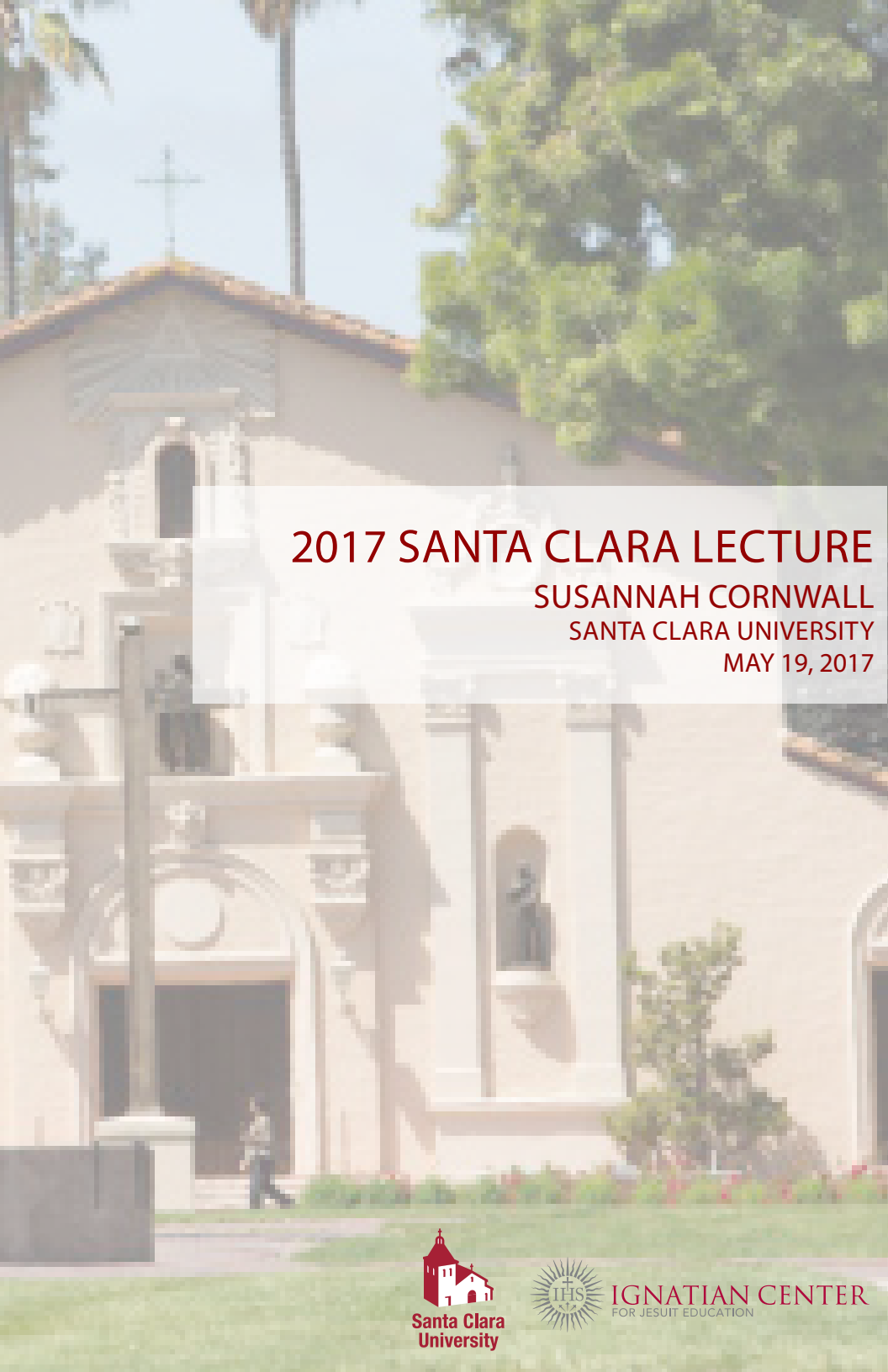

2017 SANTA CLARA LECTURE

SUSANNAH CORNWALL

SANTA CLARA UNIVERSITY

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2017 Santa Clara Lecture
Gendered Theologies and the Common Good
Susannah Cornwall
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Thank you very much, Dorian and Theresa for those really kind words of welcome, and thank you to all of you and to the administration of the university for inviting me here. So in the United Kingdom where I live and where I work, the National Health Service or NHS is the primary provider of preventative and therapeutic healthcare for 65 million citizens. NHS care is free at the point of need. it's not means tested. It's funded by taxes and central government.

The NHS provides general practitioners, specialist consultants, hospital doctors, surgeons and nurses, community nurses, midwives, pharmacists, paramedics, counselors, mental health services, contraception and sexual health services all free at the point of delivery. Across the UK it includes free medication on prescription for under 18's, over 60's, pregnant women and new mothers, some people with disabilities, and people in receipt of social security benefits. All UK residents are eligible for NHS services.

