

ishah

exploring issues for Christian women

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Woman (Hebrew *ishah*). Woman, with man, was made in the image of God. 'Male and female he created them' (Genesis 1:27).

welcome...

Advances in biotechnology inevitably bring with them complex and escalating sets of bioethical possibilities and dilemmas – perhaps never more so than in the areas of human embryonic stem cell research and artificial reproductive technologies. For Christians seeking to conform their lives and actions to the will and purposes of God, these issues are further complicated by the difficulty of drawing clear conclusions from the Scriptures. Add to this the challenge of confronting louder voices, and it is perhaps not surprising to find the church lagging in the task of speaking out authoritatively in the debate.

But at the very centre of this complex issue, beyond the bioethical debate and the breathtaking rapidity of biotechnological advance, lies the human heart – in particular, I would argue, a woman's heart. Whether dealing with her own overwhelming desire for a child, or forced to face the 'unthinkable' during a routine foetal screening, the issues raised by today's biotechnological sophistication instantaneously cease to be a matter of intellectual debate, and become a profoundly personal grappling with the hardships and heartbreaks that are an intrinsic part of our womanhood.

In this edition of ishah we present the expertise of Denise Cooper-Clarke in understanding the complexities of the debate, and Edwina Vance calls the church to 'a willingness to engage in [that] debate'. Then Kirsten Deane's moving account of the circumstances surrounding her daughter Sophie's birth puts a beautiful human face on some of the real issues at stake.

May this edition stimulate your thinking and strengthen you to strive for 'complex and nuanced reflection' on these issues, as Denise so aptly puts it; and may it draw you to prayer and compassion for those who are called to arrive at decisions under God on which lives, present and future, may depend.

Alison Flynn.

ISSUES TO COME...

ISSUE 11:

Tough calls:
Difficult decisions
in a difficult world

ISSUE 12:

In the image
of God

our aims

1. To value the Bible as God's inspired Word to us and the ultimate authority on matters of faith and practice, through thinking hard about how the Bible applies to our everyday lives.
2. To encourage women to grow in godliness and maturity in Christ.
3. To equip Christian women to be creative, confident and effective in communicating the gospel.
4. To give women in a variety of roles and situations the forum to think about contemporary issues from a framework of Biblical theology and to articulate their thinking in a manner that stimulates themselves and others to live lives that are more faithful to God's Word.

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Tough Issues at the Beginning of Life: *Is the Bible of Any Use?*

BY DENISE COOPER-CLARKE

There are many reasons why Christians are wary of discussing bioethical issues at the very beginning of life, such as human embryonic stem cell research and artificial reproductive technologies. These are tough issues pastorally, involving as they often do tragic situations and desperate people, especially women. These are tough issues intellectually, in that it's often difficult to get accurate information and understand the processes. And these are tough issues hermeneutically because it seems the Bible has little or nothing to say about them, and what it does say we're not sure how to apply.

Most Christians are not prepared to allow the issues to be resolved on purely utilitarian grounds. For a utilitarian, the possibility of great benefits self-evidently justifies whatever it takes to achieve them, providing the benefits outweigh the harms. The destruction of embryos is considered negligible, because such young beings are not persons with preferences which need to be taken into account. In fact, utilitarianism is a very robust theory, which could justify far greater harm, including the killing of infants or even adult humans, provided the maximisation of benefit could be demonstrated.

But if we believe that some actions are *intrinsically* wrong because they violate moral rules or principles revealed by God in the scriptures, then even enormous projected benefits from them are strictly irrelevant. When we consider the destruction of human embryos, as occurs in embryonic stem cell research, and sometimes in the course of In Vitro Fertilisation (IVF), one critical question will be whether this comes under the rule "You shall

do no murder" or the general principle of the sanctity of human life, as made in the image of God (Genesis 9:6). So the next logical question is "*When does the life of a human individual begin?*"

This question has a range of possible answers, even among Christians, because the scriptures do not give a definitive answer. Psalm 139 certainly tells us that intrauterine development is the work of God, and that God knows us even before we are born. But it is not concerned with a definition of the beginning of human life.

