

Problem Pregnancies:

*Toward a
Responsible
Decision*

The United Presbyterian Church
in the United States of America

The 188th General Assembly (1976) of
The United Presbyterian Church in the United States of America

Received this Paper for Study
and Directed the Stated Clerk to Distribute

“Problem Pregnancies:
Toward a Responsible Decision”

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TO ALL MINISTERS AND CLERKS OF SESSION

Dear Friends,

The 188th General Assembly (1976) received the paper, "Problem Pregnancies: Toward a Responsible Decision" from the General Assembly Mission Council which commended this paper and recommended that it be distributed to all the churches for study and made the observation that the paper is not intended to support a particular position for or against abortion but it does support the action of the 184th General Assembly (1972) in support of freedom of choice in problem pregnancies.

It is requested that the congregations study the theological implications of abortion and send their suggestions to the Council on Women and the Church, The United Presbyterian Church in the U.S.A., 1151 Interchurch Center, 475 Riverside Drive, New York, NY 10027.

In commending this study "the General Assembly underscores that part focusing on the corporate nature of our humanity, and calls upon the congregations to be an open and supportive community to all those faced with difficult decisions on the frontiers of life."

Additional copies of this report are available at \$1.50 per copy.

Sincerely,

William P. Thompson
Stated Clerk

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PROBLEM PREGNANCIES: TOWARD A RESPONSIBLE DECISION

A Study Document

Synopsis

Introduction: The preface contains a review of the recent history of General Assembly actions on abortion, together with the purpose of the study document. Persons involved in the development of the study are also listed.

1. *Contemporary Concerns:* This section includes (1) *Of Particular Interest to the Church* reviews issues such as the right of conscience, the need for education and personal support of women with problem pregnancies, a special focus on counseling by religious professionals, and a brief mention of sexuality and punishment in an abortion situation as well as the question of covenant in the possible birth of a child. This paper is an initial effort and should stimulate church persons to raise these and additional concerns related to problem pregnancies. (2) *Of Interest to All of Us as Citizens* reviews the civil issues raised by abortion. (3) *Of Particular Interest to the Medical Profession* begins to focus on concerns related to the medical profession such as the doctor's and nurse's right of conscience and the relation of publicly funded hospitals to abortion.

2. *Statements and Reflections of Persons Touched by Problem Pregnancies:* These personal statements are from a variety of men and women who have considered the possibility of an abortion when they or a person they know faced a problem pregnancy. Simply stated, these experiences help us see how people make decisions and how others might be helpful.

3. *Biblical and Theological Implications:* This section includes several kinds of material. (1) *Biblical Implications* is a brief review of Scripture which applies directly to elective abortion. Many interpretations of biblical passages have been used to bolster debates against or for abortion but often these interpretations are tenuous and the validity of the interpretation itself becomes a subject for debate. Therefore, only a strict view of biblical material focused directly on abortion has been used. (2) Two brief papers deal with theological issues raised in abortion. *Theological Perspective on the Abortion Issue* reflects the theology of a pastoral counselor working with women in problem pregnancies, and also focuses directly on some of the issues involved in creation, procreation, sin and community. The third paper, *Theological Questions Raised by Anti-Choice Groups*, reviews the positions and arguments used by persons and groups opposed to abortion and then briefly reflects on some of the difficulties involved in these anti-choice positions and arguments. (3) A series of four *Theological Reflections* is introduced by a paper urging church persons to engage in theological reflections on issues and situations raised during problem pregnancies, and the struggle a person has in deciding whether to abort or to carry the pregnancy full term. These reflections were written by members of the study group who try to begin personally a process they recommend to the church.

4. *Abortion Historically Considered*: The legal history of abortion in America is often misunderstood and misquoted. This issue is reviewed in the paper *Legal History of Abortion in America*. Initial prohibition of abortion began in the 1830's to protect the life of the woman against almost certain death. Development in both medical science and in more effective contraceptives has changed the use and risks of medical abortion. The Supreme Court in 1973 decided that a woman's right to privacy included the right to choose an abortion within certain time limitations. This decision has raised strong opposition from some religious and secular groups. The legal implications are briefly reviewed together with their relation to religious freedom. *Abortion Historically Considered* ties together medical, statistical, philosophical and theological pieces as they relate to abortion.

5. *Resource Papers*: Additional material of practical help to persons and groups using this study begins with an overview of the variation in availability of legal abortion to American women. In addition, some planning suggestions are made for educational groups with possible outlines of the study and questions which need to be raised. This section concludes with a request for evaluation of the study material and that this be mailed to the Council on Women and the Church for continuing work on this issue. The Appendixes include "Testimony on the Proposed Constitutional Amendments to Prohibit Abortions" by William P. Thompson, together with a statement on the "Conscience Clause" and Public Responsibility for the Use of Public Funds. The Bibliography includes books, articles and films.

Recommendation

The Council on Women and the Church *recommends* that the paper, "Problem Pregnancies: Toward a Responsible Decision" be received for study by the congregations on the theological implications of abortion, and that the churches report their suggestions to the Council on Women and the Church for its continued work on this issue. The council further *recommends* that the Stated Clerk of the General Assembly be directed to distribute the paper to all congregations of the United Presbyterian Church.

The Assembly Committee on Justice for Women and for Racial and Ethnic Minorities in commending this study underscores that part focusing on the corporate nature of our humanity, and calls upon the congregation to be an open and supportive community towards all those faced with difficult decisions on the frontiers of life.

PREFACE

The 186th General Assembly of The United Presbyterian Church in the United States of America, meeting in Louisville, Kentucky in June 1974, directed the Council on Women and the Church, in consultation with the Advisory Council on Church and Society, to explore the theological implications of abortion.

This study follows and seeks to address expressions of continuing concern about the abortion issue noted also by the 182nd General Assembly (1970) and the 184th General Assembly (1972) in their consideration of the role and function of the State and the law regarding abortion.

The 182nd General Assembly (1970) stated in part:

"Believing that the law should provide for the optimal condition of physical and mental health, and should allow for the optimal exercise of private moral judgment and choices in matters related to the sexual sphere of life; and recognizing that religious convictions held by individuals should not be imposed by law on the secular society; the 182nd General Assembly (1970);" . . .

"Declares the artificial or induced termination of pregnancy is a matter of the careful ethical decision of the patient, her physician, and her pastor or other counselor, and therefore should not be restricted by law, except that it be performed under the direction and control of a properly licensed physician;" . . . (and) (*Minutes*, 1970, Part I, p. 891.)

"Noting the extraordinary development and accumulation of new knowledge about rapidly developing events in today's world; and recognizing an essential need to interpret and assess such knowledge for ethical reflection on moral responses in sexual matters; the 182nd General Assembly (1970); . . . Encourages further study of abortion." (*Minutes*, 1970, Part I, p. 890.)

The 184th General Assembly (1972) in adopting a statement regarding the "Freedom of Personal Choice in Problem Pregnancies" stated, in part:

"That women should have full freedom of personal choice concerning the completion or termination of their pregnancies, and that the artificial or induced termination of pregnancy, therefore, should not be restricted by law, except that it be performed under the direction and control of a properly licensed physician." . . . and

"Urges the development and dissemination of biblical and theological materials on the issue of abortion, in order to facilitate responsible dialogue . . ." (*Minutes*, 1972, Part I, pp. 266-267.)

This document reflects the work of an Abortion Study Committee, authorized by the Council on Women and the Church to respond to the mandate of the 186th General Assembly (1974) to study the theological implications of abortion.

In the course of its work, the study group (1) reviewed traditional literature regarding abortion, both ecclesiastical and secular, (2) explored the insights of the various groups supporting abortion reform, such as medical professions, social scientists, church groups, and feminists, and examined the implications of these insights, and (3) examined and assessed the theological and ethical bases for positions on abortion taken by the Presbyterian Church in the United States, and other churches, including the Roman Catholic Church.

The Abortion Study Group met four times in New York City in July, September, and November of 1974, and in January and June, 1975. In this limited time it has hardly answered all the questions in the current controversy about abortion. Nonetheless, there are many questions which arose and which were discussed with a passion that accompanies genuine seeking after understanding. It is in the context of prayer, dialogue, and a loving and prophetic community that the study group shares the results of its study and reflection.

Intent of the Study. After an initial study of the biblical and theological material regarding abortion, the study group focused on both the historical and current medical and legal aspects of problem pregnancies and abortion. It was clear that the current option for safe abortion and moderately effective contraceptives have significantly changed the situation which previous generations experienced with problem pregnancies. Since the introduction of antibiotics after World War II, safe abortion is possible. Legal abortion is only recently available, and even yet, it has not become a real option for many American women, and is under serious attack by persons who are attempting to prevent the choice of abortion, a legal and safe option for women with problem pregnancies, by law. In some ways we are in an interim period, one with new medical and legal options regarding abortion but with serious questions and criticisms being raised by religious bodies.

Because of the absence of biblical materials which directly relate to abortion, and because the theological positions of Christians have often been based on an inaccurate understanding of conception and the development of the fetus, persons facing a problem pregnancy and a possible choice for abortion have few resources from the Christian tradition which can guide them in the contemporary medical and legal situations. They must search within their own religious insights, seek the support of friends, counselors and community, and make a decision. Each situation is unique in the factors affecting the parents, the context of their life, and the future possibilities for their offspring. Too often the church and persons in the community have condemned a decision for abortion with no effort to understand the complex and often personal dimensions of the decision-making process.

This is an invitation to the church to understand better the experiences of those touched by problem pregnancies, the history and contemporary situation of abortion, and then to begin to explore the theological implications of problem pregnancies and decision-making.

The study reviews the contemporary concerns of various groups with abortion. It also contains a series of personal statements from persons touched by problem pregnancies and a review of the medical and legal history of abortion, together with a section on biblical and theological implications (including initial efforts by several people to begin their own theological reflections). The study concludes with additional resource papers and a bibliography for study groups to use.

We hope this study document is helpful. It is an initial effort to bring together the history, contemporary situation, and experience of persons considering abortion. Future work and study will be necessary to help us be responsible in this area of concern. But this is a beginning.

This report is a study document, not a statement of the policy of the United Presbyterian Church. The policy statement adopted by the 184th General Assembly (1972) is found in Appendix A. In essence this report represents an effort to understand and interpret the implications of viewing abortion as a special realm of human responsibility through theological spectacles. This report is commended to the church for study not as a statement of belief concerning abortion, but as a suggestion of criteria or guidance for constructive discussion and responsible decision-making.

Abortion Study Group: Persons involved in the development of this study: Fay Noack (*Convener*, Greenbelt, MD), Linda Brebner (Old Cambridge Baptist Church, Cambridge, MA), Gladyce R. Cole (Cheraw, SC), Sheila Collins (Joint Strategy and Action Committee, New York), Harriet Fay H. Ellison (Pastor, Palisades Presbyterian Church, Palisades, NY), Robert Evans (Professor, McCormick Theological Seminary, Chicago, IL), Freda Gardner (Professor, Princeton Theological Seminary, Princeton, NJ), Laura Jervis (Princeton Theological Seminary, Princeton, NJ), George M. Landes (Professor, Union Theological Seminary, New York, NY), Edward M. Hue-nemann (Associate for Planning and Theological Studies, Program Agency, United Presbyterian Church, New York, NY), Elizabeth Hanes Main (Religious Coalition for Abortion Rights, Washington, DC), Margaret N. Maxey, (Professor of Bio-Ethics, University of Detroit, Southfield, MI), Nelle Morton (Professor Emeritus, Drew Theological Seminary, Madison, NJ), Kent M. Organ (Pastor, College Hill Community Church, Dayton, OH), Christopher Tietze (Director, Bio-Medical Research, The Population Council, New York, New York). Staff: Virginia Kelley Mills (Council on Women and the Church, United Presbyterian Church, New York, NY), Howard C. Maxwell (Advisory Council on Church and Society, United Presbyterian Church, New York, NY).

Contemporary Concerns

OF PARTICULAR INTEREST TO THE CHURCH

The Christian community historically has played a powerful role in formulating contemporary thinking about abortion. In view of this contemporary situation, where the issues of abortion are a matter of public consideration and where crucial questions of morality are being raised by the enormous strides of medicine and medical technology, the church has a responsibility to help clarify and focus appropriate issues and problems and take positive steps in order to assume new roles fitting to the basic expressions of our faith.

First, the church has a responsibility to assume a supportive role toward women facing abortion decisions. The single most supportive gesture by which the church can affirm women faced with a problem pregnancy is to allow that women are fully capable of ethical thought and action and to act out that conviction. Practically speaking, this means:

a. Supporting women who are making an effort to gain the privilege of full moral agency about abortion decisions, whether they identify themselves as members of the church or do not explicitly relate their religious convictions to the abortion issue. While the theological interpretation of abortion in this study does not hold that the purpose of abortion is explained by saying that abortion is a "woman's right," it is a matter of conscience that *being able to make a decision about abortion is a woman's right*. The freedom to exercise her conscience in these matters is precisely the freedom of which this familiar slogan speaks.

b. Working in the legal sphere, especially as it touches on the practice of medicine, to guarantee women the right to make abortion decisions as *a matter of conscience*. Christians have a responsibility to assure the availability of safe abortions, the right to decide according to conscience, and the right of invitation to protect women from various personal and cultural forms of coercion. The legal right to have an abortion is a necessary prerequisite to the exercise of conscience in abortion decisions. Legally speaking abortion should be a woman's right because theologically speaking making a decision about abortion is her responsibility.

Second, the church has a responsibility to help women make a wise choice. Clearly this is a responsibility to articulate for women and for the whole church the meaning of abortion. When is there an ethical warrant for abortion? How does Christian conscience inform the process of sorting out the variety of issues involved in decision-making? The church ought to be able to offer wisdom, not prohibitions. As the process of human procreation comes to be better understood, new kinds of ethical dilemmas continue to be uncovered. Women facing these problems deserve guidance from their church, which should be available to them as the need arises. If the wisdom which the church offers is helpful, women will invite its assistance. If the guidance that is offered is not sought out, the church will have to examine its offering in terms of its adequacy and its propriety before finding fault with the women it is trying to help. The church is in no position to judge women who are making abortion decisions until it has offered them the Christian wisdom they need to make a wise choice.

On an individual level, the church can offer women counseling. It is not the place of counseling to persuade. Because abortion is a matter of stewardship, counseling should be a process of assisting a woman in taking stock of her responsibilities and her situation. Counseling can be helpful to a woman in seeking a realistic understanding of the variety of factors which impinge on her decision. Articulating one's perception of the situation can be important for several reasons:

1. The counselor can help a woman identify the alternatives which are actually available to her.
2. The counseling context provides the disciplined consideration of the question which prompts one to come to grips with all of the issues involved.
3. The counseling situation can often help to defuse the intense emotionalism surrounding the decision or, for some, merely the sense that the emotional terror of her crisis prevents her from making a good judgment.
4. The counselor's reassurance that she has made an appropriate choice can be an important step in her acceptance of her own decision and her own limitations.

