

## CHAPTER 5

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# Feminist spirituality

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### Introduction

The women's movement, which emerged in the 1960s and 1970s, has had an enormous impact on society. From the earliest days of 'women's lib,' with demands for equality in pay, to the present day, where the presence of women on police forces, construction crews, and in political office is no longer even worth comment, feminism has changed the ways that we understand ourselves and our gendered roles in society. In the academic world, feminist theory has challenged such issues as the literary canon, the autonomous self of the Enlightenment, the distinction between 'craft' and 'art,' and what constitutes a historical event. The fact that half of medical students today are women testifies to the increasing 'feminization' of the healthcare field.

Religious thought is no exception to these changes. In what was perhaps the earliest feminist theological essay, published in 1960, a young woman theological student asked whether women's experiences make a difference in the ways that such issues as sin and grace are understood.[1] When religious leaders criticize human beings as sinful and filled with pride, and encourage humility as the correct response to God, she asked, does this have the same significance for women as it does for men? One of her conclusions was that because women have long been socialized to put others first, they probably need to be encouraged to be less humble, not more, so that their gifts are not 'hidden under a bushel.' What feminist theology and spirituality challenge, then, is the idea that men's experiences are the standard by which to judge all human behaviour. While pride may be the 'sin of man,' it is questionable whether women's characteristic failing is the same.

This chapter will focus on feminist spirituality and its significance in a healthcare context. That is to say, women's lived experiences and reflections on their spiritual lives will affect the ways that they take care of themselves and others. Feminist spirituality holds that women's neglected experiences and ideas need to be brought to the center not only of women's religious lives but also to their personal and social lives. Healthcare is no exception. In this chapter I will focus primarily on the feminist dimensions of the Jewish and Christian traditions; there is a growing literature on feminist spirituality in Islam, Hinduism, and Buddhism, as well as newer religious movements, but space precludes my doing justice to all the world religions. I will venture to say, however, that much of

what characterizes feminist spirituality in Judaism and Christianity is in some way applicable to other religious traditions.

The chapter will proceed along the following lines: first, I will provide a description of the major themes of feminist spirituality, particularly as they challenge, reject, or reform traditional religious ideas, and with an eye to those themes that have particular relevance to healthcare. I will give examples of the ways that these themes have been developed in spiritual and religious feminist thinkers. Secondly, I will relate these ideas to healthcare, with particular attention to how healthcare and healthcare providers can be more attentive to feminist spiritual concerns.

### Major themes in feminist spirituality: relation, embodiment, and nature

In a 1985 essay, Margaret Farley, a Sister of Mercy who spent her academic career at Yale University, and who specializes in bioethical issues, identified three key characteristics of feminist theology as relevant for bioethics: patterns of relation, human embodiment, and the world of 'nature.'<sup>[2]</sup> Farley's essay is very helpful in sorting out the issues that concern feminist theologians and ethicists and it is worth the time here to spell out these key themes.

First, by 'patterns of relation,' Farley means that all forms of feminism 'oppose discrimination on the basis of sex.'<sup>[2]</sup> She notes the long history of patriarchal structures and traditions in religion, and includes a number of examples: the domination of women by men, the association of women with evil (e.g. blaming Eve for the 'Fall' into original sin), the identification of the divine as male, and the relationship of submission to God on the part of humanity. All of these examples reveal 'oppressive patterns of relationships and ideologies which foster them,' patterns that are not only based on sex, but permeate many other dimensions of human life.<sup>[2]</sup> In response to this critical analysis of religion, feminists, as I noted above, either reject the tradition or attempt to reform it.

Both the 'rejecters' and the 'reformers' of religion agree that these destructive patterns of relationship of domination and subjugation need to be overturned in favour of relationships of equality and reciprocity.<sup>[2]</sup> Within these relationships, women's agency is also emphasized. That is, women must claim the power to name themselves and their experiences.

The second point that Farley emphasizes is the significance of embodiment. Feminists are critical of the ways that the human body has been devalued in religious traditions, particularly those in the West. Women are often identified as being ‘more bodily’ than men in traditions that see the spiritual as superior to the bodily. Farley notes: ‘Central to the association of women with bodiliness has been the interpretation of their sexuality as more “carnal” than men’s, again “closer to nature,” more animal-like, less subject to rational control.’[2] In contrast to this position, feminist thinkers emphasize the goodness of the body and its creation by God, as well as the ways that embodiment is not just something that human beings *have*, but rather what they *are*. For Christian theology, the Incarnation—God becoming human in the person of Jesus—is one way of showing how the body is central to human spiritual and religious life, although the fact that God became incarnate in a male is also held to be definitive.[3] For the Jewish tradition, the many laws and rituals that concern the body are, similarly, an expression of the value that the body has and its participation in the divine economy.[4] For spiritual feminists, the body has a holiness all of its own and, in particular, the woman’s body is revered as the source of life.

