

Christian  
thinking  
about  
abortion.

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I praise you, for I am fearfully and wonderfully made.  
Wonderful are your works;  
my soul knows it very well. Psalm 139:14

## Introduction

The birth of a healthy baby is almost always the cause of great rejoicing, and the anniversary of that day is celebrated each year as the child grows into an adult. Correspondingly, when a couple who desire to start a family are unable to conceive, there may be a great sense of distress and longing, and attempts to overcome the problem may involve the expenditure of significant effort and funds. When a wanted pregnancy ends in miscarriage or stillbirth, there is often an enormous sense of loss and grief. If, as Christians believe, children are a precious gift of God (Psalm 127:3), how should we respond to the fact of abortion, and to the frequency with which it is carried out in our nation and world today? How can we respond in a way that is compassionate to those who have undergone the procedure, recognising the anguish that many have felt, and yet support the cause of the unborn? How can we dialogue with people whose worldview is so different from that of a Christian?

It is estimated that in Australia each year 80,000 abortions occur.<sup>1</sup> We cannot be sure of the exact numbers, because most states, including NSW, do not record the number of terminations performed. This estimate does not include the use of the ‘morning-after pill’, which does not require a prescription and is available to any woman over the age of 16.

Christians believe that God is the giver of life (e.g. Acts 17:25) and that he entrusts to our care the lives of the weak and vulnerable (e.g. Psalm 82:3). This includes unborn babies. While many women believe that they have the right to decide what happens to their bodies, we would argue that when a pregnancy occurs, there is the competing right of another within her womb. We contend that life begins from the moment of conception and that, barring any interruption of the pregnancy by natural or unnatural means, the birth of a child will be its result.

In this paper, we will examine the theological underpinnings of the Christian view of personhood. The psychological effects of abortion on the mother will be examined, and the pastoral care of women who have undergone the procedure will be considered. Finally, we will look at how we as Christians can respond to those faced with an unwanted pregnancy in a way that is compassionate and supportive, and we will suggest alternatives to abortion that can be offered. We'll also provide a brief summary of the current legal status of abortion in Australia.

### Unborn humans and 'personhood'

Modern technology has helped us see, in a way that was impossible before the middle of the 20<sup>th</sup> century, that an unborn human is a living creature. Ultrasound machines can produce images of the fetus, with body organs clearly visible, and movement easily observed. Medical technology can measure fetal brain function. Surgery can be performed in utero to manage a growing list of medical conditions, including cardiac conditions and spina bifida. Evidence like this leaves little or no space for an argument that the unborn is not *alive*.

Arguments for, or against, abortion now largely turn on our understanding of 'personhood', and the point at which the unborn can be considered 'persons'. Put bluntly, if we believe the unborn to be essentially 'persons' we are unlikely to allow the termination of their life through abortion. Conversely, if we don't regard the unborn as 'persons', we will have few arguments against the termination of a pregnancy.

The questions we must answer, then, are: When does a fetus become a person? And, What qualities, or functions, must it have to be a person?

Ethicist Scott Rae notes that an attempt to discern the point at which the fetus as *living human being* becomes the fetus *as a person* is highly arbitrary. Nevertheless, a number of 'decisive moments' have been proposed, by philosophers and scientists, for the point at which the fetus

might be considered a person. The most common one is *viability* - the point at which the fetus is able to live on its own outside the womb (with or without the aid of medical technology). Rae suggests that viability is more about the capacity of medical technology to sustain life outside the womb than it is about the essence of the fetus.<sup>2</sup>

Other 'decisive moments' that have been suggested include:

- *brain function*, which is appealing to some people because of its parallel with loss of brain activity being a marker of death, but is ultimately problematic because (unlike a dead person) the fetus' lack of brain activity is only temporary;
- *sentience*, which may have appeal for some because a creature that cannot feel pain can be harmed without accusations of cruelty, but it too fails because we recoil at applying the logic to adult people who are unable to feel pain, such as the comatose;
- various points during gestation, such as *embryo implantation*, *quickening* (the point where a pregnant woman is aware of the movements of the fetus), or the *development of human features*, all of which are, in the end, simply a recognition that the human being has developed during gestation.

