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Date August 4, 1970

ABORTION COUNSELING: A HANDBOOK

by

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ABSTRACT

The movement to reform or repeal legislation regarding abortion has resulted in an increased public awareness of the large number of legal and illegal abortions performed in the United States each year. The liberalization of abortion laws in New York, Colorado, Hawaii, and California has prompted more and more women to consider abortion as a realistic alternative to pregnancy and childbirth. Due to the past illegality of abortion, American women, as well as other groups in our society, have refrained from discussing the abortion issue and today find themselves not only misinformed about abortion, but experiencing personal conflect in trying to resolve for themselves varying philosophies prevalent in society today regarding abortion.

This paper was based on a review of literature designed to trace the history of abortion and to analyze current ethical, social, moral and legal attitudes toward abortion in the United States. The literature indicated that abortion is a moral problem centering about the questions of, when does life begin? and, is abortion or bringing unwanted children into the world a more responsible act? The Catholic Church remains the chief opponent to abortion while the humanist view supports the right of a woman to decide the outcome of her pregnancy. Abortion is not a new phenomenon and as it becomes a publically recognized practice, the counseling profession cannot hide behind archaic laws, but must try to clarify the answers to the above questions when women enter their offices seeking to resolve their personal philosophical conflicts.

The author made use of studies on the psychological effects of abortion in order to determine the necessity of counseling before and after abortions and to acquaint the counselor to common reactions experienced by a woman seeking an abortion. Many of the cited studies concluded by recommending adequate abortion counseling.

The information provided from the experience of several Clergy Counseling Services throughout the United States became the foundation for specific recommendations to the counselor who decides to become involved in abortion counseling. This paper also discussed the legal position of the Montana counselor and proposed means whereby he might avoid legal prosecution.

This study concluded that the counselor has an obligation to examine the various moral and ethical implications of abortion and to determine his personal position regarding the issue. If he decides to counsel women with this problem he is obligated to remain client-centered giving all available information to the client enabling the client to come to a satisfactory personal decision.

INTRODUCTION

Not until the last few years has it been socially acceptable or legally safe to openly discuss the topic of abortions. The abortion issue and the movement to reform the present abortion laws were crystallized in 1962 when Mrs. Sheri Finkbine went to court in order to legally abort a fetus that was suspected of being deformed due to Mrs. Finkbine's taking the drug thalidomide. (21:54) The Arizona court's refusal forced her to travel to Sweden to have the abortion performed. This incident activated public opinion to the point where abortion became a popular topic of discussion. Thirteen states since then have reformed their statutes to include in the category of legal therapeutic abortions, those operations which terminate a pregnancy when it is suspected the child might be born with physical or mental defects. (17:73)

Today only in those cases where the life of the mother is in physical danger do all states (except Pennsylvania) recognize an abortion as being legal. Seventeen states do permit therapeutic abortions when it is determined the birth of the child will probably cause psychological damage to the mother. Sixteen states permit abortions if conception has resulted from incest; eighteen states if rape was the cause. (17:73) Only since the reform of the statutes of Alaska, Hawaii, California, Colorado, New Jersey, and New York have social, economic, or personal reasons been legal ground for abortion.

The only alternative obviously has been to obtain an illegal abortion, a route that some one million women take every year. (13:41)

A group of clergymen became concerned about the physical and mental well-being of these one million women. They saw the laws as being discriminatory, especially to the less wealthy and began channeling women to abortionists whose medical procedures could be trusted. The clergymen gave these women psychological support when necessary and simultaneously worked to reform and repeal existing state statutes.

Due to the efforts of various groups such as the National Association for Repeal of Abortion Laws, Abolish All Abortion Laws, Zero Population Growth and the Women's Liberation Movement, all state statutes have become targets of political action and discussion. Oregon's Senator Robert Packwood introduced Bill #3746 in the United States Senate advocating the repeal of all state prohibitions against abortion if the woman desires to end her pregnancy. (6:22)

Therefore, what was only recently a taboo issue has become not only a popular topic, but an extremely relevant concern for counselors of all states as women seek advice about terminating their pregnancies.

STATEMENT OF THE PROBLEM

The possibility is great that other states may be following New York's lead and likewise legalizing abortion through reform or repeal of existing laws. This will provide a new legal alternative for many women with unwanted pregnancies. However, the fact that a certain practice becomes legal does not automatically make it socially or morally acceptable. Whenever a personal decision is dependent upon the resolution of dissonance, the possibility that a counselor may be consulted is present.

Therefore, counselors - religious, high school, college and family - will soon find that they will be consulted to help resolve this dissonance. There are many pragmatic and philosophical considerations that a counselor must take into account when working with a client who needs clarification of her own personal feelings toward termination of pregnancy. To assist the counselor this study has attempted to synthesize the various philosophies on this subject and to suggest practical methods for making abortion referrals.

IMPORTANCE OF THE STUDY

A New York physician was asked if he would perform abortions after July 1, 1970, when it would become legal to do so. His reply was:

> I will do abortions. Everybody I know will do abortions. But while I am intellectually ready, willing and able, I will still have an emotional reaction. I've been so emotionally attuned to this attitude toward abortion throughout my whole career that it will be difficult. (10:31)

This statement expresses not only the physician's feelings but society's position in general. The woman will approach the counselor to resolve this emotional conflict. The counselor, in order to assist this client must resolve the same conflict prior to the counseling session. Hopefully, this study will facilitate the counselor's task.

More specifically, the Montana counselor is not exempt from the abortion problem. A survey conducted by the author polled a sample of Montana physicians, health officers, and social workers. The results indicated that abortion is a fairly common occurrence in this state. Some physicians reported receiving one or two requests for abortions every week. The college towns reported a slightly higher incidence of abortions than other cities. (34) Therefore, this professional paper was specifically written to assist Montana counselors and their clients.

LIMITATIONS OF THE STUDY

This study has been limited to a discussion of the development of philosophies regarding abortion and to a presentation of arguments centering about the following questions: (1) When does life begin?, (2) Is abortion legal or moral?, (3) What are the psychological implications of abortion?, (4) What is the position of the Montana counselor in regard to abortion counseling?, (5) How is an abortion counseling practice implemented?.

This study will not become involved in a discussion advocating retention of existing abortion statutes or the reformation of such laws. Nor will it be primarily concerned with giving greatly detailed information on how to put a woman in contact with an illegal or legal abortionist since it is the author's contention that it is the role of the counselor to present all alternatives to the client and then remain consistently client-centered in a Rogerian sense, as opposed to problem-centered in order that the client may make her decision after a thorough clarification of her personal feelings. Through this process of clarification and personal decision it is hoped the client will be free of immediate and delayed anxiety or guilt.

DEFINITION OF TERMS

The terms listed below, selected from the study for definition, refer primarily to the reproductive process. The counselor should find it helpful in presenting information to a client if he can accurately describe this process.

1. Abortifacient - that which produces abortion (13:107)

2. Blastocyst - the primitive cell layer of the embryo. That stage of development before birth which exists when the fertilized egg has almost finished its descent through the tube, and when it is in the early stages of nestling into the lining of the mother's womb. (13:107)

3. Curettage - the operation of scraping with a curette. In the context of this study, the curette(from the French word for a cleaner or scraper) is used to empty, or clean the uterus or womb of its contents. In case of pregnancy, the contents will be the fetus and afterbirth. (13:107)

4. Embryo - The Greek equivalent of the Latin word fetus. Commonly use of the word is restricted to that period of intrauterine existence which precedes the ninth week of development in the womb. Often it is restricted to the period from the end of the second week to the end of the eighth week. (13:108)

5. Fetus - the child before birth. Sometimes the term is used to describe the child from conception to childbirth. Others restrict the term to the child from the end of the eighth week of intrauterine

existence to birth. (13:108)

6. Induced abortion - expulsion or removal of the embryo or fetus preceded by (and presumably the result of) some intentional act by the mother or another person. (8:2)

7. Quickening - that moment in pregnancy when movement of the fetus is first felt.

8. Spontaneous abortion - death of the embryo or fetus not preceded by (and presumably not the result of) any intentional act by the mother or another person. (8:2)

9. Termination of pregnancy - a euphemism for induced abortion

10. Therapeutic abortion - a legal induced abortion

11. Viability - that stage of development in the womb when the fetus, if born, will normally be capable of living independently of the mother. (13:109)

AN HISTORICAL VIEW OF ABORTION

Throughout history there seems to have developed a consensus that human life, as all life, is continuous, being passed through the germ cells from person to person. The question that man has had to struggle with and is still struggling with today is - When does a specific human life begin? In order to explain the existence of current social attitudes regarding abortion it is necessary to examine how other societies have resolved the above question and the influence they have had on the twentieth century society of the United States.

Aristotle, whose views on a variety of issues were law for centuries, held that the male has a soul forty days after conception and the female eighty days after conception. (15:2163) His predecessor, Plato, argued that a life begins at birth and that every woman who became pregnant after observing her fortieth birthday should submit to an abortion. (33:32) The Stoics believed that the fetus became animate when it breathed at birth, but that the soul was infused at puberty. (15:2163)

Abortion is not a new practice that has developed with modern medicine. Women have always practiced abortion, defying all laws or taboos against it, including the death penalty, which still exists in Pakistan. Hawaiian women fashioned stilettos representing Kupo, god of abortions, then thrust them into the uterus. Today, George Devereux, an anthropologist claims Ceylonese girls brew an abortifacient by boiling a poisonous yam in cow urine or liquid dung, and then drink the mixture

for seven days. (33:32)

Historically, men have generally disapproved of abortion either because of their deep concern for the fetus or concern for tribal survival. The first Christians labelled abortion infanticide. In A.D. 314, the church prescribed ten years' penance for having an abortion. Following this date, the theologians discussed and debated the point at which the fetus is "animated" with a rational soul and is hence murderable. There was disagreement on the time of infusion of the soul and the inception of life among these early Christian theologians. In the fourth century St. Gregory maintained that the soul was infused at conception. St. Thomas Aquinas in his Summa Theologica, specifically in the Treatise on Man states that the soul is not infused until the embryo is formed to receive it, while other theologians have considered the embryo an appendage of the mother until birth. (15:2163)

Abortion was no longer punishable by the twelfth century if it had been performed within forty days of conception for a male fetus and eighty days for a female fetus. This policy reflects the thinking of Aristotle. It might be interesting to know how the time of conception was determined since it is difficult to do this even today and to know how fetal sex was determined prior to the abortion.