There are additional concerns about which the church is called to speak and act. The following issues are examples of particular areas of concern where the church has a responsibility to help clarify and focus appropriate issues and problems:

a. The question of whether or not one approves of a woman's sexual conduct has no bearing on the question of abortion. Disapproving of a woman's sexual behavior gives no one the right to force her to bear a child. The question of whether or not she should carry her pregnancy to term is an entirely different question: it is the question of responsible procreation. Childbearing itself should never be viewed as a punishment for violating sexual mores. Forcing a woman to bear a child when she deems it best not to do so, is a cruel and unusual punishment in view of both its nature and its duration. Moreover, this kind of "punishment" involves a child as well, a person who has done nothing to deserve such "corrective" measures. When a woman judges that she cannot care for a child, it is best to respect her judgment.

b. The theological significance of abortion is clear in that the possible birth of a child would be the initiation of a covenant relationship. A woman has the option of living up to her covenant responsibilities (1) by caring for the child herself, or (2) by offering her child for adoption. The parental covenant is irrevocably brought into being. This is no less true when the child is offered to an adoptive family, as women who have borne adopted babies will testify even later on in their lives. It is immoral to force a woman into a covenant relationship when she has already judged it beyond her ability to sustain faithfully.

In summary, the church has a particular responsibility to be supportive of women with problem pregnancies as they review their alternatives and make decisions about their pregnancies. The church also has a responsibility to help guarantee the availability of legal abortions for those women who choose this course of action, so that women making this decision as a matter

of conscience are free to do so. In addition, the church can offer counsel to women with problem pregnancies which may resource their decision.

And finally, the church has a responsibility to review and study the ethical implications of its position on abortion—for instance, what is the relationship between the question of abortion and a woman's sexual conduct and what are the implications of a problem pregnancy and the beginning of a covenant relationship between the prospective mother and future child.

In this period of transition where safe and legal abortions are possible for American women for the first time, the church should extend its ministry to women with problem pregnancies and engage in this ministry in conjunction with a review of the theological implications of decisions made during pregnancies.

OF INTEREST TO ALL OF US AS CITIZENS

Our responsibilities as citizens considering abortion have been well summed up by Clare Boothe Luce: "The question here is not of 'taking the side of the woman,' but of taking the woman's side of the abortion question into consideration." (*National Review*, January 12, 1971.). At the very least, this means safeguarding the freedom of a woman to have an abortion by a *licensed physician*.

There are two levels of freedom and responsibility involved in issue:

1. The freedom and responsibility of a woman before the law.
2. The freedom and responsibility of a woman before God.

1. Citizens have a responsibility to make it possible for women to exercise the freedom of choice. These same citizens may never be faced with a problem pregnancy; moreover, they might refrain from any use of abortifacients for reasons of conscience or their own religious convictions. However, all citizens have an obligation to respect the freedom of other persons, before the law.

2. The question of a woman's freedom and responsibility before God arises when she is faced with a decision concerning her own pregnancy. This report has attempted to address the complexities of theological interpretation of the abortion question. Above all, it is important not to confuse the two levels on which the abortion question rests, as a question of public policy and a question of personal ethics. Decriminalizing abortion forces no one to terminate a pregnancy against the dictates of her conscience. Decriminalizing abortion makes safe abortion available to those who seek it.

In formulating legal restrictions on the practice of abortion, citizens have a responsibility to maintain the standards of medical practice which the health code is aimed at insuring in other areas as well as abortion. In so doing it is important to insist on having *reliable medical information* about abortion before formulating either opinions or laws. For example, it was once a common assumption that the danger of abortion increases from the first trimester to the second. After two years' performance of abortion in New York, the mortality rate for second trimester abortions was found to be no higher than the mortality rate during the first trimester. The conclusion that there are serious long-term aftereffects (*medical sequelae*) of induced abortion has not been supported completely by doctors, since they have been unable to find physiological explanations for the suggested se-

quelaes. The World Health Organization is currently studying whether the correlation between induced abortion sequelae, such as stillbirth or premature delivery, is due to the patient's reporting of their medical histories rather than abortion itself. It will be several years before reliable information about this question will be available. There are other issues about which judgment should be reserved until there is reliable data. Many opponents of elective abortion have said that the availability of abortion would make many women "repeaters." In fact, the practice of birth control improves on the whole among women who have had abortions. Unfortunately in many cases these women did not have access to reliable birth control methods until they came to the abortion clinic.

The law does not restrict a woman's right to choose sexual relations, it only punishes a man who insists on relations without the woman's consent. Only if she is mentally incapable of giving informed consent, does the law impose a restriction. Citizens and legislators have a responsibility to insure that no new law will now interfere with a woman's right to the exercise of her own religious convictions and conscience in this vital area. Another responsibility we all share as citizens is to respect the religious freedom and religious convictions of women faced with problem pregnancies.

OF PARTICULAR INTEREST TO THE MEDICAL PROFESSION

Members of the medical profession will want to formulate what they consider to be humane in dialogue with their patients. In any event, the doctor-patient relationship should be one of mutual respect. A doctor should be available to patients who request assistance in an abortion decision, but she or he should also respect the decision of a patient who has carefully considered the issues involved without professional consultation.

The concept of elective abortion raises questions about the right of conscience of both the physician and the patient. In that connection the following suggest areas of particular concern.

1. The report "Sexuality and the Human Community," which states that "... protection be given to those who object to abortion by reason of conscience including doctors, nurses, and prospective mothers" (p. 27), continues to be an important guideline for all concerned. There may be occasions when the medical professional will wish to refuse to perform or to participate in an abortion. This is a right which members of the medical profession legitimately reserve.* However, if a doctor refuses to perform an

*The right of an individual to decline to participate in performing an abortion is a right of the individual's exercise of conscience, and, as such, must be protected. However, the refusal of a hospital to perform abortions as a general policy is a different matter; it is not a case of protecting the individual's right of conscience. In fact, the right to the exercise of conscience in matters of abortion and procreation is best maintained by the principle which the Religious Coalition for Abortion Rights (RCAR) affirmed in its October, 1974 statement, "Public Responsibility for the Use of Public Funds": "the right of access to legal abortion services, guaranteed as a civil right by the Supreme Court of the United States, should not be abridged or denied by any institution which is either partly or wholly subsidized by public funds, although the right of individual conscience in refusing to participate in such procedures must be protected. All religious health institutions, regardless of the beliefs of their sponsoring membership, upon accepting public funds, assume a public trust to affirm in practice the legal options for abortion as set forth by the United States Supreme Court in 1973. (The full text of the RCAR Statement can be found in the Appendices.)"

abortion she or he has an obligation to the patient to give her the reason for refusal, if she wishes to hear it, and to refer her to a colleague who *is* willing to perform the surgical procedure which she has requested.

2. The psychiatrist is a valuable consultant when there is a question that abortion, rather than childbirth, poses a risk to a woman from the point-of-view of her mental health.

The present psychiatric literature on abortion however poses special problems for the profession. Only since abortion has been made an elective procedure in the United States, can researchers begin to gather meaningful statistics on psychiatric indications for abortion. When women are no longer forced to have a psychiatric consultation in order to obtain a legal abortion, we can begin to measure the number of women who terminate their pregnancies genuinely as a result of mental health problems. This is also the beginning of the era in which social scientists will be able to measure the psychological effects of abortion and how these are related to the variety of reasons for which women seek abortions. These and similar questions can only be answered accurately as elective abortion becomes available to more and more women.

3. Caution is also advisable in performing sterilization as an accompaniment to abortion. Medical indications for abortion are sometimes indications for sterilization as well. However, it is only as a voluntary process that family planning remains an ethical matter.

Because it is important that procreation be an ethical responsibility, patients should have the right of conscience to determine when their natural fertility is to be limited.

Statements and Reflections of Persons Touched by Problem Pregnancies

These personal statements are from a variety of men and women who have considered the possibility of an abortion when they or someone they knew faced a problem pregnancy. Simply stated, these experiences help us see how people make decisions and how others might be helpful.

A SINGLE ADULT MOTHER-TO-BE

As a Christian woman the experience of facing an unwanted and an unplanned pregnancy is a traumatic one. There are so many questions, so many fears and the loneliness . . . Why me? Why now?

My whole religious perspective has been dominated by a reverence for creation. Before I could articulate its meaning, I understood the sanctity of life.

But what life? Life that was within me? My whole being is life. The blood spilled from my body each month since I was 14 is life. Coming to the end of my formal education I was on the threshold of new opportunities, new freedom. This is or was life too.

I need support in making my decision about this pregnancy. Where to go?

Fortunately, I am in a community of women which meets regularly to struggle about the meaning of their lives. They are not Christians. They listen to me. They share my struggle. They share my pain. They love me. This is community. Here I feel the spirit of God touching me.

A HIGH SCHOOL UNWED MOTHER-TO-BE

I was 15 years old when I became pregnant. I knew I had to turn to my parents. At first I thought I'd get married and have the baby—very unrealistic as my parents showed me. Thank heavens we could turn to a member of our family for help. I flew to Richmond for my abortion. Everyone at the hospital was great. I believe this is so essential when a woman has an abortion. They really helped me.

I could never turn to my preacher or anyone else in my church for this kind of help. Even today I couldn't discuss my abortion with my preacher. Abortion has never been a topic in our church to my knowledge, but if it is they keep it from teenagers. The church I attend seems to be a majority of conservatives. I believe half the congregation would faint from shock if I were to stand up and say I had had an abortion.

The fact that I could not turn to my church was not a big factor in my case. I had the help of my parents and the grace of God to help pull me through. There was never a doubt in my mind that I wasn't doing what God wanted me to do when I had my abortion. However, I believe for many women the church's help and understanding is vitally important. I think many women would refuse to have an abortion without the church's approval. If God knows we are human and make mistakes and is still willing to forgive and help us, why can't the followers of God forgive and help us when some of us face the decision of an abortion?

I'm 18 now and can't imagine what my life would be like if I hadn't had the abortion. I look around at my friends who decided to get married and have the baby. All of them are either divorced or separated, miserable and bitter,

and sometimes regretful. I thank God often for showing me the way. I'll never regret having my abortion, and I'll encourage others who face this decision in the future to strongly consider it.

AN UNWED COLLEGE-AGED MOTHER-TO-BE

I learned that I was pregnant in my Junior year. Although I had been indiscriminately "screwing around" for more than two years, I had never allowed myself to really believe that I was doing it. It didn't fit with who I knew I was supposed to be. And of course, with that kind of attitude, garnished with a heavy dose of American romanticism—the only redeeming factor, any kind of contraception was out of the question.

In those days, abortion was no easy matter. The coat hanger, New York, or Puerto Rico were alternatives—but they were only whispered words, and I knew no one who could answer my questions. And I had no money, and no way of getting money, and I was terribly afraid to ask. The few people I told responded with profound solicitation (the typical male response to the pregnancy mystique) or utter confusion. I was still alone.

When I could ignore it no longer, I went to a very special person who happened to be our chaplain. Somehow I knew that I would be no less of a real person to him for what I had done. I felt utterly and profoundly unacceptable. He helped me identify my alternatives—suicide, abortion, running away, giving birth—and he let me know that they were all available to me.

The one thing that I knew, or was beginning to know, was the way I had divided my reality. And I realized that I had to go through this learning process, accept myself, or I would never be whole. I decided that the only way I could remain out of fantasy would be to complete the cycle of pregnancy and birth.

The cycle was long and hard. My own brokenness confronted me continuously. I knew, or at least thought, that it would destroy my mother especially, who meant the most to me. And it hurt to admit that I was not all she wanted me to be.

But I learned a lesson in love, that I can be loved no matter what. I had a child, he was adopted, and, although some have called me selfish and cruel, I carry no guilt for the child or the process. Although it would be romantic to carry this as a secret sorrow, I feel no pangs of loss. I learned a process. I had a new birth myself and discovered more about grace and love than I could ever say.

A FATHER OF AN UNWED MOTHER-TO-BE

As a father who has experienced more than one pregnancy with unwed daughters, at ages between 15 and 20, I have had much time to dwell on the problem of abortion.

I was raised in a very strict Calvinistic family and have, except during World War II, been active in the Presbyterian Church. My family has been reasonably active and has enjoyed open dialogue at home in talking about Christ, the church and various spiritual problems. On the whole, our family has been open and happy.

Each instance of unwed pregnancy among our daughters was one of great personal sorrow and crisis. Without going into lengthy detail, each instance

carried the same pattern. Our daughter came to us in great distress—for us, for herself, and for the boyfriend. In every case we demonstrated as best we could our love and understanding and then proceeded with the involved procedures of abortion.

During our marriage my wife and I had come to the conclusion that abortion among unwed teenagers was the intelligent, humane, and Christian course to pursue. We never had before and still have no feeling whatsoever that abortion is any part of killing or “murder.” One part of our feeling is based on what we consider as human life having conscious awareness . . . and secondly, the consequence of a baby being brought into this world unwanted, unattended to and with usual disastrous results for the mother.

We have never had any negative feelings about abortion before or after. Our concern has always been the breakdown in moral and spiritual values that led our daughters to premarital intercourse. As any responsible parents would, we have gone through the period of depression in which we felt that we had failed. We still assume a responsibility for our children’s action—but we also recognize our children have their own responsibility as well as our society and also the church. These feelings do not mean we are looking for scapegoats but simply that all of us are greatly dependent upon our parents, our friends, our society and our church for our total moral and spiritual growth or lack of growth.

I would like to devote the remaining statements to the church’s responsibility. (Would like to quickly note here that I am part of the church and as such make these comments as “a part of” and not an outsider.)

1. It was distressing that in our time of need, neither by congregation or pastoral expression did we feel free to handle our problem within our local church. We went to another pastor in another denomination and received loving and intelligent help.

2. One of the most serious post-abortive problems we have had is to be sitting in church and have our pastor lash out at abortion. This has caused grave repercussions among our daughters.

3. One of my strongest feelings about our church today is that, in this area as in many other areas, the church is attacking the condition (abortion, divorce, drugs, alcohol, etc.) rather than the cause. Specifically the church is not offering people, especially young people, alternatives. It’s like doctors lashing out at patients with cancer, strokes, broken bones, etc., rather than curing and, even more importantly, working with and seeking for preventatives. I strongly feel that many in our church feel that by taking strong stands against problems they have fulfilled their salvation. I feel that when the church offers to people tangible programs and motivations that are more positive and welcomed than drugs, alcohol, sex, rebellion, violence, etc., that then and only then will the church be fulfilling its mission.