A leaflet distributed shortly prior to the launch of NHS in 1948 spells out its vision, deeply rooted in the notion of a common good. It will provide you with all medical, dental, and nursing care. Everyone rich or poor, man, woman, or child can use it or any part of it. But it's not a charity. You're paying for it mainly as taxpayers and it will relieve your money worries in times of illness. I'd like to play you a short audio recording of Aneurin Bevan, the architect of the NHS speaking, and this is taken from an exhibit at the People's History Museum in Manchester.

[Recording Plays]

Aneurin: I'm proud about the National Health Service. It's a piece of real socialism. It's a piece of real Christianity too you know. We had

to wait a long time for it. What I had in mind when we organized the National Health Service in 1948 to 1958, and remember when we did it, you younger ones, this is immediately after the end of World War II when we were, as Sir Winston Churchill then said, a bankrupt nation.

But nevertheless we did these things, and there is nowhere in any nation in the world, communist or capitalist, any health service to compare with it. Now the National Health Service had two pain principles underlining it. One, that the medical arts of science and healing should be made available to people when they needed them, irrespective of whether they could afford to pay for them or not.

That was the first principle. The second was that this should be done not at the expense of the poorer members of the community but of the well to do. In short, I refuse to accept the insurance principle. I refuse to accept the principle that the National Health Service should be paid by contributions. I refuse to accept that. I refused to accept it because I thought it was nonsense. If you hadn't fully paid up. you couldn't have a second class operation because your card wasn't full of stamps, could you?

Susanna: So that I think is a really powerful vision of the common good, not an uncontested one, not an unproblematic one, but a powerful one nonetheless, based in the conviction that healthcare shouldn't be a privilege of the deserving or the rich. From its inception though it's faced challenges. The population continues to grow, and under our current government the NHS's budget continues to shrink. Nonetheless, within its remit is written into law and into the NHS's own contract of care that the provider must take account of the spiritual, religious, pastoral, and cultural needs of all service users.

So commissioning groups have had difficult decisions to make about the prioritization of funds and about how to balance the good and the needs of individual patients with those of society as a whole. Is care for everyone simply too costly? How should different aspects of

healthcare be prioritized? And in this lecture I'll be considering the place of spiritual care, itself increasingly marginalized in the NHS particularly for transgender people who might also be considered a niche or a marginal group, and I'll point to the necessity of affirming and compassionate theologies around transgender and also the emerging work of transgender Christians and their allies.

And then later in the lecture I move to considering how goods play out and how understandings of the common good play out in another area of gender medicine, that involving the decisions made around intersex children and their healthcare. And if terms like "intersex" and "transgender" are not familiar to you, please don't worry, we're going to unpack them as we go along.

So first of all, what is transgender? It's a term some of you will be very familiar with, others less so perhaps. Transgender people experience a disjunction of some kind between their physical sex and their gender identity, that is their sense of being a man or a woman. Some seek hormone therapy or various physical surgeries in order to bring their bodies more into line with their identity.

Others however either because of choice or because of lack of access to funding for medical interventions may live in their preferred gender without ever going through any physical alterations. In the UK the average age for beginning gender transition is 42, and I think this is significant as by their 40s most people are well-established in their adult lives, they may well have spouses, children, and visible public roles in their communities. Transition is usually something they have considered long and hard.

So weighing out goods in this context also means awareness of the possible challenges posed to others who felt invested in the lives and relationships with people who transition, and this is where I think some of the recent evangelical commentators on transgender, people like Mark Yarhouse, Vaughan Roberts, and Andrew Walker are clearly

motivated by compassion and concern for families and relations, but where I suspect they get the balance slightly wrong, because I think they're too unreflective about the harm that a narrow binary gender system does to all of us, not just to trans people.

Theological responses to transgender, and I'm thinking of those particularly that have emerged since the last years of the 20th century, have sometimes focused on Biblical texts such as those from Deuteronomy and Leviticus which outlaw for example women wearing men's apparel, offering animals with bruised or crushed testes as sacrifices, or admitting to the assembly of the Lord someone whose penis has been cut off. And I've discussed in more length elsewhere the fact that such texts appear to be as much about issues like disability and concerns about preserving the community by ensuring the continued possibility of procreation as well as in terms of markers of inclusion such as male circumcision as they are about sex per se.

