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BEYOND BIOETHICS 101: WHERE THEOLOGY GETS PERSONAL AND PASTORAL

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I. COUNSELING, BIOETHICS, AND A MINISTRY OF THEOLOGY

The crucial challenge for those who educate seminarians to enter people-helping ministries is to cultivate a worldview that adequately addresses the expanding scope of pastoral care and maintains a high standard of quality service for saints and seekers.[1] Will those trained to offer personalized Christian nurture, correction, and comfort develop sufficient theological fluency to address the complexity of today's medical dilemmas?[2] Elective abortion or active euthanasia might readily be identified as moral violations against human beings created *imago Dei*. Beyond these, rapid development in biotechnology has brought numerous moral decisions into the lives of ordinary people.[3] Infertility treatment, eugenics, end of life determinations, human enhancements, and extensive application of psychotropic medications are not broad political or social issues. These are routine matters related to patient choice in contemporary healthcare.[4] Pastoral counselors may be equipped to expound on professional ethics related to principles of autonomy, beneficence, nonmaleficence, and justice. Will they advance kingdom ethics by aiding Christ-followers to discern moral right and wrong within the dazzling density of contemporary health care that lies beyond "bioethics 101?"[5] Those wrestling

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[1] This paper was originally presented within the Counseling, Psychology, and Pastoral Care section at the 61st Annual Meeting of the Evangelical Theological Society (ETS) under the conference theme of "Personal and Social Ethics" on November 18, 2009.

[2] For an introduction to pastoral care and bioethics, see Sondra E. Wheeler *Stewards of Life: Bioethics and Pastoral Care* (Nashville: Abingdon, 1996) or Gilbert Meilaender *Bioethics: A Primer for Christians* (Grand Rapids: Eerdmans, 1996).

[3] In a recent discussion with Master of Divinity students brainstorming concerns that people tend to bring into pastoral counseling, one second-year student gave this spontaneous endorsement for the thesis of this paper: "I have friends facing intense issues getting pregnant. Besides telling them not to have an abortion, I have absolutely no awareness of the theological categories to use in counseling!"

[4] The successful novel and movie *My Sister's Keeper* not only raised awareness of the drama of bioethical concerns, it drove home the message that ordinary families are impacted; families just like ours (Jodi Picoult, *My Sister's Keeper* [New York, NY: Atria/Simon & Schuster, 2004]).

[5] For an overview of key issues from a Christian perspective see John F. Kilner and C. Ben Mitchell, *Does God Need Our Help? Cloning, Assisted Suicide, & Other Challenges in Bioethics*

with decisions on the edge of Christian morality require greater engagement in pastoral conversation than the traditional, courteous hospital bedside prayer.

Aulisio suggests that three key features of contemporary health care converge to incite bioethical debates: complex decisions, value heterogeneity (pluralism), and the general recognition that individuals have the right to determine their own health care (patient autonomy).[6] Standards regarding procedures are thought to reside in medical journals, physician best practice protocols, ethical guidelines, or government regulations. When viewpoints conflict the presumption is that medical boards or perhaps even the courts will intervene. In the rapid pace of the real world, it is evident that consumers of health care are in the prime position to determine treatment direction. The assumptions bound within a consumer-based system are themselves a bioethical concern.[7] Detailed case scenarios are impossible in this paper, so consider the bioethical core to these clinical encounters.

- How might couples in the throes of a struggle with infertility select from the ever widening range of Assisted Reproductive Technologies (ART)?
- What choices will be made by those with hopes of becoming parents with risk factors for an adverse health condition as they ponder the use of Pre-implantation Genetic Diagnosis (PGD)?
- Do those who follow Christ have a responsibility for unused embryos?
- Are there limits to the contribution of third parties in reproduction?
- How can Christians who worship a loving God grapple with discussions regarding prolonging life, quality of life, palliative care, and cultural notions of a "good" death?
- Should Christian parents put an active and impulsive child on a maintenance medication regime to manage the novel diagnosis of pediatric bipolar disorder?

Such everyday client scenarios reflect extraordinary opportunities for faith-based conversations. Are those who provide pastoral care prepared to engage on a theological level with families on the array of health care choices?[8]

(Wheaton: Tyndale House, 2003); C. Ben Mitchell, Robert D. Orr, and Susan A. Salladay, *Aging, Death, and the Quest for Immortality* (Grand Rapids: Eerdmans, 2004); or C. Ben Mitchell, Edward D. Pellegrino, Jean B. Elshtain, John B. Kilner, and Scott B. Rae, *Biotechnology and the Human Good* (Washington, DC: Georgetown University Press, 2007).

[6] Mark P. Aulisio, "Meeting the Need: Ethics Consultation in Health Care Today," in Mark P. Aulisio, Robert M. Arnold, and Stuart J. Younger, eds., *Ethics Consultation: From Theory to Practice* (Baltimore: Johns Hopkins University Press, 2003), 3–22.

