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7. Socio-Cultural and Religious Views on Prenatal Diagnosis in Israel and Germany

A transnational conversation between Tsipy Ivry and Hille Haker initiated by Anne Weber and Christina Schües

This conversation between Tsipy Ivry, Chair of Medical and Psychological Anthropology at Haifa University (Israel), and Hille Haker, Endowed Chair of Catholic Moral Theology at Loyola University Chicago (USA), results from an exchange about religious implications and narratives in the context of prenatal diagnosis. Both participants speak from a specific religious background. Their positions are not representative of a whole religious belief system, but reflect their perspective on their own field of research. They shed some light on the different religious values that might organise and inform women's and parents' decision-making during pregnancy, especially with regard to choosing NIPT or other diagnostic procedures. Thus, the following should be read as a starting point – not a finalisation – of the discussion, and hopefully invites further conversations.

On the 18. October 2021, we met online. Afterwards the conversation was transcribed by Isabella Burton-Clark and revised by Anne Weber and Christina Schües.

Christina Schües: With a warm welcome to you, Tsipy Ivry and Hille Haker, we would like to open our conversation, which will be looking at the similarities and difference of the "Meanings and Practices of Prenatal Genetics in Germany and Israel." Since our project is a cooperative, interdisciplinary and transnational study, the idea of conversation is central. Comparing practices of, in this case, prenatal diagnosis in two countries is not straightforward: we can compare laws and regulations because they are mostly nationally defined, but practices of acting and thinking don't stop at border control. Researchers who study reproductive technologies, or the people who are using them, may be influenced by different discourses and traditions, cultures and religious beliefs that are not necessarily nationally formed. Thus, by engaging you in a transnational conversation, it is clear that you will not speak *for* a country.

When you, Tsipy, talk about your research in Israel, you speak as an Israeli woman, researcher, anthropologist, but not in a totalising sense as though "the Israelis do such and such." And the same for Hille: you speak as a German thinker who now lives in Chicago, but obviously you do not stand for Germany. So, in this sense, I think the idea and practice of conversation becomes very important, because it will entangle, combine, and bind together different and similar ways of thinking that emerge, and be inspired by and exhibited in these different countries. A country, or a nation, is certainly not a kind of "bucket" with closed borders. Our conversation today will be cooperative and transnational. But as well as crossing borders, it will also cross disciplines.

Tsipy, you make it very clear that you are not a theologian but an ethnographer who studies religious communities, orthodox communities; so in this sense you are interested in beliefs and how they are enacted. Hille, you are a theologian and an ethicist. You are also working in philosophy, and thus your work goes beyond theology. Both of you are interested in different belief systems and practices, yet you approach your field from different angles, so we'll have a transnational as well as an interdisciplinary conversation. Neither of you is purely a theologian and we, Anne and I, are well aware of this. When we came up with the idea of this conversation it was very clear that we did not want just to talk about principles, or to compare some sayings from the Bible or the Talmud. We are interested in practices and how they are dealt with, and what motivates them. It is our overall idea to open up a space between the two of you, Hille and Tsipy, which allows for a conversation about the different aspects of prenatal testing practices. After these preliminary remarks I now hand over to Anne, who will lead us into this conversational space.

Anne Weber: Thank you Christina, and also from my side a very warm welcome to you, Tsipy and Hille. Hille, you are a theologian as well as a philosopher engaged in social and political ethics, feminist theory and bioethics. For our readers who are not that familiar with religious ideas on birth or life, or the Christian arguments on prenatal testing, I would like to start on a more general ground: From your perspective and in terms of your own research, what moral or religious values appear important to women or parents during pregnancy or when considering prenatal care?

Hille Haker: First of all, thank you very much indeed for giving us the opportunity to engage with each other's work, and with each other in conversation. As a kind of a premise to everything, I would like to state that there are always

multiple perspectives when you enter into theological interpretations or conversations, and so I will be introducing my personal approach to theological ethics – in this case Catholic theological ethics. However – and this might already mark a difference to rabbinic ethics – in the Catholic Church there are also so-called authoritative Church teachings. In this regard, theologians are the ones who engage in conversations with these Church teachings as conversation partners. Accordingly, our task as theologians is not only to transmit what we call the *Magisterium* (that is, what the Vatican comes up with) to clergy and lay people, but also to constructively engage with and judge, assess, evaluate – and in my case I must also say dissent from – those teachings. Since many people do not realise this is one of theology's tasks, I would like to emphasise it. We sometimes even say that theology is the place or space where the Church does its thinking. It can be understood polemically, but if you think about it, moral reasoning is also pursued academically and scientifically, and then it's channelled back into the imperatives, or into teachings that can then be implemented and pragmatically practiced in different communities and local churches. That said, it is clear that I do not speak for about 1.3 billion Catholics worldwide, but as a theological ethicist, as a moral theologian and social ethicist, who engages in a conversation on prenatal diagnosis, in this case with the Catholic Church, from my own academic and scholarly perspective, which is informed not only by theology but also by ethical theory and by cultural anthropology, medical anthropology, and most importantly of course by the experiences of women.

Against this background it is not easy to answer your question, because from whose perspective should I respond? Let me tentatively note that there's one common ground upon which we all stand as Catholics – whether we are lay people, engaged in liturgical practices, a woman, a mother, or a theologian, people who are closer to the Vatican's thinking on bioethics or people criticising their approach – and that is the concept of dignity, of human dignity. It's a difficult concept, certainly, but it is important to highlight it. In contrast, American discourse on bioethics is not grounded in human dignity, but rather draws on the concepts of freedom and liberty. Comparing European and US American debates already shows how the grounding of the ethical framework relates to contextual, cultural, historical and also normative facts.

Tsipy Ivry: Hille, maybe my next question appears characteristically anthropological: Could you please give an example of how human dignity matters to women when they approach decisions about prenatal testing, and whether to

undergo prenatal testing at all? Or how human dignity informs the decision on what to do with a "suspicious" result, i.e. with an indication? I mean, at each and every point of this imagined route, there are dilemmas where women or parents look for guidance.

Hille Haker: Oh, I absolutely agree. I did not mean to dismiss or discard all these dilemmas, but looked for a common starting point on the understanding of what is considered a moral – or you could also say Catholic – orientation, and at the same time a starting point for women, for families, who are under the pressure of situations in pregnancy that raise moral dilemmas. And the normative frame that Catholic teaching refers to is built on the idea of human dignity. So even if you enter into a situation with a specific set of values, or a culturally, religiously or historically linked prejudgment, in the Catholic context the notion of human dignity gives the overall normative orientation for ethical decision-making processes. As a consequence, and in contrast to other moral pre-judgments – as the premises of one's moral reasoning – such as autonomy or freedom, drawing on human dignity in ethical dilemmas in prenatal testing can mean, for example, that children with a disability are welcomed into the world. On a practical level this translates into giving special attention to children or people with disabilities. For instance, when we meet on Sundays for the Eucharist, there will be children or adults with disabilities, and they seem well respected. Maybe not primarily in a reflexive, concrete sense, but rather in a performative one, such as the way they are seated during Holy Mass. At least in my home parish in Germany, there were a few children with Down syndrome, and among them there was this one boy who wanted to be the Pope when he grew up. So he would come up to the priest in the middle of the Eucharist and play along with the Eucharist. Since people accepted him in his special condition, nobody judged him or stopped him from doing this.