Peter Singer and Helga Kuhse argue for this extreme position:

... when we kill a newborn infant there is not a person whose life has begun ... It is the beginning of the life of the person, rather than of the physical organism, that is crucial so far as the right to life is concerned.<sup>3</sup>

Their view rests on the notion that personhood is a question of *function*, not a question of *being*. This idea is not without its critics, at least in part because of the way it could be applied to the elderly or to people with disabilities. Even so, it is arguably the idea that leads to the termination of many pregnancies where prenatal screening detects disabilities such as Down Syndrome.<sup>4</sup>



### What does the Bible say?

The Bible presents a picture of human beings as creatures a little lower than the angels, and yet like a breath, a passing shadow (Psalm 8 and 144). Mortality now characterises us (Ps 10:18; 39:5-7,13; 90:3, 9-11; 1 Kings 2:2), but we long for immortality. How does the Bible explain this?

#### *We are in God's image*

Man was created in the image of God (Gen 1:26-27) and retains the image of God even after the Fall (Gen 9:6). In some way, or ways, human beings are made to reflect God. Our image-bearing seems to have many aspects - personality, lordship over other creatures, rational and moral choice, the capacity for relationships - but there is an elusiveness about its full meaning. All persons regardless of age, gender, race, mental capacity, from Mother Teresa even to Joseph Stalin, are made in the image of God.

In the complete sense, Christ is the image of God (2 Cor 4:4; Col 1:15). Christ as the second Adam is the true man - man as he ought to be. In Christ, the image is made new in righteousness and holiness (Col 3:10). Redeemed man will be conformed to the image of God in Christ (Rom 8:29). The Christian answer to the question 'what is man?' is well-articulated by Dietrich Bonhoeffer: 'Man only knows who he is in the light of God.'<sup>5</sup>

Contrast this with the view put forward by Professor Peter Singer, chairman of the Princeton *Centre for Human Values*. The difference could not be more stark. For Singer, a healthy rabbit is worth more than a disabled and incapacitated baby:

Humans who bestow superior value on the lives of all human beings, solely because they are members of our own species, are judging along lines strikingly similar to those used by white racists who bestow superior values on the lives of other whites, merely because they are members of their own race.<sup>6</sup>

#### *The Bible and the unborn child*

In the Bible, conception is regarded as a precious gift from God, who is the giver of life (Gen 4:1,25; 21:1ff; 25:21; 29:31-35; 30:17-24; 33:5; Deut 7:13; 28:4; Judges 13:2-7; Ruth 4:13; 1 Sam 1:1-20; Psa 113:9; 127:3-5; 128:1-6; Isa 54:1; Luke 1:24; 1 Tim 2:15). God, as the creator of all things, is the source of life. For human beings, to choose God is to choose life (Deut 30:15-20).

Children in the womb are described as fearfully and wonderfully made by God (Job 31:15; Ps 139:13-16; Isa 44:2, 24; Jer 1:5). King David the man identifies himself with the child in the womb, and declares: 'For You created my inmost being; You knit me together in my mother's womb' (Ps.139:13). Even sin is traced back to the conception, not the birth, of the child (Ps 51:5;

58:3). Human beings are, as Paul Ramsey graphically puts it, ‘fellow fetuses’.<sup>7</sup>

The unborn child can move, even leap (Gen 25:22; Luke 1:41,44), be consecrated in God's service (Jer 1:5; Gal 1:15), be filled with the Holy Spirit (Luke 1:15), and be blessed by God (Luke 1:42). The same Greek word describes the unborn John the Baptist (Luke 1:41,44), the newborn baby Jesus (Luke 2:12,16) and the young children who were brought to Jesus (Luke 18:15). When God became man in Jesus Christ, He did not come as a newborn infant but as a child in the womb of Mary. God became an embryo! The major differences between the born and the unborn are thus to be found in terms of development and location, not in a definition of personhood.

The Bible recognises that it is possible for a child to die in the womb, something that is only logically possible if it is first recognised as alive (cf. Job 10:18). In the midst of an extraordinary cry of despondency, the prophet Jeremiah cursed the day of his birth and also the man who could have killed him in his mother's womb but did not (Jer 20:14-18). The Hebrew word used here is also used in 1 Samuel 17:50-51 to describe David's slaying of Goliath.