[7] John F. Kilner, Robert D. Orr, and Judith A. Shelly, eds., *The Changing Face of Health Care: A Christian Appraisal of Managed Care, Resource Allocation, and Patient-Caregiver Relationship* (Grand Rapids: Eerdmans, 2003).

[8] For a concise argument on the need for a Christian bioethical perspective, see Nigel M. de S. Cameron, "The Christian Stake in Bioethics: The State of the Question," in John F. Kilner, Nigel M. de S. Cameron, and David L. Schiedermayer, eds., *Bioethics and the Future of Medicine: A Christian Appraisal* (Grand Rapids: Eerdmans, 1995).

Seminary educators have an obligation to advance skills in theological discernment for those who will locate scriptural guidelines to preserve our Christian legacy of medical care as redemptive stewardship.[9] The purpose of this article, written to those within the Evangelical Theological Society (ETS), is to encourage biblical instruction that lends itself to life applications in the area of bioethics. The underlying prayer agenda is that those who minister pastoral care will exhibit a humble confidence that Christian doctrine is a precious resource to soothe and strengthen souls.

II. FORMING THEOLOGICAL PERSPECTIVE

An essential preliminary task is to place this proposal into a larger discussion regarding the practice and purpose of theology. Academic and church leaders are exploring the nature and scope of theology available for pastoral care in light of contemporary trends in congregational life.[10] The chasm that divides those who define systematic, orthodox Christian theology from those who explore contemporary ministry praxis must be spanned to give meaning to the endeavors on both sides. Fortunately, those with considerable expertise in bridge building have been hard at work.[11] Let's negotiate this divide in conjunction with bioethical decision making by appropriating Vanhoozer's premise that "theological competence is ultimately a matter of being able to make judgments that display the mind of Christ."[12] The priority of *sola Scriptura* is maintained as doctrine is derived from the Word of God and simultaneously developed with intentionality in Christian community. Theology is more than an excursion in *scientia* to derive objective, propositional style premises from Scripture and Christian tradition that separate truth from error. Christian theology certainly does construct theory and establish a knowledge base. Yet, doctrinal proficiency is not synonymous with gaining a critical mass of content on abstract topics regarding God or the Christian life. Having information about God and his creation does not inevitably result in the demonstration of spiritual depth or a mature faith. Becoming

[9] For a recent introduction on the need for mental health clinicians to enter bioethical discussions at the case level, see Stephen P. Greggo, "Applied Christian Bioethics: Counseling on the Moral Edge" (paper presented at the 2008 Christian Association for Psychological Studies [CAPS] international conference in Phoenix, AZ on April 5, 2008; MS submitted for publication).

[10] The presence of the *Counseling, Psychology and Pastoral Care* section within this society is one strategic effort to build bridges between the traditional domains of scholarly theological inquiry and ministry practitioners.

[11] Millard Erickson once addressed this divide by accessing Tillich's distinction between theology as kerygmatic or apologetic. Theology is kergymatic when the authoritative ground of the discipline as derived from the Bible proclaims its subject matter by "telling" versus "asking." Apologetic theology considers human beings within cultures and life situations together with critical needs. Theology merges with the pragmatic by engaging matters contemplated by the people being addressed. Erickson states, "Then theology expresses its message, drawing the content from the pole of the theological authority, but letting the form be governed by the pole of the situation" (Millard J. Erickson, *Christian Theology* [Grand Rapids: Baker, 1985] 458).

[12] Kevin J. Vanhoozer, *The Drama of Doctrine: A Canonical Linguistic Approach to Christian Theology* (Louisville: Westminster John Knox, 2005) 2.

theologically adept requires *sapientia* or wisdom that informs Christ-followers how to live in this post-fall historical context in ways that reflect their profound respect (fear) for a personal Creator.[13] Treier defines wisdom as "being schooled in virtue as we respond to the voice of God."[14] The prerequisite for wisdom is to know God. Wisdom is realized in human agents designed for community when there is dialogue with others and with the Creator God who persistently communicates in speech and action.

Sound "sacred teaching" entails the exploration of theological doctrine as a vital means of spiritual formation. Believers are empowered to inwardly cultivate the mind of Christ so as to outwardly display his presence to the world.[15] Expertise in theology demands living in community by the Spirit while remaining in constant discourse with the Divine. Note that for Vanhoozer and Treier, God continues to speak into and through the canon of Scripture. The powerful notion of Vanhoozer's theodrama is that *doing* theology is about *being* in "embodied personal relationships."[16] The implication is that Christ-followers display belief and allegiance to the lordship of Christ by acting in words, thoughts, and bodily deeds. This application of theology as theodrama offers a means to connect pastoral care with God-conscious, bioethical decisions.

The imperative for pastorally-minded counselors who promote Christian ethical behavior is to recognize that living for Christ is acting and speaking as beings-in-communion. Christ-followers seek to hear God's speech and obey, listen and trust, discern and act, anticipate and hope. Where the Word of God offers direct instruction, clarification to grasp the meaning of the text is a priority. Still, those who dare to provide counseling care become more than biblical information processors. We participate in the joint pursuit of theological virtue by following the triune God's directions and design for living. Counselors come alongside parishioner-patients to enable earnest engagement with the motivational forces in play to foster a wisdom response.