The societal attitude toward abortion in more recent Western history has taken its cue primarily from the doctrine of the Roman Catholic church which was the overseer of the public morality for many centuries. During the reign of Pope Sixtus V (1585-1590) abortion was

made an excommunicatory sin at any stage of development. In the year following his death, Gregory XIV reversed the order approving excommunication only after a fetus was aborted that had developed past forty days. The latest official Roman Catholic statement on abortion came from Pope Pius IX in 1869 which returned to the Sixtus position, holding that ensoulment begins at conception. In 1930 Pope Pius XI strengthened this stand by making it clear that abortion is forbidden, even to save a woman's life because the fetus is considered equally sacred. (33:33)

The Catholic Church's stand is widely ignored in Catholic countries, which ban birth control and have high rates of abortion as a result. In France, illegal abortions roughly equal live births. In South America, induced abortion is the number one cause of death for women of childbearing age. (33:33)

In the United States, society, which is predominantly Protestant, has not relied on the doctrine of the Roman Catholic Church to enforce public sanctions but has passed statutes forbidding the practice of abortion. Early United States law regarding abortion followed the common-law tradition that forbade abortions after quickening, usually about the sixteenth week of pregnancy. However, just before the time that the Catholic Church made its change in position in the middle of the nineteenth century, laws were passed prohibiting abortions altogether (the first in Connecticut in 1821 (23:4)) with a few exceptions when the life and sometimes the health of the mother was threatened. These laws were passed in individual states in the United States and in

England. (13:48)

Several explanations for this change in public thought have been suggested by legal historians. Some suggest it was part of the general trend during the Victorian period to pass legislation dealing with the moral aspects of behavior - obscenity, homosexuality, etc. Others say the change in the abortion laws came about because it was recognized that the line of quickening was an artificial one; that it was arbitrary to say that life did not begin until then. A third viewpoint is that at that time abortions were dangerous medical operations, and that the laws were passed to prevent injury to the mother. (Even today abortions occurring after viability are considered critical operations and are performed usually only to save the life of the mother.) Today an early abortion is considered safer than childbirth if performed in a medically professional setting. Another view is that the laws were passed to foster population growth. (13:49)

Currently the trend in the United States is to reexamine the existing laws and to either reform or repeal the statutes. In states where reform has been advocated, the basic social arguments for the retention of abortion laws have not changed, but the number of exceptions now legal have been expanded. Those who are working to repeal all abortion restrictions feel that women should be allowed to decide the outcome of their pregnancies. Leaders of both movements have found it necessary to reexamine all the ethical, religious, moral and legal aspects of the abortion question. This seems to be a periodically

necessary exercise of societies. In order for the counselor to work effectively with clients who are part of this societal controversy, it is necessary for him to be aware of these many aspects. Therefore, the following section is an objective discussion of the varying viewpoints current in the United States today.

ETHICAL, MORAL AND SOCIAL IMPLICATIONS OF ABORTION

The International Conference on Abortion, held in 1967 under the sponsorship of the Harvard Divinity School and the Joseph P. Kennedy, Jr. Foundation discussed the ethicist's perspective in its concluding reports. The participants felt the abortion question asked them to define human life and determine when its presence is to be recognized, and then to put a value on it which can be measured against other values. Here it becomes necessary to cope with problems of philosophy and theology in an irreducibly pluralist society. Since disputes over moral values are at the heart of the abortion issue, one must begin with an effort to articulate the ethical premises and working methods on which the differing approaches are grounded. (13:81) This, then, is the purpose of this section.

An important practical obstacle to compromise rising out of ethical differences is clear. Many people who oppose liberalization of abortion laws do so in the name of what they consider a helpless minority - unborn children. They consider the fetus a human person, and they assign to fully human life a value which is very nearly absolute. The direct, intentional taking of innocent human life is judged to be an unacceptable means, however desirable the end. Both of these propositions encounter opposition, because the human character of the fetus is questioned. It is also questioned that even if the fetus is a form of human life, is its

value to be taken absolutely? (13:82)

The issue turns then in part on that persistent question: When does human life begin? It seems natural in an empirical age to turn that question over to science, in this case to medicine. But for the most part the doctors decline the assignment, their data defining humanness no better than the dictionary defines poetry. At any rate, in the present state of philosophical pluralism, the premise that the fetus is a human person cannot be proved or disproved to the satisfaction of all. In these circumstances neither those who uphold the premise nor those who deny it may assert superior moral sensitivity over their opponents; neither claim can rightfully push the other off the political stage. (13:82)

Some ethicists are inclined to dismiss the debate over the status of the fetus as a nonissue, on the ground that a question which is unanswerable becomes irrelevant. But since ethical viewpoints influence or even control every other aspect of the abortion controversy, and since the sharpest cleavage is over the significance of the fetus, the "unanswerable" question must be taken into account. (13:82)

The function of the professional ethicist or the moral theologian is evidently not to provide "expert answers" - not only because there is no consensus among them, but because each person must look to his own conscience for final decisions - but to bring out the implication of the choices we make, and to try to harmonize them with one another. (13:83)

Theists, in their approach to the abortion issue, generally will agree that certain central religious affirmations are relevant: God is

the creator of man and the author of life; man is created in the image of God; man is the steward of life and not its complete master. By inculcating an inclusive love of mankind, by teaching that life is the gift of God's providence, religion fosters a reverence for life and a respect for its sacredness which encourages at least an attitude of hesitancy toward the act of abortion. Professor John T. Noonan of the University of California Law School at Berkeley has pointed out in an historical survey that the early Christians developed their teaching on abortion - which condemned it as "contempt of God" - in sharp conflict with the values of the Greco-Roman world, in which abortion and infanticide were not viewed as serious moral problems. The early Christians were influenced in part by their inheritance from Judaism, in part by specific references to abortion in the New Testament, but most of all by the commandment of love, by the implications of the stories of Christ's infancy, and by the special reverence shown toward children by Christ. (13:84)

The ethics panel of the International Conference on Abortion issued the following concluding statement of consensus: "The fetus, therefore, at least from blastocyst, deserves respect as human fetal life." (13:85) However, for clarification of the significance of this statement, two observations are in order. First, the statement is essentially a philosophical conclusion from biological knowledge. On the basis of the scientist's finding that human development is a single continuous process from the fertilization of the ovum to the achievement of adult

personhood, the argument concludes that it would be arbitrary and irrational to choose a given point in the continuum (e.g., the detection of a fetal heartbeat, quickening, viability, or birth) and assign it as the beginning of human life. Professor Noonan has interpreted the findings of genetics to mean that "this being in the uterus shares in the same essential characteristics that make us able to reason. It is only different from you and me in that it has not realized its potentialities." (13:85) In other words we are all in a state of becoming human. Therefore, it follows that the fetus shares of our humanity and if we destroy our humanity, we destroy the basis for our rational concern for others in our society when we say we can kill this being in order to solve some other pressing problem that is less than the demand for someone else's life. (13: 85)

The second comment to be made about the ethicists' summary statement moves in another direction. The ethicists who subscribe to the statement do not find in it a sufficient guide for personal conduct or public policy with regard to abortion. In the phrasing, "the fetus...deserves respect as human fetal life," some grant greater significance than others to the qualifying word "fetal". (13:85)

Father Richard A. McCormick, S.J. has written of a "tenable and respectable theory" preferred by a "notable number of (Catholic) philosophers and theologians" which holds that the soul is not infused at conception but rather at some later point, perhaps when the body develops recognizably human characteristics. The Catholic Church, he points out,

has never settled the theoretical question definitely; "indeed, it is perhaps questionable if this is within her competence." (13:86) In practice, however, official Catholic policy forbids abortion at any point, both because in the absence of certainty, the presumption must be that the fetus is a human person and because, even if the presumption is false, the embryo, in the words of Father Robert F. Drinan, S.J.. "constitutes the necessary material for the infusion of a soul." (13:86)

Father Drinan, Dean of the Boston College Law School and chairman of the American Bar Association's family law section, who is one of the most articulate opponents of reform, recently indicated that a complete repeal of all abortion laws was preferable to any compromise reform:

> The right of the fetus to be born, now protected in Anglo-American law, may be seriously compromised within the near future by changes in the countries of England, Canada, and several states in America. In eliminating the right of some fetuses to be born the law enters an area which it has never entered before - an area where it will be required to decide by what norms and by whose judgments what persons are to be born and what persons are to die before their birth.
>
> One way to avoid the necessity of making these choices would be for the law to withdraw protection from all fetuses during the first twenty-six weeks of their existence. Under this arrangement the law would not be required to approve or disapprove the choices of parents and physicians as to who may be born or not born.
>
> This arrangement, often called disparagingly "abortion on request", might or might not lead to numerically more abortions. Its long-range good effect would be to keep the state out of the business of decreeing who is to be born. (23:18)

Most, but by no means all, Catholic spokesmen on the subject disagree with this view and with any proposed modification of the present law. The debate continues becoming more widespread and more heated. (23:18)

Since the counselor will be consulted not only by Catholic women, but women of all faiths, and since these women may be uncertain of their

denomination's position on abortion, there are included in Appendix A the positions of major denominations in the United States as of February, 1970 as compiled by the American Friends Service Committee.

The secular humanists attending the International Conference on Abortion made no attempt in their concluding reports to fully define a typical or representative position. Obviously, however, the humanist states there is a qualitative difference between the fetus and the newborn life. Whereas the increasing prevalence of abortion and its acceptance by significant numbers of people as "legitimate" may be seen by the theist as a mark of moral decline, the humanist may choose to understand the same phenomenon as the result of a process of discovery, an elimination of restrictive taboos. Wider acceptance of abortion, rather than indicating a lack of reverence for life, may seem to the humanist to demonstrate new respect for the quality of life and new willingness to lessen needless, meaningless physical and spiritual suffering. The humanist's ethical system is likely to be influenced by both a morality of consequences and by cultural relativism, which grants validity but not absolute or universal value to the actual operating code of a society in a given time and place. (13:87)

This does not necessarily mean that the secular humanist would sanction a given abortion without regard to the circumstances or the reasons offered. Some humanists, however, find no serious ethical problem with abortion, since they believe that humanness is an achievement and not an endowment, and thus is present only when the socialization

process has begun outside the womb. Most secular humanists regard the present abortion laws of most states too restrictive; some advocate making abortion a matter of entirely private decision by the people involved; still others suggest having abortion subject to some legal regulation. (13:87)

This leads then to a consideration of the morality of abortion. It is recognized that law and morality are not identical: not every "sin" should be made a "crime". It is also recognized that within our pluralistic society some see abortion as the taking of life, while others do not. The great question is how to bring these differences to terms in public policy, how to establish priorities among competing values. There are a number of considerations for those people whose central concern is morals, theology, and ethics. (13:89)

It is possible to say that if there are widespread, conscientiously held differences over what is a "sin" and what is a "crime" society should not legislate concerning "sin". Some humanists are emphatic in their rejection of coercive policies on matters of morals. They place overwhelming emphasis on the right of individual decision. Some can accept this hypothesis partly, but cannot accept it when it comes to abortion because in their view there is an innocent third party involved - the fetus. That is what makes this issue substantially different than the issue of contraception. Therefore, for the latter group of humanists abortion is a proper subject for legislation, even though "vice" is not. (13:90)

Another important ethical consideration is that of equality and freedom, and in this connection it cannot be ignored that under existing circumstances in our society the option of abortion - either within or outside the law - is less readily available to some groups than to others. This is an ethical consideration regardless of one's views on the morality of abortion. It is the question of the equality of the rich and educated with the poor and uneducated, so that both groups may equally have the opportunity to decide the outcome of their pregnancies. (13:91)

In addition to the ethical considerations regarding abortion per se, the socioeconomic conditions and the problems of mental and physical health which cause a woman to seek an abortion must be examined. There are a number of ways of looking at this wider framework. It is sometimes argued that those who feel strongly about the immorality of abortion should address themselves less to the question of whether the law protects their position, and more to the conditions which cause women to want abortions. Many people who are against permitting abortions suggest that rather than extend permission for getting rid of unwanted children, society ought to take care of those children. These people fear that if the moral pressure against abortion is relaxed, the incentives to relieve conditions leading to abortions will also dissipate. (13:91)

