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### PRUSSIAN REPRODUCTION, PROPER FUNCTION AND INFERTILE MARRIAGES

I am sympathetic to much of what Alex Pruss has defended in his fascinating, comprehensive, and insightful *One Body: An Essay in Christian Ethics*. Nevertheless, I will present an apparent dilemma suggesting that either both postmenopausal homosexuals and postmenopausal heterosexuals ought to be allowed to marry for their romantic love is not dysfunctional despite not being oriented towards reproduction, or that matrimony is inappropriate for both groups. I will suggest some ways that Pruss might respond.

Christianity is an ethics of love. A failure to love shall always be taken as a moral wrong. While we are obligated to love everyone, we are to love them appropriately. Pruss argues that different kinds of love require different kinds of unions and denouements. The consummation of the union of romantic partners is different from that of the love directed towards friends, colleagues, siblings or animals. Romantic love is a basic form of human love that is properly fulfilled in sex oriented towards reproduction. As a result, homoerotic sexual activity cannot obtain the proper consummation and therefore involves misunderstanding the other person's nature and the possibility of union with them. Although same-sex sexual activity may feel like a consummation of romantic love, it is wrong to generate such a false experience in oneself or another.<sup>1</sup>

Pruss understands romantic love to be based upon a biological unity, a becoming one flesh, one body.<sup>2</sup> He often describes the sexual couple as like

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<sup>1</sup> This passage paraphrases Pruss's own summary of his argument (368).

<sup>2</sup> The seminal Biblical texts are Gen. 2:24 and Mt. 19:4–6.

a giant organism, each person sexually serving a role for a biological end much as subsystems do in each organism, serving higher ends of reproduction and survival (96, 102, 132–137, 146). Sometimes he draws upon the notion of a proper function of organs but doesn't provide a precise account (108). *Proper function* has rather technical meanings in the literature to which Pruss may not be committed.<sup>3</sup> I will assume that he would accept a notion of *healthy function* (of an organ or system) as a near synonym for biological *proper function*. Immediately after introducing proper function, Pruss says the proper function of a thing is a function it has "innately" and he illustrates this with the example of a horse that has the use but not the proper function of being ridden (108).<sup>4</sup> He explicitly claims that the horse is not diseased if it doesn't allow itself to be ridden, while it would be if it refuses to eat or is unable to reproduce. Given what Pruss says about supplementing evolutionary theory with divine design to account for why selective advantage is correlated with objective purpose (105–6), I assume he would endorse some sort of etiological account of function that is compatible with a wise designer.<sup>5</sup>

Marriage is fundamentally a loving union, differing from other forms of love in that it involves bodily union striving for reproduction (242). Homosexual acts are not geared to reproduction, however pleasurable and meaningful such sex may be, and however committed to each other are the participants. Yet many heterosexuals can't reproduce without their being prohibited from marrying. Pruss responds that their bodies are still directed to reproduction. In fact, we typically describe such infertile people as malfunctioning, as unhealthy in virtue of organ dysfunction. Their bodies are designed for reproduction, they are just defective, not operating "normally" where this is taken to be a normative notion rather than a merely statistical average.<sup>6</sup> However, not all infertile people are defective. Romantic seniors may be infertile as a couple, the woman having passed through menopause. Lay people and medical experts typically don't claim elderly women are malfunctioning when they can't conceive. Christopher Boorse, the most in-

<sup>3</sup> See the articles by Millikan, Neander and Griffiths in Allen, Berkoff and Lauder (1996).

<sup>4</sup> I suspect that Pruss would contrast proper function with dysfunction and accidents or effects or functions that aren't proper functions in that they don't explain the organ's fundamental contribution and continued presence. Typical examples of accidents, effects or non-proper functions are noses supporting glasses, head shape keeping hats attached, and the noises emitted by a pumping heart.

<sup>5</sup> This is not to say that evolutionary advantage is part of the meaning of "function."

<sup>6</sup> See Pruss's discussion of normality (107–8).

fluent philosopher of medicine, also denies that species typical aspects of aging like menopause are diseases (1977, 1990). So the infertility of elderly women isn't a defect which suggests that their sexual activity is no longer oriented to reproduction, unlike the pre-menopausal infertile. Since we don't insist the postmenopausal shouldn't marry, this suggests there can be romantic unions not aiming at reproduction. If elderly heterosexuals can form loving and sexual unions that aren't geared towards reproduction, why can't homosexuals (at least, elderly lesbians)? So the dilemma appears to be that the elderly non-dysfunctional infertile shouldn't marry or the genus of true romantic love allows for non-reproductive sexual unions.