The prophet Elisha was distressed by the crimes that he knew would be committed by the king of Syria – this included the destruction of unborn life: ‘You will set fire to their fortified places, kill their young men with the sword, dash their little

children to the ground, and rip open their pregnant women’ (2 Kings 8:11-12). The prophet Amos announced God's judgement on the Ammonites for committing similar crimes against the pregnant women of Gilead (Amos 1:13). One of Israel's last kings, Menahem, perpetrated the same barbarities, and is counted a king who ‘did what was evil in the sight of the Lord’ (2 Kings 15:16-18).

The sixth commandment forbids murder, the deliberate taking of innocent human life. Murder is not only against the written law of God, but also the unwritten law upon our hearts. What many pro-abortionists dismiss as ‘termination of pregnancy’ or even ‘a retrospective method of fertility control’, the Bible bluntly refers to as ‘killing’.

*What about Exodus 21:22-25?*

The one text which has been used to justify attaching less value to the unborn child than to the child after birth is Exodus 21:22-25. The situation envisaged is, one would hope, a little unusual. Two men are fighting, and in their struggle one accidentally hits a pregnant woman. What happens next is somewhat ambiguous. According to some translations, the woman miscarries (NASB, RSV, NEB, GNB, NRSV). The culprit is then fined, and only if there is any further injury - presumably the death of the woman - is there ‘life for life’. Yet even on this interpretation, an *accidental* abortion leads to a fine; this leads us to understand that a *deliberate*



abortion would obviously be regarded with greater seriousness. The main point of the passage would not be to undermine the importance of the unborn child, but to recognise the status of the pregnant woman by saying that her death, albeit accidental, requires the death penalty.

The second interpretation is that the text refers to the death of either mother or child (this is supported by the KJV, and also the NIV). On this view, the verses would not refer to a miscarriage, but to a premature birth. If the infant survived, the guilty men would be fined, but if the child died, it would be life for life.

John Stott dismissed the first interpretation as 'gratuitous', and argued: 'It seems much more probable that the scale of penalty was to correspond to the degree of injury, whether to the mother or to her child, *in which case mother and child are valued equally*' (emphasis added).<sup>8</sup>

There is indeed much to be said in favour of this view. The Hebrew word for 'miscarriage' is not used in the passage, although it can be found in other parts of the Old Testament (e.g. Gen 31:38, Hos 9:14). Instead, Exodus 21:22 uses a word which simply means 'to depart' or 'to go out'. It is used, for example, to describe Abram's departure from Haran in Genesis 12:4, and also to describe live births in Genesis 25:26 and 38:28-30.

Calvin commented, as Tertullian did before him, that 'the fetus, though enclosed in the womb of its mother, is already a human being'. He protested vigorously against the murder of the unborn:

If it seems more horrible to kill a man in his own house than in a field, because a man's house is his place of most secure refuge, it ought surely to be deemed more atrocious to destroy a fetus in the womb before it has come to light.<sup>9</sup>

*Is there a distinction between human life and a human person?*

What the Bible declared over two thousand years ago is exactly what modern embryology accepts. As Dr Megan Best has stated: 'In public debate, no educated person questions the *humanity* of the

human embryo anymore.' One might think that the debate was thereby ended. Not so. Dr Best adds: 'The argument now focuses on *when* the embryonic human deserves protection.'<sup>10</sup>

Paul Ramsey explains why this matters:

... the notion that an individual human life is absolutely unique, inviolable, irreplaceable, noninterchangeable, not substitutable, and not meldable with other lives is a notion that exists in our civilization because it is Christian; and that idea is so fundamental in the edifice of Western law and morals that it cannot be removed without bringing the whole house down.<sup>11</sup>

To resolve the tension – human or not human, alive or not? – there has been a concentrated attempt in some circles to acknowledge that human life begins at conception, but to maintain that *personhood* begins at birth or later.

Joseph Fletcher, a situation ethicist, has asserted that 'a fetus is not a moral or personal being since it lacks freedom, self-determination, rationality, the ability to choose either means or ends, and knowledge of its circumstances'.<sup>12</sup>

Helga Kuhse and Peter Singer put the attainment of 'personhood' at some point after birth. To support their argument that 'infanticide is compatible with a stable, well-organized human society' they suggest that we should allow 28 days to pass before an infant has a right to life.<sup>13</sup> Such a view should not surprise us – if we think that a 'right to kill' can be exercised over an unborn baby of 23 weeks<sup>14</sup>, it is but a small step to extend this 'right' beyond the point where we might previously have assumed a 'necessity to nurture' (full term, 40 weeks).