Furthermore, there is a counter stream within the Biblical texts themselves which point to a community in which those with torn, crushed, or excised genitals – notably eunuchs – are not excluded but included as full members. We might point here to narratives such as Acts 8, the story of the Ethiopian eunuch baptized with no mention of his physical difference, or Jesus's words about eunuchs from birth, those made eunuchs by others and those who made themselves eunuchs for the sake of the Kingdom in Matthew 19, which some interpreters understand as including present day intersex and transgender people. And Isaiah 56, an example of a Biblical pun where we're told eunuchs will be given a name better than sons and daughters, an everlasting name which will not be cut off. Let the reader understand.

Now those who've had theological reservations about transgender have often started from the conviction that human bodies and identities, but especially bodies, have a certain givenness, an irreducibility, a directedness as created by God, and that therefore there are certain things and only certain things that it's legitimate to do to and be in them.

So for example, Oliver O'Donovan the British evangelical ethicist holds to know oneself as body is to know that there are only certain things that one can do and be, because one's freedom must be responsible to a given form which is the form of one's own experience in the material world.

Beyond this, there are also concerns about whether gender transition tends to lead to or perhaps to mask same-sex relationships as well as the pastoral anxieties we've already mentioned about the effects of transition on family members of the transitioning person. O'Donovan though is particularly concerned about issues of illusion versus reality and the extent to which surgically created genitals may be understood as veritably human. Interestingly though, O'Donovan in common with some other theological interpreters outlaws medical interventions for transgender people but has no problem with them for intersex people, those who have an unusual physical sex.

The argument here is that where physical sex is atypical it is appropriate to clarify it, but that this is not true for gender identity. So physical sex is understood as the irreducible thing which must not be changed for transgender people, yet it is fine to alter it for intersex people, because I think of the assumption that intersex already represents a deviation from God's intention.

However, those who rail against transgender interventions because they're unnatural may not feel so exercised about organ transplants, cochlear implants, laser eye surgery, prosthetic limbs, or a host of the ways that we intervene to augment our bodies, perhaps because we tend to understand sex and gender as somehow more fundamental than other aspects of our bodilyness. Yet, as I've argued at length elsewhere, the inconsistency in responses to transgender and to intersex suggests that something more is going on.

While opponents to transgender intervention often hold that this is because human embodiment and animality are irreducible and

shouldn't be eroded often because of a good Christian commitment to concreteness, context, and incarnation, responses to intersex hints that there is something else underlying appeals to bodily integrity, and that bodies themselves may need to be brought into line with a more binary gender than binary sexed assumption about what true divinely intended human life actually looks like. But if binary gender is grounded in binary sex, what's the rationale for arguing that even people who do not have a clear binary sex must also have a clear binary gender? Significantly though it's not just critics of transgender who appeal to givenness.

Many transgender people themselves also appeal to givenness, but in this case the irreducibility of their gender identity which they too often understand as divinely ordained. Several transgender Christians including clergy, names such as Carol Stone, Rachel Mann, Sarah Jones, Justin Tannis, have written and spoken of the deep and intertwined relationship between their vocation to ordained ministry and their calling to live their lives in the gender they've always understood themselves to be.

So Tanis for example says, "I look at my experiences of gender as the following of an invitation of God to participate in a new, whole, and healthy way of living in the world – a holy invitation to set out on a journey of transformation of body, mind, and spirit." Tanis writes powerfully of his understanding of gender as calling, not just for transgender people but for everyone, and he notes that in common with other vocations it may be revealed all at once or gradually over a long period.

Rachel Mann acknowledges that her transition was, and I'm quoting her directly, an act of violence against the normal course of things, and yet she says "Without it I would not have achieved the degree and depth of self-reconciliation that I have."

Another theologian writing about transgender, Tricia Sheffield, has

argued that Christ's body as constructed in Calcedonian belief is somehow trans. It's simultaneously human and divine, and therefore it's polymorphous and transmutative with both natures preserved. Since Christians believe in this body of Christ as well as helping to constitute it, Christ's body might be a particularly important sight of solidarity and hope for transgender people.

Now the work of some recent Christian writers, particularly evangelicals in response to transgender including Mark Yarhouse, Andrew Walker that I've already mentioned, may just on gender dysphoria, that is the sense of alienation and exclusion from their bodies that many transgender people feel, and as a result these theorists argue that the most therapeutic option for those transgender people will be to come to feel reconciled to their bodies but without any surgical or hormonal intervention. There's thus far been less acknowledgement from that branch of the church that peace and reconciliation may come about through and not despite gender transition, and the broader recognition of one's identity by others including one's faith community.

So why spiritual care for transgender people? Well pastoral and spiritual care for trans people might usefully be understood as accompaniment across all stages of their lives before transition, during, and after any public gender transition. Such spiritual care might be an easy sell to those of us already invested in the place of faith and the supernatural in everyday life. However, in discussions about what should or could be provided by stretched healthcare systems, this aspect of the common good is not taken for granted. In a context like Britain where more and more people identify as having no religion, it may seem like a niche interest for an already stretched health service.