There are many people in our society who stress the need for emphasis on respect for human life as a condition for community. This argument raises the question of whether the law teaches, and specifically

whether a law which is widely defied has an educative, perhaps even inspirational, role nonetheless. There are strong arguments presented that say it does not. The assumption that the law does teach underlines the position of those who would prefer that the law be withdrawn rather than justify abortion in certain instances. Others argue tht a law which says that an abortion "may" be performed in certain instances is in no way saying that it "must" be performed in those instances, or even that it "should" be performed. This argument, however, does not satisfy many of those who believe in the law's moral force. They are saying there is a moral dimension to the law, beyond its efficiency; the law defines "public morality". (13:90)

There is still another consideration when it comes to relating morality to public policy, and that is the possibility that no matter how desirable or undesirable such a relationship might be, at some point it simply will no longer be feasible. Professor Ramsey, professor of religion at Princeton University, among others, believes that through legal developments or medical advances, particularly if an abortifacient pill becomes widely available, abortion will in fact revert to the status of a private issue. Professor Ramsey has written:

> Because abortion soon will be a matter for private personal choice, the churches and anyone else concerned with the moral ethos of this civilization ought to know that even now it is the morality of acts of abortion with which they should be chiefly concerned - not with proposed public policies that would use abortion law as an interim solution. I suggest that those among us who believe that morally abortion is, or sometimes is, a species of the sin of murder might be able to distinguish this from any conclusion to the question whether such abortion ought to be defined as a crime in the penal code. (13:92)

Yet, the two above arguments do not provide an answer for those who, right now, find themselves in conditions in which they can see no alternative but abortion. In this view, it is unjust to suggest to these people that they cannot exercise that option now, in the interest of providing some future generation with other alternatives. (13:91)

A current argument popularized by Paul Ehrlich and other concerned groups is that abortion might be used to control population. In the past the need to increase population has been an historical basis of the antiabortion laws. Penalties for abortion from ancient times to the present have always been most severe in nations threatening war or facing the challenge of war, e.g., ancient Sparta, Nazi Germany, Japan during World War II, and the Soviet Union. It hardly needs comment that the desire for population expansion is virtually nonexistent in modern context, if not an outright danger to mankind. It follows that, as a basis for antiabortion legislation, population expansion is no longer a reasonable state interest. However, this is not to say that it has been suggested that it should become the function of the state to determine that an abortion should be performed whatever the reason. (16:55)

Historically the need to protect women has been another objective of antiabortion laws. This has been made clear even today as the law of abortion has developed in modern times, by lawmakers, the courts, and by law enforcement officials. The state clearly has a legitimate interest in regulating the medical profession in order to protect the health of

its people. However, the interposition of the state between the physician and patient to prevent the administration of scientific, sound and appropriate medical care, instead of protecting the public health, endangers it. Desperate women are driven into the hands of unskilled abortionists and persons operating outside the scope of sound and safe medical practice. In short, the existing laws do not fulfill their primary purpose of safeguarding the public health. (16:56)

Considering other arguments for and against legalized abortion, there seem to be three areas of conflict - biological, sociological, and psychological. There are several overlapping arguments that are presented for and against limiting the number of offspring by contraception and liberalizing the grounds for abortion. They usually fall into the following categories: the problem of overpopulation, the individual's needs and interests versus the preservation of the species, economic realities, and the emotional and physical health of the mutually involved members of the family. (1:746)

Dr. Aarons of the Psychiatric Clinic of Mt. Zion Hospital in San Francisco discussed at length the above categorized arguments. He suggested first of all that the question of overpopulation is not the same issue in a country with an expanding, prosperous economy as it would be in a country whose economy is primitive and where the masses of people are constantly threatened by famine. Therefore, valid argument for birth control or legalized abortion on the grounds of overpopulation must specify the particular country and its economy. But when

this is done, the opponents may contend that society should concentrate on politico-economic change rather than biological interference in order to effect a solution. From an evolutionary standpoint it may be argued that the species may multiply ad lib, and in one way or another be accomodated or exterminated. State laws of course take no cognizance of such biological and socioeconomic problems. (1:746)

In regard to economic realities, Dr. Aaron stated that most informed people agree that unless the necessary and adequate material means for rearing children exist, the children should not be born. Of course, emotional drives tend to ignore reality considerations. So often the consequences are, to say the least, an additional social welfare burden and, to say the most, a moral deterioration for the individual and the family. Although some sections of the church may contend that the Lord and His Providence will find a way, this argument is more than counter-balanced by reality and the laws of chance. (1:746)

Closely connected with economic considerations are those of the individual's interests versus those of preserving the species. Even though the one may be predicated upon the other, self-interest for most people must be subordinated to those of children and family. It is common knowledge that early marriage (often forced) and children, or the latter without the former, are likely to seriously interrupt education, training, and life experience, so necessary in the preparation for stable family relationships. (1:746)

Perhaps in a way of summarizing the arguments arising out of personal, biological, and religious beliefs about the beginning of a human life it would be helpful to study the results of a survey which polled various public health professionals. Following are the reasons given by subjects for holding personal beliefs regarding the beginning of a human life:

A human life begins before conception.
1. Human life is continuous; impossible to distinguish any point of starting (or ending); interruption is murder.

A human life begins at conception.
1. Abortion is killing life.
2. The fetus is a human being, a person.
3. The soul begins with conception and it is a human life.
4. A human life begins with conception; at conception it is an individual.
5. If it dies in the womb without being born it is still a human life.

A human life begins during the first trimester.
1. When the mother knows she is pregnant.
2. Between conception and when the woman feels life; it becomes a body and soul, that makes it human.

A human life begins during the second or third trimester.
1. When the child starts moving inside the mother.
2. When the mother feels life or can "hear" it.
3. When it begins to take shape and the doctor can tell you something about it.
4. After the third or fourth month.
5. When the soul enters the body it becomes human and that occurs when the mother recognizes it.
6. Just before the birth (7-9 months) he is grown up to a human being.

A human life begins at birth.
1. It starts with birth; the minute you are born.
2. When you can see it; what you have not seen does not exist for you.
3. When it is independent of its mother; when the umbilical cord is cut.

4. Before birth it is protoplasm; has not matured before; a seed; it is not human.
5. The soul enters at birth and it is human.

A human life begins at viable birth.
1. When the baby cries and breathes, starts sucking.
2. When it is able to live independent of mother.
3. When it is not stillborn.
4. When born with no malformations.
5. When you can see it behave.
6. The soul enters when conscious functioning begins and it is human.

A human life begins sometime after birth.
1. When it starts to recognize and respond to environment.
2. When it takes on recognition, relates self to environment.
3. When it starts to develop personality, becomes socialized.
4. The soul enters the body sometime after birth, and it becomes human.
5. Within first 24-72 hours after birth; when it can live independently of mother and of artificial supports. (15:2168)

Although it is not the primary concern of this study, the legal aspects of the abortion issue cannot be ignored. Retired Associate Justice Tom C. Clark of the Supreme Court of the United States discusses some interesting and unusual arguments pertaining to the abortion issue that a counselor might find intriguing or useful. Referring to Exodus 3:21 and Genesis 1:28, 4:1, 11:30 and Ruth 4:13 he reports that the Old Testament does not condemn abortion as a capital offense since the fetus was not in those days regarded as possessing a soul within the Sixth Commandment proscription. It does declare, however, that conception is a gift of God which can be withdrawn at His will. (5:2)

Many theologians today argue that man must not destroy what God has created and that aborting a pregnancy destroys the gift of human life. Justice Clark relates that the Christian Medical Society's

symposium on controlling human reproduction did not find an answer to the question - Is the control of human reproduction against the will and spirit of God? (5:2)

The Supreme Court has not handed down a clear decision regarding abortions. In Griswold v. Connecticut (381 US 479) in 1965 the Court struck down the state's statute prohibiting the use of contraceptives. The statute was found to operate upon "an intimate relation of husband and wife" which came within the zone of privacy created by several fundamental constitutional guarantees, the penumbras of which gave protection to the sanctity of a man's home and the privacies of his life. The Court determined that the statute violated the principle that legislation must not be unnecessarily broad. (5:4)

In discussing the role of the state in legislating in the private areas of a person's life, Justice Clark gives a very lucid explanation of his personal legal position:

> I submit that until the time that life is present, the State should not interfere with the interruption of pregnancy through abortion performed in a hospital or under appropriate clinical conditions. I say this because State interference is permissible only if reasonably necessary to the effectuation of a legitimate and compelling State interest. Prior to the time that life is present in the fetus, what interest does the State have? Procreation is certainly no longer a legitimate or compelling State interest in these days of burgeoning populations. Moreover, abortion falls within that sensitive area of privacy - the marital relation. One of the basic values of this privacy is birth control, as evidenced by the Griswold decision. Griswold's act was to prevent formation of the fetus. This, the Court found was constitutionally protected. If an individual may prevent conception, why can he not nullify that conception when prevention has failed? (5:4)

Justice Clark feels that 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 as Justice Clark states, the law deals in reality, not obscurity - the known rather than the unknown. When the sperm meets the 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 recent public opinion has indicated, 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. (5:4)

Foreseeing that this question will not easily be decided by the Supreme Court, Justice Clark prefers that the courts yield to the varied, but expert testimonies of physicians to determine when life begins. These physicians have also indicated that they do not wish to play God with human life. It is also Clark's wish that the more expedient legislatures respond to the public by liberalizing abortion statutes. (5:5)

On the societal level there is an atmosphere of change regarding the status of women. This change has been publicized primarily through the actions and statements of the Women's Liberation Movement. Although not representing this group, Alice Rossi investigates the conflicting

attitudes toward the role of women in the United States today. She feels that a majority of women who seek abortions do so because they find themselves with unwelcome or unwanted pregnancies. Abortion is a last resort birth control measure when preventive techniques have failed or have not been used. It is the situation of not wanting a child that covers the main rather than the exceptional abortion situation. But this fact is seldom faced. Mrs. Rossi believes many people are unwilling to confront this fact because it goes counter to the expectation that women are nurturant, loving creatures who welcome every new possibility of adding a member to the human race. To come to grips with the central motivation that drives women to abortion, that they do not want the child, requires admitting that the traditional expectation is a gross oversimplification of the nature of women and the complex of values which determine their highly individual response to the prospects of maternity. (26)

One of the arguments against legalizing abortion is that it is no longer necessary since contraceptive practices have become more widespread and more effective. Mrs. Rossi questions this reasoning by making an emotional appeal:

> Is the incidence rate a proper basis for deciding whether this is a major social problem or not? Medical researchers do not avoid attempts to find a cure for a rare disease because the chances are it will cripple or kill only 10,000 people a year. We do not rest content with educational attainment of American youth because the majority now complete a high school education. The same reasoning should apply to the abortion problem. Those who argue with the incidence estimates, or resist change in our abortion laws on the grounds that it is not an extensive social problem are either

> deluding us or themselves as to what is really at the heart of their disclaimers: ...they consciously or unconsciously believe the psychologically punishing and medically and legally risky experience of securing an illegal abortion is deserved - it is punishment for becoming pregnant if you are poor or unmarried or already have a large family. (26)

Again speaking strictly from an emotional viewpoint, Alice Rossi addresses herself to the argument of the legal rights of the fetus. According to her own feelings and studies she has made, she does not conclude that a woman has any sentiment for the ova that are never fertilized or for the fetus that is spontaneously aborted. It is not the loss of a particular fetus a woman grieves over, but the loss of her potential maternity and potential baby. (26) → good point!