4. And lastly, as is always the case, I have yet to hear anyone speak out against abortion that has been personally involved.

My wife and I are still struggling with our family problems. We still have great love and respect among each other, and we are convinced that the Spirit of Christ is working in our lives and our children’s—that he understands and that good will eventually come to all of us out of these experiences.

In addition to our own children, over the years our children have brought to us several of their unwed pregnant friends. And it has distressed us—the anguish and complications necessary to make arrangements for expensive and secret abortions for these young people.

It seems so unfair for people to single out certain “sins” and to berate and harpoon these individuals as though by one act they should be branded for life. In so many instances of abortion, I think the church’s stance has caused far more havoc in the young people’s lives than the “sin.”

It is for these and similar reasons that my wife and I hope that we can be of use as our church struggles with the problem of abortion.

A WOMAN WHO HAS NEVER CONCEIVED

I am a woman and one could assume that I have or could share in the creation of a new life. But, I have not done so nor is it possible now for me to conceive and give birth. So abortion for me could be an academic question. But, I am also a Christian, a person whose life is sustained by the grace of God and nurtured and directed by the body of Christ. My redemption set me into a community and freed me to live with others in all of life’s experiences. The beat of my heart, the pulsing of my blood, the thoughts of my mind, the quickening of my feelings, the intentions of my will—each internal phenomenon is matched and made whole by the life of the community of faith likewise each stress within that body is experienced within my own. I, who can never conceive, bear the mystery, the weight, the hope, the anxiety of the woman who carries within her body the beginning of a new life. I marvel at the Creator God who made woman and man so that they could share in the creation in a marvelous and mysterious way. I agonize with the Redeemer Christ at the misuse of gifts and the sinful conditions which turn life into mere existence. I brood with the Spirit, trying to know where truth and justice and love are revealed and served. I am humbled and challenged with the church in recognizing a new life as one of God’s children who is named in community, for life in community.

When a woman, or a woman and a man together, come to a time in life when the fetus she carries is something other than joy and hope and gratitude, then the question and torments, the uncertainty, and guilt, the searching and deciding are as much mine and the church’s as is the celebration of a new life which unites us in naming the child as God’s and in bearing for and with that child the responsibilities and joys of life in God’s family.

It is with the mind of Christ that we study and discuss our life experiences. It is with the mind of Christ that we search the Scripture and weigh the Spirit-led deliberations of the Church as we attempt to know and to do what each experience requires. But, the mind of Christ is contained within a body—a body, like Christ, whose presence was not and cannot be kept apart from the evil, the hurting, the ambiguous, the risky experiences of life. We do not debate issues, we live with each other, mindful and careful of life as we touch and share it, even while we decide about it.

A MOTHER OF AN UNWED FATHER-TO-BE

As the mother I was shocked to think that a young male had to be married at the age of seventeen to a child of fifteen and raise a child or children.

Males are easier to deal with because we have demanded that they not feel as much nor care as much as females. (I don't believe that they don't feel or don't care, but they have been forced to accept all of this when others are making their decisions.)

Being a mother, the cold-blooded decision was easier because I was protecting my child.

The sick feeling in my heart and soul of making the decision to take life and love away from another human was and is hard to describe. Here are a few thoughts: Should the abortion be performed? Should marriage occur? Should the infant be born without the parents being married? Should the girl/mother have to share the life of the child without the father? Should the father have to live without his offspring? Should he totally support it financially? Support it partially? Or should the entire problem fall to the mother? Could I see my child's child live in the same community having or not having? Be alive somewhere in the world and not knowing about the child? Live without touching the child or live with touching? Allow the three children to live with our life?

The thought of a new offspring brings joy to my heart and mind, but the realities of the grief and burden of an unwanted child long outweigh the dreams of "perhaps" joy.

The fear for the health and safety of the mother, (because I knew nothing of abortion at the time).

Wondering what effect this will have on her life and love, assuming that she wanted her child.

The thoughts continued forever and each situation is different. I had help with helping the children because they did not want to be married and the girl was very much afraid because she had used drugs several times.

A MALE CLERGY ABORTION COUNSELOR

The decision for abortion looks much different face-to-face than it does as an abstract issue. And abstract it never is.

I began doing problem pregnancy counseling and abortion referral in 1969, when such practice was at best extra-legal. I began, not because I was convinced of the morality of abortion, but because in my ministry I met some desperate people. I began at a time when I still found the "right to life" arguments more persuasive theologically than those of abortion advocates. But I could not argue away the desperation of people: the Catholic couple in their early 50's whose five children were grown. The high school senior who had plans for college. The 13 year-old-girl and her parents. They were faced with three bad options: unwanted parenthood, giving up a newborn, or abortion. Some considered a fourth as well: suicide. Together we wrestled with the options, and with the dictates of conscience, church, God, the law, "significant others," emotions, finances. These formed a different configuration for each individual.

I would probe: "What did you believe about abortion before?" "Do you visualize the fetus as a baby?" "What will or won't you be able to live with?" "What do you want to do?" Most—though not all—chose to abort. When the concern was to be sure that it was a medically competent abortion, then we utilized the developing Clergy Counseling network.

Theologically and morally, I consider the abortion decision a tragic one, although I find the biological definition of the right-to-lifers much less persuasive now than a covenantal and qualitative understanding of human existence. And, although I am convinced that it is finally the pregnant woman who has the right and responsibility to decide, in counseling, once the choice is made, I deliberately shift from the role of question-poser to that of supporter and advocate. Still, the decision is, I believe, tragic.

The situation in this country has changed in recent years in regard to abortion. Prior to the 1973 Supreme Court ruling, women considering abortion faced not only their own inner struggle but also the suppressive weight of tradition, culture and the criminal justice system. Ministry required standing beside and aiding trapped people. Now that abortions are more available, prohibitions are weakening and the stigma is passing, I have noted and am troubled by what seems to be a growing casualness among those deciding for abortion, even as I rejoice that women have the legal right to choose.

A GRANDMOTHER-TO-BE

As the mother of the man involved, with the prospect of an abortion of his offspring, I was shocked at the enormity of the decisions.

The helplessness of the male, of my own son, frightened me and confused my thinking.

The ache and hurt that a human was being created, and that all logic pointed to the removal of that life, left me numb.

The swiftness with which decision after decision had to be made, and no turning back, swept me along at a very uncomfortable pace. But I try to reason with myself and the young people in question. All my decisions had to be made as gently as possible but firmly enough that I would not weaken my position when they argued with me.

The love for life was so strong in me that the thought of an abortion was repulsive.

The love of my child's life—my own son—was stronger than the love for his child's life, while he was still a child.

This is what eventually took over and enabled me to make the decisions to help the young people and follow through with the abortion.

A MAN DECIDING ON VASECTOMY

Nine years ago, six months after the birth of our second child, I had a vasectomy, a decision about which I have no regrets. To me, the choice was among various forms of family planning, since I have no philosophical or religious objections to birth control and prefer preventive measures to the possible psychological trauma of abortion. I felt vasectomy was the safest, simplest, and most convenient method, and feel that birth control is a responsibility of both partners. The operation was my idea, and it was not discussed with anyone but my wife, who definitely supported it. The only real objection we saw was permanence, and we felt that if a child was lost, another child some years later was not our idea of a suitable compensation.

At that time, it was very difficult for a couple, thirty and twenty-four years old with two children, to get a vasectomy. Then, forty or four was the usual rule. Things are simpler now, fortunately. A two-child family fits our personalities and life-style; I am a professor for which expectations for child support are high and resources moderate. My wife enjoys motherhood, but not to exclusion.

Nine years later, both of us are happy with this decision and with our family unit. No psychological difficulties have surfaced, and it is the ultimate in convenient contraception. Since then, several of my colleagues, after discussion with my wife or myself have also had vasectomies. Philosophically, this was a simple decision, perhaps because I am a simplifier and systematizer and not an explorer of the last complication or ramification, either personally or professionally.

Biblical and Theological Implications

This section includes several kinds of material. (1) Biblical Implications is a brief review of Scripture which applies directly to elective abortion. Many interpretations of Biblical passages have been used to bolster debates against or for abortion but often these interpretations are tenuous and the validity of the interpretation itself becomes a subject for debate. Therefore, only a strict view of Biblical material focused directly on abortion has been used. (2) Two brief papers deal with the theological issues raised in abortion. Theological Perspective on the Abortion Issue reflects the theology of a pastoral counselor working with women in problem pregnancies, and focuses directly on some of the issues involved in creation, procreation, sin and community. The third paper, Theological Questions Raised by Anti-Choice Groups, reviews the position and arguments used by persons and groups opposed to abortion and then briefly reflects on some of the difficulties involved in these anti-choice positions and arguments. (3) A series of four Theological Reflections is introduced by a paper urging church persons to engage in theological reflections on issues and situations raised during problem pregnancies, and the struggle a person has in deciding whether to abort or to carry the pregnancy full term. These reflections were written by members of the study group who try to begin personally a process they recommend to the church.

BIBLICAL IMPLICATIONS

A review of Scriptures, both Old and New Testaments, shows that no passages deal directly with elective abortion as such.

Old Testament

The Old Testament laws do not deal explicitly with *elective abortion*. There is one mention in the law code (Exodus 21:22) of *accidentally* induced miscarriage. If a pregnant woman is injured and she miscarries, the man who struck her is obligated to pay her husband compensation for the loss of his property. If the woman herself dies, the law of “an eye for an eye” applies. Clearly, the intent of this law was that inducing a miscarriage is not homicide, not even manslaughter, but instead it is a loss of property.

There are two basic reasons why the authors of the Bible were not concerned about abortion as a voluntary procedure: (1) It was not a realistic medical possibility for them. (2) The Hebrews and the early Christians were perennially aware of being too few in number as a people. Had any forms of birth control been available to them, they would probably have been uninterested in limiting their natural fertility. There are three Old Testament references which provide a reliable indication that the Hebrews did not practice voluntary abortion. Jeremiah laments the intolerable character of his existence by wishing that he had died in the womb: “so my mother would have been my grave, and her womb forever great” (Jer. 20:17). The third chapter of Job is a similar lament cursing the day of his birth, i.e., cursing his existence. The actual message of the lament is not pertinent; however, one of the details is significant. One of the most common unsophisticated methods of abortion is beating a pregnant woman’s stomach until the fetus died. At this time the woman’s body will begin labor and expel the fetus. In primitive

cultures today, midwives and native doctors know and use this natural reaction of the woman's uterus to produce abortion, and historical references to this practice indicate that it has long been known to the gynecological "experts" in any given culture. Jeremiah is clearly unaware that labor automatically follows the fetus's death. Neither do any of his redactors nor Job and his editors correct Jeremiah's misunderstanding. Thus it is reasonable to conclude that the Hebrews did not practice voluntary abortion. Ezekiel gives us an additional clue: in 16:3-5, he describes the practice of "exposing" newborns as a means of controlling fertility. Ezekiel obviously disapproves of this practice; it is a Canaanite practice, abhorred by Hebrews. Thus the reference to exposure suggests that even in the surrounding nations, abortion was not known.

New Testament

There are no passages in the New Testament which focus on elective abortion. The good news of the gospel, particularly the way in which Jesus related in his life and ministry to women, has significant implications for the church today as it continues to develop its theology. A brief review of Biblical passages in the gospel shows that Jesus recognized women in ways which contradicted their status within the Jewish and Palestinian community. In several instances Jesus specifically recognized women as responsible persons, capable of ethical decisions in the light of the truth of the good news. In the passage dealing with the elders and the woman taken in adultery, for instance, it should be noted that Jesus deals with both the woman and with the elders primarily as persons who can make ethical decisions and should do so. Yet even when they make a wrong ethical decision—as in the case of the woman in this instance—they can be forgiven. In addition, it is notable that some of the most theological conversations recorded in the gospels are those Jesus had with women—the woman at the well, and Martha (John 4:8-42 and 11:1-44). A characteristic of Jesus' ministry to people, including women, was that he healed their bodies, improved their bodies, improved their situation, challenged them to lead better ethical and responsible lives. The Sermon on the Mount indicates that Jesus did not consider any of the commandments absolute in themselves. Instead he urged persons to review their attitudes and that attitudes were of sometimes greater significance than the actual conformity to the law.

The understanding of the covenant in the New Testament is within a context of responsibility to oneself, and to what God through Christ teaches, and how God acts. One's decisions are informed within the context of the community by these considerations. So in the New Testament, particularly Paul, the covenant is reinterpreted as participation in Christ—as members of Christ's body—as over against being under the law (the Old Testament view of covenant). Christ serves as the model; his ministry, behavior, and teachings are ways in which Christians should model themselves in their decision-making.

In the Old Testament men and women are created in the image of God (Gen. 1). This presupposes that they are capable of taking responsibility over their lives and can act responsibly over the rest of creation. In the New Testament, being made in the image of God has fresh meaning by viewing the

ministry of Jesus as a new revelation of the image of God among people. Both of these views of the image of God in human beings call men and women to exercise their full capacity for ethical decisions even while subject to the limitations of human error and limitation. While God judges, God also forgives. The ministry of Jesus substantiates the quality of that forgiveness as people of his time experienced it.

Our 20th century situation differs radically from the knowledge of experience of people in the Old and New Testament periods. Our current knowledge of the biology of fertility, conception, the development of fetal life and the genetic inheritance of children from both parents is a product of the last 100 years. In addition, our knowledge of safe birth control methods and safe abortion procedures is very recent. Our improved medical knowledge has resulted in better medical care, and increased life expectancy across the world with the result that we face the real possibility of over-population of our planet.

With the advent of safe elective abortions, women with problem pregnancies have several choices they can make. Because the Bible has no direct reference to elective abortion, Christians cannot turn to Scripture for immediate counsel in decision-making regarding problem pregnancies. However, the Bible—particularly the ministry of Jesus—can undergird our freedom, and responsibility as human beings, as well as the ministry of the church and the understanding of God for the human situation. This reinforces the possibility that responsible decisions can be made by women facing problem pregnancies.

THEOLOGICAL PERSPECTIVE ON THE ABORTION ISSUE

How can a decision on abortion be understood theologically? Or to put it another way, how can a decision to have or not have an abortion be illumined so whatever is done can be known in such a way that meaningful and true living with the decision is possible?

To make a decision theologically means to make a decision before God, i.e. to make a decision in terms of one's ultimate destiny. For persons living in the context of Christian faith that means the decision is made in light of the freedom and responsibility made known in the Christ event and kept alive in and transmitted through the community which believes in him.