Such arguments show that abortion leads logically to infanticide: indeed, two Australian philosophers, Alberto Giubilini and Francesca Minerva, have coined the term 'After-Birth Abortion'.<sup>15</sup> The debasement of unborn life goes hand-in-hand with the debasement of life after birth. There is a well-known papyrus from Egypt where a man named Hilario writes affectionately to his pregnant wife, adding at the end: 'If you chance to bear a child and it is a boy, let it be; if it is a girl, expose it'.<sup>16</sup>

## Hard cases

The child's *right to life* outweighs any supposed *right to happiness* and *right for self-determination* on the part of the mother. This remains true even in the tragic case of pregnancy caused by rape. As terrible as the trauma of rape is, it cannot outweigh the child's right to life. The child should not pay for the crimes of the rapist. No matter how the child is conceived, his or her life is protected by God's law of justice and love. Adoption remains a real possibility.

We must reach a similar conclusion in the case of unborn children with disabilities. As early as 1958 Glanville Williams vigorously asserted: 'To allow the breeding of defectives is a horrible evil, far worse than any that may be found in abortion'.<sup>17</sup> God sets His face against such a view. He declares: 'Do not curse the deaf or put a stumbling block in front of the blind, but fear your God. I am the Lord.' (Lev 19:14) As He told Moses: 'Who gave man his mouth? Who makes him deaf or mute? Who gives him sight or makes him blind? Is it not I, the Lord?' (Ex 4:11) Assertions that it is unfair to allow a child with a disability to live - to the child, the parents, or society in general - can be very powerful in an emotive way. Such was the case in Nazi Germany as the state tried to eliminate those whom it saw as physically, mentally, or racially deficient.<sup>18</sup> But it remains true that God is the creator of all human life, whether able-bodied or disabled, and every life is made in his image, regardless of physical or mental ability.

The most difficult case is, of course, when a pregnancy directly and seriously threatens the life of the mother. In an ectopic pregnancy (where the unborn child is growing outside of the uterus, usually in the mother's fallopian tubes) the lives of both mother and child are at grave risk. Surgery - of which one outcome will be the loss of the child's life - is obviously necessary. In other cases there is every reason for hesitation. Medical doctors, like us all, are fallible and a diagnosis may easily be incorrect or uncertain. If the child's life is taken to save that of the mother, it cannot be on the grounds that the mother's life is of greater worth than the child's. As Dietrich Bonhoeffer pointed out, that can

## ABORTION PROCEDURES

Abortion procedures are generally classed as medical abortions, and surgical abortions. In medical abortions (the so-called 'morning after pill'), drugs are used to end an early pregnancy. It is estimated that medical abortions fail in 5% of cases, and the drugs are known to cause severe abnormalities in the fetus, if viable.

Surgical abortion is a common type of abortion in Australia. While it is generally a safe procedure for the pregnant woman, it is not without surgical risk even when performed by a trained medical professional in an appropriately equipped facility. Complications of abortion most frequently include infection, excess bleeding, and damage to parts of the woman's reproductive system. Complications to the mother increase with the gestational age of the fetus.

The procedures at different clinics may vary from that described below depending on the woman's health, the proficiency of the medical professionals, and the equipment at the facility. As technologies develop, the procedures for abortion may be further refined or even changed.

hardly be a matter for a human decision.<sup>19</sup> One could only justify it on the ground that the right to self-defence is one which is granted in Scripture (Ex 22:2; Deut 20; Rom 13:4), and the child has become an unwitting aggressor (note also 1 Sam 15:3). In such a situation, there needs to be much consultation so that it is certain that the child is, in fact, an unwitting aggressor who threatens the life of the mother. Even then, there will be grief and sorrow, for life of the child is the precious gift of God.