The National Association for Repeal of Abortion Laws also considers the abortion issue directly tied to the issue of women's rights. In an information pamphlet, they quote Garrett Hardin as saying:

> Let us recall the underlying justification for all birth control practices: to free women from a now needless form of slavery, to make a woman the master of her own body. The emancipation of women is not complete until women are free to avoid the pregnancies they do not want. Ethical systems that deny women this freedom are the product of men, the residue of an ancient world in which women were, quite literally, put in a legal class with children, idiots, and slaves. The desire of the male to dominate is all too readily apparent under this veil of ethical rhetoric. Women have, in the past century, won the right to vote, to own property and to work. Now that it is easily possible not to be pregnant, how can we deny them this right also? With what grace can men, who are never pregnant, deny women this right? (20:3)

An argument for legalized abortion that counselors might find quite interesting is also presented by the NARL. A? They claim that psychological and sociological studies leave no doubt that unwanted children are a social danger. These children are more likely to grow up in psychologically

unhealthy homes, to become delinquents, to be poor parents and breed another generation of unwanted children. Society pays for decades and even generations for the consequences of ill-advised parenthood. (20:3)

In answer to the question - Won't legalizing abortion open the floodgates of sexual promiscuity? - NARL quotes Reverend Peter S. Raible who claims that if sexual morality can be upheld out of fear of pregnancy then the buttress is flimsy indeed. He says fear cannot make people moral. Morality can grow only from the inner conviction of a person. (20:3)

Ronald M. Green, writing for Christianity and Crisis feels he has found a solution to the conflict resulting over the difficulty of defining the beginning of life. Through a rather long, but fascinating argument he concludes that the reason society condones abortion following rape is dependent upon the volition of the woman in regard to the act that produces the child. He fails to see the difference between the woman who is raped and the woman who engages in coitus without making any promise to give a possible resultant child a loving home in this world. He stresses the differentiation between the obligation owed to the future child as a result of an act accompanied by this promise to love and life and the obligation to a fetus. According to the promise-keeping perspective, obligation is due not to the fetus but to the potential child. Thinking in this manner, the controversy of whether the fetus is a human being is bypassed. (9:3)

An example of this type of reasoning has already been legalized

in those states that have legalized abortion in the case of the mother who has contracted German measles. Here the promise has been rendered actually destructive to the recipient of the promise. When the mother conceived, her obligation bound her to fashion for the child a normal start in life. When German measles early in pregnancy or thalidomide poisoning changes the nature of the promise so that to carry it out would produce a miserably deformed infant, the obligation ceases to have binding power. (9:3)

Green feels the mother has the primary obligation to make the decision between the mother and the fetus as far as right to life goes. If the mother breaks the promise of life to the fetus without good cause, the guilt and shame are hers and not society's. If the intensely personal nature of this decision is understood, it is hard to imagine that the law will treat these responsibilities more adequately than the woman herself. In essence, in attempting to postulate the legal conditions for abortion, society usurps the woman's own ethical responsibilities. (9:4)

One of the most common stories told by opponents to legalizing abortions is repeated here so that counselors might be acquainted with it and will have had time to think of an appropriate response:

> Two physicians are talking shop. "Doctor," says one, "I'd like your professional opinion. The question is, should the pregnancy have been terminated or not? The father was syphlitic. The mother was tuberculous. They had already had four children: the first was blind, the second died, the third was deaf and dumb, and the fourth was tuberculous. The woman was pregnant for the fifth time. As the attending physician, what would you have done?"

"I would have terminated the pregnancy."
"Then you would have murdered Beethoven." (12)

Garrett Hardin responds to the above classic tale by admitting that it does have a terrific impact. But he explains that there's something wrong with it. Perhaps the most important counterpoint is this: after suitably altering the earlier details of the anecdote, one could quite legitimately substitute for the name "Beethoven," the name "Hitler" or "Genghis Khan". This story is disturbing because it makes one realize that if Beethoven had never been born, the world would never have known the difference. He would never have been missed. Beethoven's mother, like all women no doubt, started life with about 30,000 immature eggs in her ovaries. She produced only seven children. Therefore, 29,993 eggs, all potential human beings, must have perished. Should society weep for this loss? (12)

In an article in the Journal of Marriage and the Family, Mr. Hardin addresses himself to the question of the rights of the father in deciding to abort or not to abort. He has decided that although the father has contributed as many chromosomes to the fetus as the mother, due to biological differences between men and women the man is powerless in this case. If the father is given a right of veto in abortion decisions, the wife has a very simple reply to her husband: "I'm sorry dear, I wasn't going to tell you this, but you've forced my hand. This is not your child." With such a statement she could always deny her husband's right to decide. Perhaps it is more practical for the husband to ask himself, "Do I really want to live for another eight months with a

woman whom I am compelling to be pregnant against her will?" Or in terms of public policy, does society want to pass laws which give men the right to compel their wives to be pregnant? Psychologically, such compulsion is akin to rape. Mr. Hardin asks, "Is it in the public interest to encourage rape?" Ideally, a couple will discuss not only birth control prior to intercourse, but in what way they will deal with a pregnancy if the contraceptive should fail. (11:2)

Garrett Hardin, speaking in a sociological context asks the question after comparing compulsory pregnancy with slavery, "How can we justify compulsory pregnancy?" It is difficult to see how it can be argued that this kind of servitude will be more productive of social good if it is compulsory rather than voluntary. A study made by Hans Forssman and Inga Thuwe of Swedish children who were born when their mothers were refused the abortions they had requested showed that unwanted children, as compared with their controls, as they grew up were more often picked up for drunkenness, or antisocial or criminal behavior; they received more psychiatric care; they received less education; and they were more often exempted from military service by reason of defect. Moreover, the females in the group married earlier and had children earlier, thus no doubt tending to create a vicious circle of poorly tended children who in their turn would produce more poorly tended children. Hardin asks, "How then does society gain by increasing the number of unwanted children?" No one has volunteered an answer to this question. (11:3)

Approaching the issue of abortion from a slightly different angle,

Miss Jimmye Kimmey, Executive Director of the Association for the Study of Abortion, lists six things she feels the abortion argument is not about, or should not be about. (1) It is not about preventing abortions because the laws have not stopped women from having abortions. (2) It is not about the war between men and women because some studies have shown more men are in favor of repealing the laws than women. (3) It is not about murder because there is no malice shown toward the fetus. (4) It is not about eugenics because the fact that there are legal exceptions to the law makes this moot. (5) It is not about changing sexual acitivity or sexual morality because she does not feel morals can be legislated. (6) And finally, it is not about family planning and the population explosion because abortion is one of the best arguments for using contraceptives. (14)

Positively defining the abortion issue, Miss Kimmey states that there is a growing conviction that restrictive abortion laws are an unjustifiable intrusion of the privacy of the individual and an unconstitutional abrogation of individual rights. She feels the abortion argument is really about the state having a legitimate interest in compelling (or trying to compel) women to have children they do not want. (14)

John D. Rockefeller, III, addressing the International Conference on Abortion in 1968 argued that at the broadest level the problems of abortion stem from the fact that prohibitive laws are inconsistent with the way that many human beings actually behave. Tragic as it is,

abortion appears to be the number one method of birth control in the world today. (24;1) He concluded his address by saying that abortion is justified by the greater evils that in all too many cases flow from the absence of abortion - the unwanted child, the unwanting mother, the medical risks of nonprofessional practices, disrespect for the law. The damage done to parents, children and society by these greater evils cannot be effectively measured by objective criteria, but it is urgent and real and, in many societies, critical. He feels arbitrary laws cannot be expected to solve such a problem; in fact, they have helped create it. (24:2)

Concluding this section on the ethical implications of abortion is a statement by Thomas Szasz, who says abortion is a moral, not a medical problem. To be sure, the procedure is surgical, but this makes abortion no more a medical problem than the use of the electric chair makes capital punishment a problem of electrical engineering. The question is, "What is abortion - murder of the fetus, or the removal of a piece of tissue from the woman's body?" In short, the question is not one of medical and psychiatric justification for abortion, but of ethical judgment and social policy. If the American people truly believe that in a free society the expert should be on tap, not on top, then they must place the power to decide when an abortion may be performed (legally) in the hands of the pregnant woman, and not in the hands of the Church, the State, the American Medical Association, or the American Law Institute. (32:148)

PSYCHOLOGICAL IMPLICATIONS OF ABORTION

Senator Robert Packwood has announced, "Congressional fear of adverse reaction from the electorate is a principal reason my bill has little or no chance of passing this year." Although it is probably true that Congress won't approve a radical nationwide abortion law, there is still indication of a general shifting of public attitude in the various states regarding the termination of pregnancy. (6:22)

Unfortunately, the fear of Congressmen is not going to deter the one million women who annually seek abortions, nor is it going to minimize the danger of physical complications or the agony of emotional trauma. (6:22) This poses then three important questions for the counseling profession.

1. Do counselors have a professional obligation to these one million American women or is it more professionally ethical not to become involved with a problem that has many illegal ramifications?
2. If the present laws are not repealed, what exactly is the counselor's legal position if he counsels a woman who later seeks an abortion?
3. If more state abortion laws are repealed, will the removal of the illegitimacy of abortion eradicate all necessity for counseling, making an abortion as simple and unemotional as a tonsillectomy?

Since the first two questions will be discussed later, this section is concerned with the last question. In answering number three a great deal of research findings will prove helpful. Although the conclusions of these studies are often conflicting, they indicate that psychiatrists and psychotherapists have been concerned about women who have had to make a decision about terminating their pregnancies.

Dr. Ralph M. Crowley, in an article in the American Journal of Psychiatry posed another interesting question. Recognizing that some one million women do obtain abortions each year, he questions why, if abortion is so traumatic, have these traumatized women not come to the attention of society? (7:148) This can perhaps be partially answered by saying that the victims are silent - the mother and the fetus. Other sociopsychological problems usually come to the public's attention when another innocent citizen of society is involved. Juvenile delinquency becomes a social problem when the police report that a car has been stolen, or a drug party has been raided. In the case of abortion, the victim, if the woman may for purposes of illustration be termed that, is sworn to secrecy. Those who come in contact with her problem, be it the psychiatrist or the physician, who might be able to trace her emotional instability to an illegal abortion are also in a position that would make it professionally dangerous to reveal this information. To illustrate the extent of this shield from the public eye, Edwin M. Schur in his book, Crimes Without Victims, states that there is no record of reported American cases involving conviction of a woman for submitting

to an abortion. She is virtually immune from the law. (28:36)

Research in the area of psychological effects of induced abortion has been difficult for several reasons. The majority of women obtaining abortions could not easily be used as subjects in the research because of the illegality of their operations. The women who were granted therapeutic abortions had the benefit of counseling or had to exaggerate their emotional instability to gain permission for the operation. For example, in all but six states abortion for psychiatric reasons is sanctioned by the law only if the mother is likely to commit suicide. It seems reasonable to believe that many women have attempted to convince psychiatrists that they were either suicidal or psychotic in order to relieve themselves of pregnancies which they rejected for a multitude of other reasons. (22:1) Finally, in order to effect legislative reforms or repeal some physicians have equated the abortion operation to that of a tonsillectomy with no psychological complications if it is performed in a medically safe atmosphere without the stigma of submitting to an illegal act. Simon and Senturia have recently conducted an extensive review of literature on the contradictory issue of the presence or absence of adverse psychological sequelae after abortion. (22:1)