Pruss might be unsympathetic to my claim that the infertile love lives of romantic elders involve a different kind of sex act than the premenopausal infertile.<sup>7</sup> He describes infertile couples whose bodies are still oriented towards reproduction: one example involves the woman's body still propelling inert sperm into her uterus, another has the reproductive system of an aroused woman delaying the sperm's transport until the sperm acquires the power to fertilize called "capacitation" (135). And Pruss even mentions the Biblical tale of the miraculous pregnancy of Sarah, the geriatric wife of Abraham. As for the latter, I think it is best not resort to the miraculous for that restricts the appeal of the idea to theists. In regards to the former, I would anyway be amenable to imagining, however counterfactual, menopause involving a far greater shut down of the body's striving for reproduction. I doubt that most readers will find it intuitive that such women are to be classified like eunuchs whom, Pruss points out, a Biblical passage would seem to deny marriage (174; Mt. 9:12).

Now, of course, even very old male homosexuals aren't typically infertile as are postmenopausal women due to physical changes correlated with aging, or if they are, they might still be classified as dysfunctional by the psychiatric profession – or, at least, an earlier, less politically charged one. The typical male homosexual just lacks the psychological disposition to be attracted to the opposite sex, there isn't anything preventing their sperm from creating new life. There is nothing wrong with their physiological machinery of their reproductive systems. But once we recognize postmenopausal romantic unions not oriented towards reproduction, it is harder to rule out other sexual unions that share such attachments in the absence of reproduction, even if

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<sup>7</sup> See his comments at 148–49 about the characteristic activities of the reproductive organs even when conception is physically impossible.

judged dysfunctions by an objective (value free) medical taxonomy.<sup>8</sup> Anyway, I assume Pruss isn't amenable to extending marriage to *just* postmenopausal lesbians.

Some readers might extend my claim to younger bisexual women. The reasoning might be that bisexuals would not be unhealthy for they would be using their organs for both their proper functions and other functions, much like a hand is used to properly grasp objects and also to make shadows on the film screen. Of course, one danger is that bisexuality prevents the proper function of the sexual organs when a same sex romance becomes long standing excluding the alternative in the way hand gestures do not prevent grasping. Moreover, Pruss also stresses that sexual functions, unlike hand functions, are always more morally significant and so occasions in which they are used contrary to their proper function can have more serious moral repercussions.<sup>9</sup>

Some readers would perhaps be more sympathetic to claiming that the legally recognized marriages that elderly heterosexuals enter into are not real marriages except for the fact that not refusing to recognize such marriages as genuine would seem to suggest that the real marriages between the young can later become invalid when the spouses enter their golden years. While I myself see less point to the distinctive union of marriage when childrearing is not possible, for the marriage governing norms of permanence and exclusivity make less sense in such contexts,<sup>10</sup> I don't think the standing marriages of the heterosexual elderly infertile should be transformed and that they along with the elderly who are not yet married should be directed towards a different form of commitment or legal arrangement, say civil union. One reason is that there could be grandchildren and involvement with them as a couple makes sense of marital norms like permanence and exclusivity.

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<sup>8</sup> I disagree with Pruss when he writes that science doesn't deal with normativity: "Science can tell us what is most prevalent, but cannot tell us what is normal...this is the province of philosophical analysis" (366). I think the psychological, biological and medical sciences can tell us what is dysfunctional; an organ system that fails to do what it "ought to do." I think it is likewise for the cognitive system and pace Pruss, "psychology is up to the task" of deciding the "question whether one desire is a distortion of another..." (366) I would accept that the sciences can't tell us what is of value. But not all normativity concerns what is of value; much has to do with what is proper function or just health. For instance, it may be that bacteria or grass are malfunctioning, not doing what they ought to do, but there is little or no disvalue to that.

<sup>9</sup> See his contrast of exhaling to blow out candles with sex (157), the chapter on the meaningfulness of sexuality (61–88), and the discussion of a need in the sexual arena to hold people to a higher standard of integrity in the treatment of their bodies than in many other engagements (334).

<sup>10</sup> George, Gergis, Ryan (259).

George, Gergis and Ryan also defend marriage for the heterosexual infertile on considerations such as avoiding the invasion of privacy involved in determining infertility, the possibility that couples erroneously take themselves to be infertile, their serving as role models contributing to a healthy marriage culture, and the state's need to express that marriage is not just a means to reproduction but a good in its own right (268). But I won't press any of these lines of reasoning because I think there might be a different route that one can take to annex the elderly infertile to the youthful infertile. But first I will elaborate upon why the postmenopausal seem not to be dysfunctional despite being infertile.