Caregivers who enter into bioethical counseling conversations do not do so to enforce boundaries or limitations. This effort might best be depicted as nurturing theologically secure relationships. Pastoral care in the area of bioethics is not a method to police believer behavior by asserting assumptions about the letter of the law. Amazingly, counseling in this area is entering communal dialogue regarding life in our physical bodies. This means hosting sacred conversations, exploring Scripture with the expectation of

[13] Given the pastoral care focus here, my emphasis is on the engagement or "doing" mission of theology. For the sake of balance, hear Vanhoozer directly: "Theology involves both theory (knowledge) and practice (life) for the sake of its pastoral function: assisting people to enjoy and glorify God" (ibid. 13).

[14] Daniel J. Treier, *Virtue and the Voice of God: Toward Theology as Wisdom* (Grand Rapids: Eerdmans, 2006) 4.

[15] Kevin J. Vanhoozer, "Forming the Performers: How Christians Can Use Canon Sense to Bring Us to Our (Theodramatic) Senses" (paper presented at the Society of Christian Psychology [SCP] annual meeting, September 2008).

[16] Vanhoozer, *Drama of Doctrine* 77.

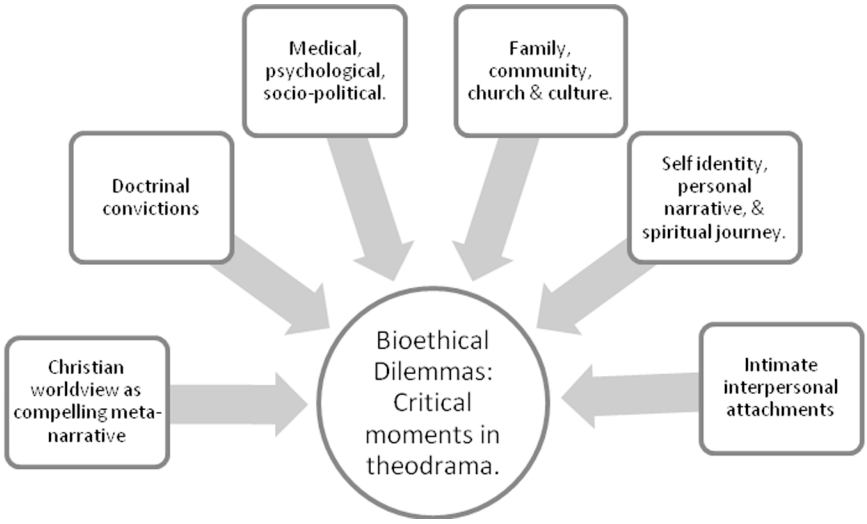

Figure 1: Forces that forge God-honoring wisdom and the appropriation of Scripture into a bioethical decision.[17]

hearing the Lord's voice, recognizing stewardship responsibilities, acting in love, and realizing peace.

III. THE PURSUIT OF WISDOM

Unfortunately, in certain Christian settings, the quest for wisdom via pastoral counseling might accurately be depicted as unidirectional communication, otherwise known as monologue. The counselee exposes a problem and the counselor proposes an authoritative solution. Is it reasonable to label competing monologues as constructive counseling? Conversely, counseling communication related to bioethical concerns may merely mimic a basic secular medical consultation. Medical risks are frankly and candidly placed on the table in lay terminology. The autonomy of the patient will ultimately set the treatment route as long as the desires of the patient fall within medical practice protocols. Responsible pastoral counseling, when available, could improve on this common medical format through the facilitation of genuine bidirectional communication or dialogue. A Christian counselor would by necessity comply with common mental health practice ethics, including objectively achieving informed consent and respecting the client's right to self-determination. However, when each participant agrees that their heartfelt intent is to honor the God of the Scriptures, an earnest attempt can be

[17] Figure 1 identifies for assessment purposes the critical influences that shape bioethical decisions. This diagram does depict ideal biblical priorities or suggests equal weighting.

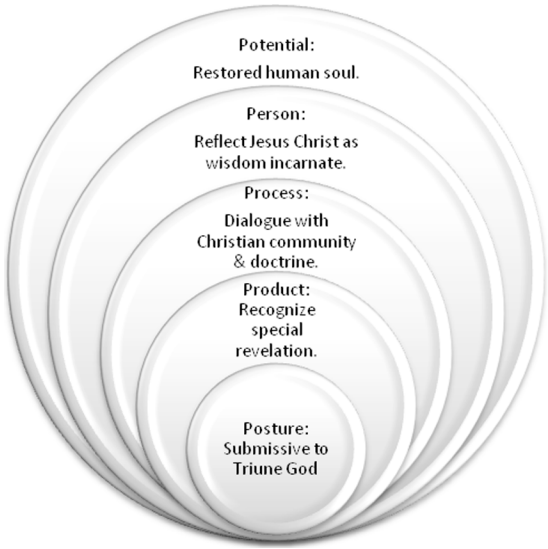

Figure 2: Levels of a wisdom search when facing a bioethical decision.

instigated to hear one another along with other critical voices. The hope is to commence a trialogue or an intentional exchange between counselor, counselee, and the Holy Spirit.[18] The Spirit is invoked to include the presence of Jesus Christ directly in the conversation to guide the search for God-honoring wisdom. The Word who became flesh is invited into this wisdom-seeking community.

