment of abortion. But I believe that very few if any really mean this, at least in its full implications. It is simplistic and unsustainable. Taken literally, it means that *any* abortion, at *any* time, for *any* reason, even the most frivolous, is morally justified if only the woman freely chooses it. That is incompatible even with the admittedly minimal restrictions of *Roe v. Wade*. I know of no official church body and no reputable philosopher or theologian who would endorse the sprawling and totally unlimited acceptance of abortion implied in that criterion. It straightforwardly forfeits any and all moral presumptions protective of the unborn. In this formulation, the fetus becomes a mere blob of matter.

Conversation about the fourth point will not, I am sure, bring overall agreement on the abortion issue. But it might lead to a more nuanced formulation on the part of those identified with the prochoice position. It might also lead to a greater sensitivity on the part of some pro-life advocates to the substantial feminist concerns struggling for expression and attention in the prochoice perspective.

5. *Abortion for mere convenience is morally wrong.* This only makes explicit the above point. Once again, agreement on this point may seem to represent precious little gain. And even agreement might be fugitive because of the problem in defining the phrase “mere convenience.”

One person's inconvenience is another's tragedy, and so on. Yet for those not hopelessly imprisoned in their absolutisms, I think agreement is possible if discussion is restrained.

Furthermore, such discussion could be remarkably fruitful. Those who agree with the statement—and that would include some, perhaps many prochoice advocates—eventually would have to say *why* such abortion is morally wrong. Such a discussion could go in one direction only: straight to the whys and wherefores of the claims of nascent life upon us.

6. *The conditions that lead to abortion should be abolished insofar as is possible.* I refer to poverty, lack of education, and lack of recreational alternatives to sexual promiscuity among teenagers. Nearly everyone agrees with these prescriptions, but they should be emphasized much more. In other words, we have tended to approach abortion too exclusively as a problem of *individual choice*. Left at that, it tends to divide people. Were it also approached as a *social problem*, it could easily bring together those in opposition at the level of individual choice.

7. *Abortion is a tragic experience to be avoided if at all possible.* Regardless of one's moral assessment of abortion, I believe most people could agree that it is not a desirable experience in any way. It can be dangerous, psychologically traumatic, generative of guilt feelings, and divisive of families. And, of course, it is invariably lethal to fetuses. No amount of verbal redescription or soothing and consoling counseling can disguise the fact that people would prefer to achieve their purposes

without going through the abortion procedure. It is and always will be tragic.

8. *There should be alternatives to abortion.* This is a corollary to the preceding point. Its urgency is in direct proportion to the depth of our perception of abortion as a tragic experience. It seems to me that the need for alternatives should appeal above all to those who base their approach on a woman's freedom of choice. If reproductive choice is truly to be free, then alternatives to abortion should be available. By alternatives I mean all the supports—social, psychological, medical, financial, and religious—that would allow a woman to carry her pregnancy to full term should she choose to do so. Expanding the options is expanding freedom.

9. *Abortion is not a purely private affair.* *Roe v. Wade* appealed to the so-called right of privacy to justify its invalidation of restrictive state abortion laws. In public debate assertions about a woman's "control over her own body" often surface. Such appeals either create or reinforce the idea that abortion is a purely private affair. It is not—at least not in the sense that it has no impact on people other than the woman involved. It affects husbands, families, nurses, physicians, politicians, and society in general. We ought to be able to agree on these documentable facts.

I am proposing that the term *privacy* is a misleading term used to underline the primacy of the woman's interest in abortion decisions. Communal admission of this point—which is scarcely controversial—would clear the air a bit and purify the public conversation.

No amount of verbal redescription or soothing counseling can disguise the fact that people would prefer to achieve their purposes without going through the abortion procedure.

10. *Roe v. Wade* offends many people. So did previous prohibitive laws. On these matters those who acknowledge facts must agree. But to place these facts together invites people out of their defensive trenches. In other words, it compels them to examine perspectives foreign to their own.

11. *Unenforceable laws are bad laws.* Unenforceability may stem from any number of factors. For instance, a public willingness to enforce the law may be lacking. Or the prohibited activity may be such that proof of violation will always be insufficient. Or attempts to enforce might infringe other dearly treasured values. Whatever the source of the unenforceability, most people agree that unenforceable laws undermine the integrity of the legal system and the fabric of social life.

Our own American experience with prohibition should provide sufficient historical education on this point. Its unenforceability stemmed from all the factors mentioned above and more. It spawned social evils of all kinds. In this respect Democratic Senator Patrick J. Leahy of Vermont once remarked that amendments should be used not to create a consensus but to enshrine one that exists. He added:

The amendments that have embodied a consensus have endured and are a living part of the Constitution. But where we amended the Constitution without a national meeting of minds, we were forced to retract the amendment, and only after devastating effects on the society. (Cited in Segers 1982:25)

This is an obvious reference to the Eighteenth Amendment.

12. *An absolutely prohibitive law on abortion is not enforceable.* By “absolutely prohibitive” I mean two things. First, such a law would prohibit all abortions, even in cases of rape and incest and in cases where the life of the mother is at stake. Second, by “abortion” would be meant destruction of the human being *from the moment of conception*. The latter was the intent of the Human Life Statute (S.158) introduced by Jesse Helms on January 19, 1981. It sought by a simple majority of both houses to declare the fetus a human being from the moment of conception. Thus in effect it sought to redefine the terms *person* and *life* to bring them under the protective clauses of the Fourteenth Amendment.

I say that such an absolutely prohibitive law is unenforceable. First, it has no consensus of support, as poll after poll over the years has established. Even religious groups with strong convictions against abortion have noted its unenforceability. For example, the Conference of German Bishops (Catholic) and the Council of the Evangelical Church (Protestant) issued a remarkable joint statement on abortion some years ago (Council of German Bishops and Council of the Evangelical Church 1973:6). After rejecting simple legalization of first-trimester abortions (*Fristenregelung*), they stated that the task of the lawmaker is to identify those conflict situations in which interruption of pregnancy will not be punished (*straflos lassen*). I mention the German example because of the apparently ineradicable

American tendency to identify moral conviction with public policy ("There oughta be a law!"). This penchant is visible in the refusal of some prolife advocates to admit any toleration into public policy.

The second reason an absolutely prohibitive law would not work concerns specification of legal protection *from the moment of conception*. If this were enshrined in the penal code and attempts made to enforce it, we would be embroiled in conspiracy law (the *intent* to abort). Why? Because in the preimplantation period there is no evidence of pregnancy. Lacking such evidence, one could not prosecute another for having performed an abortion, but only for having *intended* to do so. That is just not feasible.

13. *There should be some public policy restrictions on abortion.* This point may seem to lack bite: after all, those most polarized could agree on this "middle ground," and even *Roe v. Wade* admitted "some" control. This tiny island of agreement is not important in itself. By focusing on it, however, discussants will be forced to face these two questions: What kind of control? and Why?

I admit that discussing these questions could take us right back to square one. But it could also lead to a more nuanced and sophisticated notion of public policy in a pluralistic society.

14. *Witness is the most effective leaven and the most persuasive educator concerning abortion.* I do not mean to discredit the place of rational discourse. We abandon such discourse at our own risk, and very often the result is war. I mean only that genuine education is eye-

opening. The most effective way of opening eyes is often the practical way of witness. We come to understand and appreciate heroism much more by seeing heroic activity than by hearing or reading a lecture on it. Are we not more selfless when surrounded by people who are concerned for others? Are we not more fearlessly honest when friends we deeply admire exhibit such honesty?

Those with deep convictions about freedom of choice for women or, on the other hand, about the sanctity of fetal life would be considerably more persuasive if they emphasized what they are for rather than what they are against, and did so *in action*. Prolife advocates (whether individuals, organizations, or institutions such as dioceses) should put resources into preventing problem pregnancies; when those pregnancies occur, they should support them in every way. Paradoxically, the same is true of those who assert the primacy of free choice. For if the choice is to be truly free, genuine alternatives must exist. In summary, putting one's money where one's mouth is can be done at least as effectively (and far more so, I believe) through means other than picketing.

15. *Abortion is frequently a subtly coerced decision.* Ethicist Daniel Callahan pointed out fifteen years ago that "a change in abortion laws, from restrictive to permissive, appears—from *all data* and in *every country*—to bring forward a whole class of women who would otherwise not have wanted an abortion or felt the need for one" (1973:296). The most plausible interpretation of

An absolutely prohibitive law is unenforceable, as poll after poll over the years has established.

this phenomenon, according to Callahan, is that the “free” abortion choice is a myth. He states,

A poor or disturbed pregnant woman whose only choice is an abortion under permissive laws is hardly making a “free” choice, which implies the possibility of choosing among equally viable alternatives, one of which is to have the child. She is being offered an out and a help. Nor can a woman be called free where the local mores dictate abortion as the conventional wisdom in cases of unmarried pregnancies, thwarted plans, and psychological fears. (1973:296)

Interestingly, agreement that many abortion decisions are coerced might result in cooperation between prochoice and prolife advocates. The concern of prochoicers for true freedom would lead them to attempt to reduce or abolish coercive forces by offering genuine alternatives. The prolife faction should rejoice at this provision of alternate options because it would reduce the felt need for abortion, and thus the number of abortions.

16. *The availability of contraception does not reduce the number of abortions.* I include this element because I have been exposed to discussions of abortion soured by the introduction of statements like the following: “The Catholic Church, being so staunchly opposed to abortion, should be in the forefront of those backing contraception to prevent it. By condemning contraception the church adds to the number of abortions.” Someone

making such a remark supposes that support for contraception will reduce the number of abortions performed.

One of a group of “minor” truths listed by Daniel Callahan in 1973 was the following: “There is no evidence yet from any country that, with enough time and [the] availability of effective contraceptives, the number of abortions declines” (1973:297). Clearly the availability of effective means of contraception is one thing; official approval of their use is quite another. But as witnessed by the number of Catholics who depart from official church teaching on contraception, official disapproval does not seem to make much difference. Callahan’s assertion should therefore serve as a rebuttal to the above statement about Catholic inconsistency. I do not attach much conciliatory significance to this rebuttal except that it clears the air of distracting and one-sided statements.

17. *Permissive laws forfeit the notion of “sanctity of life” for the unborn.* This is a hard saying, but that does not make it less true. Here Daniel Callahan is at his best—and most tortured. He grants a woman the right not to have a child she does not want. But he is unflinchingly honest about what this means. “Under permissive laws,” he notes, “any talk whatever of the ‘sanctity of life’ of the unborn becomes a legal fiction. By giving women the full and total right to determine whether such a sanctity exists, the fetus is, in fact, given no legal or socially established standing whatever” (1973:297). Callahan does not like being backed into this corner. But

he is utterly honest. His legal position does not allow for any pious doublethink. The law “forces a nasty either-or choice, devoid of a saving ethical ambiguity.” I wish that all discussants, on both sides, were so honest.

18. *Hospitals that do abortions but have no policy on them should develop one.* I introduce this as a contribution to the unexplored middle ground because non-Catholic health care facilities have approached the problem almost exclusively in terms of patient autonomy. I know that some hospitals have grown nervous about this posture because it amounts to simple capitulation to patient preferences. They have begun to see that theirs is not a carefully reasoned moral stance on abortion but an abdication of the responsibility to develop one.

The counsel to develop a policy is relatively non-threatening because it does not dictate what that policy ought to be. It is promising because it suggests that ethical complexity and ambiguity might become more explicit, which would represent an advance in the dialogue.

19. *The “consistent ethic of life” should be taken seriously.* I happily borrow the term *consistent ethic of life* from Cardinal Joseph Bernardin. Many have observed that the most vociferous about fetal rights are among our most hawkish fellow citizens. Something is amiss here. Abortion should be viewed within the larger context of other life-and-death issues, such as capital punishment and warmaking.

20. *Whenever a discussion becomes heated, it should cease.* This is the final piece of middle ground I propose.

I am not suggesting that abortion is so trivial a concern that heat is inappropriate. Rather I know from long experience that shouting sessions on abortion only alienate and divide the shouters. Nothing is illumined, not because the offerings are not illuminating but because nobody is either listening or being heard.

The idea of an unexplored middle ground and the invitation to explore it will please few. Yet the abortion problem is so serious that we must grasp at any straw. A nation that prides itself on its tradition of dignity and equality for all and the civil rights to protect that equality cannot tolerate a situation in which 1.3 to 1.5 million human fetuses are being denied this equality and these rights. We must at least continue to discuss the problem openly. Quite simply, the soul of the nation is at stake. Abortion’s pervasiveness represents a horrendous racism of the adult world. When it is justified in terms of rights, all of our rights are endangered because their foundations have been eroded by arbitrary and capricious application.

For this reason (and for many others) I think it important that abortion continue to occupy a prime place in public consciousness and conversation, even though we are bone-weary of the subject. If we settle for the status quo, we may be presiding unwittingly at the obsequies of some of our own most basic, most treasured freedoms. That possibility means that any strategy—even the modest one of keeping a genuine conversation alive by suggesting a middle ground as its subject—has something to recommend it. ☸

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Defining Death at the Beginning of Life

Robert M. Veatch

ONE HAS TO ADMIRE the courage of Richard McCormick in entering the swamp of moral controversy surrounding the abortion debate. Searching for a middle ground is admirable, especially if that ground turns out to be at all firm. I too once found myself caught in the middle. Many years ago I was scheduled to testify before a state legislative committee on the same day as a feminist group testifying for the pro-choice position. I felt caught in the cross-fire between women demanding the right to control their own bodies and conservative legislators insisting that abortion is murder.

Fully agreeing with both propositions, I listened with amazement as each side verbally pummeled the other. I needed McCormick's cooler middle ground then, and we continue to need it now. McCormick manages to say much that is both important and uncontroversial on this most controversial of subjects.

Abortion and Privacy

I accept all but two of his elements of the middle ground as essentially uncontroversial. For example, the claim (point 9) that abortion is not purely a matter of privacy is surely correct both because of abortion's significant impact on other persons and also because analysis of the concept of privacy makes clear that privacy is not normally at stake in abortion policies; what is at stake are the limits of self-determination. The *Griswold v. Connecticut* decision regarding married couples' use of contraception raised a genuine privacy issue (because enforcement would have required the literal invasion of the bedroom). But abortions normally take place in health care institutions, and thus obtaining an abortion is at least as likely to create an invasion of privacy as laws prohibiting access are. What is really at stake in abortion (as well as in many so-called right-to-die cases) is not

privacy but the right of self-determination (Fry 1984).

The problem with a claim based on the right to self-determination is that it is limited by the harm principle, namely, that one's right to be self-determining cannot be absolute when harm to others will result. Thus any defense of abortion based on the claim of the right to control one's own body must have buried within it a critical premise: that what is at stake is really only one's own body and not the body of someone else who also deserves significant legal and moral protection. It is, of course, that suppressed claim that the holders of the flanks, both prochoice and prolife, are unwilling to confront. They are unwilling to confront it, at first, because from more parochial perspectives it may seem intuitively obvious that human fetuses either are or are not rights-bearing entities. Then when challenged to defend their assumption, members of either group find that the question of whether fetuses are rights-bearing entities simply does not lend itself to reasoned argument. It is easier to finesse the question than to confront it. The exploration of the middle ground should at least put us on the course of confronting the real moral issue.

Unenforceable Laws and Bad Laws

Aside from this expansion of McCormick's claims about the privacy argument, I found two of his elements problematic. First, in sympathy with the proliferers, I am troubled by the proposition that unenforceable laws are necessarily bad laws (point 11). Most such laws are in

reality partially enforceable and, at the least, have a teaching effect. Consider the laws against gangland killings. Although the laws are only partially enforceable, surely no one would advocate legalization of gangland killings solely for that reason. Indeed, such laws, as with the prohibition on alcohol, prevent many harmful acts. Similarly, prohibitive abortion laws prevent some abortions. Only if abortion is morally more tolerable than gangland killings can one advocate decriminalization of one and not the other. Thus, the defense of legalization is, in part, based on the belief that some of the prohibited conduct is really not bad or at least not bad enough to warrant a law against it. Advocates of legalization of abortion must have made some judgments about the ethics of abortion as well as about the enforceability of the law.

Searching for a Substantive Middle Ground

This presses me to expand McCormick's search for the middle ground to include substantive moral issues as well as the factual and procedural ones. Perhaps the middle ground will be larger and more firm than we imagined. McCormick starts this substantive exploration with the claim that abortion to save the life of the mother is morally acceptable. I would like to see if there are other areas where both camps can meet. The starting point may be the other element of McCormick's

middle ground that I find controversial: the claim (point 2) that we can all agree that “abortion is a killing act.” I suspect that prochoicers would challenge that claim. They might even reject the claim that the outcome of the intervention is always the death of the fetus. Some abortions, for example, those to save the life of the mother, may be killing, even if morally tolerable, but it does not follow that all are.

In order to progress we need a precise definition of an abortion and of killing. McCormick is aware of the potential problem here and hints at another element of potential substantive agreement when he says that plausible reasons exist for saying that only interruption of an *implanted* fertilized ovum deserves the name “abortion.”

Presumably for McCormick, interrupting even the fertilized ovum before implantation (which occurs about one week after fertilization) would not be called abortion because some critical event that would make the embryo a member of the moral community has not yet occurred. (Presumably McCormick has in mind some characteristic such as that the genetic code is not yet fixed prior to implantation [Hellegers 1970] or that the probability of survival is not great enough.)

I suggest a slightly different linguistic convention that I think is preferable on moral and psychological grounds as well as more in accord with common usage. I would define *abortion* as any interruption of pregnancy—the destruction or expulsion of fertilized ova. *Killing*, on the other hand, is ending of life. For my pur-

poses here, only members of the human community with the legal and moral rights that accrue to such members would be deemed to have life. By this formulation we can speak of spontaneous abortion meaningfully and not imply that anyone was engaged in a killing. Also by this formulation, the destruction of the fertilized ovum before implantation would be an abortion but not necessarily a killing. It would be a killing only if the critical events that make the fertilized ovum a member of the legal and moral community had taken place.

If destruction of fertilized ova prior to these critical events is not called abortion, we are left in an awkward position. For example, some prochoice advocates hold that the critical events that make the fetus a member of the human community occur late in pregnancy, at quickening (13–16 weeks) or viability (20–28 weeks). If we do not call the destruction of fertilized ova prior to such a late-term critical event “abortions,” then the prochoicers would correctly say that they do not consider any termination of pregnancy prior to that event an abortion. Some few may hold that the critical event is birth. Those people would then have to say that, to them, there is no such thing as an abortion. That seems absurd. In fact, prochoicers are quite willing to call terminations of pregnancy prior to the critical event “abortions”; they are simply not willing to call them “killings.” If, however, the destruction of the fetus is an abortion whether or not the critical event has occurred, we would then say that an abortion had taken place, leav-

ing open the question of whether the moral and legal event of a killing had taken place. If prochoicers are at least willing to admit that the destruction should be called an abortion, that admission is psychologically and morally important and should not be sacrificed by insisting that the destruction of the ovum is to be called an abortion only after the critical event has occurred. Thus morning-after pills are properly referred to as abortifacients, not contraceptives.

The moral task for those seeking the middle ground is then to follow McCormick's lead and determine whether there are abortions (besides those to save the life of the pregnant woman) that are killings but that are nevertheless morally tolerable or, alternatively, whether there are any "abortions" (besides that of the pre-implantation embryo) that are not killings. Let us explore these options in turn.