Womanist theologians, among others, take up the point that the body cannot be considered outside of its social context.[5] While it is a good thing to value the body as intrinsically good, one cannot assume that the body’s location or its history always contributes to women’s wellbeing. The bodies of women of colour have been deemed less worthwhile than the bodies of women of privilege; the fact that African-American women die of breast cancer at much higher rates than white women is an issue that deserves much more research.[6] Recognizing the significance of embodiment means recognizing the worth of all people, particularly those who are most vulnerable: women, children, the poor.

The third theme that Farley develops is ‘the world of nature.’[2] The western tradition has tended to view the world of nature, especially over the last 300 years, as a place for human beings to subdue and dominate; moreover, ‘nature’ has often been described in feminine terms, which ‘mirror similar identifications of the essence of woman.’[7] That is, nature is irrational, needs to be controlled, and is understood largely in utilitarian terms. Here, again, a critique of hierarchical structures that pit ‘nature’ against ‘human’ is characteristic of feminist thought, which holds an alternative view of nature as valuable in its own right. Feminist thinkers seek a more holistic relationship with nature; a number of feminist thinkers draw on nature for inspiration and rituals. As we will see below, feminist spiritual and religious writers argue that human beings need to see themselves as a part of nature, enmeshed in nature, and not in opposition to it.

## Women’s experiences, ritual, and the divine

I noted above that one of the first feminist writers on religion raised the issue of women’s experiences. Women’s experiences play a central role in feminist spirituality, but what is meant by the term ‘women’s experience?’ The question is actually more complex than it may initially appear. In the early years of feminism—a movement largely dominated by white middle-class women—certain assumptions were made about ‘women’s experience.’ For example, in her book *The Feminine Mystique*, Betty Friedan wrote about ‘the problem that has no name,’ that is, the boredom and depression

of the (white) middle-class housewife.[8] In 1980, Carol Gilligan, a psychologist trained at Harvard, wrote a book about women’s experiences of moral decision-making, arguing that women’s tendency to define themselves relationally, rather than individualistically, gave women a ‘different’ mode of being moral, one that deserved greater recognition and was not inferior to a rights-based understanding of morality.[9] By the mid-1980s the category of ‘women’s experience’ became problematized, as both activists and scholars asked whether the experiences of women of colour or of a lower class, were adequately represented in feminist theory. Thus, generalizing about ‘women’s experience’ is a very risky endeavour.

Women of colour often have different experiences than white women, both in their lives, and in their encounters with the health-care system. The middle-class women who spoke of ‘boredom’ assumed a situation of economic stability, a situation that many poor women and women of colour could not assume. ‘Women’s experience’ tended to be somewhat psychological and personalized, in that the social and economic conditions of women’s lives were not critically analysed. Womanist theologians have taken up the issue of women’s health and have argued for a critical focus on the whole context of healthcare.[10] I will return to these issues below.

Looking to feminist spiritual practices is another way of exploring feminist spirituality, although these practices encompass different dimensions of women’s experiences. Religious and spiritual feminists find a way of expressing their deepest convictions in ritual practices. In her book *Ritualizing Women: Patterns of Spirituality*, Lesley Northup identifies some ‘emerging patterns’ in women’s ritualizing.[11] In terms of ritual themes and images, Northup names the circle, which is symbolic of the womb and of a non-hierarchical arrangement of space; use of nature, the body, and women’s experiences, such as childbearing and mothering; valuing the ‘ordinary,’ women’s work in crafts (often not identified as ‘art’), the community, and the naming of women influential to participants. Women’s ritual actions tend to be spontaneous and informal, with no clear ritual leader, and seldom rely on traditional ‘sacred texts.’[11] In many cases, feminists rely on religious practices and traditions that are often considered marginal by dominant religious groups. What is important to note in these practices is their rejection of hierarchical structures and their concern for inclusivity. Hierarchy is identified with male power structures of which feminists are highly critical; practices of exclusion (i.e. those who do not profess ‘right belief’ or who belong to marginalized groups) are also rejected.