Consider the following five layers to a dialogical wisdom search. First, there is an absolute precondition to any Christian wisdom quest. Participants must assume a submissive *posture* so that one's personal wishes and volition are placed before the Lord. This opening prayer perpetually expresses this central plea: "*thy will be done*."

Second, a wisdom search may in certain instances yield a tangible result or "*product*" in the form of a biblical proposition or discrete scriptural principle. For example, if the bioethical question relates to a justice issue such as the essential human rights of the poor, afflicted, weak, or unborn, the thrust of specific scriptural teaching can powerfully inform the discussion. Wisdom can take the shape of an explicit application of a biblical chapter, verse, or theme. Nevertheless, it would be too restrictive to assume that a wisdom search is limited exclusively to applied exegesis. Particular difficulties and the possibilities of modern technology have no direct counterpart located in an identifiable biblical text where instruction can be obtained neatly with

[18] Robert W. Kellemen, *Soul Physicians: A Theology of Soul Care and Spiritual Direction* (Winona Lake, IN: BMH Books, 2007) 14–16.

exegetical integrity. This does not imply that the canon is pushed aside. Never! Instead it is sought all the more to hear the heart of God on related themes and to inspire theological reflection to know the mind of Christ. Scripture retains its authority. Wisdom is not discovered as new revelation in community, rather Scripture flows via doctrine into community to comprehend the Spirit's way forward.

Third, the pursuit of wisdom may continue through an interactive *process* where the communication involves careful, strategic, reflective, and prayerful contemplation of contemporary and historical Christian perspectives on medical practice parameters. When all is considered, decisions are made with a simple hope that God is speaking by his Spirit and that Jesus Christ will be honored in the implementation.

Fourth, wisdom may be found in choices where the *person* is impacted in character since self-sacrifice and sanctification are the essential elements. Perhaps the believer discerns that they may only take advantage of select medical options, but not all those potentially available. The consequence of such "limiting" alternatives may ultimately shape the believer to a greater degree into conformity of the image of God's Son.

Lastly, Christians patiently keep the *potential* of eternity in view when sorting through health care alternatives. This may occur as the use of medical technology is set aside with a realistic awareness that the Lord will not restore well-being this side of heaven. Our hope for bodily wholeness may not rest on an immediate redemptive remedy. Our ultimate hope will be realized in that remarkable place where the presence of the Lord makes all things new and where Jesus Christ personally wipes every tear from our eyes. Understanding these layers is intended to expand our perspective on what constitutes biblical wisdom in conjunction with a bioethical concern. These are offered to inspire Christian helpers to be creative, faithful, and Spirit-led when engaging Christians to consider the spiritual side of a bioethical decision.[19]

IV. COUNSELING AND BIOETHICS: A REALISTIC THEOLOGICAL APPROACH

Numerous Christian doctrines can enrich bioethical pastoral conversations. Counselors do harm to the kingdom cause if wisdom searches lean exclusively or pervasively in the direction of subjective and affective experience.[20] Theological wisdom that is Christian is not obtained in the vacuum of a counseling room. When introduced artfully into counseling dialogue,

[19] This consideration of the layers of wisdom was influenced by Treier, *Virtue* 31–66. It is hoped that this simplification to extend pastoral care does not distort to any significant degree the nuances of Treier's consideration of wisdom's four components—contemplation, discursive reasoning, affections, and action.

[20] Stating this in counseling vernacular, dialogue will include but cannot be restricted to variations of the interrogative: "Describe how you feel about that?" Rather, the intension is to mutually pray, "And how might you Lord, the author of Scripture, speak into this action?"

doctrine becomes dynamic. The Lord does speak via his Word through the Church universal and local as his will is proclaimed. When the scene is suitable and the actors primed, theology can, should, and *must* direct the human drama.

So as to not overwhelm, it is important to identify practical starting points. Christians trained in one-to-one helping typically have reasonable mastery of an extensive biblical anthropology based upon the implications of humankind being created *imago Dei* (Gen 1:27–31; 9:6–7).[21] It is impossible to appropriate any psychological or counseling approach into Christian service without an adequate grasp of this basic doctrine. Therefore, the familiar *imago Dei* framework is offered initially as a means to establish the basis of human dignity and further as a method to access a range of other useful theological material.[22] There is no presumption that the theology surrounding *imago Dei* contains all the answers to settle bioethical concerns. Rather it provides a comfortable segue into discourse where additional doctrines are greeted and applied.

