

Lisa, You're Not Pregnant, Are You?

VIBRANT LIFE readers respond to the dilemma of a girl pregnant out of wedlock.

In the September/October 1986 issue of *VIBRANT LIFE* we presented the story of Lisa, a 17-year-old girl who found herself pregnant out of wedlock. In sharing her story, the editors in no way approved of the premarital sexual activity that led to her difficult situation. As editors of a Christian publication, we could never take such a position.

Instead we presented this article in order to expose our readers to the growing world problem of abortion and to solicit their response. We used a very personal story because the question of abortion is a very personal issue.

In the story, Lisa faced four alternatives for her problem: marriage to an unwilling partner, abortion, raising her child herself, or giving the baby up for adoption.

As Lisa struggled with each of the alternatives, she encountered the key question—and in essence the purpose for including the article: Is having an abortion an acceptable way out of such a crisis for a Christian?

What follows is a sampling of reader reaction to Lisa's dilemma.



Adoption the Best Answer

A nurse responds

I can understand Lisa's feeling. As an R.N., I have watched many of these young mothers make this very difficult decision. Many have kept their babies, only to discover how very hard it is. A young mother rarely has either the time or the money necessary for such an undertaking. Often her parents have to carry the load. This may drive a wedge between the family members.

Adoption can benefit the mother, the child, and a childless couple. As a nurse in a doctor's office, I met an unmarried girl who was expecting. We had many talks. My husband and I offered to adopt the baby.

The girl and her mother were greatly relieved—such a good feeling for them to know where that baby was going. I was 35 at the time, and we had no children, so it was a happy day for us when we got the baby girl. Our daughter is now 32, happily married, and has a wonderful husband and two darling children.—Frieda Tanner, R.N., South Gate, California.

A response from a teacher

First, no solution for this problem will be ideal, because the situation is not ideal. While some unwed mothers keep their babies, I cannot recommend this choice. As a teacher, I have dealt with such children. They all have problems. Lisa, who has not yet finished high school, is not prepared to support a child. Because she can expect no help from Mike, she would probably end up on welfare. While some parents would care for such a grandchild, Lisa's parents do not seem ready or willing to face such a situation.

As for marrying Mike, I feel that would be a poor decision. Although Lisa would find it hard to part with her child, this seems to be the best choice. There are many childless couples who could give the child much love and security. There are also more ways than one to go about placing a child for adoption.

The regular way is to contact an agency, either public or private. Some agencies, like Adventist Adoption and Family Services, allow some contact between birth parent and adoptive parents. Thus Lisa would always be able to have some information on the progress of her child. On the other hand, Lisa might find it easier to close this unfortunate chapter of her life and avoid the longing to have her child with her by not knowing anything further than that the child was placed in a good home.

I know of one girl who gave birth (she was completely out during the process) and never knew whether the child was a boy or a girl. For legal purposes she gave the child an interchangeable name. She signed the release before leaving the hospital. The baby was taken by the adoptive parents shortly after birth, and she grew up well adjusted, though with full knowledge that she was adopted.

There is also private adoption. The child just mentioned was such a case and was placed by a caring doctor who thoroughly checked out the adoptive parents. In another case, the birth mother knew the adoptive parents and made arrangements before birth to place her child with them. The birth mother chose to sever all connections. Since both lived in a small town, the adoptive parents chose to move away to protect the child.

Some children have been placed by pastors, lawyers, or friends of the birth mother, as well as by physicians. A new kind of adoption allows the birth mother to see her child grow up, though she has no

say in the child's care and can never reveal her identity.

Lisa would have to sort out these choices and decide what would be best for her child. She must now think of him or her as well as herself. While at first she feels she loves her child too much to give it up, after some thought she may decide that she loves it too much not to give it the very best chance in life.

Lisa will also find that if she gives her child up for adoption, another problem—expense—will be solved. My advice to Lisa would be to complete her education and start a new life. It won't be easy, but it can be done. Let her claim the promise in Philippians 4:13.—Mable E. Fraser, Buffalo, New York.

I loved my child too much to keep it

I was in a similar situation. I was 22 and through with college when I became pregnant. You are in a tough spot, Lisa, and the decision you're faced with will affect your whole life.

You said that you "already love this baby too much to give it up." Tell me, what specifically do you want for your children? Then ask yourself, "Am I presently able to give these things to this child?"