Another commonly cited text is Exodus 21:22-23, but its meaning is by no means clear. Does the "further harm" refer to the foetus or the mother? In any case, it refers to accidental injury resulting in miscarriage, so that it involves a foetus (after the eighth week) and not a blastocyst (within 14 days of fertilisation). The embryos destroyed to extract stem cells or in the course of IVF are less than 14 days old.

There are several points at which it may be argued that a new human individual comes into being: fertilisation, 14 days, viability and at the development of consciousness.

Fertilisation takes place over several hours, beginning with the penetration of the egg by the sperm. Some think that this point is the beginning of a new human individual. Others consider that the fusion of the sperm and egg nuclei, with the formation of a new "genetic make up", is the definitive point (Ford, 2001, p 83).

Against both these views is the observation that twinning may occur at any time up to around day 14

after fertilization. So when do twins come into existence as individuals? At fertilisation, or when the blastocyst divides? It is plausible to regard the early stages of division as analogous to the division of an amoeba – one entity ceases to exist and is replaced by two identical entities. Julian Savulescu claims "Only when the cells begin to be differentiated and to engage in coordinated activity do they together constitute an individual human being rather than human tissue" (Savulescu, 2001, p106).

14 days is also often held to be significant because implantation in the uterine wall is completed around this time. Some think that fertilisation ought to be distinguished from conception, which is not complete until implantation. Archbishop Peter Carnley argues: "(While) fertilisation can happen in a laboratory, the conception of a human individual can only happen once the fertilised ovum is implanted in the womb of a potential mother" (Carnley, 2002, p 37). But if an artificial womb is developed, will we then say that the new human individual has never come into existence because there is no "conception"?

Then there is the view that a new individual begins when she is able to exist independently of her mother, at least with medical assistance (now around 20 weeks). The problem with it is that as medical technology advances, the point of *viability* is pushed earlier and earlier. Again, why attach moral significance to what is determined by technology?

Perhaps the new human individual begins with the *development of consciousness*. According to this

view, what is fundamentally human should not be identified with our physical organism, but with our conscious mind. And so "we do not begin to exist at least until the structures are present which would support consciousness" (Savulescu, 2001, p 106). This is most likely around 26 weeks, and so such a view would allow the destruction not only of embryos, but also of fetuses long past the point at which abortions are routinely performed (12 to 16 weeks).

But the question "When does the life of a human individual begin?" forces us to make a more or less arbitrary choice, to nominate one point in what is actually a continuous process. It means that we must regard the destruction of an embryo (or foetus) before that point as of no moral significance, but after that point as equivalent to murder. Yet most people sense intuitively that there is a moral difference between the destruction of blastocysts, and the termination of a pregnancy at 12 weeks, and between a 12-week termination and one at 28 weeks.

This intuition accords with the notion that the moral significance of the embryo increases gradually, in parallel with its physical development. Thus we avoid the dualistic notions of either ensoulment occurring, or "personhood" being conferred at a discrete point in time. A human being cannot be divided up into body and soul or body and "person". As whole beings we develop gradually. So we may not regard the human blastocyst as of no moral significance, as just a piece of tissue we can do whatever we like with. As long as there is doubt, and since the process of development is gradual, we ought to give the blastocyst the "benefit of the doubt" wherever possible, since what is at stake is so important.

But there is another way to approach these issues, another set of questions we can ask. Questions like "What responsibilities do we have to our children?" and "What sort of people ought we to be?" To these questions the Bible gives clearer answers. The virtues of self-sacrificing love, compassion and kindness are especially important for parents in relation to their children, but hospitality to the stranger, the outcast and the marginalised is commended to all Christians (Hauerwas, 1981). The

virtue of justice "demands that the powerless and dependent are protected against the uses of power wielded unilaterally. No human can be treated as a means to an end without consent" (Callahan, 1986, p 623).

These considerations might lead us to reflect on our dispositions toward the embryos which are produced, used, fail to survive, discarded or destroyed as unrequired "spares" in IVF or stem cell research. It is possible to regard these as commodities, a means to achieve certain end, whether a child or a new therapy. But it is also possible, in the case of IVF, to see the artificial process as mirroring the natural process of conception, which also involves considerable wastage of early embryos. From this perspective a couple would be concerned to discuss with their doctor how to strike the right balance between efficiency and excessive wastage/destruction of embryos.