But more broadly, spirituality is understood as referring to the whole person, the package of their physical, emotional, mental, social well-being, particularly perhaps in the sense of belonging to something larger than that which we encounter in everyday life, and that could go regardless of whether or not someone adheres to a particular religious

tradition. So if we're interested in negotiating goods and weighing up what constitutes the common good, we'll be interested both in what's good for communities as well as individuals, but also in what is commonly good for the different elements making up any given individual.

So we might say giving space to spirituality in healthcare is giving space to acknowledgment that the person is a whole person, lives in a community network, and is more than the sum of their body parts. And I could point you to a host of research on healthcare chaplaincy which demonstrates the importance of spiritual well-being for mental and physical health.

Theologians including John Swinton have emphasized the importance of emotion, feeling, intuition, and a sense of something beyond essential to processes of care, and have noted that a person's wider social and semantic context is not simply a backdrop to the real task of dealing with biological and psychological events which may be deemed pathological.

Now good healthcare providers know this. They know it already and they do all they can to promote holistic well-being, but even the best as we've heard are working within overstretched systems and may find they simply have less time and fewer resources than they would like. The goes particularly in the UK context for those working in gender medicine. The NHS mandates a maximum 18-week waiting time for access to interventions, and yet the numbers of trans people being referred have spiraled so much in the last few years that the waiting list is now over two years in place.

But anecdotal evidence suggests that a significant proportion of people seeking gender reassignment within the NHS in England do have a personal faith, and that their faith and spirituality are impacted by their gender incongruence and transition, and indeed this has been corroborated by recent testimonies, for example those of members of

Cybil's transgender spirituality group who contributed to the collection This Is My Body which came out a couple of years ago, or those of the Anglican priest and poet Rachel Mann who I've already mentioned, who reflects profoundly on the interactions between her vocation to priesthood, herself understanding as transgender, and her complicated relationship with a body which is subject to illness and pain as a result of digestive disorders that she has.

Now this may largely relate to factors external to the affected individual but might also for some people be a feature of minority stress and in particular internalized transphobia. However, for many people spirituality and faith are important sources of support and identity as they undergo medical interventions and experience challenging life changes. However, some trans people have found it difficult to find religious communities where they can receive the support they need.

Sometimes that's because of a suspicion within faith communities that transgender identity is either a rejection of a divine plan or simply evidence that something has gone wrong somewhere along the line, and such responses which are often compassionate but nonetheless characterized by a deep investment in the fixity of human sex and gender underline work by Yarhouse, Walker, and Roberts which I've already mentioned. So they aim to protect trans people's families and communities, and they might therefore be said to uphold a common good, but I fear that it's one which subsumes the good of the trans minority to the apparent good of the majority.

And those both risks making trans people a kind of sacrificial scapegoat who must be sacrificed to shore up a shaky system, and I think does too little to interrogate whether a strongly binary system is actually bad for others, not just for trans people. Sometimes it takes an uncommon need for us to reevaluate our assumptions about what constitutes a common good. And sadly, religious communities have not always endorsed trans people's sense of being accepted as effectively as they might've done, and I want to suggest that this impoverishes these faith communities

too.

For many trans people a key to good care is being encountered at all junctures as a whole person, not a set of hormones and body parts. Awareness of spirituality is awareness of this sense of personhood more broadly, awareness of a sense of future, and for many people awareness of being part of a universal community. And it's for this reason that in partnership with an NHS gender clinic in England I'm currently formulating a framework for spiritual care for people undergoing gender transition that aims to understand the implications of spiritual care for broader mental and physical well-being, and which understands as individuals existing in community and developing character in community.

But a brief interlude. Some of you have been in classes this quarter whose theme is gender justice and the common good, and I met some of you in classes this morning. And as you might know, there was some opposition to the invitation issue to me to come and speak as part of this series, and in part that was because of work I've done in the past which detractors felt was blasphemous and undermined the family, and because I'm openly supportive of transgender people. but I wonder too whether the title raised red flags for some people, "Gendered Theologies and the Common Good", because the term "gender" far from being neutral has become enormously freighted within Roman Catholic circles particularly in Europe.

A recent special issue of the journal Religion and Gender focused on this controversy. Contributors pointed out that for the Vatican, appeals to gender and engagement with critical gender theory are assumed to go hand-in-hand with critiques of the assumption that binary human sex is natural and universal. Mary and Kate writing in that special issue holds that it was feminist discussions of gender in the 20th century which prompted the development of the notion of complementarity by Paul VI, John Paul II, and Benedict XVI, and she further argues that complementarity then came to underlie the Vatican's theology and

ideology of human sex and sexuality not just in specifically religious terms but also legally and politically as part of its ongoing opposition to same-sex marriage.