This theological context for decision-making implies that a number of factors and perspectives must be taken into account and certain simplifications avoided if the decision is to be a conscientious one. It implies that the decision, though made "before God," is one which takes the communal nature of life seriously and takes into account not merely individual interest, but the nature and meaning of life together. The love of God and neighbor are inseparable in conscientious decision.

This implies that any given ethical decision finds its genesis in the truth which emerges from the demands and possibilities of love. It is the truth discovered in love which informs the decision-making process. For Christian faith such truth in love finds its expression in Jesus Christ who becomes the norm for the quest for truth in love in the Christian community.

Decision in a Christian context therefore begins with the concrete situation as it is and pursues the most promising options in the situation. It does not begin abstractly with perfectionist norms which must be preserved or ought to be achieved, but begins with the imperfect and ambiguous situation in which the person now exists and looks for the possibility and promise hidden in it. In this sense ethical decision looks for redemptive possibilities in the here and now. It recognizes that the effort to maintain or achieve perfect norms in less than perfect conditions increases rather than decreases the violence to humanity in the ethical situation. The insistence on perfection or absolute norms in an imperfect and broken situation can constitute an attempt to serve truth without love—i.e. without appreciation of either the context or the meaning of forgiveness.

Since the Bible does not address the issue of abortion directly, any decision concerning the possibility must rest on those insights which the eyes of faith can discern as operative in the believing community. Central to such insight is the value and promise in human life and the hope for its fulfillment. The reverence for and blessing of all life as a gift of God is fundamental to the Christian faith. But the fullness of life is not to be understood simply as a quantitative matter. Human life is set within limits and fullness is not to be equated with “more” but with “better.” The promise to Abraham was the promise of a quality of life, which when realized would be the kind of life in which all people would find their blessing. Christians believe that such fullness of life appeared in the suffering and brief presence of Jesus of Nazareth.

For the Christian the guiding principle is therefore the pursuit of the promise of life in its fullness. It is always an open question whether or not a particular conception of life occurs under conditions where its preservation and nourishment is an act of obedience in the direction of the promise of fulfillment. Conscious decision on the issue, and not ignorant passivity, is clearly the character of faith’s response. Not every conception rests under the mandate to be carried to conclusion—especially when the conclusion can only be an increase in suffering for either the child to be born, the mother, or the human community as a whole. Whether a particular act of conception can be seen as participation in the promise of life is a question of judgment to be exercised in context—i.e. the possibility of obedience to God in a given situation. In the bundle of life in which we exist conception without promise is not necessarily more life-affirming than the early termination of a mis-conception in the life process.

To lift the question of conception and its continuance to the level of conscious decision before God, is to open the possibility of living by promise in conscious obedience and love, rather than by slavish subjection to process. Absolute or narrowly legalistic approaches, in this as in other instances, make free and responsible ethical behavior impossible. In the instance of human procreation it is of paramount importance that parents be free to become responsible selves. Irresponsible procreation, even when obedient to the letter of the law, is not a higher form of obedience than the desire to serve the fullness of life by bringing conception and issue to the level of conscious and responsible decision in context.

The Christian faith provides insight into the truth of love that in an imperfect world literal and absolute obedience to an abstract rule neither ful-

fills the law, nor opens the way to the fullness of life. Only the spirit of Christ can lead the Christian to know how to use the law, when and in what way to make obedience to the promise possible. On the question of abortion such freedom must be exercised, to make responsibility possible.

Theological Implications

When the abortion question is under consideration certain basic Christian doctrines come into play. The theological framework in which the issue is considered is ultimately decisive regarding the person's capacity to live with the decision.

The doctrine of creation has traditionally been interpreted in a perfectionist and absolutist way. "God saw that it was good" meant the creation was free of evil and the order of creation was intended to serve the perfect fulfillment of life. As such the creation was free of the pain of sin and death. Life and procreation were intended to be pure joy.

The doctrine of creation, as well as the biblical accounts, amend that vision by introducing us immediately to the realities of sin and death. We live in an imperfect and fallen world in which the question is not the preservation of innocence and purity but the redemption of a lost world.

The God of creation is also the God of redemption who enters into a covenant relationship with the people to make life possible in the face of death. God visits and dwells with God's people as a redeemer and savior to free them from their bondage to destructive existence. God offers deliverance to those who live by divine promise. This covenant agreement finds formulation in the law. But the order of the law proves as difficult to keep as the order of creation and God's own children violate the promise and law of life. "By the law comes the knowledge of sin." Again the pretension to purity and innocence has to be denied. The children of God are all imperfect.

Even the human attempt to pursue divine promise through procreation and progeny proves imperfect. Human conception often proves to be misconception (check the genealogies of Christ in the gospels). The birth of Jesus is itself seen as a miracle in the history of human misconception. Jesus thus appears on the human scene as the redeemer of the situation precisely because he is full of grace and truth. He forgives sins! Unlike others he began where people were and not where they ought to be. The company even of thieves, murderers, adulterers was not foreign to him. He did not come to baptize the self-righteous or those "who need no repentance" but came to save sinners. He did not hesitate to deal with the ethical situation as it is. He made human contact.

For this reason the Christian faith has made the doctrine of divine grace and forgiveness central in its understanding of God's way with people. Pretension and self-righteousness are out, and mercy and forgiveness are the starting point in the reordering of human life.

This does not imply that the tragedy of human sinfulness receives divine blessing or license. On the contrary, it means that the tragedy is recognized as part of all of our lives. Hence there can be no ethical behavior which does not begin with compassion. "Let those who are without sin cast the first stone."

When this gospel is kept in mind in dealing with the abortion issue the approach cannot be one in which the righteous set the unrighteous straight. There are no righteous. Human conception is tainted with misconception except for the grace of God. When the truth is known, a great company of sympathetic and supportive friends emerges. When the truth is hidden a crowd of back-biting pretenders to innocence is freed to stone the “sinners.”

On the modest ground of forgiveness and mercy new life can begin. Misconception can be replaced by conception and promise. Whether or not in a given instance a woman can “bring forth” what has been conceived in her depends not on the rigidity of natural “law,” but on the strength to pursue the promise of life. Whether or not a particular conception is according to promise or whether it is a misconception is a judgment she inevitably makes before God.

Whatever the person’s decision, it is the task of the believing community to be supportive of her in the hour of her decision. To help her discern options, to offer concrete and practical assistance, whether the pregnancy is terminated or whether a child is born and nurtured, is a communal responsibility. The faithful community will stand by and not abandon her in either case. Anything less than such action could not be regarded as ethical behavior in a Christian context. The Christian community lives between the forgiveness of sins and the promise of fullness of life. That is the way God keeps covenant with creation.

THEOLOGICAL ISSUES RAISED BY ANTI-CHOICE GROUPS

We wish to affirm our respect for the conviction of Christians who live by a different understanding of Christian responsibility than we hold. An Absolutist position regarding abortions, influenced in great part by traditional Roman Catholic moral theology, has its own integrity. Whereas a pro-choice position maintains that the decision to terminate a pregnancy can at times be made as a responsible alternative to continuing a problem pregnancy, the anti-choice position prohibits any such decision absolutely.

The traditional absolutist position seeks support from four major arguments. The first is based upon an affirmation of the sanctity—hence absolute inviolability—of fetal life, because life is assumed theologically to be caused directly by a divine Sovereign Lord of Life and Death. Presumably, to exercise control over fetal life is tantamount to “playing God” by usurping divine power in a strictly divine domain. For the past century, an absolutist position has relied upon a correlative theory of immediate animation or “ensoulment” at the moment of conception in order to explain the origin of each human being as issuing directly from a divine creative act. Divine causality thus accounts for the sanctity as well as the individual uniqueness of a future human being. Recently, however, more sophisticated advocates of an absolutist position have endeavored to circumvent the many theological difficulties attached to an ensoulment concept by locating the point of acquisition of full and unique humanity (hence “sanctity”) at the fixing of the genetic code, loosely identified as “the moment of conception.” In this way, the directness of divine causality somehow remains, yet is mediated via “nature”—that is, natural law expressing itself through natural processes.

A second anti-choice argument appeals to a natural, inalienable, non-conferred right-to-life received directly from a divine creator—not from any human society or authority, nor from human parents. Hence this right is “absolute” and would be violated (sinfully) by a decision to interrupt a pregnancy.

A third argument rests upon a claim made about the moral status of fetal life. From the moment of conception (either because of ensoulment or fixing of the genetic code) fetal life qualifies as complete and innocent human life. Although their physical differences are self-evident, both conceptus and mature woman share the same *moral status*. A fetus cannot be regarded as an unjust aggressor (morally), nor as anything less than a full human being to the same (moral) degree and with the same rights as the woman. Consequently, no one can morally choose to terminate, by direct intervention, either form of human life.

A less important but frequently cited argument is that human sexual acts and natural processes have a divinely-intended purpose, namely procreation. This purpose is frustrated sinfully by the use of contraceptives and, for a stronger reason, by abortion.

These major arguments might be said to gravitate around a key principle: Divine and natural law exclude any human right to violate the absolute right-to-life of innocent human (fetal) life. Since the purpose of human sexual activity is procreation, and this is a God-given natural process, the principle implies that there is no place for human intervention and decision-making in this procreative process. Hence, an absolutist is required by an exercise of deductive logic to prohibit the decision to terminate a pregnancy as a responsible choice under any circumstances.

While we affirm the integrity of this particular interpretation of Christian responsibility and the personal convictions of those who live by it, a quite different understanding of Christian responsibility leads many persons to a different set of conclusions about the possibility—even, at times, the necessity—of intervening in the “natural” outcome of sexual processes.

Those who identify their position as one of “Pro-Choice” are not thereby to be reduced (for rhetorical or emotional gain) to the position of being “pro-abortion.” A much more profound and subtle understanding of Christian responsibility is required of those who would honestly and circumspectly confront the complexities of current decision-making about our reproductive powers. It is no longer responsible for a Christian to assume that the processes or “law of Nature” are to be identified with the Will of God, especially in the case of human reproduction. Nor is it responsible to assume that a Divine Intention is to be discovered primarily in “laws” or natural processes. To the contrary, a divine self-revelation discloses that the primary aim of Divine Intention is to maximize human choices—so as to endure risk and surmount tragedy. Whenever and wherever human freedom to choose between alternatives is prohibited—where responsibility for such choices is abdicated through cowardice or usurped by external authority-figures—there the Divine Intention is frustrated and violated. When deprived of the power to choose, and the power to become responsible, a puppet displaces the human person intended by Divine Creativity.

A Pro-Choice position affirms that the decision to terminate a pregnancy can at times be made as a responsible alternative. This position derives from a different interpretation of Christian responsibility and leads to a critique of the three major arguments advanced to support an absolutist position.

The weakness of the first argument is made evident from the number of difficulties leveled against a classical theistic doctrine of direct divine creation of “individual souls” at each moment of conception. One notable Christian ethicist, Daniel Callahan, criticizes the official Catholic absolutist argument for invoking a defective theological principle about God’s lordship as a premise in considering the morality of abortion (*Abortion: Law, Choice, and Morality*, p. 417). To assume that God is the primary causative agent, directly intervening in natural processes to “give” life (or to “take away” life), and that persons are therefore prohibited from interfering through interventions, is theologically defective. Human beings—not a divine monarch—are responsible for initiating human life and making responsible decisions. Nor is it the case that a fixing of the genetic code completely determines the presence of a full human individual. Who an individual is and what he or she is to become is determined, not just by their genes, but by a variety of interactions and interrelationships with different environments and persons.

In terms of the second argument, it is not possible to resolve a conflict between competing rights-to-life simply by arguing that God directly “gives” the right-to-life. Daniel Callahan denies that there is any strict (logical, deductive) entailment from the general principle, “Sanctity of Life,” of either one right or another. Neither the right to individual life (of a fetus), the right to self-determination (of a woman), nor the right to species-survival (of a society or community) can be absolutized to the exclusion of other rights—as if strictly entailed by affirming the sanctity of human life. It can only be implied. Hence one right can and must give way to others when circumstances require this (Callahan, p. 337).

Perhaps the most commendable feature of Callahan’s critique of an absolutist position is his indictment of a morality preoccupied with fulfilling a “moral law” regardless of consequences for the individual human persons. Such a morality is typified in a statement by Father David Granfield: “Two natural deaths are a lesser evil than one murder.” Callahan’s rejoinder is penetrating:

“A theology which would countenance the death of both the fetus and the woman (rare in fact, but pertinent in principle) rather than directly take the life of the fetus is one geared heavily to a preoccupation with preserving individuals from sin and crime. Its real interest . . . turns out, in effect, not to be the good of the mother . . . but the good conscience of those who might but do not act to save her. The basic moral principle of ‘Do good and avoid evil’ is efficaciously rendered into the avoiding of evil alone.” (Callahan, p. 424).

The third area of criticism focuses on the remaining element in the absolutist argument, namely the equivalent moral status of full humanity awarded to the embryo-fetus as it derives from a presumption of full humanity from the moment of conception. Although they do not acknowledge an inconsistency in the absolutist argument—that is, natural structures are

considered to be morally normative in other cases, yet different stages of fetal development are not allowed to dictate different moral norms—several moralists object to ascribing full and inviolable humanity to embryonic life. They undertake to relocate a point on the life-continuum, or a degree of sufficient development, after which the presence of an identifiable human life would make direct life-taking objectionable. (Some would insist: except for a proportionate reason, or to safeguard proportionate values.)

Those who claim that a fetus has a right to life which cannot be violated by a woman's right to self-determination do not realize that this perception distorts an ethical state-of-affairs. In all other cases of conflict between separate, independently existing persons, a right-to-life can be regarded as a right to be given what one needs as a bare minimum for continuing life, or more strictly, a right not to be killed. But in the case of an involuntary, unplanned, unwanted pregnancy, the moral question is not merely about having a right to life. It is rather about having either a right to make use of, or a right to continue making use of, another's body—even when it may be needed for life itself. In short, there is a far more fundamental ethical problem here: How does one acquire a right to the use of another person's body, as a prior condition for laying claim to any right-to-life? Acquiring such a right is no longer an inevitable work-of-nature. It has become a matter of responsible choice.

THEOLOGICAL BEGINNINGS (An example of a process)

After a number of sessions ranging over the medical, legal and theological history of abortion, a review of case studies of persons with problem pregnancies, a careful study of scripture as it relates to abortion, and a search of literature for valuable resources, members of the study group felt the significance of their efforts. They asked themselves: How can the church use all this good material? How can people really help one another in decisions on problem pregnancies? What can Christians say and do that is relevant? How would we personally make responsible decisions ourselves? How can we get the church to do its homework and begin to develop theologies for today's situations?

