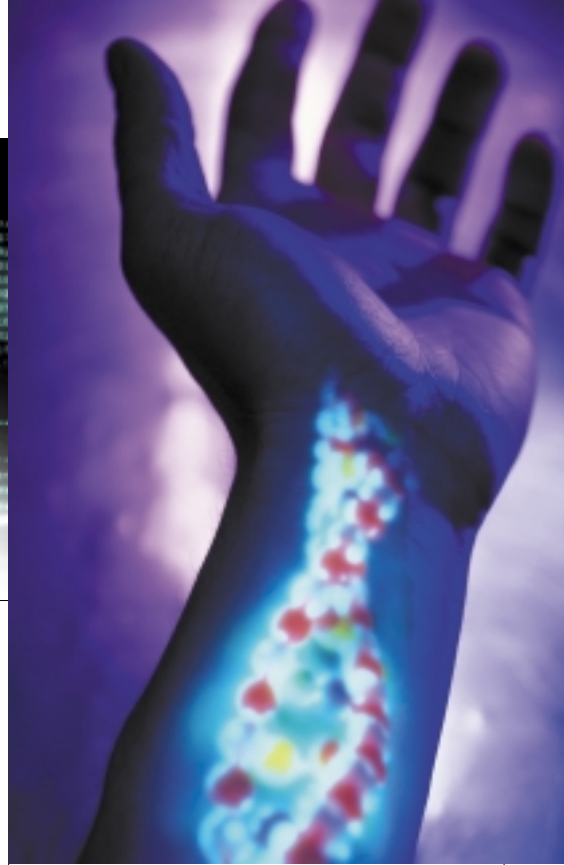


PASTORAL GENETICS

ALLAN N. ANDERSON



I recall my pre-marital counseling with Holly and Garrett. We covered the standard issues—their similarities and differences in outlook, their priorities, their personalities. We discussed career goals, various financial situations and hypothetical problems in anticipation of a life-long relationship. It seemed that we had covered just about every important issue—from their families of origin to wanting their own family. The phone rang tonight and caused me to replay segments of those earlier conversations. I had not thought to discuss any genetic preconditions in their family histories. Now their obstetrician has performed some routine prenatal genetic testing on their unborn child. While they wait for the results they are frightened.

Holly and Garrett are encountering routine genetic testing, often performed without the woman's full awareness that her fetus is being subjected to genetic tests, as distinct from prenatal care. Sometimes women undergo testing out of concern for one condition, only to learn another genetic problem was identified. Today genetic knowledge and testing are changing the process of having a baby. More pregnancies are planned, tested, treated and sometimes terminated for genetic reasons. Having a baby today can be more a scientific exercise than a religious experience, a technologically managed process than a mystery.

Genetic knowledge and testing impact our theological reflection—about the nature and power of God, about human choice and free will, about the meaning of being human and what constitutes 'human' life. Such knowledge and testing add the task of the theological reflection to stressful situations of pastoral care—if our faith is to stay relevant. Holly and Garrett want to know what is happening and why. Where is God in the midst of this process? Why did God let this happen? Our faith talks about God's creation, God's love—even in the face of pain. Our faith claims we are in God's care—always. God is in charge. So what is happening? They look to their clergy for both *pastoral* and *theological* support.

Ronald Cole-Turner and Brent Waters in their book *Pastoral Genetics*¹ call this process theological companionship. We

are to offer friendship, presence and support *from our faith traditions*. As ministers we are identified with a faith community, a sacred text, and mystical lessons and practices which convey certain understanding and meaning about life—its beginning, living and ending. People turn to us in crisis in order to draw upon that richness. As we hear their anxiety, anger, and fear, we can steer them away from feeling irresponsible or guilty. We can provide a venue to make sense of what is occurring and what role their faith has in this situation.

As Theological Companions we provide the interpretation needed to converse about God and God's actions. As the couple is suddenly faced with

making life-changing decisions, many questions surface. Our role is to help the couple connect the experience with God's Grace, Mercy, and Love, using our theological resources as well as our pastoral counseling skills. We are called to be pastor and counselor, not geneticist or genetic counselor.