Most accounts of healthy functioning appeal to a reference class. Species is the obvious one. Dogs, unlike human beings, aren't unhealthy if they can't learn language or to walk on two legs. But further divisions within species are made since human newborns aren't unhealthy if they can't walk and young men are not diseased if they can't get pregnant. Now it may be that the elderly too form a reference class, and there is some support for this in descriptions of normal aging, the elderly dying of natural causes, and menopause not being a dysfunction or disease. The latter may be unwanted, uncomfortable and warrant medical interventions, but that is also true of many pregnancies without rendering pregnancy a disease. On accounts like Boorse's (1977) that stress abnormality, or more specifically, understand disease as statistically *subtypical* contribution towards reproduction and survival, old age will not involve any universal diseases or universal malfunctions.<sup>11</sup> Any such declines in function will be the norm (1977: 565–7). So the infertility of elderly females would not be a malfunction. Since their reproductive union is impossible, one wonders why what Pruss said about homosexuals wouldn't apply to them. He claims that when feelings of sexual pleasure and sexual union “are manifested towards someone with whom such union is impossible, and impossible not just due to disability on the part of either or both (in that case, we could still say that the other is someone with whom normally one could unite sexually), one is affectively misconstruing the other person's nature – treating the other as in a relevant way able to be united with one, when the other is not” (368).

I would maintain that if the infertility of the elderly woman isn't a malfunction, this provides *some* reason to legitimize sex that isn't oriented to

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<sup>11</sup> Boorse later came to prefer to speak of “pathology” instead of “disease” for the latter has a too narrow usage that doesn't cover injuries, poisonings, environmental traumas, functional impairments and other pathologies (1997, 8–9).

reproduction. The elderly's erotic unions could be a *sui generis* form of romantic love. Perhaps homosexual intercourse is a *sui generis* form of love that admits of a physical intimacy that is not consummated in a way oriented to reproduction. Or maybe the homosexual of any age and the heterosexual elderly belong to the same genus of loving union that involves sexual intimacy without aiming at reproduction. Of course, Pruss could accept that the bodies of the sexually active postmenopausal elderly aren't striving for reproduction, yet still insist that the bodies of homosexual youth are, so they are not to be classified together, the marriages of the former providing little rationale for the marriages of the latter. Pruss could just stress that the younger homosexuals are misconstruing their partner's nature and "treating the other as in a relevant way to be united with one, when the other is not." (368). Thus Pruss could always dig in his heels and insist that "Love calls us to correctly adjust the relationship to the reality of the other person...same-sex eros is a love that has failed to adjust in this way" (370). Nevertheless, once an exception is made, it opens the door somewhat to recognizing the appropriateness of marriage for any persons in loving but infertile sexual unions. The first in the door of the courthouse, if not the chapel, would be the postmenopausal lesbians who can't engage in any sex that is normally oriented to reproduction. Nevertheless, I will tentatively suggest below why Pruss might not even have to grant that the elderly instantiate a different kind of infertility, one that is not a malfunction.

We surely must admit that most creatures die without being unhealthy since most organisms are one-celled creatures and their division and death isn't a malfunction.<sup>12</sup> So just as death may be a design feature for many organisms, we must be open to the possibility that old age in human beings is a design feature. It isn't that we were designed to just reach reproductive age—or a reproductively *successful* age where that success involves not just conceiving but the subsequent rearing—and our bodies have no proper functions afterwards.<sup>13</sup> Aging could be a design function.<sup>14</sup> There are, after all,

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<sup>12</sup> Some philosophers would insist that such creatures go out of existence but don't die. I suspect they are just misled by the absence of a corpse. If death involves the irreversible loss of life processes then fission is death because life processes cease to be instantiated. ("Irreversible" must be properly restricted so it is not construed so to make a belief or hope in resurrection into a conceptual error.)