Abortion is an assault on God as creator, the law as His word, and humanity as His image. There can be no distinction between human life and personhood. Personhood may develop, but it is present from conception. Strong words are unpopular today, but it is difficult to argue with Dr Paul Tournier's declaration: 'Every abortion is a murder. That cannot be doubted. It is not only the law of the Bible and of the Church; it is written in the human heart itself.'<sup>20</sup>



## The Psychological Effects of Abortion

People who work in clinical counselling and psychological settings see a number of women who describe symptoms that they attribute to having had an abortion. There is no question that some women do report issues after a termination of pregnancy. But what is the proportion of women that are affected; what are the factors that make a negative response more likely, and what are the protective factors? What clinical syndromes are seen, and is there a specific post abortion syndrome?

### *Research issues*

Research in the area has been plagued with difficulties. Most broadly, the ideological position of the researchers affects the way studies are carried out, as well as the way the results are interpreted, even unwittingly. It is almost impossible in this area for research to be conducted in a way that is entirely objective and not contaminated by the viewpoints of those undertaking it. Determining the proportion of women who are negatively impacted by abortion is difficult, for a number of reasons. Many women do not want to participate in studies; it is difficult to obtain representative samples; the effects may be long term rather than evident in the short term when studies are often performed.

So it's difficult for researchers to get an accurate picture of psychological issues post abortion. Most studies agree that the most vulnerable women are those who are younger and

unmarried; those who have difficulty deciding whether to have a termination, or who feel under pressure from parents or partners; those who have previous psychiatric difficulties; those who have late abortions; those whose abortions are performed for fetal abnormalities in the context of a wanted pregnancy. Women who belong to a religious group that does not condone abortion appear, not surprisingly, more vulnerable to psychological difficulties.

### *Types of psychological issues*

There is a broad range of psychological effects described by women after undergoing an abortion, though the way they are understood and classified differs. Studies that utilise a *stress/coping model* acknowledge a range of 'normal' responses to the stress of the decision to have the termination and the procedure itself. Pamphlets given to women post abortion tend to acknowledge a range of emotions, which are generally considered to be transient and self-limiting. Some emphasise positive feelings of relief after the procedure, as well as possible sadness, guilt, anger and regret. There may be reluctance by both women and health care professionals to call attention to negative emotions for fear of providing ammunition to anti-abortion groups.

Other clinicians utilise a *grief/bereavement model*, where the loss of a significant person or relationship results in grief. Unlike the death of a loved one, a pregnancy loss may be private and is often not acknowledged to others unless the

pregnancy was physically obvious. Women who have had a termination are even less likely than those who miscarry to speak out about their experience, because of fear of condemnation from pro-life advocates amongst family, friends and colleagues. There may be a layer of guilt and culpability added to the grief. Thus, the woman grieving an abortion is at a disadvantage when working through the grief of her loss, in that it is difficult to share with others. This sometimes results in a longer course of treatment, or may reach the level of a *depressive disorder* that requires treatment.

The *anniversary phenomenon* is well-recognised, where psychological symptoms first appear or are exacerbated at the anniversary of the abortion, or at what would have been the due date of birth. This may be magnified by subsequent pregnancies or miscarriages.

The so-called '*post-abortion syndrome*' is a controversial diagnosis, the existence of which not all researchers agree upon. Those who see it as a valid entity, consider it to be a sub-type of post-traumatic stress disorder. Some women describe features that are consistent with features of PTSD, such as experiencing intrusive recollections of aspects of the abortion, for example when the sound of a vacuum cleaner evokes the memory of the suction machine. Intrusive nightmares may occur which contain aspects of the termination experience.

For the Christian woman who has an abortion, or one who has come to faith some years after, there may be feelings that God is punishing her for her action, or that she has committed murder or the unforgivable sin. In the absence of such faith, some women describe feelings of being punished by the world or the universe, or by karma.

#### *Help that is available*

Women who experience psychological problems after an abortion have several possible avenues of assistance. There is medical assistance available via a GP or spiritual counsel via a minister; if the doctor or minister is not comfortable or experienced in the area, they can refer to someone who is. Counsellors or psychologists who are experienced in post-abortion counselling are often of great help: crisis pregnancy centres generally have such counsellors, or access to them, and support groups may be formed. Some women have found self-help books to be of assistance. Women who have a significant depression may need specialised help and treatment. If feelings of guilt or punishment are the predominant concern, consulting a spiritual counsellor may be desirable.