The study group decided to try individually to write down ideas and spiritual insights that they could draw on for themselves if or when they faced a problem pregnancy. It was difficult to do for a few minutes, but then ideas and feelings poured out onto paper. Each person apologized before reading their reflection paper to the group, but everyone felt it was a valuable experience. So these papers are included in the hope that others will try this exercise and share their reflection, too.

To get started, ideas were suggested by group members: Covenant, community, grace, love, image of God, guilt, spirit, justice, forgiveness, quality of life, creation, freedom, reconciliation, faithfulness, presence, stewardship.

There is a wholeness of existence because God does enter and participate within existence and within the human community. So most theological doctrine impinges one way or another on the issues involved in a problem pregnancy . . .

What are the facets of theology which can resource this decision? What convictions? Informed decisions? Do some seem more important? Which doctrinal (religious or spiritual) issues had impact? Which can or should be critiques?

THEOLOGICAL REFLECTIONS—PERSON A

In the creation of human form, affirmation and responsibility are not separate identities, but rather parts of one another. When one is affirmed as a part of the community of believers then the responsibility of action becomes a response to working and living out one's life in reflecting those ideas, beliefs and self-truths as they are experienced. We are not separate from each other, and no decision is ever made that has a one-dimensional effect. This unity enables us to grow in our understanding and discovery of the "selves" we are becoming. Motifs: One in Christ. All parts of the same body. Forgiveness. Life. Justice under the law. Keeper of the Keys. "Love one another—as I have loved you." Saved by Grace.

Theological motifs which inform my decision-making: God as creator and sustainer of life, active in history, giver of promises and blessings—an affirmation of my creatureliness giving me a perspective of humility and reverence as well as empowerment to responsible decision-making.

BAPTISM—reflection upon identity as a child of God, not in my physiology but in my relationship with God and others, frees me from being concerned about myself, commissions me to love and care for other (*issue*: is fetus "the other" or part of my body?)—intentionality of baptism/redemption.

ONENESS IN CHRIST—transcends differences, unites in community of love and concern, creates a mutuality informed and supported by community. Decisions informed by ethical and theological injunction. Do justice—love—walk humbly with God.

ESCHATOLOGICALLY: The fulfillment of God's justice and mercy.

THEOLOGICAL REFLECTIONS—PERSON B

The church is called to experience its life together as human community. In the humanizing process of all its members:—no woman is allowed to live out her life in aloneness as she faces a decision to terminate an unwanted pregnancy;—no man remains aloof from the woman's pain by escaping into abstractions or pronouncements;—no married woman who has been successful with contraceptives or rhythms separates herself in any way from a sister whose condition requires aborting;—single women with hysterectomies, older women past menopause all are present to the depth in another's pain—almost exquisite grace.

Persons in the covenant community experiencing Powerful Presence are compelled into a shared life of one another so that one can say "your pain is my pain," "I hear your ambiguities" "I am part of you, and you a part of me."

The gracious community sensitizes itself to a woman's struggle and clusters about her as she faces the grief engendered by not wanting her pregnancy. Given the present fear, confusion, and emotion evoked by the word

“abortion” at this point in history, the termination of a pregnancy is traumatic for most women. Therefore, the woman needs support in the process of making her decision a responsible one. Rather than “dumping” on her the added fears, confusions, and emotions of the whole community (a greater burden than any one person can possibly bear) the bound-ness of community members one with the other enable the recognizing and dealing with their corporate guilt. In such a process the church understands itself as bearing one another’s burdens, and thus appropriates aspects of its history and tradition that are redemptive, life-giving, joyful, and just.

THEOLOGICAL REFLECTIONS—PERSON C

God is the Creator and God’s creation includes women and men whose very nature includes the possibility of the creation of new life. Human life is a result of a communal act and develops in community (fetus in mother’s body), emerges into community and is shaped and nurtured in community.

The act of sexual intercourse can be seen as intended for and resulting in procreation (with the above communal referents) or as intended for and resulting in re-creation of the existing community of two persons.

Life is sacred to God’s purposes—community.

Community suggests hospitality, the offering of one to another. Community suggests acceptance, accepting and returning hospitality. Community suggests responsibility, respect, sometimes sacrifice. Community suggests stewardship, incarnation, crucifixion. Community suggests covenant, grace, redemption. Community suggests fidelity.

Also, to be considered are the concerns of baptism, to the body of Christ.

THEOLOGICAL REFLECTIONS—PERSON D

God cares about people both as a group and individually. God is mighty, powerful to judging, yet also loving and merciful—a great paradox of qualities. How God views the direction of history and nature is a mystery about which neither I nor anyone can have great clarity or absolute certainty. That will be clear only in the end of time.

Yet Jesus Christ entered life to communicate to human beings what God was like and personally to participate in the fullest sense in the reality of the human existence and community. Jesus knew physical limitations, human frailties of intention and community, moral perplexities and doubts, joy and pain.

In the midst of all this, he modeled, lived, taught and led his followers through a series of parables, healings, conversations which are life-giving, perplexing, gems of wisdom and open to many interpretations. They show God is loving and judging, parenting and condemning, powerful yet allowing injustice and despair to exist. There emerges for me no clear answers, absolutes, or standards of conduct from Jesus’ life, although the church has often attempted to interpret Jesus’ ministry these ways.

Yet I hear Jesus Christ calling me and other Christians to full partnership, adulthood, caring, justice, struggle and joy to live in and with and to live

through life believing that God is powerful and good, loves and judges—all with no clear resolutions. It is a life of faith and risk and growing up into Christ. The Christian community is called to be Christ's body, his embodiment, for this kind of living. This community is in a good place or a bad place, the Christian community resources, benefits, and is with and about that person—moving together as individuals and as a community. We are all as people in life along a road of life with no clearly defined end, few roads signs along the way, much confusion and many surprises.

For me the resources are the life of Christ, parts of the Bible, the counsel of the Spirit, the ministry of other people, and my participation within a community expressing those resources from my life toward others. Additional resources are my review of history and contemporary society, psychological insights and exercises, prayer and work.

I feel my life has a God-given purpose which I am at work trying to live out, at times well and at times poorly. It's a great experience—challenging, exciting, scary. I wouldn't trade places with anyone or want to live at any other time or place.

Abortion Historically Considered

The legal history of abortion in America is often misunderstood and misquoted. This issue is reviewed in the paper *Legal History of Abortion in America*. Initial prohibition of abortion began in the 1830's to protect the life of the woman against almost certain death. Development in both medical science and in more effective contraceptives have changed the use and risks of medical abortion. The Supreme Court in 1973 decided that a woman's right to privacy included the right to choose an abortion within certain time limitations. This decision has raised strong opposition from some religious and secular groups. The legal implications are briefly reviewed together with their relation to religious freedom. *Abortion Historically Considered* ties together medical, statistical, philosophical and theological pieces as they relate to abortion.

LEGAL HISTORY OF ABORTION IN AMERICA

English common law was adopted by the United States after its war for independence, thus bringing the British legal posture toward abortion to the new nation. In England, abortion was indictable only as homicide in the case of the death of a woman. The abortionist was the felon.

By the nineteenth century, state legislators began to regulate surgical procedures because of the high risk. Given the danger of surgery in 1828, for instance, the New York State Legislature considered a bill limiting all surgery to cases where it was necessary to preserve the life of the patient.

Beginning in 1830, legislatures began to regulate surgical procedures, singling out abortion because it was the only surgical procedure which was performed—from the patient's point of view—on the basis of extra-medical pressure. Regulation was felt to be necessary in order to prevent surgeons from performing lucrative surgical procedures without considering the risk to the woman's life.

By the end of the 1870's practically every state had an abortion law. This wave of legislation was explicit, moreover, about a therapeutic exception. It is clear that these were not anti-abortion laws as such. Rather, they were anti-abortionist laws intended to protect the life of the pregnant woman. Abortion was not a crime if it were performed in order to save the woman's life. In the meanwhile, new developments in medicine and the medical arts appeared to make safe abortion possible. Legislators, however, were reticent about accommodating a new historical situation in which safe surgical, mechanical, or chemical abortifacients had become available.

It was inevitable, therefore, that restrictive laws would be challenged. In response to such a challenge, the United States Supreme Court, on January 22, 1973, in two decisions (*Roe v. Wade* 410US113,164 (1973)—*Doe v. Bolton* 410US179, 1973)) continued the tradition in American abortive law of the protection of the woman in ruling that only in the third trimester of pregnancy, when abortion becomes more dangerous than childbirth, does the state have the right to limit the performance of abortion.

In essence, the Supreme Court decisions provide that any restriction imposed in the first trimester, and any proscription imposed during the first two trimesters, are per se unconstitutional. With regard to the third

trimester, the court held that the state may, if it chooses, regulate and even proscribe abortion except where necessary in appropriate medical judgment for the preservation of the life and health of the mother.

It is useful to note that the January 22, 1973 Supreme Court decisions on abortion were based in part on the "right to privacy." The "right to privacy" is a technical phrase in the legal profession which refers to the fact that the Bill of Rights reserves all previously unenumerated rights to the citizens rather than to the state or federal governments. The "right to privacy" as a basis for the court's abortion decisions means that abortion is a matter for individual conscience. Precisely because the court recognizes that abortion is a moral decision on which there is no consensus, it ruled that the government has no right to force an individual to make a decision about abortion other than at the guidance of individual conscience. In effect, this decision makes individuals responsible for abortion decisions for the first time.

While the abortion debate has traditionally centered around the question of whether the medical profession would be allowed to perform surgical abortions and the protection of the life of the pregnant woman, that era was brought to a close by the introduction of particular constitutional amendments that would for the first time prohibit abortion to protect the fertilized eggs or the fetus at the cost of the woman's protection and of the responsible exercise of moral judgment by individuals.

This is a new question. Its genesis is in the belief that a human person is created at the moment of conception and as such is entitled from the moment of conception to all of the entitlements of the law and the constitutional protections afforded to persons beginning at the moment of birth.

In opposition to these proposals, it is contended that they are: (1) inconsistent with the history and law of the First Amendment in that they would give governmental sanction to one set of moral and religious views on the issue of when life begins; (2) inconsistent with the Ninth Amendment in that they would outlaw a common law liberty held by American women when the Bill of Rights was adopted, as a right retained by the people which could not be disparaged or denied by the government; (3) inconsistent with the Fourteenth Amendment in that the prohibition of abortion would infringe upon the fundamental liberty to limit childbearing without the due process required by the amendment; (4) if enacted and enforced the proposed constitutional amendment would create chaos in the private law in courts, tax law, property law, and the criminal law; (5) jeopardize the professional judgment of physicians concerning the care of their patients which would lead to an increase in maternal mortality, especially among the poor as the result of illegal and unsafe abortions; and (6) that the successful strategy of enacting anti-abortion constitutional amendments withdrawing rights recognized by the Supreme Court would start a process of undermining the civil rights fabric of the Constitution.

Currently, however, the degree of human intervention at any point during pregnancy is legally defined by the Supreme Court decisions of January 22, 1973. Those decisions protect the religious freedom of all citizens. They remove abortion laws from the criminal code and provide that abortion be regulated by the health code, which governs all surgical procedures. For

many persons the court's decisions to uphold the right of conscience in abortion decisions for the medical profession and for all citizens is an important guard of religious freedom.

MEDICAL DEVELOPMENTS IN ABORTION

• Before the 1850's any known method of terminating pregnancy was a serious threat to a woman's life. Any surgery, abortion included, carried with it a three in eight chance that the patient would die. Three-quarters of these deaths were from infection. The work of Pasteur and Lister (1857-1867) made physicians aware that bacteria cause infection and that antiseptics could be used to prevent it. Their ideas were accepted in this country in the mid-1880's. Another significant development in the history of surgery was the discovery of anesthesia in the 1840's. Until that time many patients had died of shock on the operating table. These two developments, the use of antiseptics to control infection and the development of anesthesia to prevent shock, changed surgery considerably.

Two additional advances made surgical abortion a safe medical procedure. First a process of suturing the uterus allowed doctors to halt uterine hemorrhage and was first used in 1883. Second, the advent of "miracle" antibiotics in the mid-twentieth century made it possible to treat an internal infection such as a uterine infection.

Within the last 30 years, therefore, we have witnessed the first period in history in which surgical abortion is a safe medical procedure. Safe to the degree that mortality rates today affirm that abortion performed by a physician is less dangerous than childbirth.

Statistical data indicates that in the nineteenth century the risk for any surgery, including early abortion, was: 31,250 among 100,000 women. In the mid-twentieth century the mortality rate for childbirth is 20 among 100,000 women, for legal surgical abortion 3 among 100,000 women.

Voluntary abortion has become a realistic possibility for the first time. From the standpoint of medical technology, elective abortion is a new question, a question which in human terms is illustrated by statistical evidence that where such medical technology is not generally available, either because abortions are illegal or because of medical practice, the mortality rate is 100 among 100,000 women.

Medicine and medical technology has created a new freedom in this century—the freedom to safely terminate pregnancy. This new medical freedom means that we face a theological problem which has never presented itself in quite this form before.

Embryology, the science dealing with the formation, early growth, and development of living organisms, too has changed as dramatically as surgery in the last two centuries. Prior to 1875, for example, it was believed that the male sperm contained a complete miniature human being, and the woman's role in the reproductive process was simply to provide a fertile environment in which the human seed could grow. It was in 1875 that a German embryologist named Baer discovered that human reproduction results from the combination of egg and sperm.

Earlier understandings of embryology are found in the theological and ethical positions of Aristotle and Aquinas, and in English common law.

Aristotle, for instance, taught that the soul entered the body when it had a human "form." He felt that it could be observed empirically and concluded that the "rational soul" was infused into a fetus after 40 days gestation for males and 90 days gestation for females. The observable criterion was the appearance of external genitalia. Greek physicians had fixed these points accurately by observing stillbirths. Fifteen hundred years later when Thomas Aquinas introduced Aristotle's thought to the Christian world, he adopted a 40 to 80 day rule after which a human fetus was considered inviolable.

In English common law, quickening was an observable criterion for abortion decisions. "Quickening," the first time a woman can feel the fetus moving, was understood as the moment when the fetus suddenly became alive. Quickening usually occurs between 16 and 18 weeks gestation. Prior to that time there was no offense for terminating pregnancy.