So Case wants to argue that the Catholic authorities feared that the gender agenda was motivated by a desire to deny the reality and irreducibility of human sexness as male and female, and she cites Benedict XVI's appeal when he was _____ _____ against the trivialization of sexual specificity that makes every role interchangeable between man and woman. Sex no longer appears to be a determined characteristic as a radical and pristine orientation of the person. This was in opposition to radical feminists, but other contributors to the special issue note that concern about the apparent undermining of sexual essentialism also appears to underlie some Catholic authorities' suspicion of transgender.

So taking all of that into account, in this climate the assumption might be and clearly has been for some people that gendered theologies are of necessity destructive ones, but I'm also interested in the broader title: Gender Justice and the Common Good. Some of you in your classes and broader work have been thinking about and reflecting on what is good for all people and what promotes the kind of people and the kind of culture and society you want to be.

There are some transgender people who would consciously align themselves with queer theologies of the kind that have been suspicious of the phenomenon of family values, not least because as commentators like Mark Jordan and Lee Adelman have commented, appeals to innocents such as children have too often been happy to throw real children under the bus. That's one tactic for rejecting the notion that family can only be understood as a mother, a father, and their biological children.

And in fact, one of the things that I do in my most recent book is to explore the idea that actually the Christian tradition is replete with

models of family and kinship that are far more diverse than that, and there's space within the tradition for exploring the ways in which Christianity itself actually disrupts family and says that our commitment is to not only our own group or our own tribe but to all children of God. We all know perfectly well that families can be destructive as well as affirming places, that they can harbor abuse and neglect, that children are often more at risk from their own relatives than from strangers.

In his work on the common good and the social order, Gary Dorrien has noted that appeals to a common good should not and cannot elide or erase all difference. There will likely remain appeals to good which take into account local circumstances and concepts, and this is appropriate. However, acknowledging this diversity does not in itself do away with any account of ethical normativity. It will still be possible to ask what tends towards justice.

So when we explore the common good we need to ask whether appeals only to binary models of sex and gender are really good for anyone or for any of us. We need to ask whether the endorsement of bodily materiality and specificity that underlines some rejections of the gender agenda goes far enough, or whether in its conscious endorsement of male and female it unconsciously excludes and pathologizes those whose bodies and identities don't fit either category.

This is particularly important given that variations from the statistical norm include not only psychological and emotional but also physical difference. And so in the next part of my lecture I want to move on to thinking about the tricky business of what happens when goods seem to collide, in this case in the care of intersex children.

Many parents have to make decisions about their children's medical care and healthcare when children are too young to give consent for themselves. Parents who don't consider themselves in any way experts on medical matters are likely to defer to the judgment of professionals involved with their child's care, especially in emergency situations

where decisions have to be made quickly. But what happens when there's debate over the best path of care, when parental decisions have implications for children's well-being not just in the immediate future but throughout their lives, when parents and doctors disagree about care, or when in some situations parents are not the ones best placed to agree to decisions on behalf of their children?

Questions like this are brought into particularly sharp focus in the area of intersex, and for those of you not familiar with this terminology, intersex refers to people who are born with atypicalities of their physical sex such that their bodies can't be classified as male or female. So their genitals, their gonads, their chromosomes, hormones, gamits, may vary from those we typically expect to find.

So for example, an intersex person may have an externally female body. They may have a vulva, a clitoris, breasts after puberty, however they would have internal testes and XY chromosomes rather than XX chromosomes. That would be one example. Other intersex people might have XX, that is female chromosomes, but a large clitoris which looks and functions more like a penis. And some intersex people have a mix of characteristics, some XX cells and some XY cells in the same body, a testes and an ovary, genitalia which don't really look either male or female but something different.

Some people go through most or even all of their lives without ever realizing for example that they're genetic mosaics, that is that they have a mix of XX and XY chromosomes or some female tissue alongside their male tissue. This might begin to prompt questions for us about how significant physical sex really is as a marker of identity and ontology if it's not uncommon not even to know about it and yet to live a perfectly ordinary life.

But some differences are of course more evident from early on. When infants are born with visibly unusual genital anatomy, parents are likely to be asked to make decisions about their care soon after birth, and

what's best for intersex infants is hugely debated particularly given criticisms since about the middle of the 1990s about early surgeries. Intersex adults and allies have been battling against that since then. Furthermore, decisions made by doctors or parents in the past might be considered to have been detrimental to the long-term good of the intersex adult.