## The legal situation in Australia

Broadly speaking, abortions are lawful in Australia, though the circumstances in which they differ from state to state. In NSW, abortions are lawful if a doctor honestly and reasonably believes that a pregnancy, if uninterrupted, would result a serious danger to the mother's life, physical and mental health.<sup>21</sup> A doctor can also take into account the effects of economic or social stress during pregnancy or after birth on a patient's mental health.<sup>22</sup>

A research paper published with the Laws and Bills Digest Group with the Department of Parliamentary Service titled "Abortion Law in Australia" dated 31 August 1998 notes that "it would be very difficult to establish in court that a medical practitioner lacked the requisite honest and reasonable belief that an abortion was justified to avert a serious danger to a woman's health."<sup>23</sup>

Otherwise, abortion in NSW is a criminal offence, carrying a penalty of up to 10 years imprisonment, for women and the person conducting to abort their child; ss. 82-83, *Crimes Act 1900* (NSW). Anyone who supplies an instrument or drug knowingly that it would be used in an abortion is also an offence and is liable to life imprisonment; s. 84, *Crime Act 1900* (NSW).

A summary of the legislation associated with abortion in other Australian States and Territories (at July 2019) is set out in the table in Appendix 1.

## Pastoral care for women considering an abortion

Author Frederica Mathewes-Green points out that 'No woman wants an abortion as she wants an ice cream cone or a Porsche. She wants an abortion as an animal caught in a trap wants to gnaw off its own leg.'<sup>24</sup> This sense of feeling trapped, and seeing no alternative, is common for women who are contemplating abortion. Writer and pregnancy centre volunteer Maria Baer makes this point:

... most women seeking abortions aren't uber-political. They aren't members of the aggressively pro-abortion, Twitter-argument-waging, shout-your-abortion crowd. They aren't calculating murderers. They're afraid.<sup>25</sup>

She goes on to note that they may be afraid of loss of financial stability or a job (or the loss of the ability to get one, or interruptions to study). They may fear a violent boyfriend or father, or even adoption.

Being able to sit down in a quiet unhurried place and spend time with a compassionate, supportive and non-judgemental person may be the first step in appreciating that there are other avenues to consider. There are myriad reasons why women do not want to continue a pregnancy, but a study by Mathewes-Green reveals the top three reasons: adoption appears too difficult, logistically or emotionally; the husband or partner is absent, undependable or insufficiently supportive; and/or the perception that a baby is unaffordable at this time.<sup>26</sup> Interestingly, reasons of fetal abnormality, the women being a victim of rape or incest, or the woman fearing she might harm her baby are at the end of a list of 24 reasons.

As Christians who are committed to the sanctity of human life, we want to encourage every woman who is pregnant to carry her child to term, but we need to appreciate the real and perceived difficulties that many women face, and be willing to support them emotionally and in practical ways. Pregnancy support centres can play an important part in this, where trained counsellors and volunteers walk alongside women through each stage of pregnancy and then support them through the process of keeping their baby or adoption. Availability of funds and supplies can help ease the burden of those who struggle financially.

If we are given the opportunity to counsel someone who is contemplating a termination of pregnancy, we can lovingly and gently point out that God is the author of life and it is not our right to arbitrarily end it. The fetus is not a 'blob of cells' but a tiny human being that will with time develop into a fully-functioning person (assuming the process of development is not

interrupted). It is fair to disclose to her that some, though not all, women post abortion do experience psychological complications, as noted earlier in our paper. Critics of such disclosure claim that guilt may be induced if an abortion is decided upon, but it is equally dishonest to assert that there are no potential psychological consequences.

What if the young woman in question is a Christian and being pressured into a termination to save face for the family, something which happens even within Christian families? It may help to encourage some perspective to the situation; premarital pregnancy holds less stigma today than in previous generations, though in certain cultures there is still a significant stigma. An assurance of the church's ongoing spiritual and practical support in continuing the pregnancy may assist those family members for whom a termination seems the only alternative.

If, despite our best efforts, the decision is made to proceed with the termination, we should not abandon the woman; she may well need counselling after the procedure. Though we cannot condone what she has done, nevertheless we are called to love her, and if she is willing to continue to meet, we may have the opportunity to continue to speak into her life and encourage her to consider the claims of the gospel if she has not yet done so.