In these previous historical periods faithful persons made theological and ethical decisions on the basis of the science of their day. They trusted the truth of empirical knowledge which we now know to be grossly inadequate. We too must make decisions on the basis of contemporary medical science, and, in the light of the fact that medical technology and medical sciences related to fetal life are advancing rapidly. Because of this, future generations may look at our wisdom and call it folly because we lack their scientific sophistication. Yet for Christians there is one criterion which remains regardless of the state of the medical art. Formulating an understanding about abortion is an integral part of the Christian faith and our responsibility before God in such matters must be based on or informed by our theology as well as on the best medical knowledge which is available.

Today a great deal more is known about the earliest stages of human reproduction. In light of this knowledge, it is not possible to single out a moment when human life begins. Eggs and sperm are both alive even before fertilization occurs. When they meet a genotypically new gamete results, but even then there is about a 40% chance that a child will be born. For reasons yet unknown, 40% of all fertilized eggs never implant in the wall of the uterus; another third are lost before reaching the embryonic stage a few days later; and in addition as many as 10% of all known pregnancies abort spontaneously. The most eminent embryologists of our day will say that the question of when human life begins cannot be answered scientifically. It is a question which asks one to superimpose a theological judgment on a natural process which is a continuum insofar as science can determine.

Resource Papers

Additional material of practical help to persons and groups using this study begins with an overview of the disparity in availability of legal abortion to American women. In addition, some planning suggestions are made for educational groups with possible outlines of the study and questions which need to be raised. This section concludes with a request for evaluation of the study material and that this be mailed to the Council on Women and the Church for continuing work on this issue. The Appendixes include Testimony on the Proposed Constitutional Amendments to Prohibit Abortions by William P. Thompson, March, 1974, together with a statement on the "Conscience Clause" and Public Responsibility for the Use of Public Funds. The Bibliography includes books, articles and films.

PLANNED PARENTHOOD: ONLY 50% OF THOSE SEEKING ABORTIONS SERVED By Religious News Service (October 6, 1975)

New York (RNS)—A new national study by an agency advocating abortion shows that despite the United States Supreme Court's 1973 ruling legalizing abortion, only about 50 per cent of women seeking abortions were able to obtain them in 1974. An estimated 1.3 to 1.8 million women in the United States sought abortions in 1974, but only 892,000 abortions were performed that year—leaving 400,000 to 900,000 women or 30 to 50 percent who were unable to obtain the operation legally, according to the study summary.

The nationwide survey of abortion needs and services in the year following the Supreme Court ruling was prepared by the Alan Guttmacher Institute, the research and development arm of the Planned Parenthood Federation of America. Reporting on the study were Dr. Christopher Tietze, senior consultant of the Population Council, and Frederick S. Jaffe, president. The Alan Guttmacher Institute survey investigators were Dr. Edward Weinstock, senior planning associate of the institute, study director, and Joy G. Dryfoos, director of planning at the institute.

The Supreme Court decisions on abortions "present a major challenge to the U.S. health system," the researchers said in their 88-page report. "The task," they claimed, "is a formidable one since abortion may now be, or is likely to become, the most commonly performed surgical procedure in the United States." The researchers found a general pattern in which most legal abortions since the 1973 Court decision were performed in a few large metropolitan areas, in private hospitals or clinics, many of which were established specifically to provide abortion for profit. Relatively few abortions were performed in public hospitals, they held.

The study strongly criticized the over-all lack of response of "existing health institutions." In many areas, the response to the legalizing of abortion "was so limited as to be tantamount to no response at all," the researchers said. "Their default led to the formation of a separate specialized clinic system, generally outside the mainstream of health care and often on a profit-making basis . . ."

According to the report, the number of abortions performed in clinics has steadily increased, rising from 73,770 in the first quarter of 1973 to 109,750 in the first quarter of 1974. In 1973, of the total 743,990 legal abortions reported, 330,970 were held in clinics, 305,750 in private hospitals, 89,570 in non-Catholic private hospitals and 17,700 in public hospitals.

Legal abortions were highly concentrated in a few geographic areas by the end of 1973, the study found. New York and California provided 50 per cent of all reported abortions in that year, involving many residents of other states. In contrast, the researchers found "no abortions, or very few, were reported in Louisiana, Mississippi, North Dakota, Utah and West Virginia, and in 103 standard metropolitan statistical areas."

Nearly 80 per cent or 189 of the nation's 250 metropolitan areas served less than one-third of the abortion needs of their residents. Of these, 79 reported no abortions at all in 1973. The study found that most of these 189 metropolitan centers were the smaller areas, but they included large or medium-sized areas as in Boston, Cleveland, Dallas, Phoenix, Newark, St. Louis, Houston, Indianapolis and Milwaukee. On the other hand the report said, 20 metropolitan areas were serving more than two-thirds of their residents' needs. Unserved needs were found to be most severe in rural areas, where only 7 per cent of abortion needs were being met.

About half of the 400,000 to 900,000 women who wanted abortions in 1974 and could not obtain them were reported to be below the "marginal" income level. About one-third were in the low-income bracket. The researchers said that about 186,000 of the estimated 430,000 women under age 20 who wanted abortions in 1974 were unable to obtain them. There were some 215,000 out-of-wedlock births among teenagers in 1973, the report said.

The New York City metropolitan area had the highest abortion rate in the U.S. in 1973—84.7 abortions per 1,000 women aged 15 to 44—or a total 186,830 abortions in a population of 2.2 million women of child-bearing age. Salt Lake City, Utah, had the lowest abortion rate—0.7 per 1,000 or a total 120 abortions among a female child-bearing population of 165,540.

Metropolitan areas having abortion rates higher than 43 per 1,000 women of child-bearing age included Madison, Wis.; Washington, D.C.; Wichita, Kan.; Los Angeles, San Francisco, Albuquerque and Miami. At the other extreme, 17 states reported rates below five, substantially lower than the national average of 16.2 abortions per 1,000 women of reproductive age. Metropolitan areas with a rate of less than 1.6 included Ann Arbor, Mich.; Davenport, Iowa; York, Pa.; Corpus Christi, Tex.; Fall River and Pittsfield, Mass.; and Kalamazoo, Mich.

A WORD TO STUDY GROUPS

The material in this study document has been prepared in such a way as to encourage and support individual group needs. Realizing that each group that uses this study has specific and individual concerns, we have tried to make the content material available by sections.

When a group undertakes to use this material, we would suggest that a planning committee be formed. This committee could include resource

persons such as a sensitive lay person in your church who helps people grow and learn, and helps things to happen. Such a person could help adapt this study effort in a planning-teaching group which might also include some of the following resource people: a feminist (an individual sensitive and supportive of women's rights, needs and concerns); a minister(s); person(s) with personal experiences of problem pregnancy; a doctor or biological scientist; a lawyer; an educator; a person with counseling experience; a group facilitator.

These resource people will bring additional insight and knowledge to this topic plus the consciousness of the group as the study is designed.

Each group, whether it be a church and society committee, adult class in a congregation, seminary group, women's center, church employed women's group or task force on women, will need to organize and develop an outline that can meet its specific needs and study style. We would like to offer three possible ways this material could be organized for presentation:

Outline I:

Preface; Contemporary Concerns; Statements, Reflections of Persons Touched by Problem Pregnancies; A Series of Questions for Women, Couples, Community and Clergy; Biblical Implications; Theological Implications; Resources: Medical Developments, Legal History of Abortion in America, Appendices: Collection of United Presbyterian policy statements, Bibliography.

Outline II:

Preface; Biblical Implications; Theological Implications; Medical Developments; Contemporary Concerns; Collection of United Presbyterian Policy Statements (Appendices A-D); Statements, Reflections of Persons Touched by Problem Pregnancies; A Series of Questions for Women, Couples, Community and Clergy.

Outline III:

Preface; Statements, Reflection of Persons Touched by Problem Pregnancies; A Series of Questions for Women, Couples, Community and Clergy; Biblical Implications; Theological Implications; Contemporary Concerns; Resources: Legal History of Abortion in America, Medical Developments, Planned Parenthood: Only 50% of Those Seeking Abortion Served; Appendices—Collection of United Presbyterian Policy statements, Bibliography.

In using these prepared materials, we would like to encourage each group to develop its own questions, statements and reflections and suggest a variety of educational designs. These might include lectures, and panels with question period, team teaching, field trips, role playing, sharing of personal experiences when appropriate, and the use of audio-visuals.

In working with the section containing personal statements, a series of questions might be suggested which could include among others: (1) What statement(s) (views, persons) can you identify with? Cannot identify with? Why? (2) What feelings in these papers are close to your experience? (3) Have any of these reminded you of an experience or similar feelings? (4) What kinds of questions does this raise for you? (5) Suggest that, after these

statements are read, members of the group might possibly like to write out their own questions, experiences, views, feelings for themselves and then maybe talk together. (6) Raise questions which evoke responses like “yes, I know how it feels” in order to develop common feelings. (7) As the group looks at these statements and their own—what questions can you identify for yourself and the church—share in group.

When your group has completed its study it would be helpful if you would share with us the answers to these questions: (1) How did you organize the material? (2) What was most helpful and least helpful? Why? (3) What would you suggest be included or excluded from the final document? Why? (4) What additional material, resources, views, would you add? (5) What group used this study? (6) Were resource people used? What were their special competencies? Did they raise questions? What? (7) What suggestions or recommendations would you make to this study? Please describe your experience in a brief one-page summary.

Mail your suggestions to: The Council on Women and the Church, 475 Riverside Drive, Room 1151, New York, New York 10027.

A SERIES OF QUESTIONS FOR WOMEN, COUPLES, COMMUNITY AND CLERGY

1. A series of questions for women, couples, community and clergy which could serve as guide questions to help develop the implications re: problem pregnancies. They include the following:

a. *Women:* How and why do I identify this as a “problem” pregnancy? Where can I find resources? How do I know if I’m being selfish or responsible, panicked, overly concerned, unrealistic, romantic? How can I decide whether I should make this choice myself or invite others in? If so, whom? How do I know if I can trust my church, spouse, counselor, friends, etc?

b. *Couples:* How are we going to communicate? Do we have to agree? Can we trust each other? What’s the long-term implication of this decision either way? Whose rights come first? Does this problem pregnancy imply a long term relationship, a marriage, separation, divorce? Must we share this with our church?

c. *Family:* What is our role? Can we trust each other? How are we going to communicate? What resources do we need? Who makes the decision, our daughter or sister, the parents? Can we accept abortion, the pregnancy?

d. *Community* (including the church): What is our role? What do we have to offer? How do we resource the decision-making process involved in problem pregnancies? Should we act as a resource? If so, how? Are we trustworthy? Do we have any rights in the decisions of problem pregnancies? How does this shape our life before and after problem pregnancies? Can we condemn or judge people who are in this situation?

e. *Clergy:* What does my ordination suggest re: my role with people facing this? How do I sort my roles as counselor, pastor, theologian, friend, man or women? How can I be sure I am hearing the problem and the issues? What resources, persons and agencies can I call on for counsel and help? What is my responsibility to the man (father), woman (mother), family (present and future), the church? How can I help my congregation face the realities of problem pregnancies?

APPENDIX I

STATEMENT OF WILLIAM THOMPSON, STATED CLERK, UNITED PRESBYTERIAN CHURCH IN THE UNITED STATES OF AMERICA March, 1974

Mr. Thompson: Thank you, I quite understand the obligations which you have.

I wish to express my appreciation for the opportunity to testify and to assure you personally of my appreciation for your patience in staying so long and hearing so many of us.

My name is William P. Thompson. I am a lawyer and was engaged in private practice for 20 years. In 1966, I was elected Stated Clerk, which is the permanent executive officer of the General Assembly of The United Presbyterian Church in the United States of America. This office is the permanent executive office of the General Assembly. I am appearing here on behalf of the General Assembly which is the highest governing body of the denomination, a judicatory of approximately 750 commissioners, half laypersons and half clergy, elected by 162 presbyteries in all 50 states, within whose bounds there are 2,916,757 members. I recognize that within the total membership of the church there are individuals holding differing and sometimes conflicting views. I do not presume therefore to speak on behalf of each and every member of the church.

My testimony is based on actions taken by several General Assemblies by substantial majorities, in a representative democratic process. The General Assembly does function in a representative capacity. Its pronouncements on social issues, to which the church has an obligation to speak, arising out of the historic tenets of the faith, are understood to be for the guidance of and not as binding upon the consciences of the constituent members who remain free to address themselves responsibly to these issues as Christians and as citizens.

I go into the matter of procedure, Mr. Chairman, because in my judgment what I have outlined to you is rather typical of most of the Protestant churches in the United States which make decisions of the kind which I will report to you by a democratic and representative process.

In the course of my testimony I shall refer to a resolution on Freedom of Personal Choice in Problem Pregnancies adopted by the 184th General Assembly in 1972 (*Minutes* 1972, Part I, Journal, pages 265 to 267) shown as Appendix A; a resolution concerning legislation adopted by the 182nd General Assembly in 1970 (*Minutes* 1970, Part I, Journal, page 891), shown as Appendix B, which was predicated upon a report on Sexuality and the Human Community recommended to the church for study and appropriate action by the 182nd General Assembly in 1970 (*Minutes*, 1970, Part I, Journal, pages 888 to page 910) shown as Appendix C, and a Resolution on Abortion adopted by the 1970 national meeting of the United Presbyterian Women's Organization (U.P.W. *Minutes* 1970, pages 50 and 51) shown as Appendix D. The relevant portions of these documents are attached hereto and I request that they be incorporated as part of my testimony.

Senator Bayh: Without objection, so ordered. (The documents referred to follow.)

Mr. Thompson: The two proposals which this Subcommittee is considering, Senate Joint Resolution 119 and Senate Joint Resolution 130, would each amend the Constitution of the United States to grant the rights of a "person" or "human being" to an unborn fetus from the moment of conception. While the proposals differ in particulars, each would authorize the Congress and the several states to enact legislation to enforce the rights conferred by the proposed amendment. The effect would be to permit legislation restricting or prohibiting abortion.

Supporters of the proposed amendments have put them forward as a means of abrogating the effects of the decisions of the Supreme Court of the United States in the cases of *Roe versus Wade* and *Doe versus Bolton* decided January 22, 1973. These cases decided by a majority of seven justices, with only two dissenting, hold that the Statutes of Texas and Georgia regulating abortions were contrary to the Constitution of the United States, particularly the Due Process Clause of the Fourteenth Amendment. The majority, in the decision written by Mr. Justice Blackmun, rejected the concept that life begins at conception and continues throughout pregnancy and placed emphasis upon the rights of the woman, emphasizing her rights of privacy and other rights guaranteed by the Bill of Rights.