Besides this personal example, it is common in Germany for people to do their best to integrate every person despite their individual abilities and disabilities. Of course, alongside these attempts come paternalist tendencies. I don't want to draw idealistic pictures here, since there is still enough discrimination towards people with disabilities. Nevertheless, coming out of the really dark, dark history of Nazi Germany, with systematic euthanasia and Darwinist ideologies and only a few Christians, like Cardinal Graf von Galen who spoke out publicly against it, this catalysed the emphasis on human dignity, which still motivates us to integrate people with disabilities on a personal as well as an institutional level. So starting with human dignity in this respect might already

be very contextual, but regardless of the concrete history of Germany's guilt, its value is upheld and conserved in religious as well as secular contexts. Considering our topic of prenatal diagnosis, it creates problems since dignity and autonomy can collide. However, the Catholic Church safeguards and focuses on human dignity even when women are faced with prenatal dilemmas. Tying human dignity to universal respect and its possible universalisation takes the question "Do people with disabilities have the right to life?" off the table. For a moment at least, we suppose, "Yes, of course"… Does that help as a first explanation, Tsipy?

Tsipy Ivry: Yes, it helps very much. I must confess that I've never lived in a Christian country. My other field of research is in Japan, whose history is also shadowed by a period of eugenics. So I've been always extremely impressed with revelations of acceptance of disability in Christian communities as I find them on the web. When I teach my course "An Introduction to the Anthropology of Reproduction" I sometimes show the students a video of a couple who gave birth to a baby with anencephaly. Even though it is a very difficult condition they accepted the child, and it was amazing to see how they put a cap on the baby's head, how they embraced and sang to the baby. There was a whole way of including this baby into the family and the siblings, and this was extremely impressive and surprising from my perspective because – and I'm not saying it judgmentally in any way, because I really don't feel judgmental towards either of the areas that I'm speaking about – in Israel even the Haredi communities, I feel, are extremely ambivalent towards disability. On the one hand, you hear the narratives about how "these children," are special gifts and they're God-given, and how "this specific child chose me to be his or her mother, and therefore I am suitable to be his or her mother," and you hear how these children pray so beautifully and how they're loving and caring and special and how "we love them," and so on. However, on the other hand, you also hear how difficult it is to raise these children. For instance, one of the women who took part in my empirical research studies and who I'm still in contact with, gave birth to a child with Down syndrome, and one of her relatives called her to give her blessing. So she said to the young mother, "Oh, you're so blessed, and God gave you this special gift," and this woman answered, "What do you mean? Are *you* willing to receive this gift?" So, I always feel there's a lot of ambivalence surrounding children and adults with disabilities, and this ambivalence and tension shows in the Halakha, it shows even in the rabbinic law, you can really sense it, you can really point out the tensions and the ambivalences. In other

words, this ambivalent position towards disabilities translates into Jewish law and into Orthodox Jewish communities. I'm wondering whether there's any diversity that you can find, about the status of or attitudes towards people with disabilities, whether there's any diversity to do with the actual conditions of care for children and adults with disabilities: the setting, the framework, economic resources for care? I can give a very distant example: in the early 2000s, when I did my fieldwork in Japan, the doctors and the women used to tell me the people with Down syndrome in Japan have higher IQ or intelligence rating compared to other countries. They explained this with reference to the quality of nurturing and educational facilities for people with disabilities in Japan. Later on, when I continued to do fieldwork, I found complexities and ambivalences within these statements. Nevertheless, it made me wonder whether the discourse about people with a disability being welcomed into a community or not has something to do with the actual economic and technical setting.

Hille Haker: Thank you! That is quite difficult to say. First of all, I have to tell you the narrative used by the Haredi women or communities is new to me. Saying a child with disabilities is a special gift from God seems to me a rather secondary thought, meaning it occurs after these children are born in order to counter possible hardships. Secondly, at least in the German context, and that's slightly different from the US, many of the healthcare and caring institutions are actually run by either the Catholic Church or the Protestant Church as a substitute for the state. That means they're mostly financed by the government or by the state. So it is not just a parish or a religious community but actually a nationwide institutional setting, which supports interaction, education and care for people with disabilities. Although this might sound promising at first glance, it is ambivalent at a second, because for decades after the war, children with disabilities would, at least for day-care, be taken out of their families and sent to these special institutions. This way they are part of society but at the same time hidden away from the public: the children with disabilities would be picked up by school buses in the morning, would be then cared for in these institutions, and would be brought back to their homes in the evening. For sure, for the individual family this system makes a difference economically or socially, and takes away at least a little bit of the burden. The flipside, however, is that we didn't see many children with disabilities in everyday life. So, relating these findings to the questions on prenatal diagnosis, I am just trying to understand: how did this system influence the perception of prenatal genetic diagnosis when it was introduced into the broader public in the 1970s? How would families who had a

known trait of a condition or a disability or disease, react to and evaluate being channelled into human genetics? When I started working on prenatal diagnosis in more depth, and alongside the introduction of blood tests and probability testing in the 1990, the situation changed even further, since it appeared that the possibility of giving birth to a child with disabilities was still there, but the idea was to prevent it and "help" at least the women who had a greater risk due to their age. All of a sudden it was not only families with a particular family history that were included in the programs, but any woman above the age of 35. The advanced technologies worked at the medical level but also matched social developments, certainly in Germany but also other countries, of having children later in life. The development is much more complex than sketched out here, but needless to say all women, Catholic women included, were facing a new attitude towards children with disabilities.

Christina Schües: I'd like to ask a question of clarification concerning two themes that you introduced earlier. You, Hille, referred to the idea of a pre-judgment. On the one hand, you introduced the idea of dignity as a very important normative focus for the German discourse. On the other hand, you brought up – and quite rightfully – the atrocities of Nazi Germany. Furthermore, Tsipy, you were telling us about Japan's history and its quite ambivalent rhetoric of accepting children with disabilities. With regard to the source of pre-judgment, in what sense do Israel's history of the Shoah and Germany's Nazi history matter, and in what sense are they entangled with the religious discourse?

Hille Haker: I would really say that history matters in both cases. Both are mediated by religious thought, so my understanding of the history in Israel is that there's a very strong emphasis on natalism, on giving birth – not just as a moral pre-judgment. This is, in my understanding, on the one hand linked to the specific historical or even political situation of the 20th century, i.e. the state of Israel urging Jewish citizens to increase the overall population. On the other hand, it is mediated by basic Jewish thought and its very pronatal or pro-life narratives. Tsipy, am I following on from your thoughts and insight?