In the twenty-eight publications that they reviewed, which embrace the majority of germane studies, the findings and conclusions ranged from the suggestion that psychiatric illness was almost always the outcome of therapeutic abortion to its virtual absence. (29:1209)

Simon questioned the validity of the much-quoted study by Taussig on the basis that Taussig merely cited a few case histories of psychosis that followed abortion, without any estimate of the general frequency of such an outcome. He also reviewed five, well-conducted European studies, the findings of which ranged from 43 per cent of the women suffering severe guilt after abortion to only 12 per cent showing psychiatric disorders to a complete absence of either phenomenon. The studies also revealed that pregnancies following abortion were a common occurrence, but little information was available to indicate if the pregnancies were a restitution for the abortion, a pathologic need to be pregnant per se, or a healthy response to changed circumstances. Simon pointed out that these studies must be viewed knowing that in Europe there is a greater social acceptance of therapeutic abortion than in this country. (29:1209)

Another study reviewed had been conducted over a ten-year period at the Jewish Hospital of St. Louis. It was a follow-up of sixty-five well-educated, middle-class, white Protestant and Jewish women. Two-thirds of the group had diagnosable psychiatric illness before the abortion. Conflicts from sadomasochistic impulses and the feminine biologic role frequently appeared. The authors of the study concluded that healthier women responded to the abortion with transient and self-limited mild depression. The psychiatrically sicker women used a variety of defenses but for the most part remained stabilized or improved. There was little new psychiatric illness that appeared after therapeutic

abortion that could be related to the abortion. (29:1211)

Peck and Marcus studied fifty women, each who had become pregnant unwillingly, and each who had received therapeutic abortion. These two researchers concluded that pregnancy was a major precipitant of depression and anxieties in those who were psychologically predisposed. Abortion relieved such symptoms in most of their patients. The only new psychiatric symptoms occurring after the procedure were mild and self-limited. The women with psychiatric symptoms almost all had become pregnant unwillingly. They did not wish their pregnancies to continue and six months after abortion they were neither pregnant nor did they wish to be. (29:1211)

Simon criticized the findings of Deutsch and the similar findings of Ebaugh and Heuser because they did not list any data in their writings to support their conclusions. Both studies concluded that the trauma of abortion results in severe neurosis, self-accusation and disturbed relations with men and the sexual act. (29:1212)

Hook did a study on the reactions of women who were refused an abortion. He found deserted women and unmarried women were twice as likely to seek an illegal abortion if denied a legal one. There was no difference observed in the emotional reaction of the married and unmarried women. More married women, however, did show a positive attitude toward the child at the time of the follow-up interview than did the unmarried mothers. Another important finding of Hook's was that when disharmony is present in the man-woman relationship before the

abortion, the prospect of an enduring, stable family relation is not good regardless of whether the couple is married, although the married woman, either granted or denied therapeutic abortion is more likely to make a satisfactory adjustment. (29:1212)

A follow-up study was conducted over a four-year period at the Michael Reese Hospital in Chicago. Data was obtained on 35 of the 48 women who had been granted therapeutic abortion for psychiatric reasons. Short-term effects of the abortion were completely favorable for twenty patients. The remaining fifteen patients either continued to experience symptoms or experienced new symptoms for a period of from two to six months. The frequent existence of a "post-abortion hangover" which coincides with the time period of the unfulfilled pregnancy might have been the cause of the symptoms. (22:5)

On the whole, long-term effects of the abortion were quite favorable. Approximately three-fourths of the patients reported subjective impressions of improved emotional status and the psychiatric histories were consistent with their impressions. Two patients, each of whom reported submitting to the abortion against her will, experienced prolonged adverse effects which she attributed to the abortion. Twelve patients experienced conscious guilt but only two patients would not have decided to have the abortion if given the chance again. Eight patients reported that the abortion experience eventually led to emotional growth. It was concluded that, with rare exceptions, abortion was genuinely therapeutic. (22:5)

Robert B. White of the University of Texas, Department of Neurology and Psychiatry, has reviewed several studies also and has listed several possible psychiatric complications related to abortion:

1. Immediate guilt - An immediate reaction of guilt is seldom a serious complication of a properly arranged abortion performed on a woman who has had adequate chance thoughtfully to decide that she really wants it or urgently needs it. An abortion induced under these circumstances in an emotionally supportive setting and followed by enough adequate psychotherapeutic sessions to work through the resultant doubts and potential guilt probably does not cause serious psychological damage. Hoffmeyer's experience in Denmark and the work of Lidz, Kensey and Laidlaw as well as the author White in this country support the above conclusions. Papers by Malmfors and Bolter (both of which were reviewed and criticized by Simon) report that guilt reactions usually result from abortion. (35:552)

2. Delayed guilt exhibited by the involutional depression - It is Robert White's argument that there is no more reason to assume that abortion at age twenty caused a later involutional depression in which a woman berates herself for the abortion than there is to assume that adolescent masturbation caused another case where the self-accusations that occur in the course of involutional depressions are frequently cited as evidence that the abortion was a serious psychic trauma that had its effects only after a long delay. Unfortunately Mr. White cites no data to support or disprove his theory. (35:552)

3. Impaired development of adult stages of personality. Mr. White agrees with Erik Erickson that the experience of pregnancy and bringing forth life is an important factor in the proper development of the adult stages of the personality in the woman, especially the stages of generativity and integrity. He clarifies his position by saying that induced abortion is probably an important factor only if a woman proves to be sterile and finds she can have no children. There is no evidence, however, to suggest that properly conducted abortions cause sterility, as the Kinsey data conclusively showed. (35:553)

4. Hate of the spouse or lover - White's review found the literature replete with warnings that the aborted woman may turn vindictively on her lover or her husband. He feels this might be true if she has been pressured into the abortion by the wishes of the man, for childish or neurotic, or selfish reasons of his own. He further suggests that if childish and neurotic motives within the woman meet with similar motives in the man, she may very likely

> then project on to him the entire responsibility and appease her own guilt by blaming it all on him. Again without cited specific data, White reports having found no evidence to suggest that a properly conducted abortion that is really wanted by the woman causes such a reaction. (35:553)

White concludes by commenting on the determination of a woman who has decided to abort. After citing studies by Kleegman who concluded there is a group of women adamant about not continuing a pregnancy she does not want, he draws upon his own counseling experience and relates:

> A large part of my practice is concerned with helping the infertile couple, and I know the terrific frustration of a woman who wants a child and cannot have one. It does not compare with the intensity of emotion and determination of the woman who does not want a child, is pregnant, and won't have it. I have learned that such a woman, on the private practice level, determined to have an abortion, usually finds some way of getting it. (35:555)

At best, it might be concluded that the data compiled regarding the psychological effects of induced abortion is conflicting. Although only hinted at by White and others, there was no opposing evidence that an abortion performed in a hospital under medically approved conditions following adequate counseling resulted in extreme adverse psychological effects in those cases where the patient was not previously diagnosed as severely psychotic or neurotic.

Referring then to the question originally posed at the outset of this discussion, "If more state abortion laws are repealed, will the removal of the illegitimacy of abortion eradicate all necessity for counseling, making an abortion as simple and unemotional as a tonsillectomy?". The majority of the research studies cited earlier indicated some forms of psychological reactions and these studies were conducted

important to explain clinics unwelcoming

on women whose abortions were legally sanctioned. It would seem reasonable then to hypothesize that feelings of guilt, depression, or self-doubt might occur more frequently in those women who have had to seek illegal abortions.

Various professionals who have frequent contact with women seeking abortions have stressed the need for pre- and/or post-abortion counseling. Crowley's study on the attitude of psychiatrists in regard to the abortion issue revealed the following consensus. The responding psychiatrists frequently expressed the view that no woman should be required to have an abortion is she wants the baby. They insist that every effort should be made to determine whether a woman's wish for termination of pregnancy is her own wish or that of husband or family or due to social pressure. These psychiatrists suggested that women contemplating abortion be given the opportunity of counseling prior to a final decision. (7:148)

Ronald Green in advocating that the decision to abort should be based upon the promise of a well-intended life for the child states that it is entirely consistent with his view to require compulsory psychiatric counseling for the prospective patient. Society's concern should also express itself in the creation of institutions that facilitate decision on the part of the mother. No woman, for example, should be forced to abort merely because she cannot care for the child. Mother's-aid services, such as subsidized day-care centers, are social responsibilities directly related to the question of abortion. In the last analysis, the only option closed to society by the ideas set forth here

is that of expressly denying abortion to the woman who has been made to weigh her decision carefully. (9:65)

Stephen Patt's paper reporting the follow-up of therapeutic abortions, after discussing the favorable long-term effects of abortion indicates that several factors would account for the improved functioning and emotional status of the women in the study. The primary factor of course was the removal of the unwanted pregnancy. In addition, some patients improved due to the effect of fortuitous favorable changes in their life situation. And others may have benefitted from the effects of psychotherapy. (22:5)

Robert White, quoting Laidlaw makes an appeal for post-abortion counseling:

> The question of guilt arising from abortion is important enough to merit a recommendation that the patient should be seen psychiatrically subsequent to the surgical procedure, even though she may have had no antecedent psychiatric history or treatment. (35:544)

The American Friends Service Committee in the February, 1970, book, Who Shall Live?, advocates the repeal of abortion laws but suggests that the following steps are also extremely important:

1. Positive programs to do away with the necessity of abortions.

2. A program of medically sound and easily available abortion services at low cost to protect women against the health problems resulting from recourse to backstreet abortionists.

3. Abortion services as part of accepted medical care, paid for by public funds for those who depend on public funds for such care.

4. Availability of counseling and social services to women requesting abortion with a view to (a) helping them examine the alternatives to abortion, (b) exploring with them sources of aid - medical, financial,

No one wants them.

> adoptive - to make possible carrying the baby to term and rearing it decently, (c) putting them in touch with social services equipped to deal with such other problems as employment and housing, and (d) providing contraceptive advice and education as protection against future unwanted pregnancies. It is society's responsibility to provide such counseling services where they are not now available. (2:66)

There seems to be sufficient evidence to indicate that counseling services should be available to the women who are contemplating an abortion. Counseling a woman with this problem should be no different than counseling any other woman. The woman should not be forced to see a psychiatrist or psychotherapist since in the past the laws have forced the psychiatric interview to become little more than an experience affording the women the opportunity to display her acting skills. Rather, this author sees it the professional responsibility of counselors to acquaint themselves with the facts regarding abortion, much as the physicians in New York have had to do in the last two months, and then make it known to other professionals, especially physicians, and to the public that their services are readily available. By making all aspects of the counseling sessions voluntary, the client is most apt to seek out the counselor and most likely to benefit from therapy. Carl Rogers identifies this first decision of the client - to seek help in clarifying feelings in order to make decisions - one of the most significant steps in therapy. (25:31)

Whether counseling becomes an accepted practice in the process of legalized abortion and whether the women of this country will feel comfortable in seeking the help of the counselor depends upon the readiness of today's counselors to accept the client with an unwanted

pregnancy and to professionally publicize this readiness. The following section is a practical guide suggesting how the counselor may become involved with abortion counseling.

A GUIDELINE FOR ABORTION COUNSELING

A counselor is a person and therefore subject to biases, prejudices, and convictions like any other person. A counselor must work with people who likewise have biases, prejudices and convictions. An existential, client-centered counselor knows that to be of most benefit to his client, he must be totally accepting of whatever behavior his client might choose to exhibit. Simultaneously he must not necessarily approve of what his client does, or he might limit his judgments by clarifying that he personally would not follow the course of his client since it would not be congruent for him to do so.