People come to us not just to discover what "feels right" for them but also to

*Are we merely
God's created
people or are we
co-creators with
God? How are we
to exercise our free
will in utilizing the
genetic knowledge
and technology
that we have
uncovered?*

It is important to explore the 'standards' by which we judge perfection or imperfection. How is it that we carry the image of God when we are diabetic, near-sighted, or autistic?

share the faith struggle involved in making a decision. This is more than a cut and dry medical decision, a question of "probabilities", or an ethical dilemma. Our role is to enable these faith questions to emerge. We worship a God who is considered both infinitely good and all-powerful². How can such a deity "allow" a life to begin that is at risk for abnormalities or certain pain and early death? If God is in charge is this birth inflicted on us as a "punishment" or "challenge?" We believe we are created in the image and likeness of God. How does this less-than-perfect child-to-be bear God's image and likeness? As understanding of genetic science increases and technology makes intra-uterine intervention more probable, couples need to examine their own createdness in the image and likeness of God. Is it playing Creator to alter the genetic make-up of a fetus in order to birth a healthy, 'normal', tall, and energetic baby? Are we merely God's created people or are we co-creators with God? How are we to exercise our free will in utilizing the genetic knowledge and technology that we have uncovered? Is it "playing God" to terminate a pregnancy—for what reasons? These are tough questions for any pastor to face.

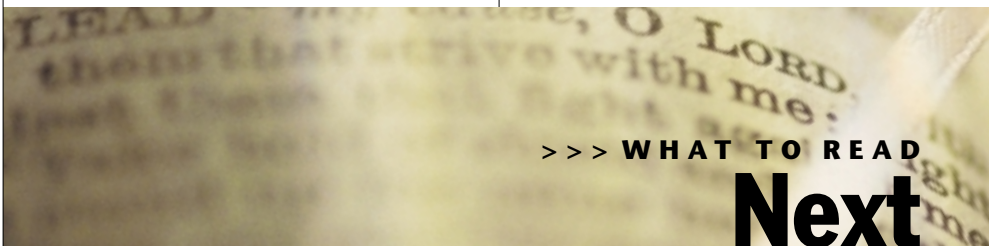
We understand that all persons are equally valuable in the sight of God,³ each is an individual of sacred worth. Couples like Holly and Garrett need to grapple with this concept as they face the decision of birthing a baby whose life is projected to be limited or painful. Such couples also have to weigh the sacred worth of their own lives as they contemplate rearing a child in need of extensive medical treatment and personal assistance, which have both individual and societal costs.

Beneath the medical and psychological dynamics lie deep religious questions. As Theological Companions we give voice to these questions. This task is not a simple one. Our theological and faith beliefs are not mere intellectual and scriptural

constructs but are undergirded by additional resources of tradition, experience and reflection. We do not have the luxury of time as genetic science and technology are outpacing our theological reflection almost daily. Only when we give thought to what is theologically at stake in these 'genetic predicaments', are we best able to provide the theological companionship the couples need and look to us for as they make decisions. While it is impossible in an article of this length to cover all eventualities, consider these brief scenarios.

The medical community speaks of 'problems' and presses for relief from those problems by abortion or genetic intervention. We can raise the question of what is the problem. Is the 'problem' a child deemed imperfect, falling below the statistical and cultural norm? It is important to explore the 'standards' by which we judge perfection or imperfection. How is it that we carry the image of God when we are diabetic, near-sighted, or autistic? In our culture perfection and capability tend to be evaluated in terms of achieving "the best of the class" status.

The divine image of perfection may be more akin to wholeness. Or is the problem a lack of knowledge about and the support for possibilities for living fully with genetic defects, and the cost—emotionally, spiritually, financially and physically—of rearing that child? This addresses our ability to discern what abundant living is—for the child, ourselves and society. Are we compelled to relieve society of the 'burden' of rearing an unwell or differently-abled child or to empower society to be justly and compassionately caring of all? How is justice and compassion available for both parents and child? As couples explore these questions we can help them hear God's voice in their discerning, God's grace and support in their trying deliberations, and God's forgiveness for anything that feels like "selfishness." If a decision is made to end a pregnancy, we must be prepared to support the couple in their sadness, anger and confusion as they are unprepared for the magnitude of the loss and the depth of the wound to their lives. Since they are both experiencing grief simultaneously, they *each* need sup-



• **Ronald Cole-Turner and Brent Waters**

Pastoral Genetics, Theology and Care at the Beginning of Life

(Pilgrim Press, 1996). A particularly good resource for parish pastors about the role clergy in the parish and need to be playing in the genetics discussion. Also a good answer to the question, "What can the church say to or about genetic science?"