Tsipy Ivry: I never know, as an anthropologist, how to categorise Jewish thought, whether it's pronatalist or eugenic. In a broad sense, there are eugenic aspects. I wouldn't call them that, but in anthropology we have etic and emic perspectives; so from an outside perspective, there are dimensions of

Jewish thought that might in certain circumstances be addressed as eugenics. When writing about Jewish religious communities, I always make a point of emphasising the diversity in the texts that are considered canonical in the Halakhic tradition, in how prayers are led, and in many other aspects. However, very broadly speaking, I would agree that Jewish thought implicitly and explicitly focuses on pronatalism, meaning to be fruitful and multiply. That said, what really counts, what really works, within Jewish communities, is not the "be fruitful and multiply" – it's less about being fruitful and multiplying. The underlying thought – at least if we think about religiously observant communities – is rather about raising devoted – and that means *religiously* devoted – Jewish families. In other words, the Halakhic discourse, and Halakhic discussions on the feat of reproducing Jews, go much deeper than the mere obligation to be fruitful and multiply. So, on the one hand, especially after the Holocaust, it is definitely pronatalist. On the other hand, there is also a dimension to it that is more pragmatic and in a sense practical, since it addresses questions about – and I'm cautious about the terminology – how we make families that really can work, can function. Looking from a broad perspective, I think that's one of the main questions. In this regard, rabbinical thinking is about how large families can fulfil their obligations, as family and as religious devotees. So yes, it is about procreation, but not at any price. Jewish thought and the concept of pronatalism, I would sum up, address the question of how to create viable families.

Hille Haker: That would actually resonate very much with what I know from bioethics discussions with Jewish scholars. Certainly, generalisation in this context is impossible, but considering your explanation, the religious narrative is not just about being pro-life, it is also about being pro-health and pro-flourishing. This might even hint at why Israel embraced prenatal diagnosis on an institutional level as well as the social level. At least, it seems that the whole social setting, in this temporal context, coincided with a wave of technological development that also concerned health. Against this backdrop I might even say that, comparing the situation in Germany, in Israel prenatal diagnosis was embraced, not just because of the technologies (and kind of a fetishisation of technology), but also because the ethos of being pro-life always included attention to and concern for flourishing – and I use the term "flourishing" deliberately because it resonates so much with this wider understanding of the family and how it should function.

As an aside, you also mentioned something that has always impressed me as a Catholic Christian: rabbinic moral deliberation. It is a really interesting model of practical reasoning. As I tried to emphasise at the beginning, theology and theological tradition, either Catholic or Protestant, the Christian tradition, also knows discourse and deliberation on practical and ethical topics. However, it has changed over the centuries, and especially in the Catholic tradition it became rather abstract reasoning with a top-down morality. What I would like to stress here is another aspect: even though Christian ethical deliberation was similar to rabbinic reasoning for many centuries, it was always tied to what we call *the confessions*. So practical reasoning actually happened during confessional conversation and thus was tied to the priest's judgment. They had the challenging task of finding out how to deal with a particular sin, or guilt. In what we call *penitentials* you can trace the attempt to find coherent judgments and redemption, giving many practical examples. Basically, that is how Catholic moral theology, developed over the centuries. That gives quite a good idea of how much historical settings – not only the big history but also the history of moral reasoning – matter, for our tentative comparison, too. Would you say that this captures some of your findings and thoughts? Can you relate to practical reasoning in the rabbinic context that is decision-oriented, i.e. proactive and prospective rather than retrospective, or is it both?

Tsipy Ivry: I think that rabbinic reasoning is again based on principles that protect and guide viable families. So how it approaches punishment, or more precisely, how the rabbinic reasoning approaches the notion of sin and how to work with confessions, is always related to the goal of the functioning family. So for example, in post-diagnostic abortion, if a rabbi rules that a post-diagnostic abortion is permissible, and he knows that the woman, the couple, are going to feel extremely guilty and they're not going to get rid of the guilt afterwards, his mission is to find a way to enable them to go on with their lives in a good way. He knows that it's not that simple and they're going to suffer quite a lot after a post-diagnostic abortion, but his vision, his mission, is how to make this family work, function, how to make them viable families. I think this is the moral reasoning that leads the way for rabbis.

Hille Haker: I see. I would like to move one step further since from my perspective in the Catholic Church it is really exactly the opposite! If you, as a woman, have an abortion, you excommunicate yourself performatively, i.e. with your act. That is the moral reasoning. For now, without idealising these Catholic

moral practices or systems at all, this moral causality of a specific deed and excommunication as a direct consequence matters in our discussion of reactions to prenatal diagnosis. When it was introduced, it already stood on the shoulders of previous teaching and a decision that really "rocked" Catholics throughout the world: the internal Catholic discussion on the prohibition of so-called artificial birth control in the late 1960s.

Holding couples and families accountable for their actions on the one hand, and having almost no Catholic family complying with that teaching on the other, showed a disconnect between the moral teaching, top-down teaching, and the everyday moral challenges or judgments of Christians. So in the pews or in the confession boxes you could note a complete moral disconnection that touched the obsession with sin and guilt to a point where every moral ruling became toxic. So, adding another perspective to our thoughts on the religious implications of the attitude towards prenatal diagnosis in the Christian context, it has to be said that in addition to the pronatalism narrative in Judaism, in Christian ethics it is already situated in a very guilt-driven and sin-driven context. I know that from my Catholic mother, for example, who actually gave birth to eight children during the late '50s and then '60s, that when the birth control pill was introduced in Germany Catholic women lived with conflict: "Are we allowed to use birth control or not, and do we then have to go to confession about it, or how does this really work?" But over the '70s, '80s, '90s, couples and families started to step away from this conflict and made up their own mind about what to do. Sociological studies show that the big rift between the Church's teaching and what families actually did was not because of different understandings of flourishing families, but resulted from a concern about personal wellbeing. So, with respect to prenatal diagnosis now, how do the two groundings, the moral grounding of dignity and the experienced disconnect between the couples and families and the Church teaching, and their priests, how did that play out? I don't have the anthropological data for that; however, I would say that prenatal diagnosis is not only very broadly established in women's healthcare in Germany, but is also now accepted. There are still discussions going on at the margins, but these concern the different techniques, or how far we should go. It is not about whether to consider prenatal diagnosis or not. For Catholic women, Catholic families, I would say that the disconnect has become even deeper because of the sexual abuse scandal in the Church and the complete disintegration of its moral authority from any moral dilemmas or moral practical reasoning. The Church's teaching, and especially the moral authority of priests or clergy, is

almost completely lost, resulting in only marginal use of confession. So the whole centuries-old system of how the Catholic people did their moral reasoning and are held accountable within their communities has dramatically changed in my generation, up to a point where it has now almost collapsed. The attitude towards prenatal diagnosis, at least in Germany, is not all about reactions to the Nazi history but in my view at least, really show layer upon layer the changes within Catholic communities, the Catholic Church and their authority. The complex ramifications caused by these changes leave the women and families as moral pioneers. In the Catholic or even the German context there is no moral labour, as you show in one of your articles – there is no moral labour that the women or the families can do with their priests.

