

After/Words: Rhetorics, Narrativity, and Complicit German Christians

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I

AMONG ITS MANY VIRTUES, Paul Lewis's closing contribution invites readers to reflect on this collection of articles at exactly the right starting place: the differing meanings of key terms and concepts. Trouble was there from the beginning. Walter Wright's account of the 1895 essay of Alfred Jost, *Das Recht auf den Tod* [The Right to Die], clearly shows how easily linguistic confusion can creep in and how inseparable such confusion is from wider cognitive and historical misunderstandings. Jost, says Wright, "seemed to claim that he himself initiated serious discussion of the question regarding a universal 'right to die'" (p. 29). But as Paul Lewis shows, this formulation is in itself extremely puzzling, for there is no "possession" here (like a piece of property or an immunity from having my dangerous writings confiscated) of which I might be deprived. Since everyone will eventually die, what is the sense of asserting a right to something absolutely guaranteed? When people "want" or "need" to die at the hands of others, a complex set of problems emerges: e.g., establishing competent authority for deliberating and deciding; empowering agents to administer the means of death; not prolonging *death*; mitigating or ending unbearable pain; and representing well the "best interests" of the incompetent. Working from the organizing concept of a right to die seems however to invite unnecessary rhetorical confusion.

The case of Alfred Jost also illustrates the way this central linguistic for-

mulation is theory-laden and historically relative. The Enlightenment made assertions of universal rights a popular intellectual sport—and a deadly one. People bewildered by their sudden ownership of “inalienable rights”—like the right to representative government—were often forced to accept them at the point of a gun. A whiff of imperialism thus rises from Jost’s words. So does the odor of German nationalism and scientific secularism. Immanuel Kant notwithstanding, the dominant voices in German legal and political theory were unreceptive to notions of a benignly rational universal State. Rather, the development of positive rights within historic states was emphasized.¹ Meanwhile, states themselves could be seen as embodying different degrees of “advancement” within a setting of state-on-state competition. Under this view, war was often glorified. Wright notes that Jost rejected “outmoded theological ideas” and (as a consequence?) moved in the direction of the form of utilitarianism that cherishes health of the social body above all.

We thus may ask whether Jost’s seemingly innocent early essay contained or entailed potentially lethal ideas. How was the text read in pre-World War I Germany? Was it assimilated into the racialist Darwinianism of which Walter Wright spoke? What can we learn from the wary and/or angry reception of “bioethics” in contemporary Germany? Are those who forbid Peter Singer to speak simply misdirected radicals whose response is a confirmation of lingering totalitarian yearnings in the German people?

At the very least then, further discussions of this symposium would do well to examine it rhetorically. There is much to sort through. The several meanings of *lebensunwertes Leben* are carefully examined in note 6 of Scott Denham’s paper. Repulsed though we might be by the notion of “life unworthy of living,” Denham reminds us that the Nazis had far nastier terms: *Ballastexistenzen* [human ballast], *nutzlose Esser* [useless eaters], and *Parasitexistenzen* [parasitical lives]. Brian Hilliard remarked on the ambiguities in the phrases “aid in dying” and “physician-assisted death,” noting that virtually all physicians aid or assist their patients in dying. So these formulations are also slippery. The strong use of the term “kill” or “killing” (a “mercy killing,” “doctors who intentionally kill their patients”) cannot escape attention. What ethicist Stanley Hauerwas (1981) says of the word “abortion”—that it contains within itself a subtle condemnation of the very act it names—can be said also of this word as well.²

II

Scott Denham began with several “stories of euthanasia,” thus reminding one of the popularity among interdisciplinarians of “narrative ways of know-

ing” and the antifoundationalism that this approach entails. Such a lens might be usefully turned on these essays. For present purposes, I will offer just a few hints that might provoke further explorations. For Denham, the myriad and confusingly overlapping narratives offered by Holocaust scholars and witnesses “all begin with eugenics, the science of human breeding.” But eugenics—a “science”—is itself narrative dependent. Its story is Darwinian and so its world is “themed” in a special way: emancipation from theology; increasing scientific control of natural processes; the villainous threat to scientific civilization posed by inferior races; a duty to let flourish those races gifted enough for scientific pursuits.

Shifting levels of analysis, Brian Hilliard and Walter Wright disagree on most things but concur on the point that, absent a universal and equitable health care system, American society may be guilty of producing some of the same results as occurred in Hitler’s Germany. Hilliard’s words deserve repeating here: “The Nazi experience is most useful in critically examining and evaluating social institutions and attitudes that permit the denial of health care to those who need it and that allow so many people to die” (pp. 61-62). He even implies that the failure of a wealthy nation to provide access to health care shows that the notion of lives unworthy of living may indeed be applicable to our own seemingly Holocaust-resistant society.

On the level of fundamental narrative and “root metaphor,” Hilliard and Wright might find themselves sharing more than they realize. Both seem to operate from a “progressivist” story, one that depicts the American polity as needing to complete the work of the New Deal by fulfilling a wide spectrum of entitlements. Thus, what they want to relate is a narrative about the triumph of rational compassion in a welfare state. In this “emplotment” of American history, the villainous forces are the Social Darwinists/rugged individualists who are disgusted by “dependency,” “welfare moms,” laziness, and attacks on the rich. One suspects that many medical ethics debates are structured by this narrative strain.