Therefore, a counselor might personally be of the conviction that he or she would never seek an abortion if there were any other alternative, and yet be quite willing to accept a client's decision to abort and to be genuinely helpful in clarifying the client's feelings.

The previous sections have been presented to help the counselor determine his personal feelings on the issue of abortion and to help him to decide if this is an area that he would like to actively become involved in. Before describing some of the more detailed aspects of abortion counseling, there are two quotations that might help the counselor to further decide what position he is going to take.

The following quotation is actually the official statement of the American Friends Service Committee in regard to abortion:

> We believe that no woman should be forced to bear an unwanted child. A woman should be able to have an abortion legally if she has decided that this is the only solution she can accept and if the physician agrees that it is in the best interests of mother and child. She should be encouraged to seek the best social and spiritual counseling available before reaching a decision; and the physician, for his own support, should have the opportunity to confer with colleagues of his choosing if he feels the need for such consultation.
>
> Believing that abortion should be subject to the same regulations and safeguards as those governing other medical and surgical procedures, we urge the repeal of all laws limiting either the circumstances under which a woman may have an abortion or the physician's freedom to use his best professional judgment in performing it.
>
> We believe that no physician should be forced to perform an abortion if this violates his conscience; but, if this is so, he has an obligation to refer his patient to another physician willing to serve her. (2:64)

The last paragraph could apply most aptly to the ethical actions of a counselor. If he is unwilling to assist the client, by either talking to her or giving her accurate information about how to obtain a safe, legal abortion, he is obligated to refer her to a counselor who is willing. It is hard to imagine a counselor, who has decided to dedicate himself to helping others through crisis points in their lives, refusing to give a woman the information and empathy she needs to make a wise decision. As Nehru once said:

> I am tired of people who merely talk about things. However wise you may be, you can never enter into the spirit of a think if you only talk about it and do nothing. Even scientists have a tendency to let a wonderful experiment remain an experiment once it has been performed. The next stage somehow does not come. They may well say that the next stage is somebody else's job, but I think if the scientist had a sense of practical application, he would either try to do it himself, or get somebody else to do it. This association of thought with action is, I think, of utmost importance. Thought

without action is an abortion; action without thought is folly. (5:5)

A minister who does abortion counseling has stated that he sees his abortion referral work as a logical extension of his involvement with the community. "I still find clergymen who tell me, ' Abortion? I don't have that problem in my parish.' What they mean is, the women haven't come to them with that problem." (4:26) The problem has always been there, but women have always been reluctant to bring it to their ministers. Are there not many counselors using the same excuses?

Assuming that the reader has decided to actively become involved in abortion counseling, the remainder of this section will be concerned with specific, helpful suggestions.

Women have been counseled regarding their abortions for years, but relatives, friends, or helpful women in the community have been the ones secretly consulted. To have organized services in this area is a relatively new phenomenon. Pat Maginnis in San Francisco and Bill Baird in Hempstead, New York were the first people in the nation to announce openly that they would provide any woman who asked with the name and address of a competent abortionist. Miss Maginnis estimates that 10,000 women have gotten illegal abortions through her efforts. (4:26)

Bill Baird is associated with the Parents Aid Society and operates a mobile unit that goes through the streets of the ghetto to serve the poor. More evangelistic than the clergymen, he says, "If I'm arrested I'll direct the service from prison, God willing." In Boston, Baird was sentenced to three months of hard labor for committing "crimes

against chastity". (4:30)

In 1967 Reverend Howard Moody began abortion counseling in New York City which grew into a loose federation of autonomous Clergy Consultation Services in Los Angeles, Philadelphia, New Jersey, Boston and Cleveland. Similar groups are presently organizing in Detroit, Chicago, Montreal and many other cities including Bozeman, Montana. These clergymen are using the established tactic of civil disobedience to change the nation's abortion laws.

Presently the Los Angeles clergy service is the only one accepting national inquiries. The guiding light in Los Angeles is the Reverend Hugh Anwyl of the Ecumenical Fellowship who cheerfully reports having received inquiries from the Midwest to Vancouver. "We don't care where she comes from. Our prime concern is to get away from the butchers in the business; to put an embargo on the high-price boys and at the same time insist on high standard." Anwyl's service began officially in May, 1968, and already is the largest of the clergy groups - fifty ministers and rabbis. He says he is always on the lookout for a synpathetic Roman Catholic priest. (4:28)

Reverend Moody, by keeping careful records of the first 3,000 referrals from the New York City area found some interesting statistics. Although he expected 80 per cent of the women seeking abortions to be married, he found a 50-50 ratio between single and married women. Moody admits this might be a reflection of New York City as a singles metropolis. He reports that the single girls mostly fall into that category

still known as "the nice girls". Their average age is twenty-two. Most haven't had must experience with sex. More than half did not use contraceptives. Even bright college girls fall victim to the popular myths, most frequently the myth of male withdrawal. Among the women who did use contraceptives, the IUD's failed the most often. (4:31)

Miss Elizabeth Canfield, a former social worker who is now chief assistant to Reverend Anwyl in Los Angeles has group counseled 1,700 women at the Hollywood Free Clinic, 115 N. Fairfax Avenue. The average length of pregnancy was 8.2 weeks; the average age was 22.1 years; only 17% said they had used contraceptives. Of the 1,700 women, 99.9% decided to have therapeutic abortions, although a few were not able to have them because the pregnancy was too advanced. (18)

Reverend Anwyl kept statistics on the 128 women he personally counseled. He found most of them to be between the ages of 21 and 39. Of this group, 64% were single and 72% said they had not used contraceptives. Racially, 80% were Caucasian, 11% Negro, 6% Oriental and 3% Indian; 60% were Protestant, 27% Catholic, 6% Jewish and 7% listed another faith or said they had no religious affiliation. (18)

The above statistics vary slightly from the findings of the Kinsey Institute of Sex Research as reported in the book Pregnancy, Birth and Abortion by Paul Gebhard, et. al. This publication is probably the most thorough study done on the subject and is recommended for anyone interested in knowing the various factors such as age, marital status, education, degree of religious devoutness related to birth and abortion.

The conclusion of this study indicates that the great majority of all induced abortions stem from pregnancies in marriage, due to the fact that more married women become pregnant than do single women. However, in all parts of the sample, it was found that the induced abortion of a pre-marital pregnancy was a fairly common event. Those women who had once married but who, at the time of the interview, had been separated, divorced or widowed, had a high rate of conception outside of marriage and had likewise terminated their pregnancies with induced abortions. One of the most frequently quoted findings of this Kinsey study is that ill effects, such as subsequent sterility or later sexual maladjustment in marriage as reflected in orgasm capacity appeared less frequently than had been previously assumed. (8:214)

What can the counselor expect to face when a woman comes to his office seeking assistance? R. F. Tredgold gives a graphic illustration of the woman who seeks help:

> The circumstances are remarkably varied. The woman may be young and unmarried, or the mother of a large family at the end of her tether; she may have been the victim of rape, or seduction under drugs; she may have had a series of sexual affairs with little forethought or self control; or be a young wife taking every contraceptive precaution to postpone pregnancy. She may have been in contact with an infection or a drug that makes her believe that her child will be a monster, or she may pretend that it is so; she may have religious views against abortion, or glory in free love even if she deplores its consequences as "unfair to women"; she may be a career woman, or a mentally subnormal; she may be entirely without help, or supported by a loving family...She may be depressed, angry with her father, with herself, and anyone else who won't do what she wants, anxious, pathetic, courageous, or defiant. She may consciously exaggerate her symptoms. (29:1208)

Such diversity will arouse greatly differing emotions in the mind

of the counselor who hears her story and undoubtedly will elicit differing recommendations. (29:1208) The counselor must therefore be constantly aware that his responsibility is to the well-being of the client and not to specifically solving her problem. By clarifying her feelings and giving her sufficient information that she might define her alternatives, he allows her to make her own decision and frees himself to be of assistance to her following the operation. (30)

The study conducted at Michael Reese Hospital in Chicago revealed that 15 of the 30 unplanned pregnancies occurred shortly after an unusually stressful event, e.g. her therapist's vacation, psychiatric hospital discharge, possible or imminent divorce, break-up of a pre-marital sexual relationship, assumption of increased responsibilities, divorce of parents, death of a parent, or a change of contraceptive method. (22:2)

Perhaps the client is a young teen-ager who acted without any foresight, and isn't even sophisticated enough to know where to go to obtain contraceptives. "A lot of girls operate under the strange mystique called, 'It won't happen to me.' I didn't think I would get pregnant." (18)

As a starting point for counseling, one might refer to Reverend Moody's description of the clergyman's role in the consultation:

> First we get the anxiety and desperation out of them. The girls who come here are trembling. They all saw Alfie. We also feel it is important for the woman to know that there are people who don't bear the judging attitude that she has come to expect. If a woman arrives with her husband, her boyfriend or her parents

> it is important to convey to the woman that what she wants is the important consideration. Although the alternatives to abortion are discussed in every incidence, most women come to the counseling sessions with their minds already made up. Only two per cent have decided to have the baby. (4:29)

The alternatives a woman is faced with when she enters the counselor's office are : (1) legal abortion in the United States performed in those states with more liberal statutes, (2) illegal abortion, (3) legal abortion outside the United States, (4) adoption, (5) suicide, (6) keeping the baby and marrying the father, and (7) having the child illegitimately and rearing it herself. (22:2)

Alice Rossi discusses the latter of these alternatives at some length. By marrying the father of the child, there is high-risk that the marriage will result in divorce and separation, since the adjustment to marriage is complicated often by having to adjust to parenthood. Strained relations with the parents do not facilitate the marriage adjustment either. (26)

Mrs. Rossi argues against advising adoption because psychiatrists have found that carrying a pregnancy to term and then giving up the child causes far more difficult and extensive therapeutic problems than an abortion early in pregnancy. Although it is becoming slightly more socially acceptable for a woman to raise an illegitimate child herself, such an action carries a high societal price. A woman is then burdened with the double responsibility of being a breadwinner and a mother; if she is on welfare, she feels shackled to that economic status in order to stay home with her child. Often she meets men who

are unwilling to assume responsibility for another man's child, thus limiting her chances of marrying and leading a happy, normal life. In many cases, as was discussed earlier, the children who result from such a decision suffer from neglect due to outright maternal rejection. (26)

There is one thing the counselor can almost be positive about when the client enters his office. That is the lack of information or misinformation the client will have regarding abortion. Shrouded by illegality, abortion and especially abortion techniques were not openly discussed, even by physicians. In order to help a client make a rational, intelligent decision, the counselor must be able to factually describe to the client what is involved in an abortion operation.