Tsipy Ivry: That was really illuminating and clarifying. I've been writing for a while now about the negotiation, the moral labour that goes on between the women or couple and the rabbis. This is part of a struggle: it's a strategic struggle over their authority. Listening to you, Hille, I was wondering, how does the division between religion and state play out in Germany? What's the status of religion within the secular German state? Because in Israel this is a huge issue: here there is freedom *of* religion but very little freedom *within* religion. In other words, if you're Jewish, then you're bound to the Jewish authorities, who are given authority by the state. Against this background, the invitation rabbis extend to couples or women for consultation, to do the moral labour together and share the burden, has more than one side. Surely, and in accordance with my observations, a huge part of it is based on genuine compassion that the rabbis feel towards women and couples. Part of my fieldwork has been on an organisation of rabbis that mediates reproductive medicine, with the mission of supporting the couples in being fruitful and multiplying in a viable way. Part of their support also includes the offer of counselling on prenatal diagnosis, because this is part of reproductive medicine and couples deal with it. At the same time, another dimension of this support is that rabbis are very much aware of the dangers to their own authority. By offering such consultations they're trying to make their authority relevant, they're trying to make religion relevant to the couples. I would argue that part of this invitation to consult the rabbis is about preserving their own authority. Doing this they draw from a huge "Jewish library," from texts collected and systematised over at least 3000 years. So there's enough of tradition of discussion and dispute among rabbis to supply the substrate, if you like, for all kinds of rulings, all kinds of precedents. I was really dazzled by the virtuosity of these rabbis, how they negotiated different

layers of the canon, of Jewish literature, the Mishna and the Gemara, thereby preserving and making their own authority relevant in a state –within which their political presence and participation is established, on the one hand; and on the other, where there is increasing tension around state-sanctioned religious restriction in public areas. Although religion is secured within the state's apparatus, there's a lot of resistance to it from non-religious Jews. Moreover, the variety of religious and heretical unities challenge rabbinic authorities as well. Consequently, in a way, rabbinic authority is under negotiation: it has to prove itself all the time, it has to prove its relevance – this is in a way part of the invitation to mediate very difficult ethical decisions, reproductive decisions; it is part of a larger story about rabbinic authority being negotiated, being challenged all the time. This setting can become paradoxical: there was a woman I met during fieldwork, who approached her rabbi and said "I reached the decision to terminate a child with Down syndrome," and it was really important to the rabbi to give her a ruling, a rabbinic ruling, so that she wouldn't feel that her own decision is autonomous but is supported by rabbinic ruling.

Besides this question about the configuration of religious authority in the state, I was also wondering about mechanisms or rituals to deal with abortions, for instance, after a positive diagnosis. Confession is also a central practice in Judaism, and there are many different meanings and reasons for applying rituals. In Japan, for instance, there are rituals for aborted foetuses that have been practiced for hundreds of years. The *Mizuko kuyō*, for example, is a ritual to ask for forgiveness from the unborn foetus. Women who wish to do this buy a little piece of land in the backyard of a Buddhist monastery, and put a little figure of Jizo-sama, who is the god of the children, on the ground and let the priest perform a ritual for them. The deity is supposed to ensure that the children can cross the river from life to death, and through this ritual leads them from one side to the other. The purpose of the ritual is partly to console the spirit of the fallen foetus, the unborn foetus. But it also works for the women, since they visit this backyard of the Buddhist monastery again and again, asking for forgiveness from the foetus. Even though we are not talking about Japan, for me it is an illuminating example of a ritual mechanism to deal with guilt. So I'm asking myself, how do religious Christian Catholics deal with guilt? Do they have any mechanism, religious mechanism, to deal with it?

Hille Haker: Thank you so much, Tsipy, for your questions and examples! So far, we have shared some thoughts about the background assumptions, i.e. our moral and social contexts, when entering into this kind of conversation

about prenatal diagnosis. From my perspective, and allied to what Christina and Anne have already emphasised, it is of the utmost importance to find a common ground for understanding by introducing our different cultures and histories. Reflecting on and explaining these general premises is a good starting point for what we have implicitly done next, entering into a conversation about decision-making processes, and about who has the authority to say what or to deliberate, and to co-deliberate. I want to come back to that in a minute, but what seems to me very important to discuss with you is the perspective of the women and families. So whatever decision has been made, how do people, how do families, how do women cope with the decision they have made? Because we started the conversation about the care work of families who have to be able, or have to be *en*abled, to care for a child, for a prospective adult, with disabilities. This and the institutional setting most certainly influence how you decide and also deal with a decision you have made. I would like to focus a little bit more on the individual decision-making process.

As I mentioned at the beginning, in Germany there is this institutionalised system for care. Taking into account what you have explained about counselling and also your question about how religion and the state relate, I would say there is also an institutionalised system for counselling. In other words, family counselling in whatever matters is supported and in part run by the Protestant and the Catholic Churches, subsidised again by the state, so that this system of counselling is partly secular and partly religious. Consequently, if you need counselling on questions of pregnancy, birth control and so on, as an individual you can choose which form you turn to – religious or secular. Now, even though numbers of Christian devotees in Germany are going down, and there is also religious pluralism regarding the growing Muslim population, the situation, the social and cultural base for decisions, especially in the context of reproduction, is still very much informed by secularised Christianity. However, people don't go to churches or priests to get help with existential problems. They turn to family counselling centres and institutions such as Caritas or Diakonie, which are based on Christian principles and ethos, but are largely run by lay people such as social workers, psychologists and so on. So, given the context of decision making before or during pregnancy, I would say people mostly turn to them not for an authoritative statement, but for help in discernment. I would say, in distinction to what you say about the groundedness of the moral authority of the rabbis and addressing the fact that Catholic priests have lost much of their moral authority, in Germany social workers and psychological counsellors working in the Christian institutions

help couples or families when they experience conflicts during pregnancy. In this regard, the option of getting a prenatal diagnosis and dealing with potential conflicts remains much more of a task for the individual conscience. Alongside what I said about human dignity as the main moral orientation, for me at this point freedom and autonomy enter the discussion. So, taking your examples of the rabbis who take the decisions and consequences upon themselves, almost like scapegoats, I really wonder if that would be possible in Germany or even the USA. I think, at least in the Catholic context, it would not: First of all, because there would not be any wiggle room in the decision about abortion, and second, because there is no longer any authority. To me, that again is not only a result of secularisation or a more secularised culture, but is caused by the moral toxicity surrounding the whole issue of reproduction. That said, however, for some time German secular law – perhaps due to the remaining power of the bishops, and the bishops' conferences – obliged women who decide to terminate a pregnancy to have – in addition to medical expertise – mandatory counselling before any abortion. I would say if one tracks that down historically, it has a lot to do with the societal power, the political power of the Christian churches and the fact that other parts of German secular law, such as education, are a so-called *res mixta*. However, even though such counselling was mandatory it was at the same time non-directive. As a legal matter, and after post-unification reform of the German abortion law in the 1990s, termination is still against the law – taking into account the coherence of the German Constitution. It is illegal but the woman – or medical professionals, for that matter – will not be penalised – at least not as long as the mandatory counselling has been received. No matter how critical I am towards the Church teaching's idea of sexual morality, I must say I am a fan of mandatory counselling because I do believe it really does good, giving a chance potentially to introduce unknown options or different perspectives to women or couples for their individual situations. Many social workers would, however, disagree. The surprising part is that, even though this mandatory counselling enables Christian principles to show their existential dimensions, the Vatican under John Paul II eventually intervened in the German Church and prohibited all the institutions who were counselling couples in so-called pregnancy conflicts. The result is that they can still offer counsel but they cannot sign the form that you need to terminate the pregnancy. This of course also concerns prenatal diagnosis, and once again leaves the woman potentially alone with her moral labour. Even though some clerics, and even the bishop of Limburg, resisted the order from Rome and upheld the counselling institutions for a while, they