Complex issues call for complex and nuanced reflection which goes beyond benefits and rules. Reflection about what it means to belong

to the human community, and what attitudes and practices promote human flourishing. "We are bound together by our common humanity and we are aware that the roots of that humanity are in small beings who come into existence in the midst of human communities" (Gillett, 2001, p.10). But as Christians we also need to consider what it means to belong to the Christian community. The community of the people of God has always been characterised by its care and protection of the weak and vulnerable, modelled on the care of God himself for them (Psalm 146:7-9).

■ Denise Cooper-Clarke is trained in medicine and theology and is currently doing a PhD in Bioethics at the Centre for Palliative Care, University of Melbourne. She and her husband David coedit *Luke's Journal*, the journal of the Christian Medical and Dental Fellowship of Australia. They have three adult children and worship at St. Columb's Anglican Church, Hawthorn. She can be contacted at: dacooper@medstv.unimelb.edu.au.

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Getting the Church to the Conversation Table

BY EDWINA VANCE

I wish to highlight a general problem of communication that arises whenever religious and secular groups clash over bioethical issues such as human stem cell research. The problem concerns the stance toward the other, adopted by those on both sides of the debate. I will deal primarily with the stance of the Christian church but the same arguments apply for other groups represented at the table. As a member of the Christian church, I am concerned at the lack of engagement on bioethical issues currently shown by sections of the church. Engagement on these issues with the wider community, and specifically with the scientific community, seems either absent or unsuccessful. There are at least two potentially counterproductive positions that the church adopts.

► The Closet

Firstly, there is the "closet" approach that effectively says, when confronted by an ethical dilemma, "No comment". This is where the church finds the need to retreat to safe ground behind closed doors, rather than offer public comment. Here, the church essentially refuses to come to the conversation table. One sometimes gets the impression that the church is dismayed by the need to address the issue at all. Human stem cell research is one such issue where many in the church seem unprepared or unwilling to debate the moral implications of such research.

Now this is not to suggest that it isn't appropriate for the church to take the time to think through its position. Complex technology needs to be understood before the implications can be discussed. The problem arises when the church fails to move beyond this point of reflection and engage in discussion with others who also have legitimate interests in these issues. There are two areas to be addressed here. Firstly, denominations need to engage with each other, in order to offer a necessary critique of each other's positions. Only then, will we be able to more faithfully represent the wider Christian tradition. No single denomination embodies all of Christian truth. Secondly, the church needs to take seriously its responsibilities as a community body. If the church enjoys the benefits of operating freely within a democratic society, then the church needs to contribute to the debate concerning the moral norms and laws of that society.

► The Castle

Then there is the "castle" approach. In this popular adversarial approach the church promulgates a view that is the polar opposite to that held in the wider community. The church says, in effect: "We are the elect. We are the defenders of the truth. We will fight the infidel that seeks to invade our territory and attack our castle." This "us versus them" mentality uses biblical metaphors of battle to call the church to arms in the last days before the final

judgement of all nations. Christian lobby groups with a single-issue focus often adopt this strategy. Abortion, euthanasia, lesbian access to infertility treatment, drug addiction – all these issues have been adopted by Christian groups who seek to change certain social practices through political representation.

Having said this, I am not suggesting that it is inappropriate for churches or individual Christians to organise themselves into groups that aim to contribute to the debate surrounding public policy. What concerns me is the lack of engagement that these groups have with the issues at hand and with the wider community. The castle approach often fails to come to grips with the complexities of bioethical issues. The lobbying mode lends itself to reducing issues to the simplest "black and white" level in order to garner support from within the Christian community and targeted members of Parliament. In the process, those holding differing views are marked as "the enemy". Gay and lesbian individuals, as well as those with pro-choice and pro-euthanasia convictions, have been so marked. This labeling seems to preclude any serious discussion or debate concerning the reasons people have for holding the views that they do. Of course, lobby groups from outside the church do exactly the same thing when they put up a particular "straw man" view as the definitive Christian position on an issue, and then summarily reject it. Wherever this tactic is used, it devalues the humanity of those so targeted. When we resort to this, as Christians, we are actually devaluing people, like us, who reflect the image of God.