<sup>13</sup> Caplan expresses such a view writing "Aging exists, then, as a consequence of a lack of evolutionary foresight; it is simply a by-product of selective forces which increase the chances of reproductive success in the life of an organism. Senescence has no function; it is simply the inad-

cells that are designed to die. There are even multi-celled animals like the gall midge that are designed to die and become their offspring's first meal. Male praying mantises and black widows, and perhaps even salmon swimming upstream, are so designed that reproduction is fatal. In fact, Dawkins discusses an account of menopause that construes it as having a design function to redirect older women's efforts into ensuring the biological success of their children's children rather than creating children whose prospects aren't as good given the advanced age of their mother.<sup>15</sup> An analogue might be kin selection theories that understand an inheritable disposition towards homosexuality as similar to accounts that explain the presence of sterile working insects. This unflattering comparison would keep the homosexual's lack of desire for heterosexual activity from being a dysfunction.<sup>16</sup>

Despite the possibility of sterility being a design feature, I'm convinced that we are unlike such creatures that are functioning properly when they die at a certain age. But I can't with the same confidence rule out that our elderly are functioning properly when menopause renders them infertile. It is worth noting that set against a Christian picture of the Fall, our mortal status is a conditional one, not how we are supposed to be. Van Inwagen writes of God's unconditional plan and conditional plan when discussing the Fall and the resulting need for the Incarnation.<sup>17</sup> It could be God's plan for us was one of immortality until sin led to his conditional plan. Then aging and infertility would indeed be counter to our original design plan. But I will put aside theological reflections and appeal below to an account of health that the irreligious could accept.<sup>18</sup>

The best known account of disease, Boorse's Biostatistical Theory, can't recognize species-wide diseases like tooth decay, lung irritation, atherosclerosis and menopause. In opposition to this feature of his account, I propose a

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vertent subversion of organic function, later in life, in favor of maximizing reproductive advantage, early in life" (202).

<sup>14</sup> See Barry Smith's "Ontology of Aging", PANTC conference presentation August 2, 2015.

<sup>15</sup> See discussion in the *Selfish Gene* (126-127).

<sup>16</sup> I don't see any evidence for this view now but it may be that I am limiting myself to a too short time slice of our species' history. Another possibility is that the orientation is vestigial. But such speculations smell of the arm chair, or perhaps I should say the bar stool given Louise Antony's sarcastic remark about "Evolutionary Psychology being the only science that one can do drunk."

<sup>17</sup> See van Inwagen (42-66, esp. 53.)

<sup>18</sup> Pruss himself writes about his book's arguments that "although the central claims can be accepted on the basis of revelation, they are also independently plausible and can be studied through philosophical methods"(2).

theory of “minimal health” that looks for healthy function in what an individual’s bodily organs and systems did earlier to keep that very individual alive. This is a minimal, generic functioning that *all* living beings must satisfy, regardless of species, lest they begin to die or become more likely to die.<sup>19</sup> As a result, I think that the increasingly less effective performances of the organs of the elderly can be classified as diseases – regardless of species norms. On my proposal, unlike that of Boorse’s, the very first organism that ever existed which, let’s imagine, didn’t reproduce, still could be unhealthy. The norm for such a creature doesn’t have to be the vacuous “whatever it does, since it is the only one of its kind that will ever exist.” If this were so, such creatures would die without being unhealthy. All living creatures have to do the *same* things, described abstractly, to stay alive – metabolize, maintain homeostasis and so forth. They do this in different ways with different organs, but it falls out of our notion of “life” that they have something in common. So there is a minimal notion of health and disease that is free from reference class at any level below “organism.” This covers the very first organism that ever existed and didn’t reproduce, as well as any organisms since that time which didn’t belong to a species and died before reproducing. The minimal generic notion of health also covers those evolutionary vague cases where it is unclear to what species some reproducing creatures belong. And it can be applied to some hybrids for it is typically said that “one hybrid doesn’t make a new species.”<sup>20</sup> And, pace Boorse, it doesn’t even matter if this is a congenital disease (1977: 567).<sup>21</sup> It could be that a cell or organ is genetically caused to cease to preserve a life in the way it did earlier – this would still be a disease. The notion of minimal healthy function would also cover the possibility of forms of life created in a lab like those Hull imagined, forms of life that aren’t members of any species until introduced into a population.<sup>22</sup>

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<sup>19</sup> This doesn’t exclude particular species type from playing a major role in determining proper function and healthy development. I favor an etiological account of health or proper function where we look at what the organ has been doing in the life of that individual to account for its continued existence, as well as, in most cases, the earlier contribution of organs of the same type to the survival and presence of creatures of that type.

<sup>20</sup> Boorse has to admit that the disease concept becomes less useful in cases of heterosis, i.e., hybrid vigor (1997: 90) .

<sup>21</sup> I don’t have in mind beneficial programmed cell death or reproduction by fission but just genetically caused killers that benefit no one and create no one.