So ethics in this area are about the difficult task of weighing up present and projected goods and deciding which and whose goods should be most closely guarded. Christian theological ethics and theological anthropology contain rich and varied discussions surrounding the moral and the cosmic significance of human sex differentiation. For some commentators following in the footsteps of Thomas Aquinas for example or Carl Bart or Hanses Von Balthazar, human sex relationship is synectoky like a little mini version an example of the divine human relationship, and something of the meaning of being human is found in sex itself, particularly as this tends – for these writers it tends in male terms – towards generativity, towards reproduction.

Bart argued that the way that human females were to follow and to respond to human males echoed the way that all humans were to follow and respond to God. To deny the order and procession built into human sex and gender, Bart believed, would be to deny the broader divine order. The problem with this is that it assumes a hierarchy of genders simply is natural and indisputable rather than being a social construction which presents its own problems and might actually prevent women and people with unusual sex gender configurations from developing relationships with God in their own right.

And in contrast I've wanted to suggest that while to be human is irreducibly to be sexed, human sex does not manifest only along male or female lines, and biological generativity is a frequent but not a universal concomitant. Intersex people's humanity is in no way compromised because their sex is atypical. Rather, intersex is one phenomenon which disrupts the apparent incontrovertibility of clear and binary biological

sex as a human characteristic, and I've explored this at greater length in two of my books as well as the new book I've already mentioned.

But another really useful text that I've put up here as well is Megan Defranza's book Sex Difference in Christian Theology: Male, Female, and Intersex in the Image of God. Rooted in her evangelical background, but targeted particularly at a Roman Catholic readership. In the last two decades, many intersex activists and other commentators have been vocally critical of the paradigm under which children with atypical genitalia were likely to undergo early corrective surgery such as the reduction of a large clitoris, the removal of a small penis, or the creation of a vaginal opening.

Critics of the early corrective surgery model have argued that unusual genitals are almost never in themselves of any detriment to physical health and that there's no need to perform surgery in infancy or childhood, and those familiar with this area of ethics will know that at its very heart are tussles over competing goods and questions about whether justice for society at large is best served by early and compulsory medical intervention for children with unusual bodies. Intersex activists and critical theorists have argued that actually secrecy and misinformation surrounding the medical treatment of intersex have been as harmful if not more harmful than unusual physical manifestations have been.

And from the mainstream medical side I think another set of goods has been at stake, that is around intervening to promote normality, the assumption that children need to be clearly sexed and appropriately gendered in order to be happy and normal, and perhaps a suggestion implicit rather than explicit that's allowing unusually sexed bodies to persist uncorrected is in some way threatening to the good of society at large. Many doctors today still believe that to be happy and well-adjusted someone must be clearly male or female, and that if there's any question about sex it's appropriate to tweak the body for the sake of future gender identity.

Doctors aren't unique in that respect. We can see similar assumptions in the work of writers like Yarhouse and Roberts as well as O'Donovan and others. Furthermore, many parents also assume that clear sex is a prerequisite of the normality they want for their children. But increasingly as we've heard, commentators suggest that risks to psychological well-being with atypical anatomy may cause have been overstated and that what's more psychologically damaging is undergoing invasive genital surgery, frequent examination and hospitalization, not being told the truth about one's condition, and growing up in a climate of secrecy.

Now doctors who do intervene appeal to a range of goods to justify their intervention. Many continue to believe that early surgery promotes better psychological outcomes later; others also believe it's necessary for parents to see normal-looking genitals in order to be able to bring up their child without ambivalence. Parental desires for normal children stem I think not from selfishness but from a sincere belief that difference and abnormality often lead to suffering and bullying and are best avoided. Parents are aware that they're not bringing children up in a vacuum, and that not being readily identifiable as a boy or a girl is one of the first things that might make their children vulnerable.

What else are they to do but to make decisions which seem as though they'll promote happiness and normality for their child? But even when they're working with a wide range of information, parents my privilege more pressing or immediate goods over more distant or nebulous ones. This is not particularly surprising or sinister. After all, not all parents are conversant with the critical gender theory that's been so prevalent in the intersex discussion.

They may not be aware that early surgery is being criticized from so many quarters. They might be ashamed or embarrassed or just bewildered at being told by doctors that they're not sure about their

baby's sex. They may feel squeamish thinking about their baby's future sex life. They'll also have other concerns in mind. What might happen to them as a family if their child's unusual body goes uncorrected, or if they don't conceal the uncertainty surrounding their child's sex?

In short, parents are likely to make choices which they believe will promote their child's happiness, but the existence of the strongly binary gendered paradigm that we have in Western societies influenced by Christian theological goods and norms means that few parents are confident enough to believe that growing up with atypical genitalia or perhaps a non-binary gender identity could promote happiness. Eva Fada-Kutay has argued that a purported desire for normality by parents is actually shorthand for a desire for other goods: safety, comfort, stability.