The proposed constitutional amendments take the contrary view that life begins at conception and that the fetus as a "person" is entitled to due process of law. The adoption of either of these amendments would enforce this view upon many citizens who hold conflicting views. Mr. Justice Blackmun noted "The wide divergence of thinking on this most sensitive and difficult question." In a Law Review Article quoted in the concurring opinion of Mr. Justice Douglas, Mr. Justice Clark stated the other view:

"To say that life is present at conception is to give recognition to the potential, rather than the actual. The unfertilized egg has life, and if fertilized, it takes on human proportions. But the law deals in reality, not obscurity—the known rather than the unknown. When sperm meets egg, life may eventually form, but quite often it does not. The law does not deal in speculation. The phenomenon of life takes time to develop, and until it is actually present, it cannot be destroyed. Its interruption prior to formation would hardly be homicide, and as we have seen, society does not regard it as such. The rites of Baptism are not performed and death certificates are not required when a miscarriage occurs. No prosecutor has ever returned a murder indictment charging the taking of the life of a fetus. This would not be the case if the fetus constituted human life."

The United Presbyterian Church has long supported the concept embodied in the First Amendment that no particular sect or religion should be preferred above another. The adoption of either of the amendments now under consideration would result in the Constitutional embodiment of the most extreme position of one group of religious persons and the denial of views held with equal integrity by a large number of other religious persons. It would in effect impose the views of the first upon the latter by Constitutional mandate. The concept of religious pluralism would be sacrificed and the erosion of the Bill of Rights would have begun.

Recent General Assemblies of the United Presbyterian Church have studied and reviewed the areas of family life, sexuality, and problem pregnancies because we are concerned about the health and welfare of individuals, families, and the nation. Positions adopted by the General Assemblies affirm a Christian obligation to revere human life and its potential and to respect all the rights associated with human life. In this regard we have addressed the problems of unwanted pregnancies. It is our understanding that moral and ethical questions do arise from the natural ability to create life, and the moral, physical, economic, and spiritual ability to sustain it. While such questions are social by nature, they are not, however, primarily legal questions except that the law should provide for the optimal condition of physical and mental health for all persons and should allow for the optimal exercise of private moral judgments and choice in matters related to the sexual sphere, as well as other areas of the lives of individual citizens.

Consistent with this judgment, we have in the past supported efforts to remove laws restricting the exercise of full freedom of personal choice by women in matters concerning the termination of their pregnancies. It is our view that the Supreme Court decisions of January 22, 1973 ensure the right of individuals to make decisions concerning abortion in accordance with their own consciences. We, therefore, believe that individuals and society itself will be best served by safeguarding the legal option of abortion according to the judicial decisions of the Supreme Court.

I would like to quote briefly from a resolution regarding Freedom of Personal Choice in Problem Pregnancies (the entire resolution is in an appendix to my statement) adopted in 1972:

"... in support of the concern for the value of human life and human wholeness and the freedom of choice advocated . . . the 184th General Assembly (1972) . . .

"b. declares that women should have full freedom of personal choice concerning the completion or termination of their pregnancies and that the artificial or induced termination of pregnancy, therefore, should not be restricted by law, except that it be performed under the direction and control of a properly licensed physician.

"c. continues to support the establishment of medically sound, easily available, and low-cost abortion services . . .

"e. supports legislation to repeal abortion laws not in harmony with this statement and encourages responsible groups working for such repeal."

It is important to note that as far back as 1970 the National Meeting of the United Presbyterian Women's organization of our denomination, representing over 350,000 women, also supported repeal of laws restricting abortion in an unanimous vote at their national meeting. They resolved that:

1. All abortion should be voluntary. The decision for or against abortion should be without legal encumbrance so that women and physicians and pastors or other counselors may be able to exercise their individual best judgment.
2. That abortion by licensed physicians be subject only to the General Laws regulating medical licensure and practice, and not to special criminal penalties.
3. That present laws regulating abortion which do not conform to such criteria be repealed.
4. That abortion services be made available to all women regardless of economic status.

Our judgment concerning the rights of women in these resolutions stems in part from an awareness that women throughout the history of our country have contributed to the strength of our people. They have originated and participated in a number of the great institutions and movements of our country: our schools, churches, charities, governments and the voluntary efforts for equality, peace and equal justice. The United Presbyterian Church supports and is

committed to secure for women the full rights and privileges of citizens for fair and equal justice and treatment before the law. Support of legislative actions and judicial decisions to secure abortion rights for women is seen to be a part of this effort.

United Presbyterians took these positions in support of abortion rights because we were concerned with the effect which restrictive legislation had upon women, children, families and upon the society at large. A brief review will underline the concern Presbyterians have had for the value of human life and wholeness with respect to this issue. When New York and California changed earlier restrictive statutes to new statutes which allowed safe, legal abortions there were significant effects within these states:

The largest cause of maternal deaths—illegal abortion—declined from 5.3 per 10,000 births in 1969 to 2.6 in 1972 in New York.

Admission to hospitals for “botched” abortions in San Francisco was reduced from 68 in 1967 to 22 in 1969.

Infants put out for adoption or abandoned at a large New York City hospital declined from 14.9 infants per 1000 deliveries to 6.6 infants.

Out of wedlock births in New York were reduced from 21.4 percent in 1970 to 12 percent in 1971.

In the two years abortions have been legal in New York City the Health Services Administration estimated that the decline in unwanted births to public assistance recipients saved the city some \$15,000,000.

A recent study in New York showed that out of ten legal abortions performed, seven would have been done under unsafe and hazardous conditions if abortions had been illegal.

Statements of the United Presbyterian Church bear witness to the belief that motherhood should be a choice of free citizens and that women have a right to bear children when they are prepared in their own view to undertake this responsibility. Forced motherhood is not the basis on which a democratic society can function. It is against the best interests of children, women, the family, and the society itself. Only tyrannies insist that women must bear children as a duty they owe as citizens.

Furthermore, the positions of the General Assemblies of the United Presbyterian Church recognize there are competing rights within the situation of pregnancy: the rights of women, other family members, and the medical care personnel—but, the person most responsible for the consequences of the pregnancy, the woman, is the proper person to make the decision. Few women make an abortion decision without careful and soul-searching thought.

United Presbyterians know that a variety of biblical and theological views on abortion have traditionally been held by people throughout history and across diverse religious communions. Significant and contradictory views of sincere religious groups with respect to abortion are found in our country. While the General Assemblies of the United Presbyterian Church support safe and legal abortions, we know that some religious groups and their members believe that abortion is against their theological understandings. We regret the confusion and the sometimes heated debate between religious groups on abortion. It is important to note, however, that the Supreme Court decisions of January 22, 1973 on abortion do not force any person to violate a religious principle or moral law but allow each woman to decide on the basis of her personal religious or moral belief whether to continue or to abort a pregnancy. These decisions coerce no one and establish equal freedom of choice for all. On the other hand, the proposed constitutional amendments would compel women to bear children against their consciences and force particular religious and moral standards on every citizen.

In conclusion, let me briefly review some of the possible consequences of approval of the Constitutional Amendments Against Abortion Rights:

1. The proposed amendments would severely limit the right of women citizens to privacy and equal justice under the law by removing their freedom to make decisions about their own bodies when they are pregnant. This is a most serious erosion of our individual freedom.

2. These amendments would cause return to the hazards and tragedies of illegal abortions, high maternal death rates, unequal treatment of poor women, unplanned large families, and increase in abandoned and abused children, and an increase in public assistance costs. In addition, severe laws would again be permitted with criminal penalties for women who feel they must prevent childbirth. To approve these constitutional amendments would create greater problems than it solves.

3. Severe stress between religious groups would result if either of these constitutional amendments come to the states for ratification. Because religious people hold deep and contrary views about their theology and abortion, the harmony of our religious institutions will be disrupted as persons on each side of this question marshal their arguments and prepare as citizens to influence each state legislature. The ecumenical movement will be tragically fractured.

4. Finally, the effect on American communities will be divisive. Where church members have strongly differing views about abortion, the state-by-state ratification of these proposed amendments will erode the mutual respect and good will upon which our democracy is built.

On behalf of the General Assembly of The United Presbyterian Church in the United States of America, I affirm the belief that freedom of personal choice in problem pregnancies is better than a return to uncontrollable illegal abortions and maternal deaths. I support the Supreme Court rule which allows safe and legal abortions on the decision of the woman. I oppose the proposed amendments as a serious infringement on the rights of women to plan their families, and the rights of all persons to realize a full and healthy life and to increase the public well-being.

I urge this Subcommittee to turn back these attempts to amend the Constitution and reduce valuable privacy and responsible freedom in our society.

Senator Bayh: Thank you, Mr. Thompson. I would like to ask a question or two if I might.

You came down pretty hard on the issue of concern over implementing, within the confines of the Constitution, the religious beliefs of one particular religious sect. Is that really a fair assessment of the opposition to abortion?

Mr. Thompson: I believe, Mr. Chairman, if you read the statement, that I have not attributed the views opposing those which I expressed to any one particular sect. I recognize they are held by many religious persons and it would be the imposition of those views, upon the rest of the citizenry who hold the contrary view.

Senator Bayh: I just thought you had stressed rather strongly that this was imposing the beliefs of one religious group upon everybody else.

Mr. Thompson: This was certainly not my intention. If I gave you that impression, I regret it. I have reread my testimony and I believe that my intention is clearly stated in there.

Senator Bayh: The full freedom of personal choice is an interesting question. Is it prudent to impose any limitations in your judgment on abortion? Is there a time beyond which it would not be wise to have an abortion?

Mr. Thompson: The position of my church does not make any distinction between one time as compared with another.

Senator Bayh: How about William Thompson?

Mr. Thompson: My own personal view? As a lawyer I support the position of the Supreme Court. I think it is judicially sound. My church's position is much farther beyond that.

Senator Bayh: So you feel the court's three trimester distinction makes sense to you from a legal standpoint?

Mr. Thompson: That is correct and is historically based upon Common Law developed over the past century or so.

Senator Bayh: The right to privacy of course is one of the basic rights that you point out of the court decision, the right to privacy of the mother. Cardinal Krol today responded to a question I directed at him the following statement, which I would like to get your comment as a lawyer upon, and it was, "that the right to privacy of one individual has never been protected if it required itself the taking of a life of another individual."

Mr. Thompson: I heard the Cardinal's testimony. I think in this particular area that so much depends on how we define our terms.

The Supreme Court in its majority opinion said that the right of privacy includes the right of free choice in the case of an abortion and it defines the right of the mother to make such a free choice as a part of the right to privacy protected to her under the laws of our land. If we define the fetus as a human being, which these amendments would do as a matter of Constitutional provision, then we would come out where Cardinal Krol does. If on the other hand, we define the right of privacy as including the right to decide whether or not one would have an abortion, then we come out on the side the Supreme Court does. My own view accords with that of the Supreme Court.

Senator Bayh: I suppose there is a great temptation to determine where an individual wants to go and figure out how he gets there.

Mr. Thompson: That is the hazard. I think that is characteristic of much argument, certainly in this field in which we are now engaged.

Senator Bayh: One of the most, if not the most fundamental disagreement of course is when does life begin, which permits one to reach two possible conclusions as other elements are considered too.

Do you care to say anything further relative to your views as to when life is really constituted?

Mr. Thompson: Well, let me again state the position of my church. In the view of my church this is a question that need not be determined because the position of my church is that an abortion should be a matter of choice for the entire period of pregnancy.

If you are asking me personally, my personal view, I share the views expressed by Mr. Justice Clark in the Law Review Article, which I quoted and which Mr. Justice Douglas quoted in his concurring opinion.

Senator Bayh: Your closing concern about fragmenting the ecumenical movement, can you tell how, without violating the rights of all of our citizens to be heard in legislative halls there is not going to be some significant development of ecumenical differences now after the court's case?

Mr. Thompson: I think, Mr. Chairman, that we all recognize that there are differences within the Christian church, and using that term in the most inclusive sense. There are certainly differences of opinion within the United Presbyterian Church. But to create situations in which those differences of opinion are aired publicly is to do a disservice, it seems to me, to the unity of the church, unless the particular discussion is absolutely essential.

Now it seems to me that the arguments against submitting these amendments to the states for ratification are overpowering. But in the event that they are submitted to the states for ratification, one unfortunate result will be that we will have a public forum in which the differing views of persons will be expressed with great emotional intensity and the result will be an adverse effect upon the rather fragile ecumenical movement.

Senator Bayh: I am sure that is happening now. There have been some who have suggested the way to keep this from happening is to just not have any hearings. Some who suggest, not that everybody does not have a right to be heard, but it seems to them that the answer is not to have hearings.

But that seems to me then to certainly jeopardize the basic commodity of our free system which might be more important than ecumenical unanimity.

Mr. Thompson: I quite agree with you. I certainly do not wish to be understood as being critical of this Subcommittee.

Senator Bayh: Oh, go right ahead. I did not bring that up to criticize either. I just wanted to get your view.

Mr. Thompson: Quite the contrary, I think it is very important that the Subcommittee hear the views of people on all sides of the issue. And it seems to me that the substantive arguments against the proposing of the amendments are very convincing.

I merely mention that one of the effects of submitting the amendments to the states for ratification will be this adverse effect upon the ecumenical relationships that have developed.

Senator Bayh: Well, thank you very much, Mr. Thompson. I do not think there is any need to delay you further. I appreciate your contribution and that of your church.