Perhaps the strongest expression of feminist spirituality is its critique and often rejection of male ideas of the divine. One who chose to reject the tradition is the feminist philosopher Mary Daly (1929–2010). While she began her academic career as a Catholic theologian, and wrote her first book about how the church should change to be more inclusive of women, she soon came to realize that the Catholic church and, in fact, all religions were, as she saw it, hopelessly patriarchal.[12] In her ground-breaking book *Gyn/Ecology*, Daly identified the ways that religions systematically oppress and even destroy women. She described Christianity in particular as a religion based ‘on a dead man hanging on a dead tree.’[13] In an often-quoted remark from another book, *Beyond God the Father*, Daly writes, ‘If God is male, then the male is God.’[14] Daly’s sharp observation that the language and imagery used of God have profound effects on how people perceive the divine is key for

feminist thought. However, Daly still held to the importance of the spiritual, and in her later writings focused on ways that women could find spiritual significance outside of institutional religion.[15]

Other thinkers who have rejected institutional religion and male ideas of the divine include Charlene Spretnak, Carol Christ, and Margot Adler.[16–18] Their efforts are often focused on ways of retrieving the divine feminine. Many ‘goddess feminists’ argue that the original form of religion was matriarchal and that human beings saw in women’s power to give life a divine quality. However, the original feminine dimension of the divine was eventually overturned by patriarchal religious ideas, which saw the divine as a transcendent and disembodied male figure, and which also supported the domination of women by men.[19] While the historicity of this thesis is questionable, goddess feminists point out that, for the most part, women in male-dominated religions are often seen as temptresses, leading the more spiritual men into sin, or as spotlessly perfect women, known as the ‘virgin/whore’ dichotomy.

In an essay entitled ‘Why Women Need the Goddess,’ feminist theologian (note the change in vowel) Carol Christ argues that there are not only religious, but also psychological and political dimensions to naming the divine in female terms.[20] Such an identification of the divine allows women to see themselves as powerful (‘like God’) and provides a symbolic foundation for women’s ability to take on leadership roles. It is not by accident that most religious leadership roles have traditionally been held by men; those traditions that do not allow women in these roles, such as the Roman Catholic Church, appeal to divine authority to substantiate such claims.[3]

The lack of female imagery of the divine in western religious traditions tells women that men are closer to the divine than they are and thus has a powerful effect on women’s capacity to image the divine. And even in eastern traditions, such as Hinduism, the fact that there are many goddesses and devotional practices related to goddesses is no guarantee that women have a more privileged place in these traditions than in traditions that have a male divine figure.[21]

Christian theologian Elizabeth Johnson has offered a way of approaching God that retrieves dimensions of theology that have been suppressed by the traditions. In her influential book *She Who Is*, Johnson argues that Christians need to ‘take long draughts’ of female language for God and to leave behind images of God as impassible (incapable of feeling and passion), distant, and disconnected from humanity.[22] Sallie McFague, in her book *Models of God*, proposes that Christians conceive of God as Mother, Lover, and Friend.[23] Both McFague and Johnson make a strong case for the necessarily metaphorical dimension of all God language, and note that this dimension is hidden when language for God is primarily in male terms. It becomes more visible when female terms are used: the very naming of God as ‘She’ suggests, by its unusual nature, that language for God cannot be taken literally.

A final dimension of feminist spirituality that cannot be ignored is an emphasis on women’s agency or subjectivity. In most religious traditions, women have been the objects, not the subjects, of religious ideas. Consider how the tenth commandment prohibits coveting one’s ‘neighbor’s wife,’ among the other goods of the neighbour. Women’s behaviour has been dictated by male leadership, male leaders have told women how to dress (e.g. by requiring hats in church), women’s education has not been a priority, and in

its worst forms, women have been described as those responsible for the evils of the world. Thus, the capacity for action, particularly moral action, on the part of women is a significant feminist concern. While feminist spirituality values mutual and equitable relationships, feminists are critical of hierarchical and authoritarian relationships.

## Feminist spirituality and healthcare

### The context of women’s healthcare

Healthcare, by definition, is how societies treat those who are physically or mentally ill, dependent, and in need. The very term *care*, as I noted above, has emerged as central in feminist thought about relationships with others. Some feminist ethicists have turned to care as a basic concept in human relationships, particularly in the way that we treat those among us who are vulnerable.[24] Other feminist theorists are concerned that care not be seen as simply a ‘woman’s issue,’ since all human beings require care at some point in their lives.[25] How can feminist spirituality best inform ideas and practices of healthcare?