To illustrate the significance of this point, consider the critiques of the symposium papers raised in the final discussion session by an evangelical Christian faculty member. What really matters in all end-of-life situations, he argued, is not the administration of good palliative care or right deliberation about the means of death. Rather, here is the final drama about the state of the soul and especially the soul’s eternal destiny. For unbelievers, death beds are places where confessing, reconciling, and salvific decisions can be made. For believers, the end of life is something to be celebrated. As for suffering, that is simply part of the plan and can be dealt with if the sufferer knows that

a union with God quickly approaches.

In a secular academic setting (which contains its own “pluralist” narrative), such an account can quickly end conversation. I mention it to point up the sort of stakes involved in narrative analysis, which, if done well, uncovers not just conflicting stories but conflicting traditions of discourse structured by narrative. How interdisciplinarians should operate in such a terrain is certainly a Solomonic question.

III

Paul Lewis’s contribution contrasts the Enlightenment understanding of “life as a possession” protected by natural rights with Christian metaphors of gift and dependency. He too offers a different account of suffering—emphasizing the centrality of being “present” to suffering even to the point of sharing it with the sufferer. But as he does not consider the German case, readers might well ask, “Where were the German churches when they were most needed? If Christianity offers a distinct narrative, did it serve to protect dwarfs and retarded and malformed German children from Nazi madness?” This question becomes particularly acute in view of the fact that many hospitals in Germany were operated by the churches.

Henry Friedlander’s thorough 1995 study of Nazi euthanasia offers a disturbing but incomplete picture. “The Protestant church in Germany had long supported positive eugenics involving the expansion of healthy and desirable population groups and did not totally reject negative eugenic measures such as sterilization,” he writes. Roman Catholics opposed negative eugenics, “and both the Vatican and the German bishops denounced the sterilization law.” However, this did not result in forceful Catholic resistance to what was happening. “In general,” writes Friedlander, “hospitals and homes administered by the churches were loyal to the state and to the regime”(p. 113). This changed in the years just prior to 1939, when the gruesome results of the secretive T4 euthanasia program could no longer be completely hidden. By then a significant church-based opposition effort was in play. But for Friedlander, this response “was not as effective as might have been expected”(p. 113).³

Friedlander’s views cannot be taken as definitive, however, for no fully focused study of this history has yet appeared. He makes an unwarranted distinction between popular opposition (which grew to such strength that Hitler ordered an end to adult euthanasia in August of 1941; note that this did little to curb the practice, which simply was moved to the East and joined with the larger liquidation campaign) and Christian administrative policy.

Friedlander therefore fails to consider whether public unrest could in part have been motivated by citizens formed in the Christian faith. Put another way (and recalling Scott Denham's first story), when Mrs. Schäfer's father ordered that the deaf-mute cousin be hidden from German public health officials, might the Christian view that children are gifts—and therefore not possessions of either parents or State—have played a role?

Is Jack Kervorkian's historical predecessor Joseph Mengele? Perhaps the question is over-dramatic. But it does serve to rivet our attention on the fact that euthanasia is burdened with a terrible history, one component of which is the grotesque example of Nazi Germany. Without knowing that history, our debates about end-of-life procedures will not be bounded by the proper cautions. We will be too likely to hazard permissions. Or dare to take our thoughts where they must not go. Or imagine that our medical culture has grown immune to radical evil.

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Biographical note: Leslie “Bud” Gerber has been part of the Department of Interdisciplinary Studies at Appalachian State University for over twenty-five years. Trained in political theory and religious ethics at Emory University's Graduate Institute of the Liberal Arts, he organized the symposium that produced these papers. He is the coordinator of German Studies at Appalachian, recipient of Goethe Institute and Fulbright grants, co-author of a book on Loren Eiseley, and author of numerous articles and reviews. He was the guest editor of a special number of *Issues in Integrative Studies* on Narrative Theory in 1993 and is currently working on the response of the German churches to the Holocaust and its aftermath.

Notes

1. Here Hegelian biases came to the fore. In his *Rechtphilosophie*, the operation of the Universal Spirit was radically immanent. States became bearers of particular phases or types of legal-historical ideas. Curiously, this turned Hegel-influenced legal investigators into keen students of how legal systems expressed national character and long historical development. Embodying Herder's and Fichte's emphasis on the rich uniqueness of national ways and traditions, they turned away from Enlightenment abstractions about transcendent natural laws. Stripped of its idealistic framework,

this way of viewing the law could easily turn into legal positivism—the notion that laws are what judges say they are at any given moment.

2. What Hauerwas says here is deeply relevant to the euthanasia debate: “[T]he pro-abortionists have always been at a disadvantage. For they have had to carry out the argument in a language created by the moral presuppositions of the Jewish and Christian communities. ‘Abortion’ still carries the connotation that this is not a good thing. Thus, to be ‘pro-abortion’ seems to put one in an embarrassing position of recommending a less than good thing. It is not without reason, therefore, that pro-abortion advocates seek to redescribe both the object and act of abortion. We must remind them, however, that by doing so they not only change the description of the act, they also change themselves” (p. 225).

3. Friedlander’s account relies mainly on three sources, all of them external to the church itself: Klee (1983); Schmuhl (1987); and Nowak (1980). Friedlander dismisses the view that the famous sermon against euthanasia given by Bishop Galen of Münster was as effective as it has often been made out to be. For an early favorable view of Catholic behavior, see Lewy (1964, pp. 258-267). Lewy’s research has been entirely superseded by the army of Holocaust researchers now at work—for example, the T4 program was entirely unknown to him.

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