Abortions That Are Tolerable Killings

I think almost all should be able to agree that withdrawal of gravely burdensome or useless life-sustaining treatments for a fetus is morally tolerable. Even if the fetus has acquired the critical characteristics so that it is a member in full standing of the moral community, it is not morally necessary to sustain its life in circumstances where it would not be morally necessary to sustain postnatal human life (Congregation for the Doctrine of Faith 1980). A fetus who was destined to a life that was gravely burdensome if treated, but would die painless-

ly if not treated, can justifiably have such treatments withdrawn based on parental surrogate decision making. Like some of McCormick's elements this may not buy much middle ground, but it at least provides a basis on which most should be able to agree that some decisions that result in interrupting pregnancy are ethically acceptable.

Defenders of the indirect effect doctrine may quibble that such omissions are really not abortions at all, but omissions of treatment. But a similar guarded conclusion might be reached regarding active, direct killing. Some are now suggesting that in rare circumstances, such as in intractable pain, active, direct killing for mercy might be morally and even legally tolerable. I remain unconvinced that such killings should be legalized, but if there were ever such a killing that would be tolerable for postnatal humans, the same logic would surely cover prenatal humans. If so, such abortions would be morally tolerable killings.

Abortion without Killing: The Definition-of-Death Analogy

Are there any "abortions" other than those involving pre-implantation ova that can be excluded from the category of killings? I think we may be able to move beyond this very minor area of middle ground agreement by examining the controversy over a definition of death. The issues are almost the same as with abortion

(Veatch 1983). In both cases we are attempting to determine whether human organisms with substantial amounts of living tissue are in a state such that certain fundamental human rights (for example, the right not to be killed and the right to constitutional protections) apply to them.

While abortion has generated tremendous amounts of heat, the definition-of-death issue has been relatively cool. Controversies have emerged, but religious, philosophical, and public policy actors have generally reached agreement adequate for social discourse and function.

Imagine a situation in which a permanently unconscious adult without brain function was maintained on a ventilator. Imagine further that a family member injected potassium into the unconscious person's vein so that the heart stopped. What can we say? Can we say that an individual has been killed?

Certainly, a human organism with substantial living tissue has been affected so that the tissue no longer functions. Yet, there is widespread agreement that even before the potassium injection such an individual was not alive in any morally or legally relevant sense. The laws of almost all states define death as irreversible loss of all functions of the brain. The potassium was injected into a corpse, one respiring (aided by a ventilator) and one with substantial bodily functions, but a corpse nonetheless. Moreover, most philosophical (Green and Wikler 1980; Gervais 1986) and public policy (President's Commission for the Study of Ethical Problems in

Medicine and Biomedical and Behavioral Research 1981) commentators would agree that ontologically and morally the death had already occurred by the time the potassium was injected. Both Catholic and Protestant moral theologians have generally accepted that conclusion (Kasnick 1973; Hauerwas 1978; Ramsey 1969). The only point of any resistance to that conclusion is among certain Orthodox Jewish commentators, and even there there is disagreement (Bleich 1979; Rosner 1969; Tendler 1978).

Even if the individual were already dead, interesting ethical and legal questions remain (for example, whether the injection was done with a benevolent or malevolent motive). Moreover, we generally can agree that the living retain certain important moral duties toward the corpse, for example, an obligation to treat the corpse with respect. On the other hand, we can do certain things to the corpse: for example (under certain conditions), use the body for research or therapy. The individual, however, at the moment of death ceased to be a member of the moral and legal community. He or she cannot be killed. If the injection was given for humane motives, we might find the act morally and even legally excusable.

What does all of this mean for the abortion debate? First, some organisms with substantial living tissue are in theory not alive in the sense that they are part of the moral and legal community. Even so, they are to be treated with respect, and certain moral obligations apply. Regardless of these moral obligations, such

organisms cannot be killed in any morally or legally meaningful way. An individual as a whole is already gone.

Whether this has any bearing on fetuses will take some work. McCormick has prepared the way by suggesting that the destruction of fertilized ova before implantation should not be called abortions. I interpret that to mean that he holds open the possibility that the organism has not yet acquired the characteristic critical to being a member of the moral and legal community. I would say such an organism can be aborted but cannot be killed.

Does the definition-of-death debate tell us what the critical characteristic is? The answer seems to be that irreversible loss of brain function renders the individual "dead"; he or she can no longer be "killed" and can no longer have violated the rights that accrue to one simply by being a member of the human community.

If it is true that individuals without brain function have, morally and legally, a very different (but still not completely unprotected) status, that insight has substantial relevance for the middle ground in the abortion debate. One implication might be that before brain function has developed, fetuses are in a position analogous to those with dead brains. They deserve respect and careful treatment, but they cannot be killed. That could provide a cautious moral legitimacy to actions taken prior to brain development.

Some have pressed the definition-of-death argument further. They questioned whether all brain tissue

had to be dead for the individual to be dead.¹ Some question whether retention of certain lower-brain-stem reflex functions are really sufficient to permit an individual to be considered part of the human moral community (Green and Wikler 1980; Engelhardt 1975). There are good theological and philosophical reasons for holding that the human is essentially a thinking, feeling, social animal; that without some rudimentary capacity to perceive others, something very fundamental is missing. If so, an individual may really "die" the moment the capacity for these higher-brain functions is irreversibly lost. Certain Catholic theologians have accepted this conclusion although no jurisdiction has yet done so as a matter of law (Haring 1973:131-36).

If the abortion debate and the definition-of-death debate are really the same argument at the two ends of the spectrum, then we may be somewhat closer to agreement on the middle ground than we realized. We may be able to agree that a fetus so afflicted that it will never develop any brain function is in a different position morally than one who possesses such brain function. I am comfortable saying that intervening to end the bodily function of such a fetus can no more be considered killing than can injecting potassium into an adult with no brain function. Such fetuses deserve to be treated with as much dignity as the brain-dead adult, but destroying cellular life when no brain function is possible cannot be killing.

For those who accept the formulation of death as cessation of higher-brain activity, the implications for

abortion are even more far-reaching. Aborting such a fetus is not morally a killing either. That of course is not our current law. The destruction of such a fetus would be viewed by the defenders of whole-brain death as the taking of a life. It could be defended only on the grounds that the treatment being rendered was extraordinary or only to the extent that active, direct killing for mercy could be justified. For holders of either brain-oriented concept of death, however, destroying a fetus who will never have brain function cannot be killing no matter how great an offense it is.

Potential versus Capacity

Individuals with dead brains differ from most fetuses in one important respect. While those with dead brains have irreversibly lost brain function, early-term fetuses have never had such function but retain the potential for it. Even if we can agree that some aspect of brain function is critical for membership in the moral community, we may not be able to agree on the status of those who do not yet have that function, but who will one day have it. If the potential for brain function is what is critical, then most fetuses from the beginning are included in the moral community in a full sense. If it is the presence of the actual capacity, then it is only when that capacity first appears that this status accrues. Thus the attempts to define death only press us to deal with the real issue: What is it that makes people full members of the moral

community? They cannot resolve what may be the most critical issue.

Conceding this important remaining controversy, we can learn a great deal from the definition-of-death debate. If some brain-oriented definition of death is correct and if brain function is something that leads us properly to treat individuals as alive, we can expand the middle ground a few steps further. First, those fetuses that have developed brain function are clearly protected. If a decision is to be made that will lead to death it will have to be on the same grounds that justify such decisions in postnatal humans: that the treatment is disproportional or (hypothetically) that some direct, active killings for mercy are acceptable. Second, those fetuses that lack the potential for brain development are morally in a different position from the position of those that already have it. In the careful usage I have suggested, they cannot be killed.

If this analysis holds, we may be able to begin constructing a middle ground, not only on the themes Richard McCormick has suggested, but on some substantive issues as well. The analysis would appear to place a moral limit on abortion totally unrelated to classical categories such as quickening or viability. The limit is certainly well before birth. It would find a decision to terminate a pregnancy of a fetus with no potential for brain function something less than killing. We would be left with the very difficult, but less polemical tasks of deciding whether potential for brain function or actual capacity is critical; precisely what kind of brain

function is critical; and at what stage the fetus attains the critical level of brain function. McCormick's search for the middle ground is the most promising initiative concerning this issue to have come along in many years.

Whether my attempt to further the discussion by exploring a more substantive middle ground is helpful, McCormick's project has to illumine a territory where, heretofore, there has been more heat than light. ☸

NOTES

1. Some time ago it was realized that isolated brain cells might survive after all integrated, organ system level function has been irreversibly lost. A small group of cells might continue to be perfused and maintain cellular level functioning. Very small EEGs might be obtained from these cells (Walker 1977). We have had to confront the question of whether we can say "brain function" remains in such cases. The overwhelming answer has been that it is not single cell activity that is morally significant, but the function of the organ at the organ system level that is critical. This debate will have critical implications for abortion. The single functioning brain cell occurs much earlier than the integrated functioning brain.

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Defending the Vulnerable

Mary Meehan

RICHARD McCORMICK'S discouragement about the abortion debate is clear, yet he sounds almost optimistic when he describes two leaders of the debate as "planes passing in the night at different altitudes." The two sides of the abortion debate are not up in the sky in comfortable aircraft. They are down on the ground, in muddy trenches, lobbing grenades at one another. Anyone who sees their pitched battles at close range is likely to feel like a war correspondent. McCormick is a brave man to venture onto the battleground with his white flag as grenades fly by and bazookas come into play.

Yet he is right in saying that abortion supporters and opponents can find some common ground. We are unlikely to see Jerry Falwell and Faye Wattleton, or any other leaders of the two sides, standing together on that common ground. But we may see some foot soldiers fraternizing across the front lines when the commanders are not watching. As we look for common ground, we should keep in mind McCormick's cautionary note: "To attempt to discover what we might agree on is not to

forfeit our disagreements." Reserving my right to disagree with McCormick and others, I would like to suggest ways that people on all sides of the abortion issue can work together, or at least along parallel lines, to save some lives.

McCormick says that "there should be alternatives to abortion" (point 8). Yet there are already more than 2,000 pregnancy-aid centers around the United States (Ayers 1984). Some are telephone hotlines operated by volunteers; others are fully staffed offices that offer pregnancy tests, counseling, free baby clothes and furniture, and referrals to doctors and hospitals that provide prenatal and obstetrical care at reduced fees. And old-fashioned maternity homes still exist. Most of these programs were started by antiabortion activists. Some are well-funded, while others struggle to survive. Because the centers do not refer for abortion, abortion supporters might not want to work in them or support them. But those who are genuinely prochoice should at least make such services better known or persuade groups like Planned Parenthood to include such services in their programs.

The first and best pregnancy-aid center should be a woman's own family. Many crisis pregnancies would not be crises at all if the families involved offered proper support. Sadly, the abortion literature abounds in stories of husbands and boyfriends who abandon pregnant women and parents who evict their pregnant teenagers. Everyone should realize the extent to which abortion is a convenience for *men* and for parents who do not want to be grandparents.

When families cannot rear their children or grandchildren, adoption is an honorable alternative for the married as well as the unmarried. Arranging an adoption should not be the ordeal that it so often is for the adoptive family. Making adoption easier, and encouraging teenage mothers to consider releasing their children for adoption, is something that abortion supporters and opponents should be able to agree on.

They should also work together to prevent fetal handicaps that often lead to abortion. They might, for example, both support research designed to cure or prevent genetic diseases (as distinguished from preventing the continued existence of handicapped persons through the amniocentesis/abortion combination). Hazardous chemicals in drugs and workplaces also cause many birth defects. It would be wonderful to see a coalition of environmentalists, labor unions, prochoice, and prolife groups working in this area.

People who disagree on whether abortion should be permitted in cases of rape and incest do agree on one thing: They are all against rape and incest. Why not

work together against it? Prolifers should walk with feminists in "Take Back the Night" marches. Both should teach basic self-defense tactics to their daughters (Dullea 1982). Self-defense courses are not the only answer to the rape problem, but they are one part of the answer. As the "manly art of self-defense" becomes a womanly art as well, fewer rapists will be successful in their efforts; perhaps fewer will even want to try. (Self-defense education for women is also a partial answer to the problem of battered wives.)

Prolife and prochoice advocates should also unite against the sexual exploitation of teenagers and, for that matter, of people in general. Isn't it time to admit that the "sexual revolution" is a war that all the participants have been losing—both the users and the used? Teenage girls are the most obvious victims, and their exploitation is often followed by pregnancy and abortion. The mentality that leads to exploitation is fueled by television, the film industry, the record industry, and virtually every instrument of mass culture. Abortion opponents have long complained of the media's impact on culture, but they are not alone. Last year, when I interviewed a chapter head of the National Organization for Women who was organizing against proliferers, she complained of "Madison Avenue's attempt to inject sexuality into every aspect of our lives." Other feminists, too, are upset with advertisers' use of women's bodies to sell everything from soap to automobiles.

It is not easy to change an entire culture, especially one as junk-ridden as ours. But since advertisers do

understand money, consumer boycotts may work where mere verbal protests have failed. And parents should prepare their children to resist sexual exploitation, whether it comes from strangers when they are six or from friends when they are thirteen. Parents should be supported in such efforts by opinion leaders in the media and elsewhere. As prolife activist Jo McGowan once said:

I don't think these kids should be having sex. They're not capable of that sort of a relationship at age 12 and 13. . . . I think that they should be doing things that kids do, like riding bikes (Lowell 1980:28).

All of these suggestions could greatly improve our society even if abortion did not exist. They are worth doing for their own sake, and I hope that people with varying views on abortion will do them as they continue the debate over the legal status of abortion.

That debate becomes more urgent as the Supreme Court moves toward reconsidering its 1973 *Roe versus Wade* decision. If the Court returns the issue to the states, the debate will no longer be theoretical. At issue will be whether to permit or forbid abortion in specific cases. At that point, many people will be attracted to the partial prohibition that McCormick seems to suggest (under point 12): a law that bars surgical abortion (except in cases of rape, incest, and danger to the mother's life), but allows abortifacients that prevent implantation.

Such a law, if adopted by all 50 states, would nearly end surgical abortion. By reducing the body count, it would be a vast improvement over *Roe versus Wade*, under which some 1.5 million surgical abortions are performed each year—a loss of life that would be staggering to everyone if only the bodies were larger.

But such a law might be hard to sustain in court, since its distinctions would be based more on public opinion than on a philosophy of equality. If the unborn are human beings from the time of fertilization, as I believe science shows, how can we give legal protection to some of them but not to all?

Here I cannot in conscience “forfeit my disagreement.” A child conceived through rape is still a human being. It is unjust that a woman be pregnant by rape; but the rapist inflicted that injustice upon her. Society, by forbidding the ending of the child's life, is trying to avoid a much greater evil. To achieve the good of protecting the child's life, society cannot justly forbid a non-lethal way of ending the pregnancy—for example, through embryo transfer, if this becomes technically reasonable. Society also has an obligation to pay—or make the rapist pay—all costs connected with the pregnancy. But the central question, I must stress, is not one of how to deal with pregnancy caused by rape; it is how to prevent rape in the first place.

I find it hard to agree with McCormick's unqualified statement that “abortion to save the life of the mother is morally acceptable” (point 3). Discussion of this issue should start with an admission of the limits of medical

knowledge. That is, doctors can rarely say with certainty that pregnancy will end a mother's life, though they can say it will place her life in danger. They may also say that there are ways short of abortion—and safer than abortion—to protect her life.

If it is wrong to say that the child's life must be preferred, is it not also wrong to say that the mother's life must be preferred? Doctors have an obligation to both patients. Each patient may have to undergo some risk to save the other's life. The child may have to risk exposure to radiation or to a drug the mother needs; the mother may have to risk a Caesarean for the child's sake. Good medical care usually can bring both patients safely through the risks.

It should be noted that the same factors that make pregnancy a danger to the mother may also make abortion a danger to her. One of the saddest cases involved a severely retarded 19-year-old who became pregnant after she was raped while a patient in a Missouri state mental hospital. Family members asked a judge to authorize abortion, partly on health grounds. The judge complied with their request, ordering that the young woman be delivered to a local abortion clinic. The clinic administered two tranquilizers "to render her tractable" before giving her a local anesthetic and starting the abortion. The tranquilizers caused respiratory failure, and the woman died. An autopsy indicated that severe brain damage had caused her retardation, and a medical examiner said that she "'could not tolerate any respiratory depressant.'" A clinic doctor claimed that

there was no way to know, while the woman was still alive, that her retardation was due to brain damage rather than some other factor (Rogers and Porter 1981).

There probably are rare cases where abortion is less dangerous to the mother than is continued pregnancy. M. J. Sobran wrote that abortion is not morally justified in such a case, but that society cannot demand the heroism that morality requires: "A woman must be heroic to choose to die, if it comes to that, rather than permit the death of the child she is carrying. And none of us has the right to demand heroism of her in such a case, or to punish her for taking the unheroic course" (Sobran 1975).

Perhaps the best legal solution to this problem is provided by a proposed constitutional amendment, endorsed by major prolife groups, that would provide:

Section 2. . . .the word "person" applies to all human beings...including their unborn offspring at every stage of their biological development including fertilization.

Section 3. No unborn person shall be deprived of life by any person: *Provided, however,* That nothing in this article shall prohibit a law allowing justification to be shown for only those medical procedures required to prevent the death of either the pregnant woman or her unborn offspring, as long as such law requires every reasonable effort be made to preserve the life of each. (U.S., Congress, Senate 1983:S-515).

McCormick suggests (point 18) that “hospitals that do abortions but have no policy on them, should develop one.” I would urge, rather, that they simply *quit doing them*. If hospitals and doctors cannot return to their traditional goal of protecting life, then both the unborn and the rest of us are in deep trouble. This becomes painfully clear when we see euthanasia galloping down the pike toward us, bearing the same euphemisms and rationalizations as abortion (Otten 1985; Hentoff 1988; Mathews 1988; Specter 1988).

The first and strongest case against abortion is that it involves the taking of human life at its weakest and most defenseless stage. The greatest injustice is done to the unborn, but there are also terrible effects on the minds and lives of survivors. Many people now support the denial of medical treatment to handicapped newborns (Gallup Report 1983). Cost-benefit analyses, cold-bloodedly applied for years to the unborn, are now sug-

gested for the elderly—though with some delicacy, since old people at least can vote (Associated Press 1982; Russell 1984). Intellectuals and opinion leaders speak of “rational suicide” (Fromer 1981; Barrington 1986).

Death is now proposed as a solution for nearly every social problem. This is due to many factors, but abortion ranks high among them. If we continue to accept the killing of the smallest and weakest among us, why should we refrain from other types of killing? As one prolife veteran told me several years ago, “Abortion destroys *everything*.”

One day, perhaps, when we have recovered a love of life, we will look back upon the abortion era as a bad dream. We will ask, as many today ask about the Holocaust, how it could have happened and why it lasted so long. Some of us already wonder: How many more must die before the country turns against this great evil? ☹

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Growing into Rights

Baruch A. Brody

ONE CAN ONLY APPLAUD Richard McCormick's search for an unexplored but attractive middle ground, but I must regretfully say that I don't think he has succeeded in this essay. The strategy he adopts for his project is, I believe, fatally flawed. But the goal is a good one, so even while I disagree with his proposal I will also attempt to provide a different alternative middle ground, one with a point of departure very different from McCormick's.