faced penalties. Although this particular bishop helped to set up a foundation for counselling in questions of prenatal diagnosis, it was really scandalous that the Vatican mostly suppressed such bottom-up efforts. One single not-for-profit organisation called *Donum Vitae* has survived all these years through donations, and against the Church's ruling. So, with these examples, I want to tell you that I don't know the end of the story yet, for Germany. However, over the last few decades, you can see a deep rift between the official teaching and what is needed on the ground, a rift between the Church's self-understanding and the ongoing secularisation of German culture. There is also a lot of, I would say, religion-internal mourning about this situation going on in Germany, also about the lack of Catholic priests due to, in my view, the obtuse political decision not to ordain women. There are many factors that go beyond our conversation here, but with respect to decision-making, I would say it is now much more personalised, individualised, and channelled into the medical system. Accordingly, the doctors or medical counsellors now play a greater role in the decision-making process, and the individual conscience decision has much more weight than at least what you say about some of these communities in Israel. Even if that is the case, with respect to what you asked about the coping mechanisms, the accountability, the responsibility, the guilt, the forgiveness, the reconciliation – I think that with decreasing religious commitment here, too, women are very much thrown back upon their own means and resources. Since the termination of pregnancy in general has been taboo or even stigmatised for decades in Germany, such individual coping sometimes results in tremendous psychological problems. There are always waves of public feminist reckoning with this situation, but when it comes to coping with terminations of pregnancies after prenatal diagnosis, there still seems to be a great taboo. Trying to address this situation, some hospitals, for example a clinic in Mainz, have introduced a practice for anyone who has a stillbirth, a late miscarriage, or a termination. They are supported by a non-profit organisation, and will accompany couples during this time and give them a so-called *Moses Körbchen*, a Moses Basket, in which they put a candle and other things that this support group has prepared in the background, and they encourage the couples maybe to put a letter to their child into the basket. I was so intrigued by your story about the river, it's the journey the child has to make, accompanying the child and the women or couples with this little gesture, accompanying the families in this really tragic situation. In this context the whole question of morality is taken out, the "morality of guilt," the morality of "is that allowed or not?" is completely taken out of the

story here because they deliberately do not ask how a child died. I find that an exceptional practice, and I wished that such practices would be encouraged further. At the same time and as a Christian, a part of me is grieving, because there were religious rituals once, helping people to cope with loss and with guilt, too, bringing it back to the community and not leaving individuals alone with their experiences. Even with the Moses Basket, the coping remains very individualised – partly because abortion is so stigmatised. Even the Church is not against prenatal diagnosis in particular; it rejects abortion after prenatal diagnosis. Consequently, as a Christian woman you know that you are excommunicating yourself from the most important community, the community with God, and that's far more than a social exclusion, it is a spiritual exclusion. This setting makes you really shy away from even daring to speak, so you have to close it off, close it away, in your own conscience, which makes it a very difficult situation for the individual. So doctrinally and ethically really, I totally disagree with my Church regarding its practices and attitudes. I find its teachings and judgments at this point against life and against human dignity, un-Christian even. That is why I said at the beginning, theology and moral theology need to be more in conversation with the doctrinal level and with these authoritative judgements.

Tsipy Ivry: Hille, what you described mirrors the setting in Israel: The notions of exclusion and inclusion are key here, too. In the very beginning you emphasized how important it is to make everyone welcome regardless of his or her abilities or disabilities. Women find themselves in a position where they must judge which child is allowed into the human community.

It seems to me that in any society prenatal testing raises questions about the inclusion or exclusion of "new" members. In a circular motion it also raises questions of inclusion or exclusion of "old" members, i.e. the parents, particularly the pregnant woman. At these points, the dynamics of inclusion and exclusion tend to turn paradoxically. For instance, a woman – who for any reason finds herself in a position that is non-inclusive toward a foetus with a disability – will exclude herself performatively from the community with God. In other words, her inability to include becomes a reason for exclusion either in the sense of self-exclusion or explicitly as communal and social exclusion.

Christina Schües: What both of you have just outlined is touching and inspiring at the same time! Tsipy, may I refer to what you mentioned on the basis of our empirical experience during the interviews in Israel? When women are

faced with the decision to use invasive testing (e.g. amniocentesis) some would say, "No, I don't want to use this because it may harm the foetus or the pregnancy." With NIPT this reason to say "no" is no longer valid. If women do not want to know the genetic disposition of the foetus, how can they then justify saying "no" to testing? In Germany, they may turn to religious belief, or explain in a very secular way that they don't want to know the future or details about the child/foetus and they want to take "what comes." In Israel, it seems that women can certainly refer to religious belief. However, a non-religious, i.e. secular, not wanting to know and saying "no" to testing seems rather irrational and irresponsible. Thus, do you think that PND has become a practice as a matter of course that considers saying "no" is "only reasonably" possible for religious women? Is religious belief the only socially acceptable reason to say "no"?

And if so, what does this tell us about the relation between religion and high-tech reproductive medicine? On the one hand, religion seems tied up with a demedicalisation in which the course of pregnancy is God's will, and on the other it is tied up with high-tech medicalisation when it comes to a willingness to actually use reproductive biomedicine; and all of these evaluations seem to depend on the ruling of the rabbis, their narratives, and the means allowed to create viable families. Thus, behind my question I'm wondering about the religious narratives at work and the value of life, especially the value of the foetus's life more concretely, which is hotly debated in German discourses of medical ethics.

Tsipy Ivry: I do think that in Israel, a kind of "acceptable no" to testing is easier for religious women. However, my findings show that doctors as well as people who identify as non-religious tend to feel anger toward religious women who refuse testing or even part of the testing. As for "secular" women, one more or less "acceptable" reason to say "no" is infertility. If the child was conceived after long and painful fertility treatments, it might be acceptable in Israel for the woman to say that this is a "precious pregnancy" [*herayon yakar*: *yakar* also means "expensive"] and therefore she wants to give birth in any case. Such reasoning is rare!

Another way to think about your question is to rethink the term "secular." In Israel there are several New Age communities that do not fall into the category of institutional religion but practice a myriad styles of spirituality. Among them are anthroposophic communities, as well as communities in which New Age spirituality is practiced eclectically. In such communities there is a generally resistant attitude toward biomedical interventions. Typically, women there

opt for minimal prenatal care, minimal testing, homebirth, home schooling, veganism. So these people are non-religious, but are highly likely to say no to NIPT. There is a range of explanations that these women might give for refusing NIPT; maybe the metanarrative is the wish to connect with or get closer to "nature." Israeli doctors are often as intolerant of New Age women's rationales as they are of religious women's rationales.