One of the first issues to take into consideration is the issue of access to healthcare. Feminist spirituality asks how conceptions of human life and wellbeing affect women and their children. If women do not have access to basic healthcare, not only their own health suffers, but also that of their families. In the USA, for example, healthcare has not been considered a basic right, but rather as a service to be purchased by the individual consumer; therefore, the market dominates healthcare in the USA. While it is beyond the scope of this chapter to analyse and critique the healthcare systems of various countries, healthcare professionals need to consider the broader context of their patients’ lives.

In her book *Women, Ethics, and Inequality in U.S. Healthcare*, theologian Aana Marie Vigen writes of Black and Latino women with breast cancer who encounter the healthcare system in New York City.[26] She uncovered racial bias, intransigent systems, and multiple personal indignities that these women encountered through her interviews and the analysis of their situations. As a feminist theologian, she is concerned about the dignity of these women, how they are respected or not as embodied and spiritual persons, and how both religious traditions and healthcare providers need to be more attentive to the wellbeing of all, not just the privileged. Paying attention to the most vulnerable is a way of testing the adequacy of healthcare: if those among us who have the least power are also those with the poorest care, the system fails. This kind of feminist analysis is attentive not only to women’s concerns as women, but also to the broader contexts of women’s lives. Thus, ‘spiritual’ wellbeing cannot be detached from one’s situation in life, but is rather attentive to all the relationships and contexts that affect their wellbeing.

A second example of context, feminist spirituality, and healthcare comes from eastern Africa. In sub-Saharan Africa, the spread of HIV/AIDS is a monumental social issue. Because of patterns of employment and traditional cultural practices, women are particularly vulnerable to infection. Indeed, as a young scholar who writes about risk factors for HIV/AIDS, marriage is the main risk factor for women.[27] Many men are employed in areas far from their homes and only see their wives every few months, if that often. Whilst away, they have sex with other women, while their wives are expected to be faithful to their husbands. This double standard

means that many men think it is their right to have as many sexual partners as they want. Thus, single women find it easier to demand that a man use a condom, whereas a married woman who asks her husband to use a condom is suspected of being unfaithful—when, in fact, it is the husband who is the unfaithful one and who spreads infection. When religious traditions urge fidelity and condemn the use of condoms, as is the practice of the Roman Catholic Church, women are the ones who suffer.[27]

Thus, two of the main concerns of feminist spirituality—to value mutuality and equality in relationships, and to value everyone’s embodied personhood—cannot be practiced in a context that works against these values. To be sure, the healthcare system of the USA and the cultural practices of eastern Africa are different and complex situations, but they show how feminist spiritual values go far beyond what could be seen as ‘only women’s concerns.’ Women’s concerns are human concerns, as has often been said, and when these concerns go unaddressed, all of human life suffers.

### Feminist spirituality and sexuality

The fact that women are the ones who conceive and bear children accounts for many of their encounters with healthcare. Feminist spirituality values embodiment and the natural world, and sees sexuality and reproduction as good and natural. It also sees religious traditions’ views of these issues to be greatly in need of critique. That is to say, religious traditions, dominated by male leadership, have defined the meaning of sexuality, regulated its use in relationships, and either valorized or condemned ways of being sexual in ways that have often been harmful to women. A prominent feminist ethicist writing on the issue of abortion comments: ‘We have a long way to go before the sanctity of human life will include genuine regard and concern for every female already born, and no social policy discussion that obscures this fact deserves to be called moral.’[28]

The focus of this section will be on the significance of women’s agency in relation to their sexual and reproductive lives. First, let us recall that feminist spirituality emphasizes mutually and equality in relationships. This mutuality works out in relationships in different ways. In terms of women’s sexuality, the importance of women’s agency is foremost. Girls and women are socialized in most cultures to please others, especially men. It is important for women to be able to act sexually in ways that are safe and mutual, and also in ways that respect women’s subjectivity and desires.

The incidence of sexual violence against women remains a worldwide problem. While there has been increased recognition of the problems of sexual violence against women in the global north, violence against women still remains epidemic in many parts of the world.[29] Healthcare providers can play a significant role in the prevention of sexual violence. First, they have a duty to treat everyone with dignity and respect. They can also communicate the importance of this dignity and respect to their women clients. In the USA, healthcare providers are obliged to ask their clients whether or not they feel safe in their environment.[30] Such attentiveness is not merely personal, but is intended to convey to the patient that she or he is entitled to safety and that there are resources available if this is a concern.