I

What is McCormick's basic strategy? It emerges most clearly in his opening discussion of the Falwell-Wattleton debate. McCormick thinks that Falwell is most concerned with the *morality* of abortion (and that he is right about that question) while Wattleton is mostly concerned with *public policies* about abortion (and that she is right about that question).

This differentiation helps explain the structure of McCormick's middle position. The moral claims he

accepts—there is a presumption against the taking of human life (point 1); abortion, at least after the fertilized ovum is implanted, is a killing act (point 2); abortions to save maternal lives are acceptable (point 3); abortion for convenience is wrong (point 5); and a “consistent ethic of life” should be taken seriously (point 19)—are drawn from the writings of many prolife advocates. The public policy claims he accepts—the conditions that lead to abortions should be abolished (point 6); there should be alternatives to abortion (point 8); a prohibitive law on abortion is unenforceable and therefore bad (point 11); witness is the best way of expressing opposition to abortion (point 14)—are drawn from the writings of at least some prochoice advocates. McCormick suspects that a combination of these views, and some others he lists, might be a very attractive position.

This middle position is not entirely new. It goes back to Thomas Aquinas, who explicitly argued that human law (the law of particular states) should not be used to enforce all the provisions of the natural law (the rationally discoverable principles of morality).

To quote St. Thomas:

Now human law is framed for a number of human beings, the majority of whom are not perfect in virtue. Therefore human laws do not forbid all vices, from which the virtuous abstain, but only the more grievous vices, from which it is possible for the majority to abstain, and chiefly those that are to the hurt of others, without the prohibition of which human society could not be maintained; thus human law prohibits murder, theft and the like (II-I, 96, 2).

It has never been the Thomistic view that all morality should be enforced by the criminal law; much morality needs to be taught rather than enforced. McCormick's middle-ground alternative is, then, an application of traditional Thomistic themes to the abortion issue.

This position has proven attractive to many Catholic political figures, who use this Thomistic strategy to reconcile their moral views opposing abortions with their constituents' views favoring legalization. I suspect, however, that they see this middle position as a compromise. McCormick's point is that it can be more than that, that it can draw together morality and public policy in an acceptable fashion.

Does it work? I think not. The problem is with McCormick's own views of the moral character of abortion. He believes that (at least after the implantation of a fertilized ovum) abortions are killing acts, acts

against which there is a very strong—and, in our time, strengthening—moral presumption. Occasionally that presumption can be overridden. Without fully explaining why, McCormick says that it can be overridden when the life of the mother is threatened. When that is not the case, the evil of abortion is one of the most fundamental moral evils—the unjustifiable taking of an innocent human life. If the law is to be used against anything, surely it should be used to prohibit the taking of an innocent human life. Note that St. Thomas lists murder (killing of the innocent) as precisely the thing that human law should prohibit. It is hard to see then how McCormick's moral position can be reconciled with at least one major aspect of his public policy recommendations.

Let me be clear on this point. Many of McCormick's public policy recommendations are perfectly compatible with his moral evaluation of abortion. Those who believe that most abortions are killing acts surely want to prevent them and support social policies that minimize the need for abortions and maximize support for women who choose to continue their pregnancies. They should take seriously McCormick's point about witnessing to this belief by putting their efforts and their money behind programs. My only dispute with McCormick concerns whether he can consistently oppose abortions as killing acts while eschewing prohibitive laws. Why shouldn't the law be used to prohibit those abortions that are morally illicit killings of innocent human beings? McCormick's main argument has to

do with the difficulties of enforcing prohibitive laws. The texture of his argument is very complex at that point. It sometimes seems that his problem is only with absolutely prohibitive laws. It sometimes seems that he would oppose even less prohibitive laws. It is clear that he would not oppose all social controls on abortion. Whatever his exact position, I think that his argument suffers from failing to make several distinctions.

The first distinction is between laws intended to be strictly enforced so as to effectively minimize the prohibited behavior and laws intended primarily to express social opposition to certain practices. This expressive function of the law is extremely important. A law opposing those abortions that are illicit killing acts is in and of itself an important expression of a fundamental social value. Moreover, one should not underemphasize the practical impact of such laws. For better or worse, many are influenced by what the law says. Even an unenforced law prohibiting abortions may influence many to seek alternatives.

A second distinction is between laws that are maximally enforced with stringent punishments and laws that, because of special circumstances, are not. Very early abortions (before implantation) would be difficult to prosecute, even if there were laws against them, because there is inadequate evidence of pregnancy. Abortions performed on women who were raped would be inappropriate to enforce, even if there were laws against them, because one would see the woman as a victim more than as a criminal. Other circumstances will also

limit the enforcement of abortion laws. That's both understandable and acceptable. That abortion laws could not be strictly enforced does not mean that they should not be enforced when they appropriately can be. Moreover, given the expressive function of the law, difficulties in enforcement should not preclude enactment of laws prohibiting abortions that are also morally illicit killings.

This then is my fundamental critique of McCormick's middle ground alternative: we do need a public policy about abortion that can be integrated with our moral views about abortion. Those who see abortion (at least in many cases) as killing acts must, I submit, demand that public policy express this moral fact by condemning such abortions as illegal. The questions of whether and how to enforce such laws, and what penalties are appropriate for their violation, is, of course, a different matter, as George Bush learned during the last presidential election.

II

Are there other bases for a middle-ground alternative? I have argued that McCormick's strategy of dividing the moral from the public policy issues ultimately fails. A middle ground must be found by examining the moral issues once more.

I have argued elsewhere (Brody 1975) that such a middle position might emerge from an examination of two questions: (1) Is there a period of time after concep-

tion in which abortions are morally licit? (2) Are abortions permissible in certain extreme circumstances even later on in pregnancy?

Why are these two issues particularly important? In part, the first is important because of the development of IUDs, which, by preventing implantation serve as forms of birth control (although they actually are early abortifacients). More significantly, development of drugs such as RU486 (designed to be early abortifacients and Cytotec (designed for other purposes, but effective as an early abortifacient) will permit women to easily and safely induce an abortion shortly after they realize they are pregnant. Such developments could transform the whole discussion of the abortion issue. Women who had become pregnant as a result of rape could routinely take RU486 to abort. More generally, others who clearly did not want to have a child could have early and safe abortions. Much of the public debate over abortion could be transformed if we accepted early abortions using these drugs (say, during the first six to eight weeks after conception) while rejecting later abortions as illicit acts of killing. Many cases in which abortions seem urgently needed could be handled by these early abortions. These drugs—and those which will follow them—make early abortions a much more realistic option.

Why should the timing of abortions make such a difference? It will obviously make no difference to those who ground their moral opposition to abortion in the claim that the conceptus is ensouled from the moment of conception and possesses a full right to life from that

moment on. It will obviously make no difference to those who ground their moral opposition to abortion in the claim that the conceptus is a potential person from the moment of conception and that potential persons possess a full right to life. But it may make a tremendous difference to those who are willing to see the right to life in a more developmental fashion, who find abortions morally illicit as a form of killing from the time that the fetus develops at least some neurological and cardiopulmonary functioning (six to eight weeks after conception), but who see them as licit until then. This position serves, I believe, as the basis for a middle ground that might attract a substantial following. After all, it is a position that applies to the beginning of life the very same standards that we normally apply to the end of life. Moreover, it is a position that has been advocated throughout the Judeo-Christian discussion of abortion, and thus has strong traditional as well as intellectual warrant. Among its advocates are a variety of Talmudic texts, the Code of Justinian, and apparently St. Augustine (Feldman 1968).

The first part of my proposed middle alternative is then the following: society should encourage the development of safe and effective early-abortion drugs. All women should be informed of their existence through educational programs and should have access both to prompt pregnancy testing and to the use of such drugs. In such a way, freedom of choice could be provided during that period of time in which abortions were not deemed as illicit killings. Later abortions (after the first

six to eight weeks) should be illegal, as an expression of our social judgment that they are illicit killings. It remains an open question as to how such laws should be enforced and what penalties are appropriate.

The second question concerns women whose continued pregnancy threatens their life. Some of these cases (of which there aren't that many) can be identified from conception and dealt with by the use of early abortifacients. The others can be divided into two subcases: those in which the pregnancy must be terminated before the fetus is viable or both the mother and fetus will die and those in which there truly is a choice between saving the mother and saving the fetus. I believe that abortions are certainly morally permissible in the first case, and I would appeal to what I call the nothing-is-lost principle. This principle dictates that it is permissible, in tragic situations, to kill A to save B if failure to do so will result in the death of both A and B. Doing so is not killing one person to save another. In these cases, killing A results in no loss of life, but only the saving of the life of B. Applied to the abortion issue, it would be morally permissible to abort the fetus (A)—even if it is an act of killing—to save the mother (B) in those cases in which the pregnancy must be terminated before the fetus is viable, since both A and B will die otherwise. The harder case is where we do have a choice between

aborting the fetus to save the mother and allowing the mother to die to save the fetus. Is there a priority to maternal life until the fetus is born? Are both lives of equal significance and should we choose randomly? Should we treat killing as worse than failing to save, and therefore allow the mother to die to avoid killing the fetus? I frankly admit that I don't see the answer to that question as clearly as I would like to. I am consoled by two facts: first, such cases are hardly as common as they used to be; second, many of the most common of such cases can be identified before the fetus is viable, and thus allow a moral basis for an abortion to save the life of the mother.

McCormick freely admits that he is not confident that his middle ground alternative will find widespread public acceptance; he is at best modestly hopeful. I share those feelings, even though my middle ground position is radically different than his.

The two extreme positions have dominated public discussion for too long. McCormick is absolutely right in trying to increase consciousness of other alternatives. I have tried to follow his path and to raise still another alternative for discussion and critical evaluation. ☸

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Beginning with Women

Mary E. Hunt

Introduction

The debate over the morality and public policy surrounding abortion is increasingly rich and multilingual. My experience of the discussion is far less pessimistic than Richard A. McCormick's, though my reading of the actual situation faced by women who would be consigned to McCormick's nebulous middle ground is far more pessimistic. I respond as a Catholic feminist theologian, indebted to the strong religious and philosophical tradition of which I am a part. I am cognizant of many other important approaches to the theme, but I make mine out of an explicit commitment to doing justice in unjust times.

Feminist groups, both those who take a prochoice and those who take an antichoice position, are deeply committed to serious and sustained conversation. Karen Sue Smith, associate editor of the Catholic journal *Commonweal*, reports one such discussion at the 1987 "Women-Church: Claiming Our Power" conference. Describing how women who oppose or were confused

by abortion were treated in a predominantly prochoice crowd, she writes: "What startled and pleased me was how much respect, honesty, and real listening was going on in that room. I doubt anyone's opinion was changed one way or another, but the level and openness of disclosure was remarkable, worthy of celebration" (Smith 1987).

While agreement is never easy, such groups are learning ways to listen creatively, to disagree civilly, and to get on with the business of promoting life, choice, and liberation, especially for poor women. A group of Latin American women—doctors, psychologists, and reproductive health care providers—have recently written an exciting new collection of essays based on their experiences.¹ They considered the personal testimonies of women and took a critical look at the influence of the Catholic Church on women's well-being. They analyzed women's reproductive options in the context of extreme poverty and deep faith. By comparison, McCormick's proposal for a middle ground is disappointingly one-dimensional and dated.

I agree with McCormick that morality and public policy need to be held together in a consistent way. Perhaps we travel in different circles, but the debates among feminists in the fifteen years since *Roe versus Wade* have been focused on this very effort. That McCormick does not agree with the fundamental morality of every woman's right to make choices about reproduction or with prochoice efforts to shape public policy accordingly does not prove inconsistency nor lack of rigorous analysis. It simply means that starting points and experiences shape our perspectives more profoundly than McCormick admits. I recommend Beverly Wildung Harrison's *Our Right to Choose* (1983:ch. 7) as an example of how concern for fetal life is taken seriously, albeit accorded a different valence than McCormick might wish.

Since I do not agree with McCormick's presupposition about the state of the abortion debate, and since I am drawing on a wider range of sources than he does to develop a consistent morality/public policy on reproductive issues, I have deep reservations about the usefulness of McCormick's proposal. I respectfully reject this proposal for three reasons that I will detail before concluding with some suggestions for moving toward the practice of responsible reproduction.

I

First, I read McCormick's piece as a not so thinly disguised effort to claim rather than explore the middle. His effort to bring opposing sides together to discuss abortion reads

very much like his 1978 "Rules for Abortion Debate." It seems obvious that those who write the rules win the game. More significantly, in the decade since McCormick first attempted to make the rules, a great deal of creative work and constructive conversation has gone on among those who hold opposing views (Luker 1984; Jung and Shannon 1988).

The very concept of a middle ground on abortion is morally dubious. It is based on the liberal notion that there are no privileged claims in such a debate, a notion that I, and many of my liberationist colleagues, reject. Following the challenging work of Latin American liberation theologians like Gustavo Gutierrez and Elsa Tamez, we have moved from "doing theology" or "doing ethics" for their own sake to using theological/ethical wisdom to correct unjust social situations. To do so we see problems from the perspective of those who are disadvantaged by them.

Liberationists reject even the most rigorously construed scholarly objectivity, since we all have interests to defend. As Beverly Harrison notes, "To be objective, we must own these loyalties and commitments rather than profess to stand above them" (1983:95).

As this perspective becomes increasingly normative in progressive Christian circles, I see McCormick's efforts as outmoded and implicitly defending the patriarchal status quo. A viable middle ground does not exist for a pregnant woman faced with serious economic and/or health problems. But naming her as a priority for ethical reflection, and starting to analyze and propose

solutions with her foremost in our minds is possible and necessary for social change.

McCormick's well-known position on abortion is all over the so-called middle ground. He tips his hand with the phrasing: "Abortion is a killing act" that is "invariably lethal to fetuses." Likewise, his effort (point 16) to discredit those who argue, I think correctly, that the Catholic Church's prohibition on most effective forms of birth control is a significant factor in the church's overall position is simply counterintuitive.

Defending a teaching that few people follow and arguing that because people do not follow it then its existence is unimportant is simply to miss the point. I assume that good people strive to live consistently with the teachings of their faith. I take for granted that religion plays a role, albeit a sometimes negative one, in the shaping of moral decisions.

Church policy, especially that of the Catholic Church, influences public policy. For example, U.S. Catholic Church officials attempted, albeit unsuccessfully, to limit access to various forms of contraception in developing countries. They also sought to condition grant awards for U.S. clinics to those that recommend only natural family planning. While available contraceptives may not lower the abortion rate, they help to lower the rate of unwanted pregnancy. This alone should put McCormick squarely behind them. At least it should prevent church officials, as United States Catholic Conference representatives have done, from testifying against federal support for research into safer,

better, and more economical forms of contraception.

McCormick's proposal is equally unattractive when he suggests agreement on the statement (point 4) that "the morality of abortion is not simply a matter of a woman's determination and choice" without at the same time acknowledging that disagreement on the importance of fetal life is not license to pass over women's rights. Studies show that, once abortion is made legal, over time the gestational point at which abortions occur drops (Henshaw and O'Reilly 1983). Specifically, from 1974 to 1980, that is, from the time abortion was legalized and especially in the first few years, the rate of first trimester abortions increased. Since 1980 about 90 percent of all abortions have taken place in the first trimester. As women become more knowledgeable about legal, available services there is every indication that they use such services early on in their pregnancies. Women lead the way toward a growing moral, scientific, and public policy consensus in favor of using reproductive technology, including RU-486 when it becomes legal, at the earliest possible moment. RU-486 is a new contragestive that is now legal in France. It prevents implantation of a fertilized ovum, or, after implantation, it blocks the production of progesterone necessary for the development of a fetus.

I call into question not McCormick's obvious good intentions but the alleged neutrality of his efforts. Latin American bishops who have been influenced by liberation theologians speak about "a preferential option for the struggling poor" as the starting point for ethical con-

siderations. This “privileged optic,” or way of looking, as it has been named is helpful for discussing abortion. I assume that a woman who is making a reproductive decision, ideally in conjunction with her physician, her family, and when possible, with her companion, has the primary right and responsibility to act as a moral and religious agent. That means the right to name her experience, make decisions on the basis of it, and live out those decisions in a responsible manner.

Unfortunately many women, especially those who are poor, do not have access to the kind of medical care that includes such decision making as part of a therapeutic approach. Nor do they have husbands, boy-friends, or companions who shoulder their share of the reproductive responsibility. Realistically, women must choose whether they want to or not.

I distrust metaethical efforts because often, as in this case, they obscure the power dynamics at work. I reject any effort to stand above the fray and look dispassionately on the needs of others. I prefer an approach that acknowledges honestly that some people are more affected than others and that their perspectives ought to have a privileged place in the discussion. This approach is gaining increasing adherence in Catholic circles especially since it is a global church affected by its Asian, African, and Latin American members. As the Eurocentric, Roman-focused tradition evolves into a more inclusive one, I expect that this preferential-option approach will hold sway. After all, it is simply an extension of earlier preoccupations with widows, orphans, and

others who have special needs. Catholic ethicists fruitfully enlarge our scope when we approach issues this way.

II

Second, the debate has already moved far beyond the caricatured extremes that McCormick depicts in order to plant himself and the institutional church leaders that he influences in a false middle. The grounds have shifted from either/or to both/and—both morality and public policy based on women’s urgent need to have socio-economic, spiritual, and medical options. The contemporary abortion debate has moved from the either/or right to privacy that the Supreme Court relied on for *Roe versus Wade*, toward a both/and respect for human life—beginning with women’s—and structural changes in an unjust society to guarantee the survival of women and dependent children. Privacy is essentially a male-constructed concept based on property; a female-affirmed value is that of community, which accounts for why contemporary feminist approaches to abortion are more broadly based than simply privacy. Our concern with health care, economic options, and the like reflect a concern for the needs of the whole community. The well-being of women and children are women’s basis for decision-making and policy formation in this regard.

Concern for survival is a realistic, helpful corrective to a liberal focus on rights. It is best articulated by black women like Dolores S. Williams in what is called a

“womanist” perspective (1986). In no instance that I know of do womanist activists/scholars inch away from the fundamental economic and political reality that women face. That reality shapes ethical reflection definitively, especially for those whose survival is at stake.

In his 1978 piece McCormick reluctantly included taking women’s perspective seriously (“I have been told to”) as a necessary part of the debate. But women appear to have no place in this 1989 version of his argument. Put another way, he seems to have regressed to an even more feto-centric position where the primary datum of pregnancy, the fact that it is a woman who is pregnant, is passed over. This does not mean that fetal life need not be taken into consideration. Rather, evaluation of the fetus is part of a complex equation in which, from my perspective, the woman must be the most heavily weighed constant.

She is the human person with whom society already has some relationship. Hers is a life whose quality will be adversely affected by an unwanted pregnancy. Unfortunately, she is the person who, in a patriarchal society, will likely bear the heaviest weight of the upbringing of a child. Yet nowhere in McCormick’s components of a middle ground does the health and well-being of the woman (mental as well as physical) and the importance of her acting as a moral agent come into play.