Biblical anthropology is best considered in its salvation-historical context in order to apply the central biblical motif of creation-fall-redemption-consummation. The gospel meta-narrative perspective contains active links to other critical doctrines. Four overarching questions are offered to guide the helper from biblical anthropology to related theological material. A pastoral counselor seeks to enable counselees to delve into common elements between one's spiritual journey, personal self-narrative, and the gospel story in a quest for wisdom. This is consistent with theodrama where doctrine offers direction to Christ-followers so that they can glorify God as they participate in His-story.

1. *How does status of human beings made imago Dei elucidate the dialogue?* In an ETS keynote address at the 61st annual meeting, theologian and bioethicist John Kilner reminded our theological community that a biblically fastened understanding of *imago Dei* offers the surest grounding for the critical universal principle of human dignity.[23] As the Creator breathed life into the human form that he hand sculpted from the earth, the uniqueness, worthiness, and esteem of all future human beings was established. As creatures decreed to represent God in the world, justice demands that human beings are given respect, value, and protection.

[21] See Robert L. Saucy, "Theology of Human Nature," in *Christian Perspectives on Being Human: A Multidisciplinary Approach to Integration* (ed. J. P. Moreland and David M. Ciocchi; Grand Rapids: Baker, 1993) 8–17; or James R. Beck and Bruce Demarest, *The Human Person in Theology and Psychology: A Biblical Anthropology for the Twenty-First Century* (Grand Rapids: Kregel, 2005).

[22] The reference to *imago Dei* must not be misconstrued as a naive attempt to condense all bioethical questions into the constraints of this single doctrine. Such a reductionistic attempt would be simplistic yet ineffective. This doctrine serves as a hub to pull in other critical, relevant theological themes.

[23] John Kilner, "Biblically-Based Ethics: What's Missing?" (paper presented at the 61st Annual Meeting of the Evangelical Theological Society under the conference theme of "Personal and Social Ethics" on November 19, 2009).

Human dignity in this view is not tied to a claim that human beings are divine or inherently worthy apart from God, nor is it a function of human autonomy independent of God whereby people assume the authority to declare their own worth. Instead, human dignity is grounded in humanity's unique connection with God, by God's own creative initiative.[24]

From the creation account onward, the honor and status of human beings is fixed to the designation of God himself. Even after Noah's day, God prohibits murder on the basis of humanity being made in the image of God (Gen 9:6). This bears critical significance in bioethical wisdom searches. No matter what actual characteristics or capacities a specific person may or may not display, at present or in the foreseeable future, all decisions regarding care must rest on the premise of human dignity.[25] The *imago Dei* is enduringly present in every individual human person because of their connection to the triune God.[26] From this consideration, the doctrines of creation, providence, and theology proper become relevant. A foundation for interchange surrounding God's character, creation, and providence will encourage individuals involved to recognize the need to respect the material universe as a whole and every living person.

Many bioethical questions revolve around persons that have not yet gained, will not gain, or have lost the ability to function effectively as a steward of creation and/or to relate intimately with other people. Christians pause to evaluate if any medical treatment option under consideration is effectively denying the patient's *imago Dei* status. Denial may take the form of not acknowledging true personhood or ignoring the person's voice, will, and interests in the conversation. Decisions regarding bioethics, particularly at the extremes of human life, will silence conjectures regarding quality of life and give attention to the only One who has the right to bless or end life. Fortunately, believers have the extraordinary privilege of prayer, worship, and engagement with the Creator of the universe through his Word. Community spiritual practices and divine communication offer believers the vital resources to cope with the limitations imposed upon our existence through the rebellious assertion of autonomy. This question fosters an accurate evaluation of human dignity concerns while avoiding a narrow focus restricted to difficulties, issues, and limitations. God made human beings *imago Dei*; human dignity rests upon him.

2. *How are the widespread effects of the fall initiating, maintaining, or exacerbating the problem?* The pastoral counselor will pause to consider hamartiology for a thorough exploration of its implications for the present

[24] Mitchell, Pellegrino, Elshtain, Kilner, and Rae, *Biotechnology and the Human Good* 70.

[25] This doctrinal point is inclusive of all developmental forms of human persons. See John Kilner, "An Inclusive Ethics for the Twenty-First Century: Implications for Stem Cell Research," in *Journal of Religious Ethics* 37/4 (2009) 683–722.

[26] Wayne Grudem, *Systematic Theology: An Introduction to Biblical Theology* (Grand Rapids: Zondervan, 1994) 444.

wisdom search.[27] Beyond a fundamental awareness of systemic and personal sin, a bioethical interchange requires a robust theology of suffering and an advanced conception of human purpose in connection to God's glory. This assists the conversing community to place the medical concern itself in a theological context. More importantly, it will facilitate a broader look at complicating factors: how sin exposes the particular features of each participant's attitude, personality, heart, and soul (i.e. Jer 17:9).