<sup>22</sup> HULL 1978.

My proposal allows for some universal diseases to be accounted for in terms of generic loss of death prevention abilities, i.e., failing to do what is needed to stay alive regardless of species form. So if the nature of all living things is that they do certain things to stay alive, (even though they do them with different body plans and in different ways), then when they cease dramatically to do so as well as they did earlier, that could be a disease even if universal.<sup>23</sup> Anything the organ (system) once did that contributed to maintaining survival, and then ceased to do which significantly lowered its chances for survival will be a disease. Therefore, much of what is at a normal level of functioning for the elderly will be a disease on my account.

Just as I have proposed that the complete loss or diminished efficiency of an already existing life preserving function be treated as a disease, the same approach could be taken to the loss or reduction of *already manifested* reproductive capacities. Medicine recognizes health as involving contributions to reproduction as well as survival and so the diminishment of either can be disease even if universal in the aging population of a species. So my approach can consider as a disease any reduction in already manifested reproductive capacities. I thus tentatively suggest a similar account be extended to elderly infertility when those who have already manifested certain reproductive abilities lose them. If an organ (system) once served a function and then ceased, unless we can find a design for such cessation, it should be seen as diseased or at least dysfunctional. So menopause could at least be a dysfunction.<sup>24</sup>

The reason for admitting a subset of dysfunctions that aren't diseases is that there are prominent philosophers of medicine who think disease requires more than dysfunction. Wakefield and Reznick appeal to a harm condition, dysfunction is a necessary but not sufficient condition for Wakefield, and it is neither for Reznick.<sup>25</sup> So, for instance, homosexuality could be a harmless dysfunction and not a disease.<sup>26</sup> However, perhaps there is an intrinsic disad-

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<sup>23</sup> Plantinga's case of the universal breaking of legs to propitiate the Gods (201) or innately caused diseases that interfere with already existing organs and could be diseased on my account while they are not on Boorse's (2002:103).

<sup>24</sup> It may be a welcome dysfunction (or disease) if one has had twelve difficult pregnancies and the resulting kids are all horrors who seem to have guardian demons rather than guardian angels.

<sup>25</sup> I don't think harm is necessary for disease or dysfunction. Some diseases can be welcome as captured by the saying "pneumonia is the old man's friend." But there may even be diseases that don't involve preventing worse diseases but enable one to find one's true love or vocation when bed ridden. See Rose and David Hershenov's discussion in their "Morally Relevant Potential."

<sup>26</sup> Boorse once considered the possibility that homosexuality was a disease but not an illness. However he dropped his earlier distinction between disease and illness.

vantage of homosexuality that many homosexuals would admit remains even after the removal of all the extrinsic harm due to the unwarranted reactions of others to their homosexuality, and that is that they can't reproduce with their beloved. But such regret isn't universally acknowledged by homosexuals, so unless there is harm in making it more likely that someone will have lower well-being, then not all homosexuals will be so harmed. However, it could be that homosexuals are harmed in other ways than through their conscious regrets. It might even be a harm that one doesn't want to have children or to unite in a way according to one's design nature. Pruss's rather plausible arguments about our having desires that we are not aware of or misconstrue could be relevant here if harm is understood in terms of desire satisfaction and frustration (49–60, 361–362).

So if some organs of the elderly can be dysfunctional or diseased despite their condition being typical, then menopause can be a malfunction, as are most other things that make men and women *significantly* less fertile or interested in sex. But a reason for skepticism is that menopause seems quite different from other losses of function when organ performance dims with senescence. Menopause involves a complete cessation and radical biological transformation rather than a gradual wearing down as in the other organ systems of the elderly. This gives some support to Dawkins's hypothesis. It could also be that menopause functions to increase the longevity of women as pregnancies take a greater toll on the health of older than younger women which lessens the chances of survival of their already existing children, not just any future grandchildren.<sup>27</sup> However, even if menopause could be an adaptation, unlike the gradual fading away of fertility in men, it may still be that there is an "extended dysfunction" in that postmenopausal lesbians typically are without children or grandchildren to attend. So they can't be fulfilling that "function" if they didn't earlier have a heterosexual orientation.<sup>28</sup> Thus even if the postmenopausal engage in sex where the infertility is not dysfunctional, the earlier dysfunction of same sex attraction keeps lesbians from fulfilling the "function" of menopause, i.e., throwing their efforts

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<sup>27</sup> Catherine Nolan and Rose Hershenov both suggested that menopause could function to keep elderly women alive.