Rather “the life of the mother” (which assumes that she has a child and not a fetus, and defines her accordingly) is barely mentioned. Women’s agency is system-

atically trivialized by arguing that morality of abortion is “not simply” a woman’s choice (point 4), that abortion is “not a purely private [read: woman’s] affair” (point 9).

Where women’s agency is acknowledged, it is assumed by McCormick that “mere convenience” (point 5) is something that women would choose, a concept so far from the minds of most women who agonize over these choices as to be nonsensical unto insulting. Talking with women it is clear that women get the abortions they need, not the abortions they want. Choice and not abortion is revered. Beverly Harrison (1983) makes a compelling case for women’s moral agency and women’s bodily integrity as central to a Christian consideration of abortion. I heartily agree with Beverly Harrison that “only uncompromising, extensive support for a feminist agenda of social justice for women can hold out any hope of reducing the need for abortions in this society” (1983:249).

I am left to conclude that passing over the moral and political nuances of the debate, and casting it in opposites serves McCormick’s purposes rather than illuminating the problems at hand. His adherents, like those who went to Vatican II (which he cites as the example of an “unexpected and startling” thing that makes even some agreement on abortion seem possible), are mostly church-connected men whose grasp on the serious struggle women face is tenuous at best.

III

Third, the urgency of all women's reproductive health needs, especially of poor women in developing countries demands that U.S. ethicists focus on the long-range consequences of our positions for those most deeply affected. The World Health Organization reports that at least 500,000 women die annually, most of them in developing countries, from causes related to reproduction. Half of those women die from botched abortions; the other half from poor nutrition, lack of prenatal care, or complications of delivery. While these horrors are predominant in developing countries, poor women in the U.S., especially Afro-American women, suffer from lack of adequate health care due to unequal distribution of health care resources. Attention to women as moral agents is important, but attention to women's social, political, and economic options is urgent. Attention to these issues and not to some speculative middle ground are the most likely strategies to achieve reproductive justice.

I understand the impetus to find some middle ground when one is considering abortion and the debate surrounding it as an exercise in textbook ethics. I follow respected Catholic ethicist Daniel C. Maguire's lead, specifically his methodological lead in visiting places where women make and carry out reproductive decisions (in his case an abortion clinic, in my case several clandestine abortion clinics in a Latin American country where abortion is illegal). The urgency of women's situations in many parts of the world demands

more than an intellectual middle ground. It demands at least creative listening.

Liberation theologians insist that the first step in theological reflection is action arising from a faith perspective. So too, liberation ethicists—of which I am one—insist that the first step in ethical reflection is concrete action toward a just society. This is a methodological shift that I welcome.

The reproductive health crisis is not confined to developing countries. Highly placed church officials from urban dioceses with large populations of urban poor people were among the most insistent in opposing parentally sanctioned teen pregnancy clinics. Fortunately their efforts were unsuccessful. The fact that those bishops and cardinals hold positions very similar to McCormick's leads me to conclude that the ramifications of his position are far reaching and concrete, not simply speculative.

Obviously I would not hold McCormick accountable for extreme behavior that his position might spawn, any more than I would expect to be held responsible for actions that might spring from my approach. But I assume that the long-range consequences of any of our positions must be weighed in light of the needs of those most deeply affected.

The grave health problems faced by millions of women in third-world countries has shifted the responsibility of Christian ethicists from developing formula (in this case an alleged middle ground) to acting for justice in order to formulate ethical theory from within

the struggle rather than from beyond or above it all. That is why I begin my ethical reflection with what I call creative listening.

Creative listening is not a distant, passive posture, but an attentive hearing of the needs and strategies of those most affected by a given problem—in this case pregnant women. It is a willingness to let those who are most deeply affected speak for themselves, on their own terms. Far from being solipsistic, these women express serious concern for fetal life. It is concern that is placed in the context of competing claims. Justice and the moral life always demand a delicate balance.

Toward Responsible Reproduction

A full-scale treatment of the intricacies of responsible reproduction in both its moral and public policy dimensions is beyond the scope of this response. But three central components flow from the reservations I have about Richard A. McCormick's project. In that sense his effort has been a valuable springboard.

First, responsible reproduction is central to the quality of human life. It mirrors so clearly the unjust sociopolitical, cultural, and religious situation that women experience that it demands a new ethical priority. The task of a liberation ethicist is to do justice. It is from these efforts that the theories, better, the guidelines, for individual behavior and public policy will emerge.

Second, reproductive decisions always involve competing claims. Weighing values against one another is inevitable. Human history is the story of women's faithfulness at carrying on and nurturing life. There is no reason to think that women will abandon that responsibility. Much as claims for fathers' rights are heard in some circles, and much as men's involvement in raising children is to be encouraged, the primary responsibility for children still belongs to women. By suggesting a preferential option for women I signal my willingness to let the pregnant woman be the usual final arbiter of a reproductive decision. Human history is the record of women's role as "the artists of communal survival" (Harrison 1983:104). I have every reason to believe that women will continue to fill that role.

Third, the health crisis faced by women in developing countries, and increasingly for poor women in the United States, makes health care in general and reproductive health care in particular obvious priorities. Responsible reproduction is a myth apart from the material conditions that make it possible. Thus social change, beginning on the macro level to upgrade health care, including access to contraceptives and abortion, is a pressing challenge to our ethical practice.

These three elements, doing justice, beginning with women, and attending to the causes and effects of unwanted pregnancies, shape my ethical project for some time to come. Creative listening is a good first step. ☉

NOTES

1. The collection, edited by Ana Maria Portugal, is entitled *Sexualidad, Aborto y la Iglesia en America Latina*. It will be published in spring of 1989.

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UPI/Bettmann Newsphotos

Nature and the Web of Responsibility:

Reflections on a Mother's Death

William C. French

WE FOUND OUT she had stomach cancer in January and in June we buried her beside the graves of her parents, grandparents, and great-grandparents near the big oak at St. Rose's. The next day my father, my brother, and I took some dirt from the yard at home from the corner closest to the site of the old family farm and placed it under the sod on her grave. That yard in the woods is all that remains of the farm which has been in the family since the 1850s and in whose main house my mother was born seventy-six years before. The Vikings used to push their dead warriors out to sea in blazing ships. Farmer stock are less flashy. We try to maintain connections through ceremonies with dirt.

Loss clarifies how deeply we depend on others for identity, meaning, and inspiration. Like the ripples on the surface of a still pond radiating from a tossed stone, loss can trigger the anticipation of future losses—of my father's death, of the end of a community, of an age, or of me—and memories of past losses: of the dog I buried out back when I was eight, of friends, and of Eden. Death forces our attention to regions often ignored. The ripples from one death can humble us about the magnitude of suffering others have borne. Death's shock can push us beyond routine and connect us in memory to Cambodia, to Auschwitz, and back to the carnage on the plains of Troy. Death can force our attention to broader horizons of loss: the extinction of the mountain

Modern ethical theory hasn't offered a means of evaluating ordinary people.

gorilla, the “development” and destruction of the Amazon, the loss of topsoil, the depletion of the ozone layer, nuclear fire and nuclear “winter.”

My mother died “in the fullness of years.” It was no untimely tragedy, yet I have been surprised at how the ache endures. Her headstone marks holy ground for me, giving direction by pointing to origins and endings. In burying family in dirt, we tie ourselves to the land most deeply. Modern life has been strongly shaped by our attempt to liberate ourselves from ties to place. Car and plane are prized for the mobility they offer. Where easy movement opens up many options, it is easy to feel lost amidst one’s freedom. In the burial of loved ones we sacralize a particular place and gain, if we are fortunate, a personal center from which radiates a sense of location, direction, and identity (Eliade 1959:63–65). I make pilgrimages to her gravesite in all seasons, at odd times. I have found myself on my knees there on a winter’s night in the snow. I have begun to think of death as a black hole into which our loved ones plunge and into which thereafter we pour our love, memories, and grief, receiving only silence and darkness in return.

My mother’s death has made me reflect on the moral contours of ordinary lives and on our deep connections to others and to the natural landscape in which we dwell. Two experiences sparked my reflections on the conjunction of recent feminist theory, character ethics, and ecology. The need we felt to place “special” dirt on my mother’s grave to preserve her connection to the farm she loved reminded me of the traditional con-

ceptual linkage between women and nature—“Mother Nature”—and of many feminist thinkers’ belief that women’s deep relational attachments sustain a distinctive moral focus on responsibility and care. Similarly the frustrating effort to reduce a life to the form required for an obituary notice reminded me of the problems raised by certain models of ethical theory, which attempt to reduce the moral life to a series of peak choices and decisive actions. The obituary form required that we list what she *did*, whereas we needed to speak of the power of her quiet gentleness, her humor, and her profound kindness. Likewise, dominant models of ethics, in their focus on decisions and deeds, often obscure the powerful roles that vision, quiet patterns of sensibility, and feelings play in sustaining moral action.

The Lesson of Character Ethics

Finally we summarized her life with the relevant dates, what college she had gone to, jobs she had held, whom she had married, the names of the sons she bore and raised, her volunteer work. We felt awful, for what we wanted to say was too long and too filled with stories from the old days and statements about her compassion and her fine spirit. I needed to tell how when I was a boy, no matter how busy she was, she would come running when I called her outside to watch the geese fly overhead.

Obituaries are like résumés. Scoundrels can appear great and important, while people like my mother can

seem plain and insignificant. Obituaries are made up of public accomplishments and positions held. The short form simply doesn't begin to describe the life fabric of common people—the loves and loyalties which guided and sustained them, and their patterns of care and kindness which sustained others.

Modern ethical theory hasn't offered a means of evaluating ordinary people, either. Too often, being moral has been reduced to solving ethical quandaries. The center of ethics has been taken to be decision and action, while ethical theory has offered us guidelines for deciding tough cases, and for resolving conflicts of duty, interest, or rights (Pincoffs 1971). The costs of this ethical model are dear because it has no place for the quiet processes of character development, the subtle

power of loyalty, kindness, and care, and the familial relationships and friendships wherein these virtues are developed and displayed.

Decisions, rules, and deeds are, of course, important, but they do not have a monopoly on moral significance. The English novelist and moral philosopher Iris Murdoch has rightly argued that the chief obstacles to moral action are egoism, insecurity, and self-deception, which distort our vision of ourselves, of others, and of real problems in the world. Narcissism and pride bias perception, which leads to a flawed understanding and description of problems and thus to wrong decisions and destructive actions in response. As she states, "Of course virtue is a good habit and dutiful action. But the background condition of such habit and such action . . .

"When I was a boy, no matter how busy she was, she would come running when I called her outside to watch the geese fly overhead."

© 1980 Peter Scott. Courtesy of the artist and Mill Pond Press, Inc., Venice, Florida 34292



This feminine ethic of care “is an activity of relationship, of responding to need, taking care of the world by sustaining the web of connection so that no one is left alone” — Gilligan.

is a just mode of vision and a good quality of consciousness” (Murdoch 1985:91). The chief task of the moral life is to expel our myopic concern for self and attend accurately to other people and other realities. Such realistic discernment “occasions right conduct” (Murdoch 1985:66). Murdoch believes that ethical theory has overemphasized the freedom and agency of the self as it makes a moral decision. She wishes to focus rather on the foundational role that quiet habits of action and virtues, especially humility, play in promoting right action through accurate vision. “The humble man, because he sees himself as nothing, can see other things as they are” (Murdoch 1985:103–4).

An ethical theory of decisions and deeds narrows the moral life to those relatively rare cases that are recognized as major problems, thus consigning the bulk of our everyday life projects, routines, and relationships to darkness, their pivotal significance obscured (Hauerwas 1974:47). Contemporary morality’s focus on decisions and deeds is reinforced by the stress on individualism and liberty in Western liberal political theory; it echoes themes sounded in the heroic ethics of Homeric Greece. These traditions focus on the self as individual agent, exerting will and imposing decisions. The Homeric hero of classical literature, the Byronic hero of nineteenth-century romanticism, and the existentialist hero of the twentieth century all share a focus on the self as lonely actor, putting his mark on a hostile world through decision and deed.¹

The Lesson of Feminist Ethical Theory

Feminist reflection in ethics has recently begun to chart an ethic of compassion and empathy. In place of the dominant theoretical focus on decisions and deeds, many feminists attend to the relationships that root the self in a web of particular responsibilities of care and compassion. Moral theorist Carol Gilligan argues that within our culture women tend to talk about morality “in a different voice,” a voice long dismissed as theoretically uncritical, hence immature, because it does not fit the standard “voice” (drawn from masculine experience) of the ruling decision/deed paradigm of ethics.

Sociologist Nancy Chodorow has provided a helpful account of the differences of identity formation found between girls and boys based on the different responses to their mother, almost universally the primary caretaker of infants and young children. Young daughters grow to maturity in an enduring relationship with mother; they experience themselves as like mother. As a result “feminine personality comes to define itself in relation and connection to other people more than masculine personality does” (Chodorow 1974:44). Boys, to define themselves as masculine, must break from their attachment to mother and achieve an identity independent from her. Male development thus requires greater individuation and stronger ego boundaries.

Gilligan builds on Chodorow’s work to argue that because boys and men tend to define themselves

through separation and girls and women through connectedness and relatedness to others, the sexes tend to speak in distinctive moral “voices,” emphasizing different values and perspectives and displaying different sensibilities and strengths. Standard models of ethical reasoning have typically been developed by men and thus tend to reflect male concerns regarding autonomy, individual rights and freedom, and the means for adjudicating fairly between competing claims about rights and interests. Women’s moral “voice,” which is distinctively relational, focusing on a morality of responsibility, care, and compassion based on the experience of the self as fundamentally relational, serves to foster ethical balance. Women’s experience of the self, Gilligan believes, is “delineated through connection” and assessed “through particular activities of care” (Gilligan 1982:35). This feminine ethic of care “is thus an activity of relationship, of seeing and responding to need, taking care of the world by sustaining the web of connection so that no one is left alone” (Gilligan 1982:62).

Gilligan is not trying to lump all men or all women crudely together or to claim any absolute superiority for women’s moral sensibilities over men’s. Rather she wants us to appreciate diversity and to become aware of the different resources offered by each “voice.” She is rightly against traditional ethical thinking that has given male experience a virtual monopoly on defining valid moral reasoning. Male experience, she believes, tends to highlight “the values of justice and autonomy,” while female experience tends to emphasize “the

values of care and connection” (Gilligan 1986:242).

Feminist thought and character ethics are important correctives for an excessively individualistic model of human life. In ethics, as in carpentry, we need many tools. Concerns for justice and individual rights remain critically important. Ethical reminders of the importance of relationships, responsibility, and care do not supplant these earlier concerns, but rather are important additional foci for our moral attention. Indeed, it is difficult to imagine reflecting on our responsibilities in cases regarding the allocation of scarce resources or in cases of competing obligations or responsibilities without making some appeal to principles of justice and rights. The point is not that we have a “male” ethic and a “female” ethic, but that as we appeal to human experience in moral reflection we do not bias our moral theories by drawing on an artificially narrowed range of experience. So too it is not the case that men lack experience in caring, in feeling responsibility or compassion. Neither gender has a monopoly on nurturing. Men are fathers and love their children and their parents. Indeed, many traditionally masculine jobs (for example, teaching, farming, and animal husbandry) involve the nurturing of living things. Similarly women clearly think of themselves as individuals, care about rights and justice, and are proficient at many nontraditional and nonnurturing jobs.²

Even if obituaries are biased toward discrete deeds, positions held, and formal accomplishments, we must remember the power and integrity of simple acts and



The Solitary Oak by Asher B. Durand (oil, 1844).

Courtesy of the New-York Historical Society, New York

the habits of compassion. Aside from a brief stint as a secretary, my mother was a housewife. On the surface there is nothing dramatic about that. But as mother, she cared for three boys and our pets of various species. As daughter, she cared for her mother, who lived with us for her last fifteen years. As wife, she cared for a husband, before and after his stroke. As friend, she helped many. We are often told that it is somehow “inauthentic” to be defined by our relationships. I am no longer so sure. Given how the rapid development of powerful technologies in this century has extended our range of destructive impact to an unprecedented degree, such an ethical focus on care and responsibility in our many relationships is increasingly necessary.

Women and Nature: Ecology’s Lesson

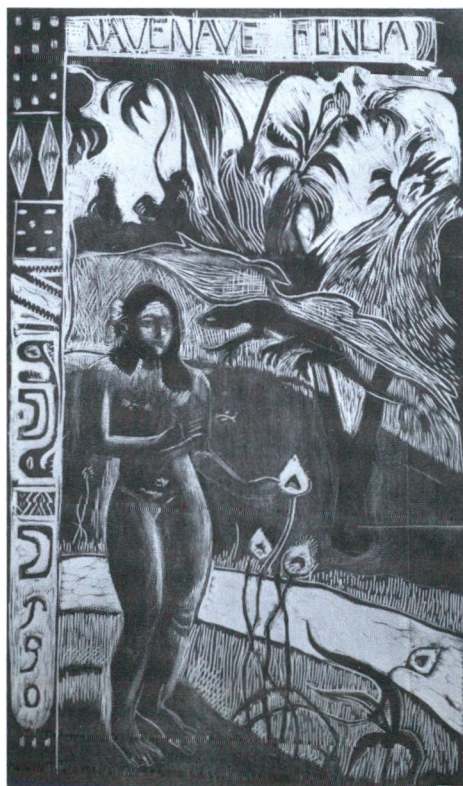
One distinctive dimension of my mother’s life was her deep tie to a community rooted in the land they farmed. I cannot think of her without thinking of her love of this land, its wild deer wandering from the woods on a summer evening to graze, or her care for the birds during winter.

Beyond my personal reasons for connecting motherhood with nature loom the dominant Western and non-Western traditions linking women conceptually to nature. Many people have felt our dependence on nature to mean that we are in some sense her children and she our “nurturing mother.” As Paracelsus put it, “Woman is like the earth and all the elements and in

this sense she may be considered a matrix; she is the tree which grows in the earth and the child is like the fruit born of the tree” (Merchant 1980:26). Smohalla, a chieftain of the Wanapum, a Columbia Basin Indian tribe, objected to the white race’s agricultural and mining practices with these words. “You ask me to plow the ground! Shall I take a knife and tear my mother’s bosom? Then when I die she will not take me to her bosom to rest. You ask me to dig for stone! Shall I dig under her skin for her bones? Then when I die, I cannot enter her body to be born again. You ask me to cut grass and make hay and sell it, and be rich like white men! But how dare I cut off my mother’s hair?” (Eliade 1959:138; Merchant 1980:28).

Under the impact of the rise of modern science in the sixteenth and seventeenth centuries, the understanding of nature as a nurturing mother gave way to the view of nature as an elaborate machine. Felt kinship to the nonhuman world dissipated as we increasingly came to view nature as an impersonal realm of dead matter, a view of nature desacralized and objectified into a realm of commodities for human use and transformation (Merchant 1980:xv–39, 164–90).

The ancient metaphor of nature as a nurturing mother continues to have a primal vitality and can, if appropriated critically, serve to rekindle feelings of kinship with the nonhuman species and natural entities of our planet.³ Christians and Jews would do well to remember that even though God is Creator and thus “primary parent,” the realm of creation remains an



Nave Nave Fenua ("Wonderful wonderful earth"),
by Paul Gauguin (woodcut).