Doctor William H. Sippel of Bozeman, Montana gave the following medical information to a Problem Pregnancy meeting held on May 19, 1970:

> First trimester - a patient must be admitted to the hospital as for any other surgical procedure. She is given medicine to protect the cough reflex, nervous system, and lungs, and is not allowed to eat for eight hours. Blood tests are taken to detect any bleeding tendencies. The procedure takes anywhere from 5 to 30 minutes depending upon the number of weeks of progression of the pregnancy. Vaginal preparation consists of the use of a local antiseptic. The cervix is dilated carefully and a curette or scraping type of instrument is used frequently, to both rupture the bag of waters surrounding the fetus and to remove the tissues. The woman is watched carefully for bleeding in the recovery room and is returned to her own room, usually within an hour. She can often go home the same night as the procedure is done, having only a very scant flow lasting possibly 4 to 5 days. Post-surgical infection should not occur, but occasionally does in spite of all the precautions and is the main reason for physicians requesting these procedures being done in the hospitals, for the patient's safety.
>
> A second procedure that can be used, but is often not because of the

danger of infection, is packing the cervix and uterus with gauze, and removing it a day or two later.

Second trimester - a method of inducing therapeutic abortion is the injection of saline or salt solution into the uterus and its cavity. The big problem with this is the occasional injection of the salt solution into the mother's veins which, of course, can be lethal. Another method occasionally used, is that of suction and curettage which is very popular in some area. It has the disadvantage of leaving some tissue behind, which is not at all dangerous if the woman does completely clear the uterus spontaneously. It has a very low mortality rate, and takes less skill. It is, however, no more safe than a properly done curettage as described above in the hands of a well-trained physician.

Progressed pregnancies - as the pregnancy progresses, the blood supply to the fetus increases, and the more likelihood there is of infection, hemorrhage, etc. Consequently, after 14-16 weeks most physicians will recommend a hysterotomy, or opening of the uterus, be used in place of the above described curettage. Likewise in terms of dealing with an unwanted pregnancy, where there are no medical indications, most physicians would not recommend that this procedure be done after 16 weeks because of the increased chance for hemorrhage. In fact, until 14-16 weeks, a therapeutic abortion properly done in a hospital with a well-trained physician, is safer than having a normal baby. Blood loss after 16 weeks is as great or greater than having a delivery. Also after 16 weeks, when the mother can feel the baby moving, there is more chance of a guilt complex, aggravating depression and possibly even suicide.

The patient's honesty in dealing with the physician in terms of accurate dates, time of conception, etc. can be of utmost concern in that the above described curettage, while very safe during the first trimester, can be unsafe and even hazardous during the second trimester. If the woman has attempted to abort herself or has had someone else attempt a criminal abortion, it is imperative that she give the doctor this information so that massive doses of antibiotics might be administered to a possibly already infected field. (31)

Reverend Moody gives two more bits of advice. "I've learned not to promise anything about pain." For some women an abortion is painless. Others briefly experience something akin to severe menstrual cramps. His second word of caution - when an abortion is performed

legally in a hospital, the doctor who does it is not called an abortionist. Call a hospital doctor that and he'll have a fit of apoplexy. An abortionist is a doctor who regularly performs abortions without the cover of law. Perhaps a kinder term is abortion specialist.(4:28) It goes without saying that the counselor must take extra caution to convey to the client that strictest confidentiality will be kept.

Now this study will address itself specifically to the Montana counselor. He or she is confronted with the following state laws which can be found in the Revised Code of the State of Montana:

> 94-401. (11023) ADMINISTERING DRUGS, ETC. WITH INTENT TO PRODUCE MISCARRIAGE. Every person who provides, supplies, or administers to any pregnant woman, or procures any such woman to take any medicine, drug, or substance, or uses or employs any instrument or other means whatever, with intent thereby to procure the miscarriage of such woman, unless the same is necessary to preserve her life, is punishable by imprisonment in the state prison not less than two nor more than five years. (Passed in 1871)
>
> 94-402. (11024) SUBMITTING TO AN ATTEMPT TO PRODUCE MISCARRIAGE. Every woman who solicits of any person any medicine, drug, or substance whatever, and takes the same, or who submits to any operation, or to the use of any means whatever, with intent thereby to procure a miscarriage, unless the same is necessary to preserve her life, is punishable by imprisonment in the state prison not less than one nor more than five years. (Passed in 1895)
>
> 94-3609. (11142) ADVERTISING TO PRODUCE MISCARRIAGE. Every person who willfully writes, composes or publishes any notice or advertisement of any medicine or means for producing or facilitating a miscarriage or abortion, or for the prevention of conception, or who offers his services by any notice, advertisement or otherwise, to assist in the accomplishment of such purpose is guilty of a misdemeanor. (1895)
>
> 94-7216. (11984) EVIDENCE UPON TRIAL FOR ABORTION AND ENTICING FEMALES FOR PURPOSE OF PROSTITUTION. Upon a trial for procuring or attempting to procure an abortion, or aiding or assisting therein, or for inveigling, enticing, or taking away an unmarried female of previous chaste character, under the age of twenty-five

> years, for the purpose of prostitution, or aiding or assisting therein, the defendent cannot be convicted upon the testimony of the woman upon or with whom the offense was committed, unless she is corroborated by other evidence. (Passed in 1895)

Statutes 94-401 and 94-3609 are the most pertinent to the counselor. The counselor can protect himself if he makes it clear that he is referring his client to another counseling agency in a state where such counseling services are legal, as well as the abortion being legal, such as Colorado, California, Hawaii, and now New York. Advertising must be vague, such as the example provided by the Salvation Army in Minnesota which has an ad which reads, "Pregnant? Confused? Need help? Call someone who cares and can help ... day or night." (19)

One of the most valuable things the counselor can do is talk to other professionals in the community who will be involved with this same problem such as clergymen and physicians. In Montana, clergymen have the right to claim privileged communication. A judge will probably be reluctant to hear a case against a minister if he were to claim privileged communication. In addition, as was pointed out by Rev. Moody, "the Clergy Consultation Service has an edge over the other abortion referral groups: the moral suasion associated with the ministry." (4:26) Therefore, if the client is extremely young, but does not want to confide in her parents and there is any possibility the counselor might feel like he might be courting legal trouble it would be wise to refer the woman to a sympathetic clergyman.

One of the reasons the abortion counseling groups sprang up was because women were being greatly upset by the reception they were

receiving from doctors and doctors' receptionists. Since one of the absolute requisites is a statement of pregnancy for referral to California or Colorado, it is advantageous to know which doctors will provide these statements in a climate of nonjudgment and strict confidentiality. Time is so important in avoiding complications in an abortion. Therefore, a doctor who tells a woman, "Well, wait until you miss another period and then we'll see" is not the physician to whom you want to refer a woman. (4:28)

A tedious but necessary job of the counselor is keeping records of approved "resources", i.e., information regarding the treatment a physician, clergyman, abortion counseling service, etc. has given a woman. This list must be constantly updated as clients return current information to the counselor. Included in Appendix B are specific forms that might be used to obtain this information - a post-surgery instruction sheet, an intake form for gathering information about the client, and a follow-up form describing treatment. Another bit of extremely important information is in Appendix B. These are the specific instructions a counselor should be aware of if he refers a woman to a Counseling Clergyman in California.

A state-wide study conducted by the author which surveyed the going rate for illegal abortions in Montana revealed that prices range from $100 to $500. The cost of an abortion in California is from $150 to $250. (18) In New York it is estimated that gynecologists

will probably charge between $200 and $300 for an early abortion by D and C or suction. In addition, the anesthetist charges about $75 and the hospital will set its own fees for use of the operating and recovery rooms, probably about $100 . Laboratory fees are additional, coming to a total of about $500. A hysterotomy or salting-out procedure could easily double that figure, with higher doctor's fees and several days in the hospital at $100 a day. (10:34) Although single women will be excluded there is financial relief for married women. On June 29, 1970, Blue Cross announced it would cover abortions performed on married women. Blue Shield was expected to follow Blue Cross' lead. (3:5) Girls who qualify may apply for Medical in California and will have all expenses covered by that branch of the federal medical program. Instructions for making application are included in Appendix C. Girls from Montana may apply since there is no residence required for the federal Medical program. In other states this program is referred to as Medicaid or Title XIX.

Following are telephone numbers of area referral centers. The counselor who is seriously interested in making referrals is encouraged to request the complete informational booklet from the California Clergy Counseling Service for Problem Pregnancies, Mr. Bernard Burton, Box 2111, Van Nuys, California.

CLERGY SERVICES:

New York

Clergy Consultation Service on Abortion
Director: Rev. Howard Moody
Judson Memorial Church
(212) 477-0034

Los Angeles

Clergy Counseling Service on Problem Pregnancies
Director: Rev. Hugh Anwyl
The Ecumenical Fellowship
(213) 666-7600

Philadelphia

Clergy Consultation Service on Problem Pregnancies
Director: Rev. Allen Hinand
Central Baptist Church
(215) WA 3-5141

New Jersey

Clergy Consultation Service on Abortion
Director: Rev. Charles Straut
Christ United Methodist Church
(201) 933-2937

Boston

Clergy Consultation Service on Problem Pregnancies
Director: Rev. Clyde Dodder
First Unitarian Society of Newton, Mass.
(617) 527-7188

Cleveland

Clergy Consultation Service on Abortion
Director: Rev. Farley Wheelwright
The Unitarian Society
(216) 229-7423

SECULAR SERVICES:

San Francisco

Association to Repeal Abortion Laws
Directors: Patricia Maginnis, Rowena Gurner
P. O. Box 6083
San Francisco, California 94101

Hempstead, New York

Parents Aid Society
Director: Bill Baird
(516) 538-2626

SUMMARY

The philosophical, ethical, moral, and psychological implications of abortion have been discussed in the first sections of this study. Practical information has been included in the last section that will enable the Montana counselor to legally undertake abortion counseling in addition to his regular practice. The only remaining section must be supplied by the reader and that of course is his commitment.

The reader must decide if it is more ethically responsible for him to withhold information that might prevent a woman from falling prey to the back alley abortionist or to look the other way when the socially controversial issue rears its impossible head in a counseling session.

The author hopes the reader will heartily endorse the first alternative for the author is a woman and may find herself walking into <u>your</u> office someday.

APPENDIX A: RELIGIOUS POSITIONS ON ABORTION

Roman Catholic

The Roman Catholic Church currently holds that a new life begins at conception and therefore forbids destruction of an embryo or fetus except in cases of indirect abortion when a remedy is used to effect a cure of a disease or condition of the mother likely to be fatal, which incidentally causes the death of the unborn child. (2:95)

The Church's teaching is based on Canon 2350, on the action of Pope Benedict XV in 1917, and on the encyclical Casti Connubi, issued by Pope Pius XI in 1930. The encyclical states that "the life of each (mother and fetus) is equally sacred and no one has the power, not even the public authority, to destroy it." (The encyclical also condemns any deliberate "limitation of the generation of offspring" as an "act against nature.") (2:95)

In his encyclical Humanae Vitae, issued in 1968, Pope Paul VI said:

> We must once again declare that the direct interruption of the generative process already begun, and above all, directly willed and procured abortion, even if for therapeutic reasons, are to be absolutely excluded as licit means of regulating birth. (2:96)

Protestant

The National Council of Churches, in 1961, approved hospital abortion "when the health or life of the mother is at stake." It

stressed the sanctity of potential life and condemned abortion as a method of birth control.

Positions of individual Protestant denominations vary. Generally, abortion is tolerated when the health or life of the mother is threatened. Some denominational policy statements are given below.

American Baptist Convention (resolution adopted at meetings May 29-June 1, 1968) "recognizes that abortion should be a matter of responsible personal decision" and urges legislation to provide that (1) the ending of a pregnancy before the twelfth week "be at the request of the individual(s) concerned and be regarded as an elective medical procedure governed by the laws regulating medical practice and licensure," and (2) after that period a pregnancy be terminated "only by a duly licensed physician at the request of the individual(s) concerned" for reasons suggested by the Model Penal Code of the American Law Institute (substantial risk to physical or mental health of the mother; risk that the child would be born with grave physical or mental defect; rape, incest, or other felonious acts as the cause of the pregnancy.)