And to your further question about the relation between religion and reproductive technologies, that is, the question of how it is that, on the one hand, women are saying they would not get an abortion for religious reasons, and on the other, Jewish orthodoxy has such an important role in Israel reproductive technologies? I have actually been writing about this question from several perspectives. I think the important thing to keep in mind is that the Jewish orthodox idea is that technology is provided by God, and that it can be "koshered" – it can be adapted to rabbinic law on the condition that rabbis are allowed into the technological and medical arena.

Anne Weber: Please allow me to add some thoughts and questions on what we have talked about so far. Concerning Tsipy's question about Christian coping rituals and what you mentioned, Hille, about the practice of the "Moses Basket": As far as I know and have experienced working as a counsellor in a small hospital in Paderborn, such practices have become quite common. Here it is called "Sternenkinder," and although it may not be a religious ritual in a liturgical sense, in my diocese it is supported by the archbishop. The idea is very similar to what you have described: accompanying people who are living through crisis instead of judging them, accepting the existential trauma of such experiences, and helping to create a context in which they can find a way of coping. Despite all the criticism of the Church's teachings, especially in the area of sexual morality and reproduction – which I definitely share with you, Hille – I find this at least a positive, i.e. more humane and compassionate development. Still, the question is how such counselling in individual, singular cases plays out, and what criteria and religious narratives could be implemented in order to avoid arbitrariness.

Hille Haker: Absolutely. The central question is, how do you accompany people, how do you counsel people in the prenatal context? I would say that what happens in the hospital and even in the counselling institutions is often very different from the normative framework of the Church's teaching. I work a lot with hospital chaplains and midwives who accompany women during labour

and also afterwards, in the process of late abortions. In such practical contexts, far away from their desks, the hospital chaplains, the ministers, be they priests or not, see that they need to accompany the women and not judge them. But there is a lot of room between Earth and Heaven, so even a simple task such as accompanying depends a lot on the attitude of the person in charge. However, in general and aside from the question of quality, I consider the counselling as well as the coping to be a moral practice. And if it is not based on toxic narratives, instead of a guilt-driven practice it can become one of solidarity, a compassionate practice.

Anne Weber: Yes. Taking your thoughts on the task of theology to claim a discourse with the Church's teachings, especially on existential topics, this work is still ahead of us, isn't it? The guilt-driven traditions and practices, in my understanding, originate from a very specific but also very dominant line of religious interpretation of existential contexts. It will be essential to look for other interpretative frameworks in the Christian tradition, which don't just challenge the very influential Augustinian ideas on procreation and reproduction, for example, but also make minority perspectives visible in theological discussions. So, jumping ahead of Christina's questions about the religious narratives of life's value, what theologians need to do is to broaden their horizon, i.e. remember the unheard voices of tradition, give room to and use other frames of interpretation. So even if there is a dominant narrative of life, family or sexuality in Church teachings, to me as a Christian and a feminist it is key – especially in the context of reproductive medicine – to show other lines of religious or Christian concepts and bring them into the discussion as well.

Hille Haker: Yes, absolutely. Before we go to the question of the value of life, let me emphasise that in my own work, I always try to counter this tradition of a very conservative, very normative kind of reasoning, and really expand on the tradition of the ethics of good life. So, for example, I reflect on modal verbs in moral argumentations, since they already structure the way we reason. Having said this, the normative question of what I *must* not do, or what I may do, is very much linked to the question of what I *can* do, where the limits of my capabilities are what I want, or if I even know what I want, or whether I'm already torn in my intentions, in my ends. Consequently, with this approach you enter a space of existential ethics and an existentialist ethics where freedom does not equate to autonomy, but needs to be seen as an effort. To me, this is also very important for the discussion on prenatal diagnosis and its potential

consequences, since the women and couples are always already in relation to others, their social heritage, educations, experiences, capabilities. So although from what we have discussed it appears that women are fully accountable and thus sometimes tremble at the responsibility for their decisions, you always have to take into account that they are responding to a situation in the way they *can* as the person they are. I work a lot with two basic concepts, namely recognition and responsibility. The mutual recognition that happens as a *verb* means not just valuing an unspecific someone but engaging in acts of recognising her as the person she is and can be. Recognition is thus an interactive kind of endeavour that you strive for. For sure, you often fail, and not only in reciprocal symmetric relations; but the responsibility we have is to think deeply about how we respond – not to an abstract entity but to a specific person and her capabilities, the realisation of her freedom. There are many follow-up questions that we cannot discuss here. Going back to what you said, Anne, about finding alternative narratives and interpretative frames, what I wanted to show is that in this concept the questions of guilt or sin cannot be answered as monocausally as Church teachings and traditions suggest. I think that in redoing Catholic moral theology, this becomes a very important endeavour, of course, once again facing the question of grounding the values of moral reasoning.

Just let me quickly try to respond to Christina's question about the value of life, the value of the foetus. This discussion of moral status without any context is very prone to misunderstandings. First of all, let me express how much I appreciate that we didn't begin our conversation with the question: "What is the status of the embryo?" This question takes us too far away from the fact that it follows on from a situation of dilemma. Tsipy showed in a very detailed way that the decision-making process begins at the point of asking the question whether or not to make use of prenatal diagnosis, whether or not to utilise reproductive technology. In this regard, the status question is part of a broader bioethical discussion that also includes questions on dealing with information and the right not to know, on shared decision making, on concepts of health, counselling, authority, on enhancement, gene editing and other topics we have mentioned. So I believe that the status of the foetus, or the value of life in that respect, is really only one factor, and in the concrete decision making perhaps ultimately not even the decisive one. However, it is not a minor issue. Referring to my perspective and what I said at the beginning about dignity, the question of the value of the foetus comes with other questions such as: "What does it say about myself if I cannot welcome a particular child into my life? Can I live with myself as someone who does not welcome a particular child?" I don't want

to fall into the trap of both liberal bioethics and Catholic moral theology, that both narrow the questions down to one single issue. Tsipy, I am sure you have some different insight and perspectives to add to our discussion.