Courtesy, Museum of Fine Arts, Boston; bequest of W. G. Russell Allen

intermediary parent. The stuff of our bodies is developed from the stuff of the natural world, and our lives continue to depend on the health and well-being of our natural environment.

In addition to mother metaphors, nature may also helpfully be conceived as father, sister, brother, or even a neighbor whom we are commanded to love. Many ancients experienced the sky as father, even as St. Francis spoke of "Brother Sun and Sister Moon." More recently H. Richard Niebuhr held that we must recognize our neighbor all across the spectrum of being and the stream of time. "He [the neighbor] is...the unborn generations who will bear the consequences of our failures, future persons for whom we are administering the entrusted wealth of nature and other greater common gifts. He is man and he is angel and he is animal and inorganic being, all that participates in being" (Niebuhr 1956:38).

Many will dismiss such kinship terms as mere poetry, pretty fiction. However, I think such terms quite accurately highlight how all the matter of our bodies, from toes to neurons, is a gift of the biosphere. It both surrounds us and is in us. What is important is that we revivify ancient feelings of closeness to the earth. Terms like *mother*, *father*, and *neighbor* all may play an important role.

The Onslaught of History in the Span of a Life

On March 12, 1910, Alice Beaugard Diamond was born at Bellevue Farm, just outside Gaithersburg, Maryland. The farm had been worked by her family since before the Civil War. Her parents cooked with wood and lit the house with kerosene lamps and candles. Sometime in the early twenties a biplane landed in the cow pasture. The cows were frightened, but the children loved it. The elms along the lane to the road grew. Electricity came to the farm, as did Prohibition, cars, and the Depression. My mother took up secretarial work in Washington after college in New York. Marriage to John French, a research engineer, followed. The war years brought the Frenches two sons, and the Korean War years brought them a third. My grandparents gave my parents a plot of land in the woods of Bellevue to build a house on.

In the late 1950s, the Atomic Energy Commission moved in five miles away, and the federal government condemned my grandfather's farm in order to construct the main site for the National Bureau of Standards, a scientific research center. The elms were bulldozed. The old farmhouse was burned. A nuclear reactor for test purposes was built for the Radiation Physics Department. In both dairy farming and radiation physics we manipulate nature, but in moving from the former to the latter we increase our range of power and action as

well as our range of potential destruction in accidents. From farm to reactor—one location, one lifetime, but worlds apart.

At my mother's funeral in our old country church, I stammered through a passage from Ecclesiastes. "A generation goes, and a generation comes, but the earth remains forever" (1:4). I chose it because it affirms security in continuity, not because I believe it is true any longer. The earth now faces unprecedented vulnerability arising from our remarkable military and industrial advances. We have gone from the first airplane flight at Kitty Hawk in 1903, seven years before my mother's birth, to talk of Star Wars in the year of her death. Ecclesiastes notwithstanding, there is much that is "new under the sun" (Ecclesiastes 1:9).

In *The Iliad*, the scope of Hector's and Achilles' brutality was tightly circumscribed by the severely limited capabilities of their military technology. Today's warriors, however, can act on their heroic ethic armed with weapons of staggering power. The possibility of bringing about the end of humanity through the devastation of the biosphere lies before us in the decades and centuries ahead. We now have systems that can achieve this quickly, and we have initiated processes that can undo us slowly over time.

I have pondered whether there might be some connection between the location of nuclear reactors near Bellevue and my mother's death from cancer. I continue to wonder. I wonder too whether perhaps her cancer was induced by air pollution or acid rain. Or was it the

***The stuff of our bodies is developed from the stuff of the natural world,
and our lives continue to depend on the health and well-being of our
natural environment.***

atmospheric testing of nuclear weapons in the fifties which led her to ingest a minute trace of strontium 90? Are not our industrial pollutants like a cancer in the body of the biosphere? And does not such disease in the biosphere promote disease in individual humans?

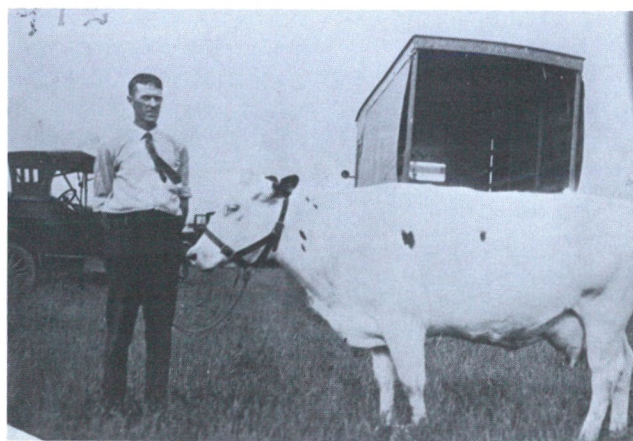
A Sense of Place

When he was a Princeton basketball star, Bill Bradley once explained to the writer John McPhee how he made a particular shot consistently without looking at the basket. "When you have played basketball for a while, you don't need to look at the basket when you are in close. . . . You develop a sense of where you are" (McPhee 1978:22). As poet Wendell Berry notes, knowledge of place is critical. "Not knowing where you are, you can make mistakes of the utmost seriousness: you can lose your soul or your soil, your life or your way home" (Berry 1983:103). One can think of the sin of Adam and Eve as a failure to know their proper place. They strove to be like God. Nor did Icarus know his place. He flew too high, melted his wings, and plunged to his death.

The Genesis story has provided many generations of Jews and Christians with location and orientation. We are formed of the earth but in God's image. We are located between the angels and the animals. A mixed species, we combine animality and spirit, body and soul, matter and mind. This hierarchical biblical view of creation was later developed by patristic and medieval

theologians who appropriated the classical notion of the Chain of Being to emphasize that God's goodness overflowed into a maximally full created universe whose species and entities fill every conceivable level of being. All of creation, according to this model, is ranked as links on this vast chain, ranging from angels at the top down the ranks through humanity, animals, and plants to rocks. This Chain of Being model stressed the interconnectedness of creation as well as its hierarchical differentiation into various ranks of being. This hierarchy suggested a moral scale of value and thus standards for, and limits upon, human "dominion" and action. To rise above one's place—by eating an apple to attempt to achieve Godlike knowledge or by trying to build towers to the heavens—is to violate God's will embodied in the created order. Such a revolt against order and limits warrants God's wrath and ends in destruction (see Berry 1987:15, 54–75).

In Deuteronomy and Joshua we read that our dwelling in the Promised Land depends on our honoring God's covenant. If we fail in this, God assures us that the land will "vomit you out" (Leviticus 20:22). Our holding of the land is contingent on our understanding of our place within creation. An inordinate elevation of our place distorts our rightful "dominion" over nature and land into a warrant for the domination and conquest of creation. Stewardship responsibilities and our deep kinship and solidarity with the rest of nature is thus dismissed, while we legitimate our ethic of tyranny by twisting holy words.



Alice Beauregard Diamond French (March 12, 1910–June 19, 1986) and her father, John Bernard Diamond, Jr.

An adequate environmental ethic first must draw our attention to the intrinsic value of all living beings, and perhaps of all existing entities.

After the flood God promised Noah and his sons, “[The rainbow] shall be a sign of the covenant between me and the earth. . . . I will remember my covenant which is between me and you and every living creature of all flesh” (Genesis 9:13,15). Forgetting our place within creation, we attempt to hoard God’s affection and care by sharply narrowing the covenant to fit the horizon of our prejudice and short-range interest.

When we lose our sense of place, we forget that the human species is a *part* of a greater *whole*.⁴ In our hubris we mistake the circle of humanity for the full horizon of being and the sole locus of intrinsic value and goodness. With Immanuel Kant we elevate rational beings as “persons” deserving respect as “ends in themselves,” and dismiss all the rest—the Amazon River, dolphins, oak trees—as “things” having no value other than their value as resources to humans (Kant 1959:46). We take our capacities of rationality and language as signs of our absolute superiority over, legitimate domination of, and separation from nature. In our rush to achieve military superiority and economic expansion we fail to notice the increasing damage we do to the terrain around us. Megalomania feeds our myopia.

It is not surprising that we obscure and ignore the religious significance of God’s covenant with the rest of creation and the ethical significance of our manipulation and use of nonhuman nature. The heavens at night may well proclaim the glory of God, but few in our cities or suburbs can see beyond the glare of our lights to the stars. We in urban, industrialized societies surround

ourselves with a constructed artificial environment and then come to assume that the natural environment is insignificant or alien. Our technology buffers us against any sustained interaction with animals, forests, and the biosphere, and hence mitigates against any deep understanding of the natural world. When we uncritically endorse the technocratic myth that nonhuman nature is dead matter in mechanistic motion, we understandably feel that nature is strange and hostile, to be dominated, not respected and dwelt within (see Kohak 1984:23–26).

When modern industrial cultures dismiss God as an anachronistic and irrelevant concept, useful perhaps only in comforting the old-fashioned and the timid, and construe nature as a vast storehouse of resources (see Heidegger 1977:16–22), they slice off God above and nature below, uncoupling the human from the rest of reality. When our connectedness to God is dissolved, we experience few places as holy. Reason unhinged from realities beyond the self becomes narcissistic, as cleverness and the cult of efficiency replace wisdom.

Even among those who insist on the reality of God, often divine transcendence is so emphasized that God’s immanent presence in the world is rendered problematic. It is not surprising that when modern theology tries to speak of God’s action in the world, it almost invariably displays the cultural bias of urban, industrial culture by locating God’s action solely within human history. Theological thought is developed predominantly at universities and seminaries in urban centers where human architecture and signs of human power domi-

nate the horizon. Nature is ceded as an object of study for the sciences; theologians too often restrict the scope of divine action to salvation history. In polarizing human history and nature in this way we diminish the sovereignty of God by implying that God's realm of sustaining action is limited. Similarly we employ an unintelligible view of history as somehow independent of the biosphere that provides sustaining food and oxygen. By articulating no close connection between grace and matter, between God's care and the natural world, we conceptually transform nature into a "dis-graced world" (Sittler 1972:67).

Must it be this way? Feminist theologians and God-fearing farmers know that grace is embodied in matter. As William James expressed it, "To any one who has ever looked on the face of a dead child or parent the mere fact that matter *could* have taken for a time that precious form, ought to make matter sacred ever after" (1963:43).

Health and Ecological Integrity

Doctors taking the Hippocratic oath swear that "into whatsoever houses I enter, I will enter to help the sick" (Reiser et al. 1977:5). Today we need to remember that hospitals and households are part of, and dependent upon, a Great Household. The practice of modern medicine must become explicitly aware of the importance of the well-being of that greater whole. The term *ecology* is derived from the Greek word *oikos*, meaning



Retrieving images of the nurturing role of men broadens the range of our moral life. Farmer and Bird, by Norman Rockwell (cover for Post, August 18, 1923).

Reprinted from the *Saturday Evening Post* © 1923 by Curtis Publishing Co.

When modern industrial cultures dismiss God as an anachronistic and irrelevant concept and construe nature as a vast storehouse of resources, they slice off God above and nature below, uncoupling the human from the rest of reality.

"house." Barry Commoner, the dean of American environmentalists, has defined ecology as "the science of planetary housekeeping," for the environment is "the house created on the earth *by* living things *for* living things" (Commoner 1971:32; see also Worster 1985:37).

Today medical professionals must attend not only to sickness within individual households but also to the ills arising from the poisoning and destruction of the natural environment, the Great Household. A profession dedicated to human health today must systematically broaden its concern ecologically beyond the hospital and clinic. A Hippocratic precept reads: "For we physicians take the lead in what is necessary for health" (Reiser et al. 1977:6). Truly to take this lead today requires an expanded vision of the present and potential threats to individuals and communities posed by environmental damage.

The noted philosopher and scholar of Gnosticism Hans Jonas has rightly argued that the new range of our power to act and destroy requires of us a vast extension of our moral vision and concern, in short, a new ethics. "The qualitatively novel nature of certain of our actions has opened up a whole new dimension of ethical relevance for which there is no precedent in the standards and canons of traditional ethics" (Jonas 1974:3-4). Because we now have a new ability to act on nature and destroy it, he argues, ethics has been forced to take on itself "a new dimension of responsibility never dreamt of before," namely a responsibility for the whole biosphere (Jonas 1974:9). Our technological

revolution requires a corresponding ethical revolution.

As with ethics, so too with medicine. Novel sources of human illness and suffering will require novel notions of proper medical practice and legitimate medical attention. If a central role for ethics today is to sustain initiatives of "responsible restraint," the medical profession will need to join other professions in educational and lobbying efforts to promote policies of restraint. That will not mean a loss of focus for the medical profession, but rather responsible practice in a frighteningly powerful age.

In an important new work, Leon Kass notes that "the English word 'health' literally means 'wholeness,' and 'to heal' means 'to make whole.' " Our term *hygiene* is derived from the Greek word *hygieia*, which is connected to an Indo-European term meaning "living well" or "a well way of living" (Kass 1985:170). These two notions, "wholeness" and "working well," capture, for Kass, the core of what we mean by health. He sums up his definition of health as "the well-working of the organism as a whole" (Kass 1985:174).

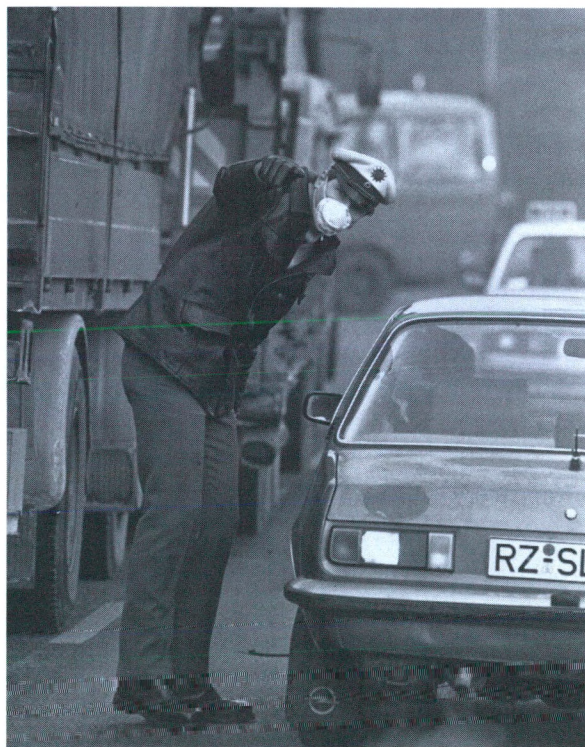
Kass wishes to direct medicine's attention beyond disease-entities to a broader concern for health in general, from cure after the fact to illness prevention and health maintenance. Yet despite his emphasis on health as wholeness, Kass interprets health individualistically and balks at accounting for communities of individuals or for the relationship between individuals and their environment. "In its strict sense, health refers to individual organisms—plants and animals, no less than

humans—and only analogically or metaphorically to larger groupings” such as a “healthy family” or a “healthy society” (Kass 1985:165).

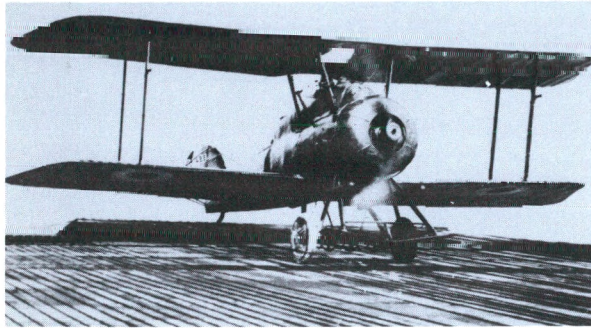
Kass is right to check a diffusion of the focus of medical attention, but not to tie the notion of health to individuals. I fear Kass is uncritically reflecting the prejudice of modern liberalism that we have individuals before we have families, relationships, and communities. Today biology and medicine must be set within an ecological framework, for organisms depend on other organisms and a sustaining environment. Human health is inextricably tied to the “wholeness” and “well-working” of the biosphere. Deplete the ozone layer and the rates of skin cancer will soar. Increase acid rain and watch as lakes and forests die. Induce a nuclear winter and observe how human life becomes nasty, chilly, and short.

From Grief to Gratitude

An understanding of self and one’s location vis-à-vis one’s body, the animals, God, and other humans is directly tied to modes of moral reasoning. Character ethics, ecology, and feminist ethics all map the terrain differently from the models that have dominated our moral reasoning in recent years. They share emphases on connectedness, interdependency, the virtues of humility and care, and the importance of responsibility and restraint. These are good points to spotlight in a nuclear age.

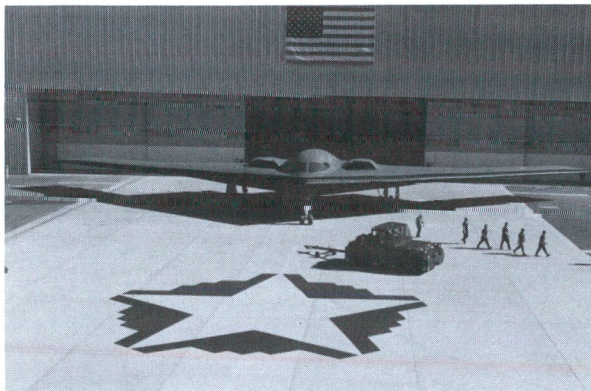


“My main fear rather relates to the apocalypse threatening from the nature of the unintended dynamics of technical civilization as such . . . : the apocalypse of the ‘too much,’ with exhaustion, pollution, desolation of the planet”
(Jonas 1984:202).



Above, one of the first warplanes designed to land on an aircraft carrier; below, the Stealth strategic bomber. In one generation the rapid advancement of technology has made possible the annihilation of all life forms.

UPI/Bettmann Newsphotos



Careful ethical reflection entails both critical and constructive work. Critical work is required to evaluate whether our descriptions of reality, human experience, God's action, or moral value distort more than they illumine and whether such descriptions generate destructive practices or beneficial ones. Character ethics helpfully emphasizes the crucial role that vision and discernment play in both channeling and blocking our attention to various problems. The destructive effects of racism, anti-Semitism, and sexism begin with flawed habits of seeing people. Distorted seeing corrodes, twists, and constricts moral reason. In order to begin constructive moral reflection we must first acknowledge and correct our faulty sight.

Narcissism is ethically detrimental in any age, but it is especially dangerous in a nuclear one. A generation whose technological advance poses an ever-expanding range of potential destruction can ill afford to have its moral vision narrowed and twisted by constricted loyalties and egoism. As Iris Murdoch reminds us, "Our minds are continually active, fabricating an anxious, usually self preoccupied, often falsifying veil which partially conceals the world" (Murdoch 1985:84).

Drawing on traditional Christian views, Protestant theological ethicist James Gustafson has described the "contraction of human trust and loyalty" as idolatry, for it deifies the self or one's narrow community as the center of value. He states, "The corruption of rationality is largely a matter of the contraction of human vision. Excessive confidence in the propriety of particular

interests blinds us from seeing aspects of the world that are relevant to our knowing and doing" (Gustafson 1981:305–6). The correction, Gustafson says, lies in a conversion to an expanded vision, "by an 'enlargement' of soul and of interests, and by a more appropriate alignment of ourselves and all things in relation to each other and to the ultimate power and orderer of life" (Gustafson 1981:307). "Theocentric piety" makes possible "an enlargement of affections and loyalties" and thus generates a broader vision of our moral responsibilities and obligations (Gustafson 1981:315). Clearly one need not believe in God to be concerned about the biosphere. If one does believe in God, however, then one should feel impelled to be loyal to and love the whole range of God's creation.