### Pastoral care for women who have had an abortion

Encounters with women after a termination of pregnancy may occur in a number of different contexts. Most women will not openly disclose the fact that they have undergone a termination to any but their closest friends, so it is often only when symptoms, such as depression, arise that sensitive questioning by an appropriate person, such as a pastoral care worker, may reveal the reason.

The revelation of a past abortion may occur at any time after the event, from days to weeks to many years. Just because it took place years earlier does not mean that its effects have been

extinguished. In particular, anniversaries or significant milestone events may exacerbate the response.

In whatever way the past history of abortion is revealed, it is important that the response is non-judgemental. There is almost always the experience of so much guilt that it is unhelpful to add to this burden. This does not mean we are condoning what has taken place, but we offer God's grace and forgiveness in humility, recognising that we are all sinners.

A compassionate listening ear, that is willing to hear as much as the woman is prepared to share, is the first requisite for help and support. It is often helpful for her to be able to speak about the circumstances that led to her perceived need for abortion, and how others such as a partner or parents responded. She may wish to recall what it was like undergoing the termination, and how she felt in the days or weeks afterwards. It is important to be led by her and not press for more detail than she is comfortable to share. She may appreciate an opportunity to pray together and the offer of ongoing prayer support.

It may be that the woman needs a higher level of expertise, if the support person feels out of his or her depth, or if there are significant depressive symptoms, guilt or suicidality. A recommendation to see a counsellor or psychologist who specialises in post-abortion counselling is a good first step.

### Conclusion

It's difficult to determine the exact number of abortions performed in Australia each year. Some estimates put the figure at 80,000 (see endnote 1). Other research suggests that half of all pregnancies in Australia are unplanned, and that perhaps half of those unplanned pregnancies are terminated.<sup>27</sup> It's estimated that between one in four and one in three Australian women will have an abortion in their lifetime.<sup>28</sup>

The level of acceptance, in our society, of abortion as a response to an unplanned pregnancy should not be underestimated.

In response to this, Christians affirm that every human life is precious, and from the time of conception is a person whom God has made and loves. We desire that those lives be protected.

Christians also acknowledge that for some women, pregnancy may impact their lives in ways that cause them real difficulties, and that many women who have an abortion do so under significant pressure from other parties. We want to show compassion for those women and to support them in finding alternative solutions to

pregnancy termination, without being perceived as being judgemental.

Christians also recognise that many women (including Christian women) have had abortions in the past. We find comfort, and joy, in the fact that Christ's forgiveness is available for them as it is for all who have sinned (Romans 3:23-24; 8:1; 1 John 1:9). Compassionate pastoral care is something we offer to women who continue to struggle with ongoing guilt, or other problems, associated with having had an abortion.

#### **"MY DEEPEST REGRET ..."**

*Dianne Lesley shares her story about an abortion she had 40 years ago, and how it still affects her today. It's reproduced here with permission of Emily's Voice, an Australian organisation that exists to help Australians fall in love with the unborn and encourage and support women facing an unplanned or crisis pregnancy. <https://emilysvoice.com>*

I grew up in suburban Sydney. I was around eight years of age when my parents divorced. My dad had serious mental health issues which threatened my physical and emotional wellbeing. As a consequence, I chose not to see him anymore. Instead, I lived with my mum and older sister in an all-female household, even going to an all-girls high school. The lack of a male role model in my life made it hard to navigate my teenage years. At the age of 18 I suspected that I may be pregnant. I had a boyfriend at the time and had just started a new job. I used to commute to work in the city and I remember seeing an advertisement on the train for a pregnancy help centre. The ad read along the lines of "Pregnant? Lonely? Afraid?" As this seemed to relate to me, and the centre wasn't far from my home, I decided to make an appointment. At the appointment it was revealed that my birth control had failed and I was pregnant. The counsellor was kind and talked about the way forward. I had a choice to make but at the time it didn't feel like a choice at all. I felt I had no option. Sadly I thought of the pregnancy as a mistake, a mistake that I needed to fix.

Keeping my baby didn't seem a possibility. My boyfriend didn't seem to hold the answer and I was reluctant to bring shame upon my family. My mum was a single mum and I felt that I had let her down. My sister was married and pregnant with her first child. And so, not being able to see a way out, I made an appointment at a clinic and went ahead with an abortion.