► A Way Forward – Beginning the Conversation

What stance should the church adopt when it comes to the bioethics conversation table? Certainly an attitude of humility is required in the face of the serious and complex issues arising within medical ethics. Wisdom calls the church to respectful conversation with involved others, who must be allowed to speak for themselves. It recognises that no section of the Christian church is the sole guardian of God's truth on these matters and that we can learn from faith traditions different from our own. It also recognises that expertise is available on these issues within the community of which we are a part, and that we need to avail ourselves of this. The medical, scientific and academic communities are sources of such expertise. Respect for the considered views of others and a willingness to engage in debate around ethical issues is mandatory. This is conversation, not capitulation. In the process, we learn more about the origin and justification of our own beliefs.

■ *Dr Edwina Vance is a medical ethicist associated with the University of Melbourne. She attends Gateway Baptist Church in Langwarrin and lives on the Mornington Peninsula with her husband and three children.*



The Matrix Reloaded: The End to Christian Parallels?

BY CLARA TUNG

The Matrix has become one of the most-seen movies in Christian circles since its release in 1998. It cleverly illustrates what it's like for a person who has been blinded by a false understanding to finally have their eyes opened to the truth – thus its great appeal as an evangelistic tool. The movie brought spiritual things back onto the pop-culture agenda and came with the promise of two sequels – *The Matrix Reloaded* and *Revolutions*. Like many Christians, I went to see *Reloaded* with the hope of more helpful Christian parallels, and I was not entirely disappointed. Nonetheless, this second film began to push the limits on how far we can stretch those Christian parallels so appreciated in *The Matrix*.

The main "Christian" theme in the film is the whole idea of a force greater than humanity being in control – even over the choices they make. Neo plunges deeper and deeper into the Matrix. At the centre, he meets the creator of the Matrix, and is told that he is just another link in the chain, part of an ongoing cycle of life. Neo is given the choice to either perform his preordained role in the Matrix and hence save the free people of Zion, or to let Zion fall to save the woman he loves. The story begins to fall flat at this point, as it is typical for the Hollywood hero to give up everything for a woman. Trinity (the heroine so far) is reduced to a mere damsel in distress. Neo is elevated to a greater-than-God status, as he chooses to go against the creator's plan in order to save her.

If God gave us – Christian women – the same choice, it would be foolish to go against God's plan for the sake of romance. As a single woman, and a helpless romantic, it is often a struggle not to elevate my romantic notions of potential men above God. I have witnessed many Christians who have chosen romance before God and thus struggled to remain Christians. The Bible has several examples of his people, including his appointed leaders like David and Solomon, who chose romance over the commands of God. The consequences are often death (as in the case of David and Bathsheba's child) or the demise of their status with God (as in the case with Solomon). In Biblical terms, to go against God – as Neo effectively does in the film – is sin, which ultimately leads to death: not a popular Hollywood ending.

I have become a little nervous about how the Wachowski brothers will end the trilogy. The outcome of Neo's choice could mean the demise of all Christian parallels in *The Matrix* trilogy. Although the original film was in many ways an effective means of explaining certain truths about God, if the trilogy ends in a fashion blatantly contrary to these truths, those once-effective parallels in the original may also be discredited, thus rendering all Christian parallels void.

■ *Clara Tung works for the Christian Union at the University of Melbourne. She also plays in a rock band (Balaam's Donkey) and loves watching films in her free time. She can be contacted at claratung@optusnet.com.au.*

"...In Biblical terms, to go against God – as Neo effectively does in the film – is sin, which ultimately leads to death..."



MADE IN THE IMAGE OF GOD

BY KIRSTEN DEAN

The first time you see it your heart really does skip a beat. The ultrasound image is grey and a little fuzzy, but that tiny little hand or foot really does belong to your unborn child.

You feel like you have been given such a gift, the chance to meet your child before he or she is even born. It seems such a privilege, like you have been given a glimpse of something previously only reserved for God. You are certainly encouraged by all involved to regard the procedure as a unique opportunity to record your child's beginnings – a kind of prenatal Kodak moment. The first thing the receptionist asked me when I fronted up for my most recent ultrasound was whether I would be taking home the video (for an additional fee of course). The technician spent ten minutes trying to get a better profile of our son's face (the fact that he wouldn't stay still was an indication of the child to come).