The expansion of our technological and military power requires an equivalent expansion of our ethical vision and our feelings of loyalty and care. Frameworks of understanding that have pictured persons, communities, nations, and economies as autonomous and independent must give way to an emphasis on the remarkable webs of connection that sustain personal, communal, and biospheric life. All nations share a common atmosphere. All communities depend on other human communities as well as the broader biospheric community. Each individual is formed and sustained by rich cultural and genetic heritages and owes responsibilities to future generations. In the created world there are no autonomous individuals or nations. As Thomas Aquinas states in the *Summa Theologica*, "all

beings other than God . . . are beings by participation" (Aquinas 1945, 1:427 [1a, q. 44, art. 1]).

Conversion to an expanded range of vision will not by itself resolve hard ethical choices. Indeed, the recognition of our extended range of responsibilities and obligations will complicate our moral decisions by posing many tragic cases in which human interests conflict with those of another species, or where development needs conflict with preservation requirements. An adequate environmental ethic first must draw our attention to the intrinsic value of all living beings, and perhaps of all existing entities. Second, it must set out some general rules for ranking priorities in cases of conflict.

The conception of creation as a Great Chain of Being, so influential in the thinking of Aquinas and other medieval theologians, offers a helpful model when purged of certain rationalist interpretations. First, it depicts all species and entities as part of a great ecological community of being. Second, it affirms that the human is the highest species in the visible world. This concept would authorize, for example, the use of animals in experiments that show promise of finding a cure for some crippling human disease. Third, it holds that lower species and entities have ontological value and are loved and sustained by God. Their worth checks any capricious abuse or needless destruction of animals, plants, and perhaps inanimate matter, as though they were mere things or objects having no intrinsic value of their own. Fourth, it holds that the best universe has a maximum of diverse "grades of being." God's goodness



A sense of kinship with other life forms will militate against inflicting suffering on other species for frivolous or obscure purposes.

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overflows into a maximally full creation, a world saturated with the greatest diversity of species and entities, all reflecting God's glory (Aquinas 1945, 1:459 [1a, q. 47, art. 1]). This idea sanctions a strong moral presumption for the preservation of endangered species. Unlike Kant, I believe dolphins and dogs clearly are "ends in themselves" and have intrinsic value, though not as much as humans do. In tragic cases of direct conflict of interest, it is appropriate that priority be given to the members of a species having higher capacities for "richness of experience" over members of species having lower capacities (see Birch and Cobb, 1981:163).

Coupled with this ecological expansion of ethical concern, we need a temporal expansion of moral attention. Ensnared in daily routines, we lose our sense of history and our ties to ancestors. Cut off from connections to the past, we too often fail to attend to obligations to future generations. But the death of loved ones can jolt us into new appreciation for gifts and sustaining relationships we have ignored because our eyes have been dimmed by familiarity. Deep feelings and memories can be powerful resources for, and not just obstacles to, ethical reflection. They can broaden our horizon of vivid attention and vital anticipation. A deep memory I cherish is of my mother calling to us on those crisp autumn evenings long ago. She made us pause from football long enough to stare up at the Echo satellite arcing across the sky. The world was new then and the space age seemed thrilling, not ominous.

That world of Bellevue Farm is gone. Our world

today is more complex and dangerous. Ties to community and geography are now too often seen as constraints on personal freedom. Robert Bellah and others have rightly asked whether Americans' commitment to "ontological individualism, the idea that the individual is the only firm reality" may not have grown "cancerous" (Bellah et al. 1985:276, vii). As chemotherapy for this malady, we need, in Murdoch's view, to turn our attention away from ourselves to others and the world. Love, for Murdoch, consists precisely in this "suppression of self" and direction of attention and care outward (Murdoch 1985:66).

What impresses me about my mother's life are the quiet, undramatic patterns of powerful kindness by which she attempted to hold things together. I can still envision her daily winter ritual of tossing out sunflower seeds for the cardinals and woodpeckers. I remember how at a Fourth of July picnic years ago she rushed to save me when my older brother dropped a sparkler and prematurely ignited the vast store of fireworks and minor explosives that we and our neighbors had collected. What fun! Or again, how a month before she died I took my parents on our last outing to an old haunt. I drove them to Seneca, where Seneca Creek joins the Potomac River and the grand aqueduct of the Chesapeake and Ohio Canal arches across the creek.

After viewing the magnificent sweep of the river one last time, we turned to go. My mother, even though greatly weakened, insisted on helping my father down the steep pitch of rough-hewn steps. Loving vigilance in trying to hold things together is not a bad summary of our duties in an increasingly threatened world.

Georges Bernanos in *The Diary of a Country Priest* ends his tale with the death of a young priest. The priest's last words, when informed that another priest sent to deliver the last rites had been delayed, were in a whisper. "Does it matter? Grace is everywhere" (1954:232). Perhaps the black holes in life and in death remain silent and dark because of the absolute gravity of God's fiery love tugging in everything, so that nothing and no one will finally be lost. Death can sensitize us to the need to struggle against greater loss. The acknowledgment of the vastness of the threat of non-being posed by today's weapons can and should drive us into "radical amazement" regarding the sheer existence of creation and thus to a profound appreciation for the gift of being.⁵ Beyond nuclear weapons and reactors, beyond acid rain, the apostle Paul assures us in Romans 13:12 that "the night is far gone, the day is at hand." It's about time—time that grief should lead to gratitude and that gratitude should give rise to respect and care for the earth, our home. ☸

NOTES

I am grateful for the extremely helpful comments and criticism regarding earlier drafts of this paper by my friends, especially Kathleen Cahalan, Sandra Dixon, Charles Hallisey, Stewart Herman, Susan Ross, and David Schmidt.

1. What redeems *The Iliad* from being merely a pornography of blind violence and makes us care about its heroes is that they are tied up in webs of friendship, compassion, kinship, and love. After Hector kills Patroklos, Achilles' dear friend, Achilles in revenge slays Hector. Priam, Hector's father and the Trojans' king, goes to Achilles' camp and entreats him to give up Hector's body for honorable burial. Priam kisses the murderous hands of Achilles, and Achilles, in turn, deeply moved by the older man's tears, weeps for his own father and for the slain Patroklos. Achilles himself later bears Hector's body to Priam's wagon and agrees to hold off any attack for twelve days so that the Trojans may properly bury Hector. *The Iliad* is most powerful when it displays the tension between the individualistic ethic of heroic honor stressing courage, brutality, and force and the submerged, but ultimately ascendant, relational ethic of compassion and empathy born of felt ties to family, friends, and even enemies.
2. Gilligan has overemphasized the domination of an ethics of rules and principles of justice in recent ethical theory. Many male writers have stressed the category of responsibility as central to ethics. See, for example, Niebuhr 1963; Gustafson and Laney 1968; and Jonas 1984.
3. We must be careful about anthropomorphizing nature. The metaphoric depiction of nature as a nurturing mother can legitimate the domination of women as somehow subhuman just as easily as it can serve to elevate our respect and care for the natural world. For cultures that consider it proper to dominate nature by technology, the connection between women and nature will serve as a basis for warranting the domination of women by men. The ideology of domination fosters rape in both spheres. See Ruether 1983:72–92 and Ortner 1974:67–87.
4. For a theological ethical perspective on the importance of understanding the human as a part of the broader whole of creation, see Gustafson 1984:13–19.
5. For this notion of “radical amazement” see Heschel 1955:45–46. As he states, “indifference to the sublime wonder of living is the root of sin” (p. 43).

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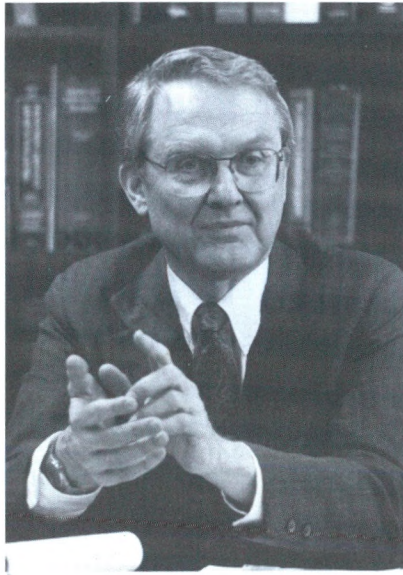
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Fifth in a series

On William F. May

*Corrected Vision
for Medical Ethics*



“Ethicists must deal with problems not simply of doing good or producing good, but of being good. Men and women function not merely as agents turning out occasional decision bits to solve problems, but also as authors or coauthors of their lives.”

Virtues and Vices of the Elderly, p. 257

Gilbert Meilaender

IN OCTOBER 1986, ON THE occasion of its fifteenth anniversary, the *Hastings Center Report* published “How the Report Made a Difference: Reflections on a 15th Anniversary.” Under that heading the journal solicited responses from six figures well known in the world of medical ethics. Each was asked to choose an article from the fifteen-year history of the *Report*—an article that had made a difference in his or her own thinking or in the development of the discipline of biomedical ethics. One respondent did not really select a single article, but of the five who did, two named pieces by William F. May¹—the only person to have two of his articles so noted. Alexander Morgan Capron remembered May’s “Attitudes Toward the Newly Dead,” and described it as “a splendid illustration of the value of the

humanities and social sciences for thinking about and formulating public policy” (Capron 1986:9). Robert Veatch singled out May’s “Code, Covenant, Contract, or Philanthropy” and suggested that it had “contributed significantly to [a] shift in public views about codes of ethics” (Veatch 1986:14).

That May was the only author singled out twice should be no surprise, for he is a master of the provocative, insightful essay—always packaged in alluring prose of a sort one gets to read all too seldom.² He has, however, written no summa. Only in quite recent years—in *The Physician’s Covenant*—has he begun to pull together views already developed in numerous essays. This leaves anyone assigned to write on May’s thought with the difficulty of deciding how to package it. I have

decided on a perhaps unconventional approach. For the most part I will not discuss *The Physician's Covenant*; instead I will proceed almost as if that book had not been written and I will develop some of the themes central to May's scattered essays. There is no need here for a summary of *The Physician's Covenant*. May's prose is clear and accessible for anyone willing to take the time serious thinking requires. I offer here instead a different way of entry into his work in bioethics. If it encourages readers to take up *The Physician's Covenant* and encounter his work firsthand, it will have served a useful purpose.

The Role of (Religious) Ethics

Perhaps the most obvious thing to be said about May's ethic is that it is not principally oriented toward quandaries or hard cases. He is far more interested in the images that shape our vision and thereby help to determine what does or does not appear to be a hard case. He is reluctant to adopt a single ethical theory—consequentialist, deontological, or virtue-centered. There are, to be sure, aspects of his view that make consequentialism profoundly unacceptable, and he focuses a great deal of attention on issues of character, but his approach cannot be encompassed within any simple description of one of the standard theories.

For May the task of ethics is to supply a kind of "corrective vision." The purpose of ethics is to enlarge our vision, to help us see possibilities that correct or trans-

form the way issues have been considered. Ethics as corrective vision "throws the world into a new light, . . . it opens up new possibilities for action" (1980b:240). His focus is on those persistent problems in life that are less puzzles to be solved than mysteries to be explored: "the conflict between the generations, the intricacy of overtures between the sexes, the mystery of birth, the ordeal of fading powers and death" (1984a:75). These persistent problems are best approached through image, symbol, and story. They "call for moral responses that resemble ritual more than technique. They require behavior that is deeply fitting, decorous, appropriate" (1984a:74).

On occasion, May will describe the task of theology in precisely the same way: as offering a kind of corrective vision (1981:133). He writes very self-consciously as a theologian, but as one who is present not chiefly in ecclesiastical institutions but in the modern university. In that context, he suggests, one cannot take faith for granted. But one *can* be certain that our world "reeks of religion" (1984b:755). May does not mean by this that institutional Christianity is taking over our society. Nor is he thinking in sociological or functional terms of religion as a kind of social glue that holds a community together. He has, rather, been influenced by phenomenologists of religion, especially Gerardus Van der Leeuw, who suggest that religion involves an experience of sacred power. In its different manifestations "the sacred is distinguished from ordinary profane power in that it does not appear as something that man can fully

master and use toward his appointed ends. It confounds the efforts of the practical man to control it and the contemplative man to know it" (1972:465). The experience of such sacred power and the yearning for it still mark our personal and communal lives. According to May, the academic theologian's task is to "clarify, interpret, and criticize those religious realities" (1984b: 755).

Thus, for example, when May characterizes death as a "sacral power," he considers what sort of "fitting, decorous, appropriate" manner we ought to adopt in speaking with the dying. Very often physicians, family members, and even ministers have practiced evasion cloaked in paternalistic beneficence. Against this approach others will argue that blunt talk, straightforward truth-telling is needed if we are to avoid paternalism, respect the dignity of the dying person, and retain authentic communication to the end. May argues, however, for a corrective vision that would open up other possibilities—in particular, the possibility of "indirect discourse" (1972:485). Just as the ancient Israelites could not look directly on the face of God, so also death as a sacral power cannot simply be talked about straightforwardly. But it can be acknowledged and its anxieties confronted. The point is powerfully made in a passage like the following:

My father brought this point home to me in the course of his last illness. At one point, he knew that he had cancer of the throat, but did not yet

*"Care givers need the
virtue of humility
as an antidote to
the arrogance of power.
They are receivers,
as well as givers,
in the
professional relationship."*

—*Virtues and Vices of the Elderly*, p. 258

know that it had metastasized into the liver. In talking to me shortly after I had seen his doctor, he said to me, "Go easy, Bill." That remarkably compressed warning hardly served as an evasion of death. Why else would my father say, go easy, unless he knew that he was dying? Yet, he acknowledged his death in a form that signalled at the same time the distance he wanted to maintain between himself, me, and the event. He knew I had written in the field and he was saying, in effect, "Please spare me one of your seminar-length discussions of death. I don't need that now." I would have been a fool not to respect the boundaries he established.³

Story, image, ritual, and symbol are all central in May's writing. Consider, for example, one of his most influential essays, "Attitudes Toward the Newly Dead" (1973). In this one essay references to stories abound—ranging from mystery writer George Simenon's *Maigret and the Headless Corpse* to the story of Antigone in Sophocles' tragedy to Grimms' fairy tales to an Ingmar Bergman movie. May refers to myths traditional societies used to deal with death as Hider and Devourer. He gives many examples of ritual: phenomenological explanations of puberty rites, funeral practices in contemporary America but also in St. Augustine's time. And he refers as well to cardinal tenets of Christian faith—the resurrection of the body, the meaning of the Eucharist. All this is marshaled, channeled, and focused by May to help us think about the "problem" of organ transplants,

the routine salvaging of organs, and related issues. It is hard to think of anyone else writing in bioethics today who could or would draw on a similar range of material to treat such a topic—and to treat it in a way that corrects our vision by seeing the issue not simply as a puzzle to be solved but as a human mystery to be explored.

If we want cut-and-dried answers we will, of course, sometimes have to turn elsewhere. There can be no doubt that we sometimes need such answers and that May's greatest strength does not lie in supplying them. Yet how thin they often seem in comparison to what he does supply! Thus, for example, May's treatment of organ donation and, in particular, the article "Attitudes Toward the Newly Dead" was targeted by Joel Feinberg as an example of the kind of thinking that—relying as it does on image, symbol, and story—falls into "the moral traps of sentimentality and squeamishness" (Feinberg 1985:31). May approaches the question of organ donation, Feinberg writes, "more in the manner of literary critics debating the appropriateness of symbols than as [a moralist]" (1985:34). May himself has responded to these charges and, I think, gotten the better of the exchange (1985b). He argues that there is not available to us what Feinberg seems to think we should use: some form of "symbol-free" access to the world. To imagine we have one is simply to fall captive to one symbol-laden way of thinking about a reality like a dead body (1985b:38). Moreover, symbols and rituals help to discipline and shape our sentiments. To pay attention to them is not to wallow in sentimentality; it is to recognize

that more than our rational powers will be needed if we are to shape, form, and re-form the sentiments central to human existence (1985b:40).

May's style of ethics will not do everything that is needed, nor does he imagine that it will. Indeed, in the hands of a less virtuoso performer, it might be open to some of the charges Feinberg brings. But May *is* a virtuoso, and he has adopted a style that makes possible a theological ethic that addresses fundamental questions without denying whatever human insight can be found. He draws on as many sources of wisdom as he can—while never failing to provide the corrective re-envisioning that his theology makes possible and that, he judges, it is the task of ethics to provide.

Death as Sacral Power

One of the persistent problems that has occupied May's attention for decades and to which he has applied the method already described is the human struggle with fading powers and, finally, death. Indeed, May's never-published dissertation was titled "Dread Before Death and Revolt Against Death: A Study of Heidegger and Camus." We are not surprised, then, to note that May has discerned in our culture a twofold response to death: preoccupation and obsession, and concealment and avoidance (1972:469). In his discussions of death we see, I think, the most fundamental theological influences on May's work.

Clearly he has been influenced by the concerns of

existentialist philosophers Martin Heidegger and Albert Camus. Certainly the work of a phenomenologist such as Van der Leeuw has left its mark. But the most basic influence, I venture to suggest, is one rarely mentioned in May's writing. Perhaps I am mistaken; certainly one cannot prove this by quotation from May's essays. But the influence of theologian Karl Barth seems to have deeply marked almost everything May has to say about suffering and death. For it is the triumph of grace over all opposing, negative powers—a triumph strongly emphasized by Barth—that sounds clearly in May's work.

Of all the negative powers humans face, death is the most terrifying. In our time it appears as the great individualizer. In medieval times it was the great leveler. In both cases an alienating force. For us, living in an age of conformity, death serves to pull us out of the mass and make us confront our destiny as single individuals. For the medieval man or woman, living in a more hierarchically structured world, death brought all to the same shared end. In either case, the dying person came to see his culture as though a stranger to it (1972:475ff.).

But the significance of death cuts still more deeply into our identity. May writes that death involves a threefold crisis. It is, first, a crisis of the flesh. The body serves as our means to control the world, and death threatens us with loss of control. The body serves as our means to savor the world's splendor, and death threatens a final loss of taste. The body is, most centrally, revelatory of the self, since we are our bodies. And death threatens the loss of self.

*“The nursing home
occupies the same place in
the psyche of the elderly today
that the poorhouse
and the orphanage
had in the imagination
of Victorian children.
Even those who never set foot
in these facilities fear them
as their fate.”*

—Who Cares for the Elderly? p. 34

Those who enter the healing professions would do well to remember this crisis of the flesh and learn from it. If death threatens the loss of control, they need to provide ways for patients to participate in treatment decisions as much as possible. If death threatens our ability to savor the world, the healing professions must be alert to all opportunities for patients to continue to experience the world's beauty (including a concern for the grounds of hospitals or nursing homes). If death threatens the loss of self, would-be healers must think not simply of curing but of caring that extends to the smallest details (1972:480ff.).

But death is not only a crisis of the flesh. It is, second, a crisis of community. It means abandonment, the loss of communication. It calls upon us, therefore, to find ways to remain “in touch,” ways that will usually involve the “indirect discourse” of which we have spoken above. Death will also reveal—starkly and unmistakably—something about the communities in which the dying person lives. It will reveal whether they are able to care even when they can no longer cure. Death is “that occasion in which the community, wholly divested of messianic pretension, is revealed in its humanity as a network of care” (1972:488).