Normality equals desirability. It's a communal good rather than an individual one. Significantly however, what is considered normal is not fixed. It's likely to shift and alter as social morays do. Additionally communal goods and individual goods will not always be identical. Kutay argues that excessive conformity is morally repugnant and gives rise to blandness for those who remain within the norm and isolation for those excluded.

So one tactic for those parents who face having abnormal children, including parents of intersex children, will be to construct new normalities based for example on seeking out other families in similar situations. Importantly in this way they don't reject the concept of normality altogether. Indeed they affirm that it's appropriate and good for normal parents to create safe and supportive environments for their children. But, says Kutay, what they affirm is an altered conception of the norm.

The new norms are generated out of a newly constituted habitus, one that emerges under changed conditions of existence and through the formation of a different community. The new community is not distinct

from the old, nor are its conditions of existence entirely different. There are continuities and discontinuities. So Christian communities I want to say might also be instrumental in promoting new conceptions of belonging and legitimacy which don't rest only in binary sex norms, particularly given the tradition's long history of endorsing non-kinship relationships, households, and other communities.

One of the things I explore in my new book is the idea that there will be flashes of affinity between the family values claimed as such and those which embrace more expansive modes, including perhaps same-sex marriage, and that there will be both continuity and discontinuity with more familiar versions of institutions like marriage and family.

So one question could be whether and when the goods of promoting family goals might be preferred over goods merely belonging to individual children. Could a family's need for normality and avoiding unwelcome attention override an intersex child's good in having their bodily integrity respected? And the broadest possible range of adult sexual outcomes kept open for them. What family goods might Christian theologians want to claim where the family is the religious community in which the child is growing up as well as the immediate biological family, or whether moral community can be understood even more broadly as society at large.

As Russ notes, respecting persons includes respecting their potential goods as well as their actual ones. I want to suggest that eschatologically inflected ethics in the context of decision-making on ethical care for intersex infants will mean that future goods are considered alongside present ones. If human goods are constructed as those which anticipate and inaugurate an order beyond binaries, and which recognize the importance of provisionality in resisting the maximization of human ideology, then decision-making for intersex and for broader questions of care will acknowledge person's future existence in the incoming order, not just their existence within the present one.

Taking future goods seriously will usually mean making choices which least limit the future options for the child concerned. Now we might immediately note there an area of tension between intersex and transgender. After all, some interventions for transgender are also serious and irreversible. Is it not hypocritical to hold that intersex children should have their options kept open as possible if we don't say the same about transgender?

Well, a couple of responses to that. First as I've noted, most people who transition gender and undergo gender confirmation surgery are already well established in their adult lives, and I haven't been talking and I'm not at all talking today about the ethics of intervention for children with a transgender identity. That is a whole conversation that we don't have time for today. Suffice to say that irreversible interventions for under 18's remain extremely rare, and that medics tend precisely to advocate delaying making permanent decisions for as long as possible. Young trans people may be offered hormones to delay their puberty in order to give them more time to come to understand the momentous nature of some of their decisions.

Furthermore though, sadly it's the case that not intervening for trans people doesn't always mean in practice more options for their future. In fact, many trans people experience such distress and dysphoria that they self-harm and even take their own lives such that their future in this earthly realm at least is abruptly curtailed. It's here that we do butt up against a continuing area of tension between transgender and intersex. It's indisputable that at least some trans people do inhabit a strongly binary mindset, not challenging the notion that there are men and women and that they're different from each other, but simply holding that they should've been born the other one.

By contrast, intersex people and their advocates are far more likely to challenge the binary system all told, holding that sex and gender are more of a continuum than a binary. But in both cases from a theological anthropological angle we might want to reflect on how our lives and

bodies as we experience them here and now relate to our hope and expectation of embodied lives in the age to come.

Yurgan Moltman, the Christian theologian working in Germany, holds that there must be continuity and discontinuity between this age and the age to come in terms of the relationships and social goods currently in operation. The newness that comes about in the eschaton, he says, makes the old order obsolete but not by annihilating it. Rather, he says, it gathers it up and creates it a new. The eschaton completes the first creation so that what is remembered is caught up and preserved in hope, and what is past is surpassed in the future.

Similarly for Carl Bart, eschatology anticipates a resurrection in which humans are raised as ourselves. So eschatology involves redemption, not erasure of what is and has been. Where it's been assumed that deviation from binary male and female is deviation from a divine creational norm, it may be assumed that such redemption would involve healing intersex bodies, and that medical interventions in this life might be considered in anticipation of such healing. There are theologians who make exactly that argument.