3. *How might God be moving the human beings involved in the course of resolving the medical concern closer to the standard of the imago Dei, the likeness of Christ?* In the current age, the status of the *imago Dei* demands the acknowledgement of human dignity, whereas the standard of the *imago Dei* points to a person's frailty, sin, and the necessity of spiritual rebirth. Believers in Christ are undergoing re-creation by the Holy Spirit through salvation. The NT indicates that *imago Dei* is both the norm of what God intends humans to be and the goal of the revitalizing work of the Holy Spirit (Eph 4:24; Col 3:18).[28] The more Christians conform to Jesus Christ, the more closely they resemble God's true standard (Rom 8:29). This is redemption in action. Counselor and client are drawn to the broader theological category of soteriology in terms of atonement and sanctification. There is wide access in addition to Christology. Jesus Christ is both the means of salvation and the fullest expression of *imago Dei* to which all who are in Christ are being conformed. The assumption in this article is that these bioethical conversations are taking place between Christians. Therefore, the medical situation *may* provide a unique opportunity for God to speak to the sanctification of the individuals. This may include behaviors, spiritual attitudes, theological knowledge, personality issues, or interpersonal dynamics. Restoration to the image of Christ could occur through ethical medical intervention, through faithful submission to the Master's stewardship guidelines, through altering one's interpersonal interactions, or through developing character around one's personality flaws. This question is intended to highlight the wide assortment of *opportunities* for re-creation.

4. *What redemption and eventual reconstruction might be reserved for eternity, given current technology as well as the essential moral limits established by the Creator?* Wisdom keeps eternity in mind, knowing that complete wholeness will not occur until Christ is revealed in glory and establishes the new heaven and new earth. Eschatology undergirds an astonishing hope.

[27] Unfortunately, due to the pervasive influence of humanism in contemporary counseling, there may be no doctrine more likely to be ignored or misapplied by Christian counselors than hamartiology. For a corrective see Mark McMinn, *Sin and Grace in Christian Counseling: An Integrative Paradigm* (Downers Grove: InterVarsity Press, 2008). For a consideration of addressing the problem of sin in soul care on multiple levels see the material on "Identification and Deconstruction of Barriers," in Eric L. Johnson, *The Foundations of Soul Care: A Christian Psychology Proposal* (Downers Grove: InterVarsity, 2007) 458–93.

[28] Elsewhere Kilner clarifies the matter of status and standard: "Whereas all human beings have the status of images of God, human beings vary considerably in the degree to which they measure up to the standard of the image of God" (*Biotechnology and the Human Good* 70).

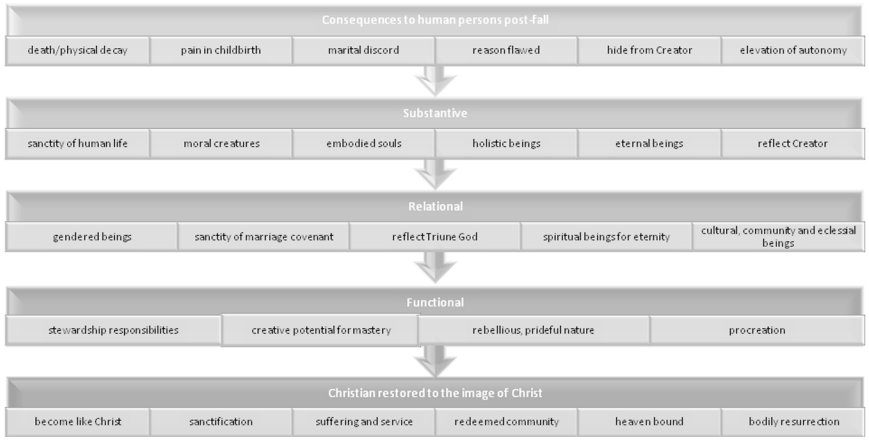

Figure 3: Suggestive links to anthropological doctrinal material useful in bioethical conversations.

Creation groans for re-creation (Rom 8:22); we groan to be given glorified, spiritual bodies (2 Cor 5:1–5; Rom 8:23); we long to be made like the glorified Christ (1 John 3:2–3). There are aspects of human persons that will not be restored this side of eternity. This may be due to either theological reasons (e.g. we will not escape death) or for technological (i.e. technology has not yet developed to the point of providing an acceptable option). The alluring temptation before Christ-followers in the present age is the assumption that all that is medically possible is morally permissible. This reflective question attempts to alert individuals to this distinction. Here is an embedded warning not to reach beyond what faithful stewardship allows. A saintly response to such *limits* will include mourning painful loss and deepening one's longing for future restoration.

The *imago Dei* in salvation-historical perspective thus imparts logical conversational links to the larger theological truths of creation, sin, soteriology, and eschatology. As consideration of the status and standard of the *imago Dei* draws attention to these broader doctrines, the pastoral counselor is encouraged to contemplate them in their fullness and their application to the search for bioethical wisdom. The four reflective questions seek to expand exploration surrounding the interface of the Gospel meta-narrative with our personal narrative. These provide a means to take into account the essential priority of human dignity as well as the obstacles, opportunities, and limits along the redemptive spectrum.

People helpers are typically well acquainted with how the status of creatures made *imago Dei* flows into the descriptive qualities of human persons. The three established theological formulations of *imago Dei* anthropology—substantive, relational, and functional—offer additional useful starting points for deliberation when conversing with individuals facing bioethical

dilemmas.[29] These preserve a broad and holistic view of human beings. A brief review of salient aspects of each perspective and its relevance to bioethical matters is in order.