I could not give my child what I want my children to have, but the couple who adopted him are able to. In fact, they are giving him more than I ever could, as I am in a low-income bracket. I also loved the child too much to give it up, but there is a love beyond this self-centered love—the love that enables you to entrust others to rear your baby because they can give him what you want for him but cannot supply.

Adoption was the best answer for me, and I hope you will prayerfully consider this alternative. It is not easy! I couldn't have done it without Jesus to strengthen me. If you choose adoption, I would like to



recommend Adventist Adoption and Family Services, 6040 SE. Belmont Street, Portland, Oregon 97215. —Name withheld, Wisconsin.

Letters Regarding Marriage

Don't try to force a marriage

My advice to you, Lisa, would be to prayerfully follow your conscience and the inclination you already expressed: have the baby, keep it, and love it. Don't try to force Mike to marry you. But since he has said several times that he loves you, and since you love him, you should marry if you both decide it's for the best.—John L. Squier, Oxnard, California.

All you need is love

My advice is to really seek and get close to God so you'll have His help and strength to see you through the following months. Give birth to your baby, hold it, love it, and feel its softness, its helplessness, its total dependence on you, its mother. Then if you feel you can't keep it and love it, give it up for adoption.

If you and Mike were to get married—with him feeling like he does—most likely you would break up later. If you love the baby and want to keep it, don't let anything or anyone keep you from it. The most important thing a baby needs is love. The good Lord will help you in all things.—Mrs. F. L. Shrader, Pea Ridge, Arkansas.

Letters Regarding Abortion

Why didn't someone stop me?

When I found out I was pregnant, my boyfriend Don and I had been

dating for about 18 months. Even though I knew in my heart that an abortion was wrong, I said to myself, "If it's legal, it must be all right." I was living with my parents at the time and I didn't want them to find out. I didn't want to shame or embarrass them in any way. I didn't feel I had anyone to turn to. I didn't really know the Lord then.

No one at the abortion clinic once said, "You're doing the wrong thing, taking your baby's life." Everyone made me feel that I was doing the right thing and encouraged me to abort. I loved my baby from the very moment I realized that I was pregnant. The bonding had already started. I remember thinking when I was lying on the table waiting for the doctor to come and perform the abortion, *Why doesn't someone stop me?* I get physically sick whenever I think about my abortion. I'm getting counseling now. But to be honest, I'm just now starting to put my baby to rest—even though the abortion took place in 1973. —Name withheld, Washington.

A tragic waste

For the following reasons I disagree with choosing to have an abortion. First of all, science has proved that a human fetus is indeed a living creature even a few weeks after conception. The newly conceived fetus is a person in its earliest and freshest stages of life. It is very clearly stated in the Ten Commandments, "Thou shalt not kill," and this should include the living fetus.

My second reason for being against abortion is that it can promote irresponsibility for one's actions. Unless a pregnancy is the result of a rape, the conception is a result of the actions of two consenting parties. Because of the growing accessibility of abortion clinics across America, teenage pregnancy is being treated lightly by many young people.

Finally, for reasons other than the morality of the issue, I feel it is a tragic waste to throw away a life. The Lord has a remarkable way of turning our failures and mistakes into beautiful, growing, and joyous experiences. A child can bring a great amount of pride, inspiration, and satisfaction not only to his parents but also to society as a whole. Who are we to deprive the Lord of one of His beloved creations? —Judy Branson, Ooltewah, Tennessee.

From Parents of Pregnant Girls

If I had it to do over

I am sharing the response my own daughter gave to me eight years after she had a teenage pregnancy and kept the baby. She said, "Mom, as much as I dearly love Susan [not the baby's real name] and would never give her up now, if I had it to do over, I would have put the baby up for adoption right away. It has been too much of a hardship on you, me, and Susan. I missed out on my younger years in life, and it wasn't fair to my child or to you, Mom. I realize now that real love can sometimes permit you to give up what you really love the most."

My daughter's history: She came from a wonderful family home. Shortly after I became a widow, my daughter had a teenage pregnancy. She married the teenage father two months before the baby was born. He was irresponsible, and the marriage ended two years later. My daughter worked through the pregnancy and after the birth. For several years she worked at two jobs and went to school nights. She paid me for baby-sitting while she worked and went to school.

Today, nine years later, my daughter has a good job, a healthy,

well-adjusted 9-year-old daughter, and a wonderful boyfriend, whom she plans to marry in the near future, and one who I'm sure will be a wonderful husband to her and father to her little girl.—Name withheld, Minnesota.