But in the affirmation that what we see now is not all that is, we need perhaps to reexamine assumptions about what makes good or healthy bodies. Intervention to correct unusual sex may limit possibility not just for this specific body but for human bodies in general. This is why it's so important that we're beginning to hear from intersex adults, not only about their critiques of early corrective surgery but also about their experiences of spirituality and self-understanding of their bodies as sights of divine revelation.

I've drawn on interviews with intersex Christians in some of my own work who appeal for example to the belief that God made them and wove them together in their mother's womb, in the words of Psalm 139, and felt that there must be a bigger purpose, that this was happening within God's plan and God's intention. Spiritual care for this population

means taking seriously these body stories without dismissing them as more fallen or further from God's intention than others, but there continue to exist accounts which call this into question and hold that intersex somehow contradicts the orders of creation.

Several intersex Christians from whom I've heard in the last few weeks are deeply dismayed by the Council for Biblical Manhood and Womanhood's Nashville statement on human sex, gender, and sexuality. Since while at first sight this appears to acknowledge the existence of intersex in non-condemnatory fashion, reading between the lines it actually appears to do the opposite and to mandate surgical intervention to clarify binary sex.

So in the context of decision-making about intersex infants' care and promotion of the common good, an important question is what kind of persons the community wishes to cultivate. What are the virtues and qualities the Christian community wishes doctors, parents, and we ourselves, whether we're intersex people or others invested in promoting intersex goods to have? How might such virtues be endorsed or elighted in giving care pathways including spiritual care? What are the family goods of the Christian Church?

For many Christian ethicists, wisdom and virtue have been understood as participation in bringing about God's new order. Christians might judiciously be circumspect about assuming that the fulfillment of a divine intent for human sex in creation necessarily entails the endorsement and maintenance only of binary sex and gender as goods. If inaugurated eschatology entails the in-breaking of the world to come, living prophetically may mean challenging the order of things. These principles chime with more mainstream accounts of the new creation, for John Zazulas for example eschatology profoundly entails reconciliation, and the activity of the Church on earth are four tastes of it.

The Church may be figured then as a place where reconciliation is

imagined and difference celebrated. Reconciliation will not necessarily mean erasure of difference, but as in theologies of disability, transformation of its significance. Zazulas describes the communion of all things overcoming our presently mutually antagonistic communions. If virtue is the education of character and community, then for the Church. Eucharist is a mean by which this occurs.

Christians are schooled in the necessity of the acknowledgement of the equality of embodied experience before God. If our scatological resurrection bodies are not necessarily figured as binary sexed, then removing uncertainty and constructing assemblance of binary sex now need not be the best or only way to inscribe legitimacy in the just future we're helping to build.

The account with which I opened, that of the vision of the NHS at its construction is one powerful account, but as I said not an unchallenged one, and one which raises as many questions as answers about the necessary bounds of the community, and that tension is repeated in dilemmas about how to squeeze good spiritual care into a creaking system and how to negotiate whose goods are paramount.

Yet as Gary Dorrien notes, recognizing conflicting and competing accounts doesn't mean giving up on the possibility of a just common future. We can appeal to a common good because we are of a common kind. We are of the same genus. We are all human kin. We share the same genre, yet genre can be limiting as well as democratizing. It can be genericizing. It can be stultifying, and it's here I begin the discussion in my new book, holding that each new human is both entirely a product of their culture and history and entirely something new with the potential to generate.

For this reason as humans we're not condemned to repeat or reinforce what's been passed down to us. We shape it just as it has shaped us. Accounts of marriage, family, health, well-being, and the good, none of these is immaculate or unchanging, rather they develop over time and in

conversation with historic and contemporary traditions, and it's in and through mutual relationship between the people formed by institutions and the institutions formed by people that Christians create and recreate their faith.

So one of the things we've considered today as I draw to a close is that sex and gender don't always seem to match in typical ways even at a biological level. Transgender and intersex show that sex and gender may not always be as straightforward as they seem. Should they then be understood as anomalies which don't fundamentally disrupt the model of there being two distinct and separate human genders which map on to two distinct and separate human sexes as God intended, or alternatively should the existence of transgender and intersex prompt theologians to reexamine their theological anthropologies and ask whether theologies which assume a fixed binary model of maleness and femaleness continue to make sense in light of what we now know of human sex and gender.

Theologies which assume maleness and femaleness can't easily accommodate hard cases, but if intersex and transgender are not just exceptions to the rule but actually mean that Christians should reexamine their whole understanding of sex and gender, asking what constitutes a common good, that is good for these embodied, divinely made, and God-imaging people too, will be central to our project.

While heterosexual norms might have been convenient bedfellows for Christianity at certain places and times in its history, its conflation with them must be resisted. Only by retelling and reclaiming lost stories about multiple genders, identities, bodies and lives, can God's own lack of anexability be emphasized. Thank you very much.