Death brings yet a third crisis—of separation not just from the body and community, but from God (1969:181). Death threatens our self-integration and threatens us with “dispossession.” This terminology suggests, however, that we need to think of the self within a transcendent context—as ecstatic, “pitched out

beyond itself toward that in which it finds its meaning” (1985a:260). The self cannot be whole in itself; that way lies only a final dispossession. The Christian gospel is addressed precisely to such an analysis, announcing that death’s powerlessness over against the love of God has been revealed and enacted in Jesus. This frees us from the power of death as a sacral reality, frees us from either preoccupation with or avoidance of death. As May writes,

To preach about death is absolutely essential if Christians are to preach with joy. Otherwise they speak with the profound melancholy of men who have separated the church from the graveyard. They make the practical assumption that there are two Lords. . . . The Christian faith, however, does not speak of two parallel Lords. The Lord of the Church is not ruler of a surface kingdom. His dominion is nothing if it does not go at least six feet deep. (1969:176f.)

Here is the Barthian note that runs through May’s theology. No ultimate dualisms are permitted. No other sacral powers can ultimately challenge the hegemony of the Father of Jesus Christ.

The dangers in this sort of view are well known to theologians and obvious to anyone who thinks about such matters. Such a view risks a Pollyannaish approach to evil, never really opening itself fully to its terrible reality. Since May tends to trace evils to “sacral powers” more than to human sin and then to depict

these powers as exposed in their impotence by Christ, he regularly runs such risks. He also recognizes, however, that “suffering does not inevitably ennoble. Heavy responsibilities crush as well as enlarge their bearers” (1983a:153). What May needs—and, at least sometimes, finds—is language that permits him to take seriously the evils of suffering and death, yet without elevating them to the level of the one ultimate power that has been revealed in Jesus Christ as wholly good and loving. The language he finds is grounded in the New Testament and, in particular, in the eighth chapter of Romans. Here aging, suffering, and dying are seen as destructive forces—“real” but not “ultimate” (1985a:261–62). They are not to be denied or avoided, but they are to be treated with a certain nonchalance.

Nonchalance is, in fact, a central category in May’s thought. It is a metaphysical nonchalance, made possible by the conviction that there is only one Lord and that his kingdom goes at least six feet deep. This is a major part of the “corrective vision” that theology supplies to medical ethics. We take suffering *too* seriously when we see it as an overmastering, ultimate power.

This point emerges wonderfully in May’s interpretation of Fyodor Dostoyevsky’s Grand Inquisitor. The Inquisitor of *The Brothers Karamazov* is, according to May, a deeply religious man who believes in the ultimate triumph of suffering and the grave. But he is also an arch-humanist. Loving human beings as he does, he must do whatever he can to protect them (1974:22).

Like the Grand Inquisitor, we often become arch-

humanists, especially, for example, in caring for our children. Because we love them, we wish to protect them from suffering. "As conscientious parents, [we] operate as though the powers that are decisive in the universe could not possibly do anything in and through the suffering of [our] children" (1974:21). We are forced to become savior figures, even though we thereby live a lie. We are forced, in terms of moral theory, to a consequentialism willing to adopt any means that offers relief of suffering.

We need to know that there is only one Lord if we are to stop bending the knee to the sacral powers of suffering and death. We need the metaphysical nonchalance that flows from this conviction—or so May thinks. If we know that these other powers are real but not ultimate, our attitudes and actions will be affected by that knowledge. "In allowing the self to sit loose to the world, it makes it easier for the self to meet its obligations within it, without panicking before it or getting mired in it" (1985a:262).

This is, I think, the essence of "corrective vision"—and it is, as I have noted, central in May's work. In a very different context we can see the same approach at work. May suggests more than once that we treat death (with preoccupation and avoidance) the way Victorians treated sex. In the sexual sphere too we need a certain nonchalance. Only if we know that sexual pleasure is a real though not ultimate good for humans will we cease asking the impossible from our partner, cease hoping that the sexual bond might itself be salvific. Only then

will we be free to enjoy the pleasure for what it is (1988a:39).

May has described this nonchalance as "metaphysical optimism" (1976:223). Beginning from the assumption that the evils and negativities of life are not ultimate, one does not have to seek their elimination as necessary to a truly human existence. There is no need for preoccupation with death; only God is worthy of worship. Nor is there need to avoid or conceal death; its ultimate powerlessness has been exposed. We need not seek to protect our loved ones from all suffering; we are free to acknowledge the reality of their dying and ours. We are enabled, perhaps, to think of better ways to care for the dying than hiding them away in institutions designed for such purposes.

But in all this we should not fail to recognize the genuinely painful reality of aging, suffering, and death. Metaphysical optimism and nonchalance correct our vision, set us free to provide care. They do not evade reality. They do not translate into "gabby bluntness" when faced with the sacral power of death (1972:485). But in correcting our vision, they shape attitudes and actions in ways that cannot be reduced to any formula yet can be seen to be "fitting, decorous, appropriate."

*“Since in the culture at large
the nurturant God
appears to be dead,
the professional
assumes the role of
protector and nurturer.”*

—The Physician’s Covenant, p. 33

A Covenanted Profession

All human beings face a common destiny in death. All are, wittingly or unwittingly, subject to a still greater Lord who has taken the sting from death. These truths are of special importance for the medical profession, but we can begin with their application elsewhere. Karl Barth devoted the better part of a volume of his *Church Dogmatics* to characterizing “creation as the external basis of the covenant,” and “covenant as the internal basis of creation” (Barth 1958). By this Barth meant at least to suggest that the created world provides a backdrop that makes possible ties between human beings. It sets the context for their coming together to share a common life and to come to terms with the reality of the other person. Human beings may do this in different ways, but it is (Barth also meant to say) covenant that is the internal goal, the meaning and purpose toward which our lives are ordered. To take up our relationships with each other and consciously to accept them as covenant bonds calling for faithfulness is the point of our creation as human beings.⁴

There is, of course, more than one way to structure a bond of one human life with another. The emphasis on covenant, so central in May’s writing, can sometimes produce a kind of anti-individualism that criticizes any sign of adversarialism or self-seeking. In so doing it can nullify Barth’s first formula: that the created world of individuals is the external basis of covenant and should not simply be absorbed or obliterated within any com-

mon life we shape. If the covenant is ultimately with God, we must recognize as May does (though perhaps not often enough) “the ‘principle of extra-territoriality’ in the relations of the person to the social order” (1973:7). Human beings are not simply cogs in the social machine or parts of any communal whole. They are individuals whose lives are bound together in countless different ways. Their moral task is to take up these bonds, accept them, and shape them in accord with covenant fidelity.

Consider, for example, a retarded child and his parents. Since, seen in transcendent context, there is no such thing as an autonomous or self-sufficient individual, the child’s parents cannot ground his “value” solely in any personal properties or capacities. The child always exists in relation to God, and his value cannot be derived wholly from care the parents do or do not provide (1983a:159). The parents, in turn, simply find their lives bound to this child. What are they to make, morally, of the bond? They may adhere to a moral code that confers upon this child, as upon all humans, certain rights. If so, they will no doubt believe that they have at least certain minimal obligations toward the child. They will, at the very least, need to find a home for the child in one of those institutions philanthropically provided for such purposes (1983a:157). If they do more than this, if they give their own time and energy to caring for the child, they may think of their action as philanthropic and gratuitous—more than can be called obligation.

But it is also possible that they may think otherwise. Knowing themselves always to be gifted by that one Lord who rules all, knowing themselves to be indebted in this way, they may take up their bond with this child and see it as one calling for loyalty on their part. Theirs is not a wholly gratuitous altruism, but a response to the fact that their own lives have been divinely graced. They will see themselves as indebted, not just as self-sufficient givers of care. And out of such a corrected vision there may even come a new mutuality in relation to their child. Their care will no longer seem heroic, for they may come to think that this child nourishes them even as they nourish him. “That sustenance [from child to parents] may be difficult to acknowledge without sounding as though one is justifying the existence of mental retardation. Yet some parents have acknowledged the deepening of their lives; they find themselves in retrospect a little kinder, a little gentler, a little more sensitive to the difficulties other face than they might otherwise have been” (1983a:156). They simply found themselves thrown into a particular bond—the external backdrop for the moral tasks they take up. But they have discerned the internal meaning of this given bond to be covenant loyalty, a loyalty grounded in their realization that they are themselves indebted, that they are not self-sufficient care givers. They have given more than the minimal care they owed—that is to say, the element of the gratuitous has touched this bond. But they have not thought of themselves as simple altruists but, instead, as responsive and indebted receivers of gifts.

Something like this is also May's image of what the medical profession might be and, indeed, is at its best. To call medicine a profession is to focus on the fact that its practitioners "profess" something. They profess, first, technical competence based on a tradition of learning that is university based. Second, they profess a moral responsibility to use this knowledge in service of human need (1980b:205). To these must be added a third feature essential to any profession: an organized structure that makes possible professional discipline. "The natural form of organization that should obtain amongst professionals is collegial rather than hierarchical or competitive. The principle of collegiality follows from the insistence that the professional must have direct access to first principles" (1986b:22).

Our cultural circumstances, however, make some of these features of "profession" difficult. Institutional structures in our society are hierarchically ordered. When professionals, whose natural mode of relation is collegial, work within such structures, they face certain tensions. As professionals they are equal colleagues; as members of a bureaucracy they may be super- and subordinates (1980b:223). The university basis for professional training has also become problematic. May discerns a fine irony in the fact that just at the moment in history when professions turned to universities for training, those universities were claiming that moral reflection and nurture were not part of their mission (1986b:22). One's pursuit of professional knowledge would be not so much the enactment of a moral respon-

sibility but a means to private self-fulfillment. Hence the professional's knowledge came to be viewed as a private possession to be used for personal advantage rather than as a public trust. The professional, in short, learned to think of himself less as beneficiary and more as philanthropist (1982a:291).

What is needed, May thinks, is the sense of medicine as a covenanted profession. He pits against each other a code-morality and a covenant-morality. He does so not because he thinks code-morality is simply a bad thing. On the contrary, a moral code rooted in universal categories that govern professional performance is likely to encourage the development of technical competence. But it may also lead to a certain moral minimalism, a sense that anything beyond the minimum care for patients is gratuitous. May therefore connects code with philanthropy, "an ethic of love without ties" (1982b:35). By contrast, he connects covenant with a sense of indebtedness. Doctors have traditionally thought of themselves as indebted to each other—to the profession in which they have been nourished. They have, however, been less likely to think of their bond to patients in such terms. In that context they are less likely to think of their actions as response to gifts received (1975:31).

Surely this is an accurate depiction of the attitude only of some medical professionals, but as a depiction it is vintage May. He contrasts the novels of Ernest Hemingway, which exhibit an understanding of life according to code, with the novels of William Faulkner, which illustrate covenant indebtedness. The Hemingway hero

is epitomized by powerful technical performance—as, for example, in the killing of a bull. The classic performance completed, one moves on. Faulkner, by contrast, depicts the interior life of a boy who comes of age in a hunt, “ritually” slaying a deer and marking his face “forever” with the blood. “The Hemingway hero slays his bull and then it is over; but young Isaac McCaslin binds the whole of his future in the instant” (1975:31).

A covenanted physician is likewise marked “forever” by the claims of his profession. He knows himself to be greatly indebted to his patients and his community for the skill and art he possesses. He is not, in truth, a self-sufficient giver, and his morality cannot be one of universal categories alone. Covenants have their root in particular historical circumstances: the training of the physician in institutions supported by the community, the willingness of patients to hand themselves over even to inexperienced physicians for care, and decades of subjects who have consented to research.

One might well ask, however, whether there are not other ways by which we can deal with a condescending pose of philanthropy on the part of medical care givers. Why not hop on the current bandwagon of patient autonomy and contractual relations as a way of bringing patients back into the game of medical decision making? May is not entirely opposed to such moves. He sees them as useful correctives in certain times and places. But he is persuaded that covenant—not contract or autonomy—is the internal meaning of creation, the goal toward which we ought to struggle in the moral bonds

that claim us. And, in particular, he suggests that contractualism may be less than adequate as a way of regularizing the bond between patients and physicians. For one thing, there is an asymmetry between patient and physician. They are not two equally skillful buyers or sellers meeting in the marketplace; knowledge and power are almost entirely on the side of the professional. Internal checks, cut into the characters of physicians, will be needed (1986a:6). Moreover, there is a second reason why the bond of patient and physician ought not be reduced to transaction alone: it must be oriented to the patient’s deeper needs. It may often call not just for a transaction but for a transformation of the patient’s life. If this talk treads dangerously close to a kind of physician paternalism that is objectionable, May thinks it a risk we must take—but a risk whose greatest dangers can be avoided if physicians think of themselves as teachers who bring about needed transformations in patients through teaching rather than deception (1986a:7–8). There is a third reason, most important of all, why the bond of patient and physician should not become purely contractual. Seeing this reason, we see the roots of complexities of May’s position. He has attacked the posture of the physician as self-sufficient, philanthropic care giver, but he does not wish to ignore the element of the *gratuitous* that must be present. Contractualism reduces the patient-physician bond to obligations that can be codified; it thereby encourages minimalism.⁵ But the needs of patients cannot be exhaustively listed in advance, nor are good physicians

those who do no more than is contractually required. May writes,

The professions must be ready to cope with the contingent, the unexpected. Calls upon services may be required that exceed those anticipated in a contract or for which compensation may be available in a given case. These services, moreover, are more likely to be effective in achieving the desired therapeutic result if they are delivered in the context of a fiduciary relationship that the patient or client can really trust (1975:34).

The complexity of this view should be evident. Consider what it means to think of medicine as a covenanted profession. On the one hand, physicians should not imagine themselves self-sufficient philanthropists who love without ties; they should know that they are responding to debts when they offer care. On the other hand, they should not become mere contractualists who do only what is required; they should give freely and generously of their skill, time, energy, and wealth in professing medically. They should be philanthropic without assuming the posture of the philanthropist or adopting the sort of ethic (in particular, a cost-benefit ethic) that is “chiefly an ethic for benefactors” (1980a:362).

How can we have it both ways? Only, May suggests, by remembering that the original location of covenant language is in relation to the transcendent. Even when physicians give philanthropically far more than they

have received from their patients and community, they always remain indebted, for they are needy creatures who have been graced by God. “Thus action which at a human level appears gratuitous, in that it is not provoked by a specific gratuity from another human being, is at its deepest level but gift answering to gift” (1975:36).

Hard Cases

I have noted that May’s strength lies not in the exploration of hard cases but in the discussion of background beliefs that shape the vision we bring to such cases. We ought not, however, underestimate the importance of deciding about hard cases or the help that moral codes can render. There might well be circumstances in which I would rather have as my physician someone of relatively impoverished literary or metaphysical insight who had nonetheless been brought up to believe that “a gentleman does not lie,” than someone who had as an undergraduate gone almost without sleep for a week while working through various interpretations of Dostoevsky’s “The Grand Inquisitor.” Therefore, having sketched May’s vision of ethics and having discussed two themes (the sacral power of death and the meaning of covenant) absolutely central in his work, we will conclude by following his argument on two hard cases.

One of his widely acclaimed articles, “Attitudes Toward the Newly Dead,” is in my judgment a very successful application of his approach to a difficult problem

*"This generation is oriented
to itself
with a vengeance.
Abortion protects it
at one end
and the discard pile
for the aged
protects it from
inconvenience at the other."*

—Metaphysical Plight of the Family, p. 29

in biomedical ethics. The problem is a straightforward one, and it continues to be pressing today. As organ transplantation becomes increasingly possible and successful, the need for organs becomes greater. Available organs may save lives, and modern medicine's salvific urge is not to be gainsaid. Yet the supply of organs—at least when we rely on voluntary donation—is not everything that some might wish. Hence there are arguments about alternative ways of obtaining organs for transplant.

May is fairly quick to rule out one possible approach—the sale of organs by the family of the deceased person or even by the predeceased person himself or herself. Having discussed above May's view of the limits of contractualism, we are hardly surprised that he should believe human organs are not simply "commodities" to be bartered in the market. And more generally, in fact, he tends to agree with those who argue that in matters so fundamental "encouraging a pattern of *giving* will have positive moral consequences for the society at large" (1973:4). But even with this method ruled out, several options remain. The central argument pits advocates of a "program of organized giving of organs. . . dependent upon the consent of the donor or his family" against proponents of a "system of routine salvaging of organs from which exemption may be granted" only for those who specifically seek it (1973:4). In "Attitudes Toward the Newly Dead" May argues a fairly modest thesis: "that a system of organized giving must be granted a serious test before entertaining the alternative of routine salvaging" (1973:4).

Why make such an argument at all, especially if these organs are desperately needed for transplant? After all, we are talking about donors who are corpses, not still living beings. Why the tentativeness and caution? We should know by now that May is not likely to imagine dealing with a dead body an uneventful occurrence. The body, though dead, was the locus of a person's presence, a person bound through that body to others. And death is a power that we naturally fear and avoid. Anyone who felt no horror, who did not shrink back from the dead, would be less than human. May calls to mind a story of the Brothers Grimm—of a young boy incapable of horror, who does not shrink from the dead and even tries to play with a corpse. His father sends him away “to learn how to shudder” (1973:5). True, we may be deluged with seemingly humanitarian arguments about the need for organs, about the lives that can be saved thereby. But we must remember that the arch-humanist is the Grand Inquisitor, who becomes a savior figure out of his despair at human suffering. “There is a tinge of the inhuman in the humanitarianism of those who believe that the perception of social need easily overrides all other considerations and reduces the acts of implementation to the everyday, routine, and casual” (1973:5). May notes perceptively the way in which the argument for routine salvaging must, in fact, indirectly acknowledge the horror one ought to feel at it. Asking for consent, we are told by advocates of routine salvaging, is “ghoulish,” since it forces us to further trouble those who have just suffered great

loss. But why is it ghoulish, May wonders, unless deeper and more fundamental concerns than costs and benefits are involved? (1973:5).

To explain the difficulty with proposals for routine salvaging, May turns to myth and ritual. Death has often been understood as Hider and Devourer (associations still present in our language, as when we talk of a “consuming disease”). And the hospital, where people in our society go to die, has begun to acquire the image of a place where people are swallowed up. A system of routine salvaging, May argues, would only reinforce these mythic associations—the hospital, where disease is hidden away, would also become quite literally the devourer, the “arch-symbol of a world that devours. . . . One’s very vitals must be inventoried, extracted and distributed by the state on behalf of the social order” (1973:6). This cannot, May argues, be good for the healing professions.

Not only professionals but families are involved. A system of routine salvaging would permit a family to seek exemption from such salvaging and, in that sense, it would not reduce the dead person to a mere part of the social whole. But May reflects on the meaning of such a requirement for the family. The ritual of the funeral service functions in several ways. It reinforces the continuity between the person now dead and his or her family; yet it also acknowledges publicly that this continuity has been broken (1973:7). In Sophocles’ tragedy *Antigone*, Creon’s crime is not simply that he claims the body of Polynices as his own, but that he

compels Antigone to claim as her own possession the body of the brother whom death has forced her to surrender (1973:8).