Tsipy Ivry: Yes, Hille, I feel the same towards the status question. However, I will try to respond to it, because even though in the context of decision making it might only be one factor among others, I do think for the theoretical discussion it's an important question since it influences other factors, or at least how they are evaluated. Let me try to address it in a comparative way. What I find very interesting is that – regardless of whether the formal status of the embryo or the foetus is considered to be fully-fledged life or partly life, or on the verge of becoming a person, or having subjectivity or not having subjectivity – there is a really strong emotional and moral, ethical reaction that women experience when they find themselves faced with a decision about the kind of prenatal diagnostic technology to choose. Sometimes this reaction comes after an indication or a diagnosis, sometimes it comes after a post-diagnostic decision, and sometimes even after a post-diagnostic termination. So regardless of the formal status of the embryo or the foetus, in my work with women, whether religious or not, I found the process of decision making to be very ethically troubling for all of them. The gap between what is formally considered the right thing to do and what the woman feels is actually very difficult. It appears sometimes to be even more painful when women have not received a religious ruling. In Israel, non-religious women are led to think the termination of a foetus with a disability is the right, responsible thing to do, since having it will disable the mother, the family. However, after the decision to abort, the women are left alone with it, causing them terrible ethical turbulence. So despite societal acceptance of terminating pregnancies with an indication [of anomaly] based on the thought of creating viable families, for the individual woman it is emotionally and psychologically very troubling, to a point where they may remain in this decision-aftershock for years. This is a setting I found repeatedly regardless of the discussion of moral status in the media, among policymakers and healthcare professionals, midwives, or disability rights advocates. This is something that I find important to keep in mind and think about. Now, if I go back to the question of the value of life, of the foetus, you can draw on rabbinic texts. I'm neither a Talmud scholar nor a Mishnah scholar, but in the course of my fieldwork I try to engage with this literature when it emerges in the reasoning mechanisms of interlocutors. In preparation to this conversation I collected a number of Mishnaic and Talmudic verses and tried to grasp

this literature's logic, and to come into dialogue with it. So from a broad analysis of rabbinic texts, I would say that as a first rule of thumb they reveal a clear preference for the mother's life and safety. There are really harsh texts in Jewish or rabbinic literature, for example, if a woman is to be executed according to rabbinic law and she's pregnant, her death sentence may be executed immediately, i.e. nobody is going to wait for her to give birth. However, this is less a decision against the unborn child, but in favour of the mother's mental integrity – she shouldn't be tortured by having to wait for her execution. Another very graphic Mishnah example in Oholot says that if a woman is giving birth and the baby that is being born seriously endangers the woman's life by shoulder dystocia, then the baby should be cut apart inside the womb and taken out limb by limb. This sounds very cruel, but it is nonetheless part of the Mishnah. Diagnosing the texts and the literary tradition in general, the implication of the mother's life being prioritised over that of the foetus becomes quite evident. The reasoning behind it goes back to the Halakhic understanding that the embryo is, up until 40 days, considered part of the woman's body. Despite these religious rulings and texts, Haredi women won't even consider an abortion, and even emphasise their religious integrity and community by saying, "We never do abortions for Down syndrome." However, receiving a positive diagnosis of Down syndrome causes them tremendous stress, asking themselves how they are supposed to live with this child. Even though the community will most likely support its upbringing and care, the women fear that having a child with a disability might harm the chances of other siblings finding a "quality" marriage partner. So again you see an ambivalence. On the one hand, the devout Haredi woman would tell you that the ultimate righteous thing to do is to accept each and every choice that God makes, because God is the only one who makes choices. So they would argue: "We might not be able to understand why this is good, but it is definitely good because God chose this child to be born through me and it is good because God's choices are good, by definition." Thus, even consulting a rabbi would mean either doubting God's good choices or being too weak to accept them. On the other hand, the factual reality of this diagnosis was extremely troubling to some of the women. Anticipating such worry and anxiety, many Haredi women choose not to engage in prenatal diagnosis in order to avoid being placed in a position of overwhelming distress. If you look more closely, in the background of this reasoning there appears an informal hierarchy among Haredi women, and if you want to compete in this hierarchical ladder of righteousness, then you shouldn't engage in prenatal testing, because this may testify one's lack of faith in God's choices. Agreeing with

this, however, will make the question of coping even more urgent. So, despite any religious ideas and narratives that the mother's wellbeing is clearly prioritised over the status of the unborn child, the dilemma remains, even for ultra-religious women. Another thing I wanted to mention is that the rabbis who say they will take the responsibility upon themselves are actually also outsourcing this responsibility even further. The whole system of consultation consists of outsourcing and shouldering decisions among doctors and other rabbis, it is communal among decisors, among rabbinic and medical scholars. So a rabbi who gives the impression of shouldering the responsibility for a prenatal or a reproductive decision, is acting performatively for the couple. Of course, in the end I don't know whether or not the rabbi feels responsible himself, if he is able to sleep at night. What I want to point out is that to make such a decision, a rabbi needs a network of decisors to be able to share the moral burden.

Hille Haker: May I just expand your thoughts a little bit further from a Christian perspective, Tsipy? I believe that there will always be attempts to respond to the question, "What is the value of life?" Sometimes even posing this question seems naïve, since it is as if we could just put it on a scale like an organ, weigh it, and compare it to other issues. The effort and the attempt to find objective and quantifiable criteria will always be there, since it is a question that concerns all of humanity and the way we live with one another. What seems important to me is that the religious traditions bring a kind of a cautionary tale to the table, since their narratives always point to God's authority: "Be careful. The only one who knows the weight of the issues is God. You don't have the means to weigh them when it comes to life." I think the Jewish and the Christian traditions both caution that it is not up to us to translate values into quantifiable, objective measures. Values need to be accepted, and even though there might be many values that can be translated, for some it is not for us to say. I think the difference between the Jewish tradition and the Christian tradition is that the rabbinic tradition at least acknowledges that having said that, life is life, and life comes with conflicts. That is why there is a long tradition of practical reasoning dealing with life's conflicts. Accordingly, the rabbis would ultimately also refer to God's authority, but faced with these conflicts in practical, everyday life decisions, they, we, do the best we can. To me this explains the sharing of the burden, the consultation among the rabbis. From what you have explained as well, the rabbi actually hides behind the authority, and the whole setting remains paternalistic with respect to the women. In the Christian tradition, the Catholic tradition especially, there's a certain denial of these dilemmas. Philo-

sophically, you can pinpoint this denial to someone like Kant, who always shied away from acknowledging dilemmas, fearing to lose the consistency of a system and thereby its normative integrity. Something similar happened in the scholastic tradition of Catholic theology: the idea that there must be a solution to everything and every question. So when it comes to the value of life, and a conflict between the value of the mother's life and the value of the foetus's life, the Catholic tradition retains the idea of a solution to all dilemmas but comes to the opposite conclusion, i.e. sides with the foetus rather than with the mother. Originally, up until the 19th century the theological discussion of the process of humanisation also referred to the 40th day as the time of ensoulment. Since it was a different time for a boy and a girl, it was called "successive ensoulment." However, by the end of the 19th century and due to the scientific insecurities, ensoulment in the Catholic tradition was set at the point of conception. That takes away any wiggle room here, whether with respect to embryo research or abortion. Consequently, what you end up with in this line of reasoning is a denial of any moral dilemmas on a practical level. You might be able to acknowledge that people, women especially, experience conflicts, but on a theoretical level there is actually no dilemma, since the morally right decision, of course, is to side with the foetus in any given situation. The right to life, as humane and important as it may be, leads ultimately to an attitude towards the mother that demands that whatever she may feel, she must suck it up and accept the situation. Needless to say, this is very absolutist reasoning, but ironically it takes away the moral conflicts with respect to decision-making. I disagree with that reasoning, as you might have seen, because I absolutely resonate with what you say about the women especially, but also the families, being almost wiped out of this story. Speaking from more of an American perspective for a second, in reality both absolutist pro-lifers and absolutist pro-choicers show a denial of conflict that blows away the individual hardship, the weight of the decision-making and the subsequent coping. All that you have said shows me that the bioethical discussion about determining the value of life is this always ongoing effort of putting a life on a scale and then weighing it up against other circumstances; but not only is the metaphor not innocent, the process of trying to determine the value in that way is not innocent either. To tell you the truth, I would like to shy away as long as possible from that metaphor of "weighing." Although I totally agree that the question of welcoming a child or not welcoming a child into your life is the real question, it does not have so much to do with the scales or the weighing. It is a question of who you want to be, how welcoming you can be, and where your limits of welcoming someone else into your life

are, and whether or not you can live with acknowledging the limitations of your life, whether or not you can find help and can accept help, to welcome a child into your life.