Secondly, healthcare providers can play a role in the education of their girl and women patients regarding their bodily integrity. In many parts of the world, sex education is taboo; it is not discussed in families or in educational settings, and misinformation results

in unplanned pregnancies and the spread of sexually-transmitted diseases. Healthcare providers’ attentiveness to the importance of communicating accurate information in sensitive ways can help to increase women’s wellbeing. Feminist spirituality emphasizes the goodness of the body and the delight that a positive sexual life can bring to one’s life; healthcare providers can help to communicate this understanding to their women and girl patients.

In her book *Body, Sex, and Pleasure*, Christian ethicist Christine Gudorf makes the point that religious traditions need to shift their emphasis from sex as being primarily significant for the generation of life to one that stresses the ‘sustaining of life.’[31] While her primary examples come from the Christian, and specifically Roman Catholic, tradition, which teaches that sex—which can only be licitly experienced within marriage—must always be open to the transmission of life,[32] her point is applicable to other religious traditions as well. Her point is that sex is a way of creating and maintaining bonds between people and ultimately contributes not only to the individual, but also to the social, good. In addition, she makes the point that sexual pleasure for women needs to be valued as a social good.[31,33]

The practice of female genital cutting, sometimes referred to as female genital mutilation (FGM), Gudorf notes, is deliberately intended to ensure that women do not experience clitoral sexual pleasure; in addition, it ‘removes from women any incentive to infidelity, makes them undemanding sexual partners, and also supposedly increases the pleasure of men by making the vaginal entrance permanently “tight.”’[31] FGM is a complex cultural practice, and there has been a great deal of literature on the importance of having women who come from cultural traditions that practice FGM be the ones to raise awareness of its devastating physical and emotional effects.[34–35] Nevertheless, healthcare providers can work within these cultural traditions to educate communities about the consequences of this practice. In some cases, healthcare providers are asked to perform the cutting in hospital settings. In such cases, healthcare providers are in a position to raise questions about the practice, and its psychological and physical effects.

Even in countries where FGM is not practiced, the possibility of women’s sexual pleasure has rarely been seen as a necessary good. Most religious traditions have little if anything to say about it. Feminist spirituality emphasizes the goodness of the body; the subject of women’s sexual pleasure offers healthcare professionals a way of raising the topic of women’s sexual health and wellbeing. Healthcare providers need to consider a woman’s wellbeing as inclusive of her sexual health and her potential for a satisfying sexual life—that is, satisfying not only her partner, but also herself.

### Feminist spirituality and reproduction

Women’s experiences of pregnancy and childbirth have been deeply invested with religious significance. Consider the many portrayals of the Virgin Mary with the baby Jesus. Motherhood is often seen by religion as the most significant vocation for a woman; indeed, Jewish and Christian biblical narratives of the barren woman suggest that childlessness is the worst possible fate for a woman [see the examples of Sarah (Genesis 16) and Rachel (Genesis 30)]. In some parts of the world, this is still the case.

Pregnancy and especially childbirth are two experiences where feminist spirituality has had a great deal to say. There are countless books available on the spiritual dimensions of pregnancy, with most of them emphasizing the joyful participation of the pregnant

woman in the sacred dimension of life.[36] However, this is also one of the places where feminist spirituality and traditional practices of healthcare, particularly in the West, may come into conflict. Feminist spirituality emphasizes the goodness of natural processes and their spiritual dimensions, where traditional western medical practices are concerned with the physical health of the mother and child, but also with the potential dangers that may occur in childbirth—and fears of malpractice lawsuits. In her classic book *Of Woman Born: Motherhood as Experience and Institution*, Adrienne Rich sharply criticizes the way that childbirth has been ‘medicalized’ in the West, particularly in the USA.[37] In tracing the history of childbirth, showing how the male-dominated field of obstetrics demonized midwives and brought childbirth into hospitals—where initially, maternal death rates surged before antiseptic practices were understood—Rich argues that, in the present, women need to take a more active role in childbirth. While she is aware of the vast improvements in maternal and infant mortality that has been made possible by improvements in the care given to women in childbirth, Rich nevertheless points out that the ‘medicalization’ of childbirth has made women passive recipients of the obstetrician’s method and timing, rather than active participants in the process.