The substantive domain of a biblical anthropology considers the essential nature of human beings. God can be reflected in human constitution and capacity to reason, pursue morality, consider eternity, and display creative activity.[30] These capacities exist post-fall even though they no longer are displayed in optimum ways. Most obvious in bioethical matters are physical capabilities such as reproduction or ability to maintain self-care. The evidence of the fall on the biological level often generates the primary health concern.[31] The less obvious impact of sin is evident in the non-physical capacities. How well can the person facing a health crisis utilize reason, morality, emotions, will, and spirituality? Are deficits surfacing in these areas? Pastoral care is about leveraging their capacity to connect with God and valuing its enhancement during this dialogical process.

The relational perspective holds that the status of *imago Dei* ought to be manifested in human interpersonal interactions. Within counseling circles, the social or relational aspect of our biblical anthropology is often granted privileged consideration. The restoration of interpersonal and transpersonal connections is the central activity of pastoral caregivers. References to trinitarian theology are heard abundantly in counseling classrooms and conferences. This supplies the impetus for the counselor to assess the interpersonal relationships both with individuals, groups, institutions, and systems.

One crucial focus is on marriage as a holy institution ordained by God at creation prior to the fall. The marriage covenant is God's provision not only for protected procreation but to ensure the oneness of community that he intended for husband and wife.[32] Counselors assist in the honest appraisal of the marital dynamics. Furthermore, in the face of the bioethical decision, what threats exist to the sanctity of marriage? The family system or social network may intensify a problem or become a resource to draw upon. Pastoral

[29] Following Kilner, human dignity based upon *imago Dei* is not grounded on criteria linked to human capacities to reason, relate, or rule. Still, these common theological formulations help to conceptualize various aspects of what it means to be human. These are the realms in which one with the status meets or fails to meet the standard.

[30] My preference is to use the traditional label for this domain, namely the *substantive* view. This places emphasis on essential substance and thus affirms status. The practice of labeling this domain as "structural" may dilute its ontological or "nature of being" dimension in favor of a simplified explanation connected only to capacities. For a recent example of the use of structure to define this domain, see Mark R. McMinn and Clark D. Campbell, *Integrative Psychotherapy: Towards a Comprehensive Christian Approach* (Downers Grove: InterVarsity, 2007) 21–54.

[31] For a useful consideration of the layers or orders of discourse within the holistic nature of human beings, see Eric L. Johnson, "Towards a Complex Model of Human Life," in *Foundations* 355–87.

[32] The Catholic document intended to direct the faithful on bioethical issues relies heavily on the sanctity of marriage doctrine to establish firm decision lines regarding ART (*Dignitas Personae*, "Congregation for the Doctrine of the Faith: Instruction *Dignitas Personae* on Certain Bioethical Questions"; retrieved August 3, 2009 from http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html).

care strives to illuminate how extended family, social networks, and the fellowship of believers are operating as supportive or divisive.

Relationships are shaped and challenged by diversity. There are indeed individual differences in personalities, and humans must connect while accounting for these differences. Humanity, in two modes of male and female, is created *imago Dei* (Gen 1:27), and must also learn to associate intimately across gender differences. Moral perspectives, interpersonal values, and personal narratives are profoundly shaped by one's gender identity.[33] Gender factors are not to be ignored in bioethical wisdom searches. Furthermore, Gal 3:28 suggests relationships should span not only gender, but also culture and socio-economics. It is not difficult to see how challenges in relating across diversity can cause or, more likely, intensify bioethical conflicts.

The relational dimension to anthropology offers a link to ecclesiology. Godly relationships should be most apparent in the local church. Every local church will vary in their attainment of that ideal and individuals will vary in their participation in that local church. A strong relationship to a solid church could be a valuable resource, not only for doctrinal teaching and moral guidance, but also essential for emotional, social, and logistical support in bearing the burdens associated with such issues (Gal 6:2). A strong relationship to a weak church could be a mandate not only for further sanctification of the individual, but could issue a challenge to the whole congregation to rise up to be what they are, the body of Christ!

The functional domain points to the stewardship of creation. Counselors normally consider how the individuals are functioning in terms of activities of daily living. This domain has implications beyond determining a Global Assessment of Functioning score (GAF). The impact of sin in substantive or relational domains will lead to impairments in one's stewardship and adaptability skills. Brokenness may take the form of passivity or rebellion. Does the person have the internal conviction that they can exercise mastery over their circumstances? Or do they frequently feel victimized by forces beyond their control? Counselors come alongside to encourage individuals to exercise creativity in finding solutions to problems. Exploration of personal narratives includes expanding one's recognition of opportunities.