Amongst the happy snaps it's easy to forget that it is a medical procedure, and that the real reason you are there is to screen for abnormalities. And the difference in your agendas only becomes obvious when something goes wrong. I know because it happened to me.

At 23 weeks our daughter was diagnosed with Down Syndrome. Although it was three years ago I can still remember the waver in the counsellor's voice as she confirmed what was already suspected – that the baby had three copies of Chromosome 21. That she had Down Syndrome. That there was no chance of a mistake. I started to cry before the words were out of her mouth.

We were sent to a genetic counsellor to discuss our "options". Days earlier we had been handed photos of "our baby". Now we were discussing "terminating the pregnancy". Someone told us time was marching on if we "wanted to do something about it". The speed with which our child had gone from a baby to a problem to be solved took my breath away.

We were warned that many babies did not make it. We decided to find out the sex of the baby and choose a name. If we were to lose her we wanted to feel we had spent as much time with her as we could. But even more than that we wanted to name her so she would cease to

become a problem and become our beautiful baby again. We wanted her to have an identity beyond her chromosomes.

This became even more important to us in the weeks that followed as we traipsed from one doctor's appointment to another. It became clear the label was all-consuming, particularly amongst the medical profession.

It also became very clear to us that we were swimming against the tide. Most people who find out they are having a child with Down Syndrome terminate the pregnancy – somewhere between 85 to 95 per cent of pregnancies end in abortion. Although we made it very clear to everyone involved that Sophie was very much wanted, we sensed not everyone shared our commitment. To be frank, I think some people thought we were mad.

Why did we have Sophie? Because she was the child God intended us to have. All children are a gift and she was ours. I felt this before the diagnosis and felt it no less strongly after. This belief sustains me. When my knees begin to buckle and I begin to worry about the future I take courage from the fact that God believed I could do it.

I have many concerns about the future. I don't worry so much about Sophie's capabilities – I am working hard to try and ensure she reaches her full potential. I worry much more about how she will be treated by those she comes into contact with. I worry that as we increasingly search for genetic perfection we are becoming less rather than more accepting of people like Sophie. As prenatal testing becomes more and more sophisticated I worry there will be less and less faces like hers in the crowd. We will be the poorer for it.

I believe all are welcome in the family of God. But even more I believe my little girl with her extra chromosome is still made in the image of God.

■ *Kirsten Deane is the mother of Sophie, who has Down Syndrome, and Noah, who keeps her up at night. She occasionally finds time to work on her PhD thesis which examines social attitudes towards people with an intellectual disability. She is a member of the ishah editorial team.*

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Starting Point is a regular column that aims to encourage readers to engage with a contemporary issue in the media.

Grandstand Access Denied

A friend was talking to me recently about a question Arch Hart, a Christian psychologist, had asked: "Who are the people in the grandstand of our life?"

Who are the people who validate or judge our behaviour? Who do we give the power to, to make us feel as if we are okay or not?

Psychologists acknowledge that Christmas can be one of the most stressful periods in a person's life. I think the reason is partly linked to Arch Hart's question.

For some of us, we are put back into direct contact with the people who sit in our grandstands.

I have completed three university degrees, have a job I enjoy, live in a rented house, have an active social life and am involved in my church. But I'm 37 and not married.

These are not issues I worry about much from February to November. In December and January these issues become conversation starters as I return to the "grandstand".

"Still not married," say the people in the grandstand who don't value university degrees. "Renting at YOUR age," they quip. "She should go out more," they whisper to each other.

Life became so much easier when I realised what I was giving them permission to do this. I had given them access to my grandstand.

I made a list of people (crazy people!) I had allowed to stand in judgement over me, people I was seeking affirmation from.

I worked through the way they made me feel; prayed; acknowledged the feelings (hurt, insecurity, anger, embarrassment) and asked the Lord to heal my relationships with these people. I knew I let their voices be louder than that of my Lord, so I repented of that.

I felt better immediately. With grandstand access denied some of these relationships actually improved! Sometimes I realise I've let them back in but now I know how to politely escort them out.

Have you thought about who sits in your grandstand?

Sue Bazzana worships at St Matthew's Anglican Church in Prahran and is the Mission Education and Development Officer for the Church Missionary Society in Victoria. She likes to sit in the grandstand at the tennis and the football. Sue can be contacted at sbazzana@cms.org.au.