• **Ronald Cole-Turner, editor**

Human Cloning: Religious Responses

(Westminster/John Knox, 1997). Collection of essays covering the Western Christian perspectives on cloning.

• **Roger A. Willer, editor**

Genetic Testing and Screening: Critical Engagement at the Intersection of Faith and Science

(Kirk House Publishers, 1998). A collection of essays by scientists, medical personnel as well as theologians and pastoral caregivers. Accessible, contains a good introduction to the technical questions as well as good glossary.

• **Catherine Baker**

Your Genes, Your Choice, Exploring the Issues Raised by Genetic Research

(AAAS, 1997). This is a good science based booklet, designed to be used by parents. It needs some theological reflection type questions for church discussion.

port to heal from their losses—a loss of the dream of the beautiful, perfect, healthy child; the loss of a simplicity of faith which seemed not to have prepared them for this time; and a shift in their relationship with and understanding of God.

The Holly's and Garrett's in our congregations question us. Where is God amid pain and suffering, even early death? As Christians we understand that God takes both suffering and death into God's self. So where can we counsel couples to seek God's presence as they question whether to chance the viability of their four-month-old fetus or risk the life of the mother? How does God embrace suffering as a couple struggles to decide whether to try pregnancy again, so that there might be appropriate tissue to repair another child's genetic complication? So what do we encourage a couple to consider, who after years of infertility problems, is now pregnant through *in vitro* fertilization, with eight healthy fetuses? If we are to be relevant today we need to seriously consider "how God is present," what "fullness of life" means in these times of scientific and technological advancements that intersect our very humanity.

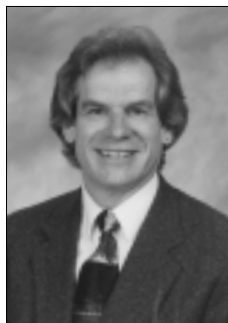
Everyone's faith is stretched by the circumstances brought to us by increasing genetic knowledge and techniques. Perhaps at this stage we can best meet this challenge by taking these circumstances and faith questions, and having an honest and caring conversation with the couple—exploring together God's presence, support and call in today's high-tech situations. Our pastoral caring and theological companionship serve to hold the couple in love and care, much as God does us. We listen, empathize *and* articulate God's words. We do this while continuing both to live into our theology and to discover new understandings as we learn more about the impact of genetic science in our lives and our faith. □

Notes

¹ *Pastoral Genetics*, Ronald Cole-Turner and Brent Waters, 1996, Pilgrim Press, pg. 4.

² ¶62 BOD 1996)

³ ¶66, BOD 1996)



Allan N. Anderson is an Elder in the New England Conference appointed to extension ministry in pastoral counseling at Pathways Counseling Associates in Lowell, Ma. He is also Assistant Pastor of Visitation at Carter Memorial UMC in Needham, Ma.



"UMDF has done so much good for churches, and it has paid good dividends over the years. That's why we invest in it."

Retired Bishop Jesse and Annamary DeWitt, Detroit, MI

United Methodist Development Fund INVEST IN IT!

NEW INTEREST RATES*

4-year term: 8.00%

1-year term: 6.00%

IRAs: 8.00%

Flexible term: 4.00%

**Rates effective 12/1/00.*

Call 800-UMC-UMDF (800-862-8633)
or call collect (212) 870-3856 for more information

United Methodists can invest in UMDF for as little as \$100. The Fund's sole purpose is to promote the mission of The United Methodist Church by providing first mortgage loans to churches. This is not an offer of sale. All offerings are made by the Offering Circular. For an Offering Circular or more information, call or write to us at 475 Riverside Drive, Room 1528, New York, NY 10115.



E-mail: umdf@gbgm-umc.org

General Board of Global Ministries • The United Methodist Church