There is a central matter to consider within the functional domain. Have the technological options been evaluated in submission to God or is the steward attempting to usurp the authority of the Creator? The counselee may be poised to employ means or pursue ends that do not match the Lord's character. The command and capacity to rule in dominion over creation carries both privilege and responsibility (Gen 1:26; Ps 8:4–8). If this were not so, human beings would still speak one common language. The tower of Babel would be a tourist destination representing a wonder of the world that pays tribute to human ingenuity (Gen 11:1–9). Autonomy asserted to assume power

[33] For an extensive consideration of the *imago Dei* in sexually differentiated creatures see Stanley L. Grenz, *The Social God and the Relational Self: A Trinitarian Theology of the Imago Dei* (Louisville: Westminster John Knox, 2001) 267–73.

over the Creator's rule is universally destructive. Therefore, it is essential to ponder if the direction selected is humbly cultivating creation or defiantly constructing a tower. Creative science and technology can be submitted to God or applied to steal fruit once again from the tree of the knowledge of good and evil.

Counselors bear in mind that the temptation to "curse God and die" is never greater than when physical well being is threatened. Contemporary bioethical options may alter how the temptation appears. Medical technology can tempt us to press past the ethical limits of an embodied existence in ways that shatter our relationship with the Creator. God may be cursed as one adamantly demands to live, die, or bring a new life into existence through technology that circumvents covenant obligations.

The basis for human dignity resting on the doctrine of *imago Dei* along with a robust biblical anthropology can serve as a conversational guidance system for wisdom searches once its biblical status and standard dimensions are comprehended. Through this gateway doctrine, counselors and clients can explore the implications of other critical theological material in a way that is manageable, meaningful, and memorable.

V. PASTORAL AND PERSONAL COUNSELING GETS THEOLOGY

The field of bioethics may eventually come to the realization that community consensus on bioethical concerns is impossible when no religious conviction serves as a common foundation.[34] In the meantime, those committed to Jesus Christ must awaken to a sobering awareness that having the mind of Christ and yielding to the authority of Scripture when it comes to health care requires a conscientious consideration of the possible and permissible. Human beings are embodied souls. Medical care does serve the whole person in the preservation of the physical. Still, our relational connections to the Creator and one another will impact how, when, and if we apply biotechnology. Bioethical conversations will become commonplace in pastoral and Christian counseling. It is imperative that those who train Christians to counsel prepare them to bring theological reasoning to bear on these conversations.

Unfortunately, pastors and counselors tend to feel alienated, out of their element, and pressured to function beyond their expertise when facing bioethical dilemmas. This is a critical concern for those in higher Christian education since the necessity of assessing and navigating the use of biotechnology is only likely to increase given our pluralistic society. This paper has provided a workable approach that theological educators can enlarge and customize. It is important to equip people helpers to traverse the divide between the highly specialized doctrinal expertise and pastoral praxis by defining theological competence as making judgments that reflect the mind of Christ. Seeking wisdom in united fellowship and dedicated conversation as beings-

[34] H. Tristram Engelhardt, *The Foundation of Christian Bioethics* (Exton, PA: Swets & Zeitlinger, 2000) 1–72.

in-communion is a process well-known to counselors. Working from a clear biblical anthropology and understanding the implications of *imago Dei* for bioethical direction is a method for expanding into other important areas of theology from the sanctuary of a familiar framework. Those engaged in pastoral counseling can offer assistance to those facing complex healthcare decisions beyond bioethics 101. The services of the bioethics specialist may not be as necessary as engaging the Holy Spirit when entering these doctrinal discussions. Pastoral counselors, always operating under the authority of Scripture, are called to actively use theology to penetrate personal lifestyle choices and permeate ethical decision making. This is a calling to which they can respond with humble confidence that God is still speaking through his Word, in his work, and through his people.

Recall the bioethical scenarios cited earlier and contemplate the possibilities for pastoral care. Couples who struggle with infertility too often feel isolated from Christian community and too full of hurt to advance faith-based insights. Skilled pastoral leadership that comes alongside could be a refreshing presence. Families agonizing how to do right by a loved one who is suffering know the burden of evaluating risks and personal wishes when making treatment decisions. The compassionate pastoral caregiver, who has a heart for God coupled with theological acuity and willingness to pursue wisdom jointly with parishioners, fills a treatment team vacancy that a medical personal simply cannot. Parents who must determine when medications are in the best interest of their child will welcome dialogue with one who can merge empathy with theological insight to bring home the blessing of the same Jesus who said, "Let the little children come to me and do not hinder them, for to such belongs the kingdom of heaven" (Matt 19:14).

The Lord Jesus once taught his disciples to pray. The phrases in that memorable prayer are rich with meaning when petitioning for sustenance and guidance. In this prayer right relationship embraces right perspective and behavior. The Lord's Prayer is ideal for counselors and counselees to contemplate and recite when seeking to honor God in bioethical decisions.

> Our Father in heaven, hallowed be your name, your kingdom come, your will be done on earth as it is in heaven. Give us today our daily bread. Forgive us our debts, as we also have forgiven our debtors. And lead us not into temptation, but deliver us from the evil one, for yours is the kingdom and the power and the glory forever. Amen. (Matt 6:9–13, NIV)