Tsipy Ivry: So we are talking here about a social scale, the social framing of the decision. I am convinced that the ethical principles and values are always framed and instantiated by cultural, political and social conceptions. To understand them and how they interact is as important to me as the discussion on "the value of life" – difficult as it may be. Having said that, these frames become key to answering the question of what is understood to be an ethically proper process of decision making, or what makes a decision-making process ethically appropriate. Asking "How does one make decisions?" has social as well as individual implications. For our context and with regard to what religious authorities – whether priests or rabbis – find it reasonable for women and families to endure; so questions of suffering, the interpretation, the narrative or the value of suffering, become important. For example, there is no agreement among rabbis about the "status" of suffering (the parents' and the child's suffering): what is suffering and what role does it play within decision making about whether to welcome – if I use the idiom that Hille uses – or not to welcome a child? Neither is there clear consensus on who should be considered when thinking about suffering, avoiding or accepting it – the woman, the child, the family, the community? The consequence of this lack of clarification is a culture of disagreement, that in a contradictory way makes possible a huge diversity of decisions. This corresponds to what I presume to be of utmost importance from a rabbinic perspective when being consulted: that rabbinic knowledge has been negotiated while the decision, the ethical deliberation was being done. As I mentioned before, rabbis are interested in preserving their authority and making it relevant, but another element in this dynamic is to safeguard the integrity of people's life. Thinking of my Haredi informants and their partners and families, another risk within the context of possible reproductive decisions is that if a couple or a woman makes a decision without consulting a rabbi, she potentially dissociates herself from the framework of rabbinic decision making, resulting at some stage in disconnection from the community. Such disconnection is going to be so troubling, and ethically so confusing for her, that the rabbis are not only trying to protect themselves and their authority, but also trying to protect the people by keeping them within the framework of religious and rabbinic decision making. Making rabbinic traditions relevant for the people helps to keep the people intact, because the wholeness of these

couples, these families, these communities, depends on their continued connection with a whole apparatus that is spiritual and legal and communal.

Hille Haker: You have shown remarkably the rabbinic logic of protecting the community. It is striking to me how the reasoning is almost the opposite in Catholic Christianity: the protection of the purity of the community and institution by excluding people who have deliberately acquired guilt. So that is the big thing and, in my view, exemplifies the Augustinian legacy in Christian thinking: if you don't know what you are doing, then it is just a sinful thought or act and you can regret it, but if you continue to live in sin, whether it is with respect to birth control or something else, then it becomes an issue of guilt. With respect to abortion, you can know ahead of time that it is wrong and if you still continue to do it, you live in sin. So in order to protect the institution, the community, the purity of morality, you have to be excluded, partly or once and for all. To me that seems almost the opposite intention to what you say is the motivation of the rabbis. Practically speaking, I believe that many priests actually do *not* agree with that exclusion and do not act upon the official teachings, but they try to include and support couples and women in conflict. However, until the official "ruling" is undone and a new conceptualisation of sexual moral theology in this area is found, implemented and acknowledged, it is always up to individual priests to depart from these exclusionist practices, and open solidarity with "sinners" will in the long run also lead to exclusion for them. We see such exclusions from community and Eucharist, i.e. community with God, in several areas in the Catholic Church. Again in the US, President Joe Biden cannot receive Communion because, ideologically, he is pro-choice and that means he holds the opinion that the law of the land, namely abortion, is there for a reason. If conservative Christian wings exclude the US President, you can imagine how they treat a woman who comes out as having made the decision – and that to me is where the ethical violence within the Catholic system begins. It causes a problem, not only practically speaking but also theoretically and certainly theologically, too.

Tsipy Ivry: May I ask a final question? If Catholic contemporary authorities would like to "reform" their discourse and authoritative statements, is there enough substance in the tradition from which to reinterpret or revive traditions to create a more inclusive atmosphere for women and families?

Hille Haker: Absolutely, but I think the very first step is simply to acknowledge what you said in the beginning, that we are dealing with moral dilemmas, or even moral tragedies. Because then, in the practical reasoning the virtue of prudence becomes the central virtue. Even in the scholastic tradition, reading Thomas Aquinas, the virtue of prudence entails tools of practical reasoning that are much more in line with a rabbinic tradition. For example, prudence entails attentiveness to circumstances, the imagination, the remembrance of similar cases, the attention to possible consequences, a certain strategic thinking. In the Thomistic tradition these are called the middle principles, and acknowledging that we're dealing with moral tragedy would allow us to give the virtue of prudence and practical reasoning greater weight in relation to the other principles, or even the other virtues. There is a potential to harmonise the theological tradition with this kind of virtue reasoning, embracing the sources of theological, ethical reasoning, which are scripture, tradition, reason and experience – that is my "solution," and I've been promoting it for years now. Perhaps for Church teaching it is still too uncomfortable to acknowledge moral dilemmas and acknowledge that they are tragedies, that often there is no good solution, if any at all. To bring forth such acknowledgment it is necessary to get away from depicting the ethical questions abstractly and find a more descriptive approach. That is why I think it is so utterly important to have anthropological, ethnographical research like yours, where you can see the ideologies and narratives in the background influencing the decisors, co-creating the dilemma structure. On the one hand, the obligation to welcome every child into your life as God's gift, and then on the other, two sentences down, the existential anxiety of not being able to cope with this gift. Ignoring these background narratives means ignoring the distress, the burden, the despair a woman may experience throughout prenatal diagnosis, trying her best to create a viable family. Legitimising the dilemma by saying that anxiety and suffering are also part of God's gift remains on the confessional or ideological level; it is not experiential, it appears cynical and with a certain cruelty in the judgment – at least, it may well entail ethical violence. So I think only if you go through that door of acknowledging the moral dilemmas *as* dilemmas, will you be able to enter into a conversation, a moral deliberation process, which takes the people with you, and lets them live as the person they are.

Christina Schües: We have come a long way – and we have opened a path for further research and further conversations. Thank you both for the inspiring, deep, and most insightful conversation!

Anne Weber: Even though we will end our conversation at this point, we hope this is not the end but the beginning of an interdisciplinary, interreligious, and transcultural exchange, helping to support a way of moral reasoning that is sensitive to life's challenges and conflicts. Thank you both for sharing your work and insights with us.