<sup>28</sup> I am assuming that the recent innovation of homosexuals having children through gamete donation doesn't count as a healthy fulfillment of a design plan and so is not the goal that menopause is meant to serve. Pruss also points out that such a practice is immoral since it involves producing fertilized eggs that will be destroyed or left in a frozen limbo (380). The practice also involves fathers who resemble "deadbeat dads" in their moral failure to raise their children (381-390).

into favoring their grandchildren or already existing children. That makes it very unlikely that homosexuals in their golden years can be subsumed under the same genus of romantic union as the heterosexual elderly. So perhaps my dilemma could be avoided even if there was a form of infertility that isn't a dysfunction.

I suspect a good number of people would be reluctant to label as dysfunctional an elderly woman who never undergoes menopause. That suggests menopause is not a design function.<sup>29</sup> Thus if menopause can be annexed to other extreme and dysfunctional declines of organ performance in the elderly, then our classification of the elderly who are infertile as a couple but seek to marry can be the same as that of those who are younger and infertile. They are all defective sexually and their sexual acts are still aimed at healthy reproduction, two bodies becoming one body, one flesh, however unlikely it is that they will reproduce. So their romantic unions are still geared towards reproduction and thus they don't provide Pruss with a reason to either reject elderly infertile heterosexual marriages or accept same sex marriages.<sup>30</sup>

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<sup>29</sup> Perhaps this reluctance instead indicates that menopause is becoming vestigial like the eyes of a creature that has gone underground for generations. We might not consider any visual capacities retained to be a function nor any loss to be a dysfunction.

<sup>30</sup> Acknowledgements: I benefitted considerably from conversations about these matters with Rose Hershenov and Barry Smith. My greatest debt is to Catherine Nolan who sent me comments on two earlier drafts of this paper.

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#### ROZRODCZOŚĆ, WŁAŚCIWE FUNKCJONOWANIE ORAZ BEZPŁODNE MAŁŻEŃSTWA W UJĘCIU PRUSSA

##### Streszczenie

Alexander Pruss uważa, że podstawowym przejawem ludzkiej miłości jest miłość romantyczna, której urzeczywistnieniem jest stosunek płciowy zorientowany na rozrodczość. W świetle takiego podejścia akt seksualny osób tej samej płci nie może zostać spełniony we właściwy sposób, ponieważ wiąże się z błędnym rozumieniem natury drugiej osoby i możliwości zjednoczenia z nią. Choć aktywność seksualna osób tej samej płci może wydawać się spełnieniem miłości romantycznej, to czymś niewłaściwym jest wzbudzanie takiego fałszywego doświadczenia w sobie samym lub w drugiej osobie. Ukazują dylemat pojawiający się w kontekście tezy Prussa: albo zarówno pary homoseksualne, jak i pary heteroseksualne, które przekroczyły okres menopauzy, są uprawnione do zawarcia małżeństwa, gdyż ich romantyczna miłość nie jest dysfunkcyjna, mimo że nie jest zorientowana na rozrodczość, albo też małżeństwo jest niestosowne w przypadku obu tych grup. W artykule proponuję dwa sposoby uniknięcia tego dylematu, które pozwoliłyby Prussowi odróżnić niepłodność par homoseksualnych od niepłodności kobiet po okresie menopauzy.

#### PRUSSIAN REPRODUCTION, PROPER FUNCTION AND INFERTILE MARRIAGES

##### Summary

Alex Pruss argues that romantic love is a basic form of human love that is properly fulfilled in sex oriented towards reproduction. As a result, homoerotic sexual activity cannot obtain the proper consummation and therefore involves misunderstanding the other person's nature and the possibility of union with them. Although same-sex sexual activity may feel like a consummation of romantic love, it is wrong to generate such a false experience in oneself or another. Presented is an apparent dilemma for Pruss's thesis suggesting that either both postmenopausal homo-

sexuals and postmenopausal heterosexuals ought to be allowed to marry for their romantic love is not dysfunctional despite not being oriented towards reproduction, or that matrimony is inappropriate for both groups. I suggest avoiding the dilemma in either of two ways that would allow Pruss to distinguish the infertility of homosexual couples from the infertility of post-menopausal women.

**Słowa kluczowe:** Alexander R. Pruss, właściwe funkcjonowanie, zdrowie, bezpłodność, małżeństwo.

**Key words:** Alexander R. Pruss, proper function, health, infertility, marriage.

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