This is only a partial summary of the reasons May offers in defense of his claim that a system of organized giving is preferable to one of routine salvaging and that such a system deserves a fair test. He goes on to suggest that there are excellent reasons within Christian theology to encourage organ donation, but I will not follow the argument further here. More than a decade later May returned to the topic in "Religious Justifications for Donating Body Parts" (1985b). His argument remained essentially the same, but I think we see more clearly in the second essay what is at stake for May. Twelve years after the original argument had been made, one might claim that the fair test May thought necessary had been made and a system of organized giving found inadequate. That May does not reach such a conclusion suggests to me that his initial argument was more far-reaching than his own language implied. He was not really asking simply for a trial of one system before turning to another. He was arguing that a society would be better—more humane in its sensitivity to the significance of the human body, in its respect for the covenants that bind human beings in families, in its resolute determination to avoid the temptation to make medicine salvific, and in its recognition of the extraterritoriality of the human person in relation to the social order—if it eschewed a system of routine salvaging, even when a simple cost-benefit calculus seemed to recommend it.

Better than such "mandated universal routine" would be continued effort to encourage social institutions and religious communities to use their powerful symbolic force to encourage the giving of organs for transplant (1985b:38). Here is an instance in which May has turned his entire armamentarium on a hard case, explored it insightfully, illuminated it richly, and argued powerfully for a particular resolution.

I conclude with a second example, though one in which May is, I think, less successful. In an as yet unpublished essay titled "Dealing with Catastrophe," May examines the well-known Texas burn case of Donald (Dax) Cowart (1988b). He argues that attempts to analyze it and make ethical judgments about appropriate treatment in terms of "life versus quality of life" are "shallow." The truth is, he suggests, that Donald Cowart's life was not just modified and changed by his accident; it was annihilated. Donald Cowart has died (1988b:4). In part this judgment rests on May's general sense that we *are* our bodies. And in a case such as this one, the body has been so altered and shattered that it can no longer be a mode of self-revelation for the same self (1988b:5). The body is also our means of mastering and savoring the world. But Dax has suffered "a permanent alteration in his ability to master, control, and enjoy his world" (1988b:14). Because he "looks" so different, he has *become* different. "The patient's 'look' is not an abstract object of aesthetic judgment. It is always *someone's* look and therefore cuts to the core of his *self*-presentation. An alien has now taken over that presentation" (1988b:16).

It is important—but perhaps worrisome—that May presses the argument considerably beyond cases involving severe disfigurement of the body, and one wonders whether in so doing May has not moved too far beyond the points often made in his writing about the significance of the body. He argues in this manuscript that any serious blow to the ties or connections of our life may be equally decisive metaphysically. “The highway accident, the devastating fire, the mental breakdown of a family member, the irreversible, progressive and immobilizing disease transform the substance of one’s existence, they do not merely qualify life at its edges” (1988b:19).

In any case, unless and until we see this ultimate connection of the body to the self, we are bound, May thinks, to make a “series of false assumptions” (1988b:18). Putting the issue in terms of life versus quality of life, we move quickly to debates about who should decide (autonomy versus paternalism). But if this is no longer the same life, the same person—if we are dealing with something other than changed quality of a subsisting individual—these categories may not be helpful. Instead, we should think in terms of death and rebirth, asking what responsibilities we have toward Dax Cowart now that Donald Cowart is dead. As May remarks, “If there is any life after such events, it will depend upon radical reconstruction from the ground up. . .” (1988b:20).

It is puzzling that in his attempt to shift the categories away from stale arguments pitting autonomy against paternalism, May turns to what is essentially the

language of self-creation. Of a patient in such circumstances he writes, “She shapes her own narrative” (1988b:27). Certainly there is an appropriate place for such language about the decisions through which we determine the person we are and will be. Yet it omits much of what one expects from May—of the self as existing in its relationships and bonds, of the relation to sacral powers. May rejects the analogy that would depict such a patient as a newborn, in need of parental and paternal care (1988b:31–32). Yet his apparent metaphysical claim makes the analogy plausible. Why speak of self-creation here apart from the context of all-enveloping parental care and decision making? He rejects the idea that we should ask whether it is proper to let such a patient die—since, after all, he *has* died. But does that help? Don’t we then simply find ourselves asking whether this new patient, with his or her particular set of circumstances, should be allowed to die? In short, in this instance May’s attempt to set a hard case into a larger, richer context does not seem finally to illuminate the decisions that must be made.

But “Dealing With Catastrophe” *does* make some perfectly sensible recommendations, for example, that we need to invest more heavily in rehabilitative and chronic care (1988b:26). But we hardly needed the metaphysical jolt May has given us to arrive at that conclusion. May’s effort to paint the big picture has also tempted him into some less compelling recommendations, for example, that we have not done what we ought if we only protect a trauma victim’s life without enabling her

or him to reconstruct it. “The language of life/death/rebirth . . . makes it clear that the responsibility of the community has just begun if it has imposed continuance upon the individual in the midst of what the individual can only experience as a living death” (1988b:26).

At one level this statement is obviously true. But at another level it ignores the distinction between negative and positive duties—our duty not to harm and our duty to bring aid in a variety of ways. Even if in some circumstances we cannot bring all the aid we might wish or all the aid that is needed, this does not release us from the obligation to do no harm—not, at least, unless we give in to the temptation of the Grand Inquisitor and try simply to eliminate as much suffering as we can.

Whatever we make of such judgments about hard cases, however, there is no denying that anyone propos-

ing to think about bioethics will be richly rewarded by study of the writings of William F. May. The range and catholicity of his intellect, and the grace of his writing, make him unlike anyone else currently writing on these topics. If we would not go first to his work for an unpacking of twelve different approaches to a single hard case, we would and should go to his work—perhaps first to his work—to learn how to think about what makes any case hard. And always, we will learn as well something of what it means to think theologically, to let our ethical vision be corrected and transformed by the insights of Christian theology. To him there is nothing human—story, myth, symbol, ritual—that is alien. But to him there is also nothing human that is not in need of correction and transformation when related to the transcendent God. ☸

NOTES

For their cooperation in providing me with copies of many of May's published and unpublished essays and papers, I owe a considerable debt of gratitude to Bill May himself and to Mildred Pinkston, his secretary.

1. The unwary reader should be warned to distinguish the subject of this essay—William F. May—from two other men also active in the discipline of religious ethics: William E. May, at Catholic University of America, and William W. May, at the University of Southern California. William F. May held faculty positions at Smith College, Indiana University, and the Kennedy Institute of Ethics at Georgetown University. He is now Cary M. Maguire University Professor of Ethics at Southern Methodist University.
2. Indeed, May suggests that our failure to encourage the essay is an indication of certain (to his mind, regrettable) features of academia at present: "In a hierarchically organized educational system, too much academic writing and speaking is essentially *filial* rather than collegial. The two social vectors for writing are *up* (in the thesis, the article, and the monograph), or *down* (in the textbook or the potboiler). Teachers have lost contact with the earlier humanistic tradition of the essay, in which one attempts to write *out* to an audience of intelligent inquirers" (1982a:295).
3. I am quoting here from the earlier, unpublished manuscript of "Why Theology and Religious Studies Need Each Other" (1984b). May omitted these sentences from the published version of the essay and transmuted them out of the first person in *The Physician's Covenant* (1983b:164).
4. The use of this Barthian theme in medical ethics can probably be traced to the preface of Paul Ramsey's *Patient as Person* (1970):xi-xiv). This essay is, I suspect, another important influence on May.
5. It may also—and this is no better—lead to defensive medicine and maximalism in medical care (1975:35).

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Prescribing Global Health

During the past twenty-five years, physicians have taken a prominent role in educating the public and each other about the effects of nuclear weapons. Doctors, dentists, and other health professionals began by raising public concern about atmospheric nuclear weapons testing and the resultant radioactive fallout. They went on to learn more about nuclear weapons and the nuclear arms race, and to work toward prevention of nuclear war (Boyer 1985; Lown et al. 1981). In the past decade, as arsenals have grown and new technologies have increasingly destabilized the balance of power, the public has paid more attention to the threat of nuclear war. Physicians have played a major role in shaping public awareness. They have described the medical consequences of using nuclear weapons and established that health care professionals would be helpless to aid anyone after a nuclear war (Sidel et al. 1962). They have included nuclear war in a "public health paradigm"; it is a potentially devastating threat to human health and life which has no treatment and no cure, and therefore requires prevention (Cassel and Jameton 1982).

There has been little scientific criticism of physicians' descriptions of the effects of nuclear weapons on human beings. Research emerging over the past decade has further examined the longer-range consequences of weapons use, together with their atmospheric and environmental effects (Abrams and Von Kaenel 1982; National Academy of Sciences 1986). It makes an even stronger case that medical intervention after a nuclear war would have very little meaning and would not affect survival.

Substantial controversy has surfaced within the profession, however, about the appropriate extent of physician activism. Some eminent doctors who are outspokenly supportive of their colleagues' efforts in public education about nuclear weapons have asserted that physicians' activities should end with the description of medical effects. They hold that doctors should not attempt to speak authoritatively about solutions to

the problem because their expertise does not extend to matters like arms control, disarmament, and global politics (Relman 1982).

Others have argued that it is not enough to describe the threat of nuclear war (which is analogous to making a diagnosis) without also making recommendations about its solution (outlining a course of treatment). Some leaders have even equated important arms control proposals with medical prescription (Lown 1985). Regardless of whether physicians act as citizens or as medical experts, thousands of them have become knowledgeable about the technical aspects of limiting and reversing the nuclear arms race. It seems clear that while nuclear war may pose a medical problem, preventing it is a political one. Physicians who would stop short of presenting their patients or communities with a "prescription" for avoiding nuclear war nonetheless feel it is part of a doctor's duty to offer recommendations for prevention. An analogy exists with physicians who study world hunger and make political recommendations for its alleviation or those who study homelessness and make recommendations for its abolition.

Within the past year physicians have led in the development of a new paradigm in which national security is equated not with more and more weaponry but with economic productivity and public health. This paradigm provides a clear role for medical activism beyond decrying the medical effects of nuclear weapons. While nuclear weapons are both drastically dangerous and unimaginably costly, if they were necessary to our national security it is unlikely that any convincing arguments could be made against further investment in them. But increasing evidence supports the view that the development of new nuclear weapons and the accumulation of existing nuclear weapons technologies create greater vulnerability, not greater strength. National strength, which leads to national security, appears to have at least as much to do with economics as with accumulated military hardware. Historian Paul Kennedy's analysis of great powers of the past shows how overemphasis on their military forces at the expense of internal economic productivity and social cohesiveness led to their downfall (Kennedy 1987). Analyses of the American social and economic situation are increasingly dismal; social critics are concerned about the national deficit, the growing imbalance of trade, and the

loss of our industrial base and competitive place in the world market. The condition of the country's economic and social fabric bears a direct relationship to its people's health and health care. We recommend creating a new vision of national security as one of the more significant avenues for physician involvement. This new view of national security encompasses several elements.

Expenditures. The costs of the arms race to the health and well-being of the world can be devastating even if the weapons are never directly used. These consequences have come to be known as "destruction before detonation" (Sidel 1985). Between 1960 and 1985 an estimated \$15 trillion was spent on the world's military forces. Since 1945, some \$4 trillion has been spent on nuclear weapons alone (Sivard 1986). Several of the world's industrialized nations, chief among them the United States and the Soviet Union, spend large proportions of their resources on weapons. In the United States annual military spending has risen from \$143.9 to \$289.6 billion in the last eight years. The total spending for the military over the past eight years is about \$2 trillion, or approximately \$21,000 for every family in the United States (Sidel 1987a). Of this amount, approximately 20 to 25 percent is spent on nuclear weapons and their delivery systems. Expenditures of this magnitude cannot be justified, especially at a time when spending for health care, education, housing, transportation, and other aspects of the social infrastructure necessary to maintain the health of our population has been cut. The "security" which is being bought with those weapons is questionable.

Diminished productivity. The "guns or butter" argument is open to the criticism that even if money were not spent on weapons, it would not necessarily be spent on health care. But the very availability of resources for health maintenance, medical treatment, and medical research is dependent on an expanding economy. Massive investment in weapons diverts capital and expertise away from the growth of productive capacity in the civilian economy. While the United States uses most of its scientific and engineering expertise and investment for the development of weapons which are only valuable if they are never used, countries such as Japan, Denmark, Italy, and Sweden devote the creativity of their scientists and engineers to inventing new products which can be sold in the global market. And their economies

flourish (see figure 1). The emergence of the United States as a major debtor nation may be directly related to its heavy investment in new military technology. Recent public opinion polls show that more than 65 percent of Americans believe that the international power and influence of the United States is more directly related to its economic strength than to its military strength. An even greater proportion, 85 percent, believe that we should invest more in developing our economic productivity than in increased military expenditures (World Policy Institute 1987).

Research. In product development as well as in medical care and basic science, research and development requires resources if it is to proceed and flourish. Within the past ten years the federal scientific effort has become increasingly militarized. For example, the role of the president's science advisor formerly was to advise the president on all aspects of scientific research. Now it has become a strictly military position. Our major scientific emphasis has been on military programs. The proposed Strategic Defense Initiative budget for 1988 was the same as that for the entire National Institutes of Health. In fiscal year 1987, military programs consumed 71 percent of the total federal research and development budget (see figure 2).

At a time when major health care concerns such as the AIDS epidemic and neuroscience, molecular biology, and genetics research need investment, it is foolish to divert so much of our intellectual and financial capital to destructive technologies, especially if they don't enhance real security. Health care-related research would have a more direct effect on improving productivity, as well as keeping workers in the economy who would otherwise be lost to illness or death. Our

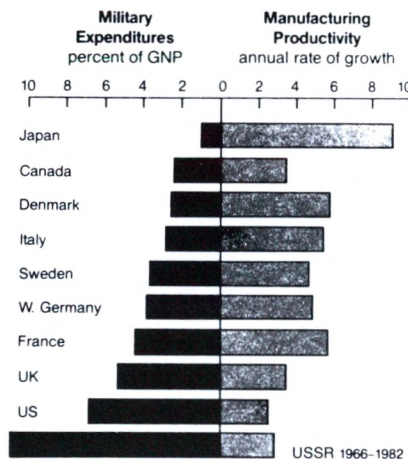


Fig. 1. Military burden and productivity, 1960-83.

From World Military and Social Expenditures 1985.

national security is directly related to the stability of the rest of the world, especially the ability of the most underprivileged nations to deal with devastating poverty, epidemic disease, and malnutrition. And yet some 5 million of the world's scientists work on weapons instead of on ways to improve public health and the quality of life (Sidel 1987b). This kind of scientific enterprise contributes neither to global stability nor to the security of any single nation.

Unemployment. Despite the contrary popular impression, military spending creates far fewer jobs than expenditures for health and human services. One billion dollars spent in the United States on guided missile development and production could generate 19,000 jobs, while the same amount spent on health care services could produce 50,000 jobs (Anderson et al. 1986). It has been estimated that the increases in military spending in the United States from 1981 to 1985 have cost more than one million jobs compared to what would have been generated by using that money for civilian economic investment. New military spending also concentrates that employment among people who are already well off and have other job choices. Low-skilled and minority workers are rarely qualified for employment in military industries looking for high-priced technical specialists. Unemployment is generally more damaging to the poor than to the affluent, both in direct effects on health and in ability to pay for health services. Since many health insurance programs in the United States

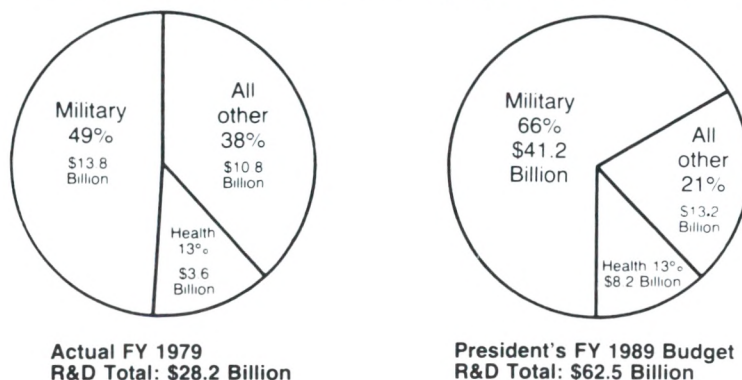


Fig. 2. Federal research and development budget.

Courtesy of Clinical Research (March 1988).

are tied to employment, unemployment often terminates health insurance coverage. This phenomenon accounts for the growing number of uninsured Americans, as many as 35 million, according to recent American Medical Association estimates.

Public health and national security. American physicians live in an increasingly frustrating paradox. While the United States considers itself the leader of the free world and among the most affluent of countries, it is increasingly unable to provide health care for its people. The competitive market in health care, so enthusiastically embraced just a few years ago, is an ineffective mechanism for insuring access to basic services. While the growth of expensive, high-technology interventions has not been stemmed by prospective payment mechanisms such as HMOs, preventive measures and basic health care have been increasingly cut back in Medicare, Medicaid and commercial insurance programs alike. State-based programs that support Medicaid have progressively defined poverty as a lower and lower income, making fewer people eligible for Medicaid assistance—leaving many more people “above the poverty line” but ineligible for any kind of health care insurance and unable to afford to pay out of pocket, since medical costs have continued to grow.

Part of the states’ difficulty with funding Medicaid programs is political opposition, but a major part of it is economic tightening. The constriction of the American economy shows up in the inability of states to pay for such services. Thus while medical costs are spiraling and doctors are being subjected to increasing regulatory requirements in the attempt to contain costs, more and more people are losing their access to even the most basic health care services. Prenatal care is a stunning example. The U.S. infant mortality rate is nineteenth among all the countries of the world; furthermore, a child born to black or Hispanic parents in the United States has less chance of living to its first birthday than a child born in Costa Rica or China (U.S. Department of Health and Human Services 1987).

This situation is not inevitable. Most other industrialized Western nations have managed to pay for basic health care for their citizens. Political will may be part of the solution, but economic stability and productivity underlie a nation’s ability to organize its medical care, in particular to provide care for those who can’t afford to pay for themselves.

Lack of medical coverage is another example of a problem whose effects are medical and whose solution is political. The country's economic infrastructure must be revitalized in order to solve the problem. As many physicians become increasingly frustrated with their inability to deliver even basic health care according to their own standards, they may see rebuilding a productive economy as directly relevant to the medical health of the country.

This new vision of national security recognizes the importance of a healthy population and a strong economy. Political analyst Richard Barnet uses the analogy of the human body's defenses against disease in describing the relationship of a nation's internal strength to its national security.

The primary strength of a nation comes from within. Its essence is spirit, not hardware. Like people, nations are inescapably vulnerable. How well they ward off an outside attack depends on their inner health as much as on their ability to control the surrounding environment. As with the human organism, every defensive response has side effects. Yet we have no institutions within the government to evaluate, or even note the political, economic and social side effects of the measures we take for our national defense. (1988:110)

A vision of national security which depends on a strong productive economy and a healthy people is not an unrealistic or unpatriotic stance. Quite the contrary, it is an avenue for responsible professional activism on the part of physicians. It is a step toward both national and global security, which is dependent on the stability brought about by the increasing health and well-being of individuals and populations. ☺

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Examples

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