It remains to this day, 40 years later, my deepest regret. I ended up marrying my boyfriend a couple of years later but the marriage was short-lived and ended in divorce. I was then faced with a challenging and lonely

time as I set up house on my own and tried to gather the pieces of my life back together. I was confronted with the sad truth that I had totally messed up my life. It was during this time that I became a Christian and, as a result, my perspective on life changed dramatically. Not just life as in how we live it out day by day, but the sanctity of life, the preciousness of each individual.

The following year I met my wonderful husband Gerard. We moved from the mainland to Tasmania and our family grew with the arrival of our two amazing children. Life was good.

But underneath my happiness there was another layer, something not yet dealt with which surfaced as the years went on. Something that I feel is summed up in this quote from Hilary Mantel's memoir *Giving up the Ghost*. "[Children's] lives start long before birth, long before conception, and if they are aborted or miscarried or simply fail to materialise at all, they become ghosts in our lives ... The unborn, whether they're named or not, whether or not they're acknowledged, have a way of insisting: a way of making their presence felt."

This rang true for me. There was no getting away from that regretful decision so many years ago. I've heard abortion referred to as "a woman's right" and "freedom of choice" as if it's a positive thing. There's nothing positive about it and there is no freedom in this choice whatsoever.

Abortion is devastating. I was hurting with shame and regret and grief and I needed healing in my life. Forgiveness was to play a huge part in my healing journey. As a Christian, I was fortunate to be on the receiving end of prayer and to be assured that God forgave me. But being able to forgive myself was another matter and proved very difficult for me. And even harder still was seeking forgiveness from my baby for the terrible choice I made all those years ago. I can't tell you how many times I've replayed the scenario in my mind, going over the "if only, if only" in my head. But there is no going back. I can't relive that day with a different outcome. It's too late for me to change my mind.

But it may not be too late for others.

<b>Appendix 1</b>	
<b>State</b>	<b>In what circumstances are abortions lawful?</b>
<b>Queensland</b>	Where the abortion is performed by a doctor upon request, if the mother is less than 22 weeks pregnant. An abortion may be performed after 22 weeks if two medical practitioners agree that, in all circumstances, the termination should be performed. Exclusion zones are set at 150m around termination clinics.
<b>ACT</b>	Where the abortion is performed by a doctor and in an approved medical facility - there are no gestational limits. Exclusion zones may be set at the discretion of the ACT Health Minister.
<b>Victoria</b>	Where the abortion is performed by a doctor, nurse or pharmacist if the mother is less than 24 weeks pregnant. If after 24 weeks pregnant, a second medical practitioner must agree it is in the best interest of the mother to terminate the pregnancy. It is illegal to protest within 150m of an abortion service.
<b>South Australia</b>	Where two doctors agree that (1) continuing the pregnancy would put the mother's life, physical or mental health at greater risk than terminating the pregnancy; or (2) there is a substantial risk that the child would be physically or mentally handicapped. For pregnancies where the unborn child is capable of being "born alive" (that is, presumed in law to be at 28 weeks but in clinical practice 24 weeks), the abortion must also be performed in good faith to save the mother's life.
<b>Tasmania</b>	Where the abortion is performed by a doctor and the mother is up to 16 weeks pregnant. After 16 weeks, it may be performed only if two doctors agree that continuing the pregnancy would put the mother's physical or mental health at greater risk than terminating the pregnancy. It is illegal to protest within 150m of an abortion service.
<b>Western Australia</b>	Where the abortion is performed by a doctor and continuing the pregnancy will cause the mother to suffer serious personal, family or social consequences or to be put in serious danger to physical or mental health, if the mother is less than 20 weeks pregnant. After 20 weeks, an abortion is lawful if two doctors agree that either the mother or the child has a severe medical condition to justify the termination.
<b>Northern Territory</b>	Where the mother is up to 14 weeks pregnant and the abortion is performed by a doctor who is of the opinion that (1) continuing the pregnancy would put mother's life, physical or mental health than if the pregnancy were terminated, or (2) there is a substantial risk that the child would be seriously physically or mentally handicapped. A second doctor's opinion is required for pregnancies between 14 and 23 weeks. After 23 weeks, the abortion would be lawful if it is immediately necessary to prevent injury to the mother's physical or mental health. It is illegal to protest within 150m of an abortion service.

## Endnotes

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