It is certainly the case that with the growth in the numbers of women in the medical profession, as well as the encouragement of fathers in the delivery room, the process of childbirth is no longer practiced the way it was done in the 1960s when Rich gave birth to her two sons. However, it is worth consideration for healthcare professionals to think about how childbirth is medically ‘managed.’ Recent reports of the inability of midwives to practice or to have a connection with a hospital are examples of the continued medicalization of childbirth.[38] Movements for ‘spiritual’ childbirth are critical of medical interventions (e.g. inducing labour, foetal monitoring) and emphasize the importance of women connecting with their own spirituality in the birthing process.[39,40] Healthcare professionals should be in conversation with pregnant women about their hopes and desires for childbirth, and ask whether all of the medical interventions practiced in the context of a hospital birth are always necessary.

Abortion is also an issue that feminist spirituality addresses. As noted above, many feminists are critical of the way that religions have taken on abortion as being the central moral issue of the present day.[41,42] Feminist spiritual writers are concerned that the wider context of abortion is given little attention: that is, the circumstances in which women find themselves unhappily pregnant, and the demonization of women for their choices in a way that men are not, for example, the taking of life in war.[43] For some feminist spiritual writers, abortion is a sad choice that is understood within a larger cycle of birth and death. There are a number of rituals that feminists have developed to recognize the sadness and loss in both miscarriage and abortion.[44] Other feminist writers take issue with the primary focus on women’s choice and argue that the feminist concern for life and relationship should take priority even in the case of an unwanted pregnancy.[42] Healthcare providers should be sensitive to women’s spiritual concerns at the time of an unplanned pregnancy and help the woman in question to sort through her own hopes and values.

Finally, the increased use of artificial reproductive technologies (ART) raises critical questions for feminist spirituality. As Margaret Farley notes, there is no unanimity of opinion on this topic.

An early feminist writer, Shulamith Firestone, found in ART a solution to what she saw as the enslavement of women to the ‘tyranny of their reproductive biology’ and that these developments would result in greater gender equality with women freed from their tie to biology.[45] Other feminist writers would disagree; Farley notes that ‘[f]or many feminists, the sundering of the power and process of reproduction from the bodies of women would constitute a loss of major proportions.’[2] However feminist thinkers value ART, the significance of their agency and decision-making power remains primary.[2]

### Caring and feminist spirituality

Feminist religious and spiritual writers have also taken up the issue of ‘care’, as at least an alternative, if not a more adequate way of conceiving of human ethical relationships.[24] Traditionally, women have been the primary caregivers of dependent others—children, the ill, the frail elderly—and have often been seen as more ‘naturally’ disposed to care for others than men. While feminist spirituality values nurturing, feminists also ask why women and those on the margins of society have been the ones to take on the often poorly-paid and undervalued work of caregiving.[46] Caring for others raises questions about the relationship between the one being cared for and the care-giver: Is the autonomy of the one cared for being adequately recognized? Does an ethic of caring challenge more traditional conceptions of an ethic of justice? One helpful observation on the relationship between care and justice suggests that ‘An ethic of justice, in which persons are treated as autonomous individuals, presupposes an ethic of care, in which dependent persons are nurtured to autonomy.’[47]

Healthcare providers are in the position of both nurturing autonomy and providing care for those who depend on their expertise. Feminist spirituality values not only the professional training that is brought to caring for those in need, but also the recognition of the relationship between the caring one and the one cared-for. Ultimately, the goal is holistic healing, in which the person in need of care is able to move forward, knowing that both body and spirit have been recognized and respected by the caregiver, even when physical healing is not possible. In any situation in which women are the recipients of care, including both the illnesses and dependencies women share with men, and those that affect women in unique ways, such as reproduction and female cancers, feminist spiritual writers emphasize the importance of caring for the *whole person* and respecting the unique gifts that women contribute both as carers and the cared-for.

### Conclusion

Feminist spirituality offers a perspective on healthcare that brings to the fore the fact that women historically have lacked power and agency in both religious traditions and in healthcare systems. It recognizes as well the historical connections between religious and healing powers. Feminist spiritual writers seek to empower women to be more active in their own healthcare, to value themselves as both physical and spiritual beings, to be attentive to the kinds of relationships that they encounter in their healthcare, and to be sensitive to the broader context of their own and others’ need for healthcare.

Ultimately, what religious and spiritual feminists and healthcare providers seek is the same thing: care for the whole person.

Understanding and valuing feminist spirituality can enable health-care providers to be aware of and sensitive to issues unique to women, and also to the contributions that feminist spirituality can make to a healthcare system that values human life in all its diversity.

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