APPENDIX A

THE UNITED PRESBYTERIAN CHURCH IN THE UNITED STATES OF AMERICA STATEMENT ADOPTED BY THE 184TH GENERAL ASSEMBLY (1972)

"Freedom of Personal Choice in Problem Pregnancies"

Whereas, God has given persons the responsibility of caring for creation as well as the ability to share in it, and has shown his concern for the quality and value of human life; and

Whereas, sometimes when the natural ability to create life and the moral and spiritual ability to sustain it are not in harmony, the decisions to be made must be understood as moral and ethical ones and not simply legal; and

Whereas, society now provides minimal care for unwanted children and inadequate support systems for women with children; and

Whereas, most present abortion laws are inadequate and morally and ethically unjustifiable because: (a) the laws do not deal with the problem of the bodily rights of women nor affirm their life and health; (b) the laws do not grant women the right not to bear unwanted children; (c) the laws do not deal with the emotional, social or economic welfare of other members of a family into which an unwanted child may be born; (d) the laws fail to solve the problem of illegal abortions but leave the problem to be handled by criminals, quack practitioners and a small number of reputable physicians willing to risk their practice and reputation by performing abortions; (e) the laws do not relieve the burden which the present structure places on the poor and on those who are unsophisticated about the ways of medicine and the law; and (f) the laws do not insure the right of all children to be born as wanted children;

Therefore, in support of the concern for the value of human life and human wholeness and for the freedom of choice advocated in the report, "Sexuality and the Human Community," received for study by the 182nd General Assembly (1970), in support of the call to repeal inadequate abortion laws approved by that General Assembly (see *Minutes*, 1970, Part I, p. 891), and

in support of the resolution passed by United Presbyterian Women (1970), the 184th General Assembly (1972):

- a. Urges the development, support and expansion of agencies where women with problem pregnancies have assistance and counseling on options such as keeping the child, adoption alternatives, and abortion, with future access to birth control methods. As part of the counseling process, it urges consideration of the feelings of the father and the family.
- b. Declares that women should have full freedom of personal choice concerning the completion or termination of their pregnancies and that the artificial or induced termination of pregnancy, therefore, should not be restricted by law, except that it be performed under the direction and control of a properly licensed physician.
- c. Continues to support the establishment of medically sound, easily available, and low-cost abortion services.
- d. Urges the church to demonstrate its concern for women with small children by encouraging (1) the support of prenatal care for all pregnant women, (2) the principle that all children are legitimate at birth, (3) the establishment of support groups for single women who elect to keep their children, and (4) the formation of high quality child-development centers.
- e. Supports legislation to repeal abortion laws not in harmony with this statement and encourages responsible groups working for such repeal.
- f. Urges the development and dissemination of biblical and theological materials on the issue of abortion in order to facilitate responsible dialogue.
- g. Directs the Stated Clerk of the General Assembly to urge synods and presbyteries to study and take appropriate action on the issue of abortion in line with sections *a.* through *f.* above, including training opportunities for pastors and laypersons in counseling on problem pregnancies.
- h. Directs the Stated Clerk of the General Assembly to request seminaries to include appropriate consideration of the issue of abortion in courses in pastoral counseling and social ethics as well as in continuing education programs offered to clergy, and to request church-related colleges to consider the issue of abortion in appropriate courses, programs, or counseling services. (*Minutes*, 1972, Part I, pp. 265-267.)

APPENDIX B

ADOPTED BY THE 182ND GENERAL ASSEMBLY OF THE UNITED PRESBYTERIAN CHURCH IN THE UNITED STATES OF AMERICA (1970)

"Legislation"

Believing that the law should provide for the optimal condition of physical and mental health, and should allow for the optimal exercise of private moral judgment and choices in matters related to the sexual sphere of life; and recognizing that religious convictions held by individuals should not be imposed by law on the secular society; the 182nd General Assembly (1970): . . .

2. Declares the artificial or induced termination of pregnancy is a matter of the careful ethical decision of the patient, her physician, and her pastor or other counselor and therefore should not be restricted by law, except that it be performed under the direction and control of a properly licensed physician. (*Minutes*, 1970, Part I, p. 891.)

APPENDIX C

Report on Sexuality and the Human Community recommended for Study and Appropriate Action by the 182nd General Assembly of The United Presbyterian Church in the United States of America (1970)

Abortion

In various human societies, primitive and modern, abortion has been utilized as a common means of birth control. In some, its use has been restricted to therapeutic situations where abortion is resorted to only as a means of preserving the life and health of the mother.

The extremely conservative attitude towards abortion which has prevailed in both Protestant and Roman Catholic churches during the last century has, in general, been based on the attitude that human life exists from the instant of the penetration of an ovum by a sperm, and that the cellular, foetal, and embryonic life that proceed from that moment all have equal spiritual status and deserve equal legal and moral protection.

A careful examination of the Judaeo-Christian tradition on the matter of abortion reveals that this attitude, while old, has not always prevailed, nor did it even enjoy status as the official

teaching of the Roman Catholic Church until 1869 (except for a three-year period between the promulgation and the revocation of a papal bull *Effraenatum* in the 16th century.)¹⁵ Various theological and hermeneutic traditions have concluded that no "person" exists in the form of nascent life until after forty days or after eighty days, or after the birth process begins, or after one day following birth, or in the case of premature infants after thirty days following birth. St. Augustine taught, in the 5th century, that an ensouled human life was present after the foetus had quickened (thus after eighty days), even though Tertullian and St. Gregory of Nyssa had earlier held the position that the soul entered the body at conception.

The continuing view of most rabbinical teachings during the post-Biblical era has been that abortion, while a grave proceeding, is not specifically forbidden in the Bible or the Talmud. Indeed, Exodus 21:22 and other instances of the Old Testament laws concerning homicide suggest that the foetus is not to be regarded as a person, but as a part of (or property of) the mother, and that foeticide is not homicide.

With few exceptions, the structure of civil law in the United States reflects the most conservative interpretation of the meaning of abortion, permitting it only under circumstances which seem clearly to involve a choice between the life of the mother and the life of the child, in which instance the attending physician is permitted to favor the life of the mother. In a few cases, states have passed more liberal legislation embodying the recommendations of the American Medical Association. These permit exceptions to the normal prohibition against abortion only in cases where pregnancy threatens the health or life of the mother, where there is medical evidence that the infant may be born with incapacitating physical deformity or mental deficiency and where a pregnancy resulting from rape or incest may constitute a threat to the mental or physical health of the mother.

The main positions concerning abortion in our society are three:

1. Abortion should be permitted only when the mother's life is clearly endangered, and even then must be regarded as justifiable homicide, no matter what stage of development the pregnancy has reached. This is the position taken by the Roman Catholic Church and by the report of the General Assembly Committee on Responsible Marriage and Parenthood of 1962.

2. Abortion should be permitted under more liberally conceived conditions, such as those outlined by the American Law Institute and adopted by the American Medical Association in 1967. In this position, the question of when a human life with protected rights is involved is not formally faced, although the practical tendency of hospital abortion committees and of physicians performing abortions is to make a distinction between the problem of termination of pregnancy in the first trimester and the problems presented in subsequent trimesters, dealing with the latter more conservatively. It should be noted that there are specific medical reasons for that conservatism, aside from any philosophical or theological ones.

3. Abortion should be permitted at any stage and for any reason decided upon by a woman in consultation with her physician. This position also is not ordinarily accompanied by any explicit address to the question of when, in the development of a pregnancy, there is a human life with rights to be protected, although it clearly presumes the ancient Jewish assertion that a "person" does not exist until after birth. Justification of this position, therefore, rests on an assertion of the bodily rights of the woman, who should not be compelled to carry to term a pregnancy she does not want.

Our committee takes the position that the first alternative rests on a substantialist theological conception about the entry of a soul into a body which is without Biblical support and has neither philosophical warrant nor any wide currency today, except in some Roman Catholic theological circles. The Roman Catholic requirement (Canon 747) that all living fetuses be baptized in order that, having been denied life in this world, they be not denied eternal salvation as well, is one that we submit would have little appeal to or support by the theologians of our tradition. Furthermore, this first alternative perpetuates a punitive attitude toward sexual activity and one of its possible consequences which does not represent the affirmative regard for sex to which we are committed.

The second of these alternatives is also unsupportable in our estimation. As a form of liberalization of abortion practice, it relieves society and the medical profession of some of the responsibilities they have had to assume in the past for permitting tragedies which could easily have been avoided. But the American Law Institute recommendations adopted by the American Medical Association perpetuate the assumption that abortion is justifiable homicide. Those recommendations only extend the conditions under which it may be committed. There are several problems it does not address at all.

It does nothing to resolve the foeticide/homicide question, thereby effecting none of the attitude changes which might be desirable.

¹⁵ *Birth Control in Jewish Law*, David M. Feldman. New York University Press, 1968, p. 269

By continuing to assume that abortion is a medico-legal problem, it confines the freedom of moral discretion of the woman and the therapeutic discretion of the physician. It leaves the law as the final moral arbiter of what is proper medical practice.

It does not deal with the problem of the bodily rights of the woman, and does not grant her the right not to bear an unwanted child.

It does not allow for consideration of the emotional, social, or economic welfare of other members of a family into which an unwanted child will be born. The majority of women seeking abortions are those with families of multiple children who wish to limit their family's size.

It does nothing to affect the problem of illegal abortions, a major socio-medical disease, which leaves an important moral and medical problem to be solved by criminals, quack practitioners, and handful of reputable physicians who are willing to risk their practice and their reputation to perform this procedure at the edge or outside of the presently prescribed boundaries.

It does nothing to relieve the burden which the present structure of laws and practice puts on the poor and on those who are unsophisticated about the ways of medicine and the law. Far more abortions are performed in private than in public hospitals in our country, and medically safe illegal abortions are only available to those who can afford their considerable cost. Further, the procedure for qualifying for a legal therapeutic abortion is complex and expensive, often involving consultations with several psychiatrists and other physicians. Legal abortions outside the United States also involve prohibitive expense.

The liberalization proposals advanced by the American Medical Association do nothing to insure the right of all children to be born as wanted children. Since child abuse is a major problem in pediatric medicine, this lack is serious from both a medical and a moral standpoint.

Our committee's position is that abortion should be taken out of the realm of the law altogether and be made a matter of the careful ethical decision of a woman, her physician and her pastor or other counselor.¹⁶ In the later stages of pregnancy, serious consideration must be given to the competing claims of the developing fetus as well as to the increased risk to the life of the mother in surgical abortion.

We would underscore the need for discriminating counsel about the ethical aspects of a decision for abortion, especially in view of the potential panic associated with many unwanted pregnancies. Ample opportunity must be provided to consider both the alternative means of resolving problem pregnancies and the possible effects of a contemplated abortion on both parties to the conception and on other family members. And since some unwanted pregnancies are established accidentally and others by "intentional accident," the psychological and ethical significance of the conception needs to be understood as well.

In any case we do not think that abortion should be relied upon as a means of limiting family size. Contraceptive procedures are more desirable for many and obvious reasons. But when through misinformation, miscalculation, technical failure, or other reasons, contraception fails and an unwanted pregnancy is established, we do not think it either compassionate or just to insist that available help be withheld.

We also urge Christians to acknowledge and support the work of agencies and organizations which now offer counsel and help to women with problem pregnancies, such as the various Planned Parenthood Associations, Family Service Agencies, and Clergy Consultation Services, as well as those groups which responsibly work for the repeal of abortion laws.

As laws change and hospital abortions become more readily available, we ask that adequate protection be given to those who object to abortion by reason of conscience including physicians, nurses and prospective mothers. (*Minutes*, 1970, Part I, pp. 910-914.)

APPENDIX D

Resolution Adopted at the 1970 National Meeting of United Presbyterian Women

Whereas, we believe that God has from the beginning of time given man the ability to share in creation. He has also given man the responsibility of caring for creation, physically, mentally and spiritually; God through his compassion as revealed in the person of Jesus Christ has shown his concern for the quality of human life and so orders life that only in our showing this same concern for each other can we ultimately survive.

Whereas, there are times when the natural ability to create life and the moral and spiritual ability to sustain life are not in harmony. At such extraordinary moments moral and ethical de-

¹⁶In November 1968, the American Public Health Association adopted a resolution calling for the repeal of restrictive laws on abortion so that pregnant women may have abortions performed by qualified practitioners of medicine and osteopathy. The resolution is based on a belief in the right of individuals to decide the number and spacing of their children, and recognition that contraceptives are not always obtainable, used, or if used, always effective.

cisions are placed in a new and difficult dimension. They must be understood, however, before God, to be moral, ethical behavior. Christians believe the quality of sustained life before God is of ultimate significance.

Whereas, under present laws in most states it is a criminal offense for a physician to perform an abortion for such reasons as incest, rape, physical and mental health, or potential fetal deformity.

Whereas, the present laws on abortion which force a woman to continue a pregnancy regardless of her consent, are manifestly cruel and discriminatory, place an undue burden upon the poor, are hypocritical and unenforceable, interfere in the physician-patient relationship, foster abortion racketeering, present a major health problem, and deny a woman her basic right to decide what shall happen to her body and her own reproductive processes. We further believe that religious dogmas of some should not be forced by statute upon all women of the United States.

Therefore, United Presbyterian Women in National Meeting assembled July 10, 1970 in Lafayette, Indiana, resolve that: (1) All abortion should be voluntary. The decision for or against abortion should be without legal encumbrance so that women and physicians and pastors or other counselors may be able to exercise their individual best judgment. (2) That abortion by licensed physicians be subject only to the General Laws regulating medical licensure and practice, and not to special criminal penalties. (3) That present laws regulating abortion which do not conform to such criteria be repealed. (4) That abortion services be made available to all women regardless of economic status.

There were 476 Voting Delegates representing every state in the Union at this meeting. This resolution passed without a dissenting vote.

APPENDIX II

RELIGIOUS COALITION FOR ABORTION RIGHTS POLICY STATEMENT: "CONSCIENCE CLAUSE" PUBLIC RESPONSIBILITY FOR THE USE OF PUBLIC FUNDS

The Religious Coalition for Abortion Rights is gravely concerned about the continuing consideration by Congress of legislative language—the so-called "Conscience Clause"—which would allow institutions receiving federal funds to refuse to provide a full range of medical services, including legal abortions, on the express grounds that such services are against the religious or moral beliefs of the institution.

We fully support language which would protect the right of any individual to follow the dictates of her or his conscience in participating in or refusing to participate in an abortion.

However, we believe that any institution such as a hospital, which receives funds from the state, must provide in accordance with the principle of public responsibility for the use of public funds, for the accommodation of the general public being served, regardless of the doctrine espoused by the sponsoring body.

To do otherwise would deny to individuals in many instances the opportunity to exercise their own constitutionally guaranteed rights of conscience and religious conviction in medical procedures such as abortion. Thus, in those communities where the only health facility available to the population is a hospital which refuses to render legally prescribed abortion services on the basis of the religious doctrine of its founders, a woman seeking such medical care would have it denied. Obviously, such a refusal would be an infringement of fundamental civil rights and would discriminate against those women in the community who could not afford to travel elsewhere to obtain the desired service.

As a corollary, medical personnel could be denied the opportunity to provide the full range of their professional services, when such medical care was not in strict accordance with the religious beliefs of the members of the sponsoring institution. In such an instance, the religious beliefs and professional commitments of health care personnel would be denied, as well as those of individuals seeking abortion services.

We reiterate, therefore, the position of the Religious Coalition for Abortion Rights that the right of access to legal abortion services, guaranteed as a civil right by the Supreme Court of the United States, should not be abridged or denied by any institution which is either partly or wholly subsidized by public funds, although the right of individual conscience in refusing to participate in such procedures must be protected. All religious health institutions, regardless of the beliefs of their sponsoring membership, upon accepting public funds, assume a public trust to affirm in practice the legal options for abortion as set forth by the United States Supreme Court in 1973.

APPENDIX III

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