"Further, we encourage our churches to provide sympathetic and realistic counseling on family planning and abortion.

"We commend study, research, and development of understanding on the part of the populace led by the people of our churches toward an enlightened view of this provocative problem" (2:96)

Protestant Episcopal Church and Church of England (Lambeth Conference, 1958) allowed abortion at the dictate of strict and undeniable

medical necessity, broad enough to cover health as well as life.

A more recent statement of the Department of Christian Social Relations of the Episcopal Church stated that abortion is probably decided among Episcopalians on the basis of the moral judgment of the individual, her family, the parish priest, and her physician.(2:97)

Unitarian Universalist Association (1968 General Assembly) "urges that efforts be made to abolish existing abortion laws, except to prohibit performance of an abortion by a person who is not a duly licensed physician, leaving the decision as to an abortion to the doctor and his patient." (2:98)

United Presbyterian Church (1962 General Assembly): "One of the issues often discussed is the question of priority as to saving the mother's life or the child's life. This must be decided on the basis of the specific medical problem involved. " (2:98)

Jewish

Jewish positions on abortion vary among Orthodox, Conservative, and Reform groups. In no case is it completely prohibited. The Orthodox group takes the most restrictive position, the Reform the most radical.

The Union of American Hebrew Congregations (November 11-16, 1967) spoke out in the name of the United States members "in favor of needed revisions in the abortion laws of many states." (2:98)

APPENDIX B: CCSPP INSTRUCTIONS AND FORMS

1. The major function of CCSPP is to encourage women to inform themselves and take advantage of the provisions of the new California abortion law, whenever possible. If the counselor feels that the counselee falls into one of the categories (pregnancy would gravely endanger the life or health, mental or physical, of the expectant woman; pregnancy is the result of rape or incest; girl is under 15 years of age), he should urge her to see her own physician or gynecologist as a first step. If a psychiatric evaluation is needed, either the examining physician or CCSPP may suggest name of psychiatrists. If private care is impossible for financial reasons, the counselee may go to the public hospital nearest her or apply for Medi-Cal. (See Appendix C)

   It is most important to encourage doctors to present cases to their local hospital abortion committees. It would be ill advised to have only certain ones doing the majority of legal terminations in a given area.

2. Before setting up an appointment for counseling, the counselor must be assured that the woman is certain of her pregnancy. Many abortions are performed where no pregnancy exists at all. Remember that urine tests are inaccurate in the early stages of pregnancy and that everyone should have two - a week or two apart.

   We are complying with the rules of all consultation services across the country by requesting that each and every counselee have a written report from a physician before coming in for counseling; this report is to state the following information: results of pregnancy test, results of pelvic examination and length of pregnancy. We see women daily who have never had a pelvic examination. This is important, because we must rule out the possibility of ectopic (tubal) pregnancy. A D and C is dangerous for women with an extra-uterine pregnancy - it is also unnecessary surgery, since tubal pregnancies must be terminated in a hospital since they cannot survive to term. Doctors and clinics who do these examinations and write up their findings for our counselors will thus become acquainted with CCSPP and spread the word of our existence in the medical community; this is highly desirable as it helps legitimize the organization, besides protecting pregnant women. In the interest of all concerned, please adhere to this requirement.

3. It is helpful to find out whether contraception was conscientiously practiced; there is a vast difference in the attitudes of those whose contraceptive failed and those who failed to use contraceptives! Those who fall into the latter category can be made aware of their lack of responsibility throughout the counseling session and future contacts.

4. It should be emphasized that CCSPP is for pregnancy counseling only and that women may be referred to other services for other types of help. This does not mean that women cannot see the pregnancy counselor again for problems in connection with the pregnancy or the termination thereof. It would be up to the individual member whether he is available for further contacts or not.

   Care must be taken to give enough time to each person to really sort out what might be the best solution to the present problem. We cannot see a counselee for a few moments, simply give her the name of a doctor for termination, and then send her only her way. We do have to weigh all the alternatives, give choices, explain all the avenues and ask questions as well as answer them.

5. As little as possible should be discussed over the telephone. Each person should be seen or referred to someone closer to her location. Out-of-town calls may be referred to a service near to the caller, or if there is none, the counselor may choose to give information over the telephone in extenuating circumstances.

6. Counselors are advised to let each counselee put down her information in her own writing.

7. Many women are not aware that they may request sterilization (usually not tubal ligation) immediately post-partum or post-abortion. There is no law in this state which prohibits this permanent method of birth control. Individual physicians may decide on medical, psychiatric or socio-economic factors. Voluntary, elective sterilizations and legal abortions may not be performed in Catholic hospitals.

8. It is essential that women have pelvic examinations after pregnancy terminations. It depends upon the individual gynecologist when he wishes to see the patient again and it also depends on the amount of antibiotics given by the surgeon. Women should only consult doctors whom they feel free to tell that they have interrupted their pregnancies. This should not be discussed with office nurses - appointments are made for a check-up and contraceptive advice, that's all. Counselors must stress that intercourse without proper precautions is irresponsible and that the post-operative check-up is mandatory and must be done by a physician who will take enough time

to handle the future contraceptive program of the patient. Many women feel that they won't need protection because they'll never look at another man again... This is completely unrealistic and should be discussed openly. We see repeats now and then.

9. Be sure you have filled out an interview sheet for each person you have seen or with whom you have spoken over the telephone, no matter how brief the contact. These records must be regarded as strictly confidential and will only be used for statistical purposes in the future, never for anything else. Last names are not essential, if the counselee objects. However, we must have an address or telephone number whereby contact can be established in case of emergency.

10. We have one official spokesman only - Hugh Anwyl. He will be available for giving information to news media, etc.

11. Each clergyman should prepare a list of community services and resources applicable to his area and get to know key persons in agencies he will use, e.g. hospital social workers, welfare workers, physicians, etc.

12. In the event of insurmountable obstacles in solving the problem of a particular counselee, please feel free to check with Hugh (666-1568) or Liz (873-2388) before giving up.

13. As soon as news comes in, it will be forwarded to you by means of flash bulletins and memos. It will be up to each member of this group to enter information thus received into this binder on the appropriate pages.

THE CLERGY COUNSELING SERVICE FOR PROBLEM PREGNANCIES - INTAKE FORM

All information held in confidence Date_____

Name_____ Phone_____

Address_____

City_____ State_____ Zip_____

Date of birth_____ Age_____ Race_____ Religion_____

Occupation_____ Marital status and duration_____

Number of pregnancies (including this one)_____Children_____

Pregnancy test (yes or no)_____ Number of weeks pregnant_____

Pelvic (internal) examination (yes or no)_____

Examining doctor_____ Phone_____

Type of birth control method used (or none)_____

Referred by_____

Accompanied by_____Relationship_____ Phone_____

****

Counselor's notes:

Referred to:

Follow-up:

Date_____

REPORT TO THE PREGNANCY COUNSELOR (Name of counselor_____)

/ / I decided to get married and keep the baby.
/ / I plan to remain unmarried and raise the baby alone.
/ / I am carrying the pregnancy to term and am considering adoption.
/ / I terminated the pregnancy (see below).

Name of surgeon_____His fee_____

Name of Hospital_____City_____

Length of Pregnancy_____ My age_____Amount of hospital bill_____

Treatment was: excellent_____good_____fair_____poor_____

Explain:_____

_____

_____

Results of post-surgical check-up_____

_____

I plan to use_____for pregnancy prevention.

/ / I am interested in the abortion law repeal movement; please have my name placed on the mailing list.

/ / I enclose a contribution to the CLERGY COUNSELING SERVICE FOR PROBLEM PREGNANCIES (a volunteer group without funds.)

OPTIONAL

Name_____

Street_____

City_____

Comments:

POST - SURGERY INSTRUCTION SHEET

After pregnancy termination, please observe the following:

1. Carefully take antibiotics as furnished by the surgeon. If you don't have enough for several days' therapy, check with the physician who verified your pregnancy.

2. Plan for a check-up, complete internal examination, within two or three weeks of the surgery. Be sure to discuss birth control at this time.

3. Refrain from sexual intercourse until after the check-up or until the doctor recommends resuming it. Be sure that adequate birth control has been prescribed, fully explained and obtained. Pregnancy is extremely likely to occur just after termination. There is absolutely no safe time for intercourse without birth control protection. Intercourse too soon after surgery might cause infection.

4. Refrain from strenuous physical exercise a month after surgery.

5. If you plan to use birth control pills, be sure that your doctor or family planning service has explained all about their proper use, particularly when to begin them. For the first cycle it is best to use them in conjunction with a vaginal method (foam or cream) or a condom (prophylactic).

6. If you have an elevation of temperature or any other discomfort, be sure to call the office of the doctor with whom you have an appointment for later on and ask that he see you earlier. Tell the office nurse nothing about the pregnancy termination. Tell the doctor everything, otherwise he won't look for the proper symptom.

7. Mail in the report to the pregnancy counselor. We care about each person and want to know how she got along. These reports also help us help others.

8. Be aware of the problems among your friends and neighbors - perhaps they need to be put in touch with us. Become active in the abortion repeal movement.

APPENDIX C: MEDI-CAL INFORMATION

The following outline may serve as a check list of items to remember in regard to Medi-Cal applications:

1. Evaluate eligibility roughly but leave specifics to DPSS
2. Refer her to the correct district (Check by calling 746-0522)
3. Tell her to take Social Security Number and pay-check stub.
4. She must explain she is applying for a T.A., therefore time is crucial. (She may be asked for a doctor's statement verifying her pregnancy.)
5. She should receive her Medi-Cal card within two or three days.
6. She can be given a letter immediately stating that her application for Medi-Cal has been received. It may take another day to get her number but the worker can telephone downtown for that.
7. If she is under 21 and does not want her family to know she can insist on this. A separate case is established for the "mother" and her unborn child. Medi-Cal regulations provide that the parents of a girl under 21 are responsible if they can pay but if the girl declares that they are unable to pay her declaration will be enough.
8. When making appointments she should ask the doctor and the psychiatrist if the accept Medi-Cal.
9. She should have Xeroxed copies of the Medi-Cal care to give to the doctor, psychiatrists, and hospital. (simplifies billing.)
10. She should explain to the psychiatrist that he can bill for two consultations.
11. She should have her Medi-Cal card or at least the letter when she sees the doctors. (Some will ask for immediate cash if she doesn't)
12. The Medi-Cal coverage is good for the month the card is issued. In most cases therefore it provides follow-up care coverage.
13. There are times when "not married" and "living alone" are helpful for Medi-Cal as well as hospitals!

If a woman has problems on any of the application procedures or subsequently, she should (a) ask to talk with the worker's supervisor or (b) have her minister counselor or Jean Cram talk with the supervisor or the Medi-Cal Social Work Consultant for the district. The DPSS has just undergone a vast reorganization and some workers are not yet familiar with the new procedures - be patient but firm. If a worker is insulting or unsympathetic draw this to the attention of the supervisor. Workers who have a philosophy against abortion should either be able to control their own feelings or should refer the case to another worker.

When in doubt call Jean T. Cram (213) 395-5349.

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