

already present in the aspirations and culture of the young, particularly as they are reflected in the idiom of human rights. Efforts to help the young make the connections between the language of human rights and the language of theological anthropology (such as correlating the Universal Declaration of Human Rights with *Pacem et Terris*) furthers their sense of connection to the church and its mission. Muldoon cautioned against the use of certain "hot button" issues (abortion, homosexuality, birth control) as barometers for church membership because the very process of mystagogy requires time and patience as young people grow and develop into more complete ownership of the church's moral teachings.

In response to the two presenters, Jeanne Evans raised questions and observations that introduced a lively discussion among the participants. Expressing appreciation for Muldoon's recovery of mystagogy and his attention to popular religiosity as a ground for affective religious expression, Evans wondered if it is possible to bridge spirituality and social justice for the post-Vatican II generation? Commenting on Burrell's thesis that the current crisis engulfing the Abrahamic faiths offers an opportunity for deepened mutual theological understanding, Evans noted that all three Abrahamic faiths share spiritual, mystical and prophetic traditions that call believers to relationship and friendship beyond conflict.

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#### BIOETHICS AND HEALTHCARE

Topic: The Disabled: Reconcilers for Our Humanity  
 Convener: David F. Kelly, Duquesne University  
 Presenters: Mary Jo Iozzio, Barry University  
 Mark Miller, St. Paul's Hospital  
 and St. Thomas More College, Saskatoon

In her paper, "Temporarily Non-Disabled: The Impermanent (Impertinent?) Modifications of Genetic Abnormalities," Mary Jo Iozzio offered a critique of the medical model in the context of genetic manipulations proposed as remedies for disabilities. In particular, she emphasized the dangers of genetic screening followed by abortion of fetuses found to suffer from "disabilities" or anomalies. She noted that

many people in the disability community hold that the medical model presumes a normative position that confounds the lives and real experience of people with disabilities and labels them deviant; further, the medical model denies and minimizes, through a variety of remedial accommodations, the manifold

disabilities that are "acceptable" in polite society, such as aging, hearing losses, and the loss of visual acuity. The medical model takes as its starting proposition the presumption that the world—the nondisabled world—would be a better world if there were no (or at least fewer) people with disabilities.

Explaining the subtitle of her paper, Dr. Iozzio pointed out that most attempts at genetic modification benefit only the person to whom the modification is applied; hence they are "impermanent." "I suggest also that most attempts . . . betray a certain insolence, an impertinent disregard against persons who are born with a genetic anomaly." Dr. Iozzio then explained some of the basic scientific aspects of genetic manipulation, noting the four types of genetic deviations and the current state of genetic testing.

Despite the supposed value-neutral stance recommended for genetic counselors, Iozzio noted that in fact most "are biased against decisions to carry a positive test result pregnancy to term." Thus when a couple decide to have the child, what ought to be a joyous event, the child's birth, is too often interpreted as a sad event; the focus is on the anomaly and not the new life that has been born. Dr. Iozzio ended her paper by suggesting some theological insights. A theology of access might help restore communion and community to the disabled. A theology of accountability might remove divisive ideologies. She recommended emphasis on hospitality in the image of Christ, the Word "abiding with us now as disabled and raised in glory."

Mark Miller's presentation, "Being Too Visible in Our Health Care System: Barriers to Healthcare," spoke of a number of differing groups of persons "who fall through the cracks" of our Canadian and American healthcare systems. He based this on a survey conducted in St. Paul's Hospital in Saskatoon, where hospital personnel were asked to identify the people who were being shunted off to the margins of healthcare. He suggested that some are invisible and others "too visible." Among the invisible, he listed three groups: the mentally ill, aboriginal patients, and persons with addictions. Especially poignant was an incident where a mentally ill patient, after an inpatient stay in a hospital, returned to the community. When his disease came back, he went to an emergency room where he was kept waiting several hours before being sent away with a prescription. He then killed himself. Dr. Miller noted that while the mentally ill are visible in the hospital, they become invisible in other contexts.

Among the "too visible," Miller listed three groups: severely handicapped children, the elderly, and the morbidly obese. He noted that hospitals are more likely to suggest Do Not Resuscitate orders for handicapped sick children than for the nonhandicapped with similar illnesses. As for the morbidly obese, he noted that these are likely to be invisible until they move into the health care system. Then in a sense they are too visible, and it becomes apparent that the system is not prepared to deal with them. Transport helicopters are too small; equipment is inadequate; hospital staff refuse to care for them because of the difficulties and even the risks involved in providing care. And there is also the

sense of shame and blame imposed on these persons, despite the fact that in many cases the obesity cannot be charged to the patient's own behavior.

Miller concluded his presentation by urging greater attention to the invisible and the too visible in an attempt to create a community of care "committed to the virtue of treating people with respect and fairness."

A lively discussion followed, focused on the difficulty of distinguishing difference from disability. While recognizing the dangers of the medical model, a number of those present reminded us that there are indeed real diseases and real handicaps that deserve treatment. Sometimes the judgment must be made that a handicap ought to be eliminated if possible. We were urged to critique approaches to ethics that make such recognition impossible.

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#### NORTH AMERICAN CONTEXTUAL THEOLOGIES

Topic: The History of the Symbolism of the Sacred Feminine  
 Convener: Nancy Pineda-Madrid, St. Mary's College of California  
 Presenter: Rosemary Radford Ruether, Graduate Theological Union

In her presentation, "Why Do Men Need the Goddess? Male Creation of Female Religious Symbols," Rosemary Radford Ruether presented a synopsis of her forthcoming book, *Goddesses and the Divine Feminine* (to be published by the University of California Press). Ruether challenged the widespread idea held by contemporary feminist scholars that female symbols of the divine in both Judaism and Christianity may be "seen as a 'remnant' of a prepatriarchal women-centered religion." In contrast, she posited the following thesis: "Gender hierarchy in patriarchal anthropology is a system of stratified relationships. The symbolism of masculine and feminine are two parts of one system. To make the feminine side of this system explicit in religious symbolism does not undermine, but empowers the masculine side, while restricting women." In support of this thesis, Ruether examined two versions of the heterosexual structure of the God-human love relationship. In the first version, God is constructed as male and humanity symbolized as female, and in the second, the divine is represented as female and humanity symbolized as male.

In her analysis of the first version, Ruether draws on the prophetic books of Hosea and Jeremiah and posits that these texts were not addressed to Hebrew women but were an account of how Hebrew males imagined that God would treat their waywardness. In similar fashion, the Song of Songs was read in such a way that male mystics, like Bernard of Clairvaux, imagined themselves as