From Unwed Mothers

Certainly I have regrets

Fifteen years ago I was 17 and pregnant, just like Lisa in the article. After reading the story, I feel that Lisa would choose to keep her child, unless she was pressured to do otherwise. That was the decision I made, because I knew I could not live with the alternatives. Ultimately Lisa must do what *she* personally feels most comfortable with.

It was not glamorous to be young, alone, with no job, no home, and no one to help with the baby. Some women get help from the government, their parents, or the father of the baby. I didn't. The only job available was very hard and low-paying. When I finally found dependable day care, it cost one third of my weekly check. Also, the parenting role is emotionally draining at times, more so if you are alone.

Hardly a day goes by that I don't have regrets, not for what I missed, but for what I deprived my son of. I regret that my son did not have two sets of grandparents to love him; every kid needs grandparents. He had no good male role model early in his life. Many times I was too tired to play or read to him or even to listen. He often saw only the angry, frustrated side of me. Most of all I regret that my son is ashamed and resentful of his mother because he is different from his friends. They don't know the truth, but he does.

Once, like Lisa, I thought I loved

my baby too much to give him up. Maybe I was only selfish, or maybe I didn't love him enough to do what was best for *him*.—Name withheld, North Carolina.

I couldn't give up my baby

I too was pregnant and unmarried at 17. I can't say abortion did not enter my thoughts, but it was expelled immediately with deep convictions that the life within me was sacred.

Unlike Mike, the father of my child wanted to take the responsibility of marriage (he was also 17). The only thing that held me back from marriage was that he was not a Christian or believer in my faith. That might sound insignificant under the circumstances, but it was very important to me and to the future of our children and home.

I did a lot of praying, and asked God to give me a sign—as He did to Gideon—telling me whether I should marry. Without my even mentioning it or bringing the subject up, my boyfriend told me he had decided to be baptized into my church. I took that as my sign, and we went ahead and had a small church wedding with close friends and relatives.

Those early years when my children were babies were the happiest years of my life. I can't say it was easy. We had to work hard. After my youngest child entered first grade I did go back to school and completed a course in nursing.

I recently talked with my son (now 17 years old) and asked him what he would have done in that situation I faced. He suggested that adopting him out would not have been bad, and he felt his life could have been fulfilled and happy.

The ultimate decision should be Lisa's, and hers alone. If she can't live with the idea of giving it up for adoption, she should keep the baby as a single parent, and remember that her whole future is not ruined.—Name withheld, Virginia.

Keep It and Raise It Yourself

All things work together

Like Lisa, I got pregnant when I was 17 and a senior in high school. The only difference in our situations is that I got pregnant when school was almost out.

My boyfriend, like Lisa's, wanted me to have an abortion. My family favored adoption. I wanted to keep the baby.

My advice would be to finish as much of her school as she can before the baby comes. I kept my baby with no help from the father (who split) or my parents (who moved away). It was hard at first, but I have never been sorry about my decision.

It has been 15 years since I went through my experience. And through this experience I have learned the importance of the Bible text Romans 8:28: "All things work together for good to them that love God." *Even when we make mistakes!* I am now happily married and I have five more children. —Name withheld, Michigan.

Marriage is not the answer

Lisa's story could have been mine. I'm 36, my son is now 20. I got married when I was three months pregnant. Like Mike, the boy (age 19) was immature and certainly not ready for the responsibilities of a wife and baby. It ended in divorce. Marriage is not the answer here.

Abortion is out of the question because, moral issue or not, Lisa is already emotionally attached to her baby. It could cause her long-term emotional trauma. Adoption may cause the same problem if Lisa does feel the love for her baby that she expressed in her story.

Her parents' reaction was interesting. Regardless of how shallow their



(Letters from readers—continued)

words seemed, they were looking for a solution instead of making an angry outburst. I feel eventually they will be supportive.

Lisa should take a year off at Aunt Kathy's. That will give her parents time to prepare church and friends and minimize embarrassment. Afterwards, Lisa should return home with her baby and resume her education.

She should definitely break off ties with Mike unless she plans to pursue child support, giving Mike father's rights. I would not even bother unless Mike shows interest in the child. Grandpa and Grandma can care for the child (I feel they would) until Lisa completes her education. However, Lisa should be the mother—not Grandma! —Name withheld, Washington.

Stay with your parents

I would advise Lisa to keep the baby. As far as going to Aunt Kathy's, I believe she should stay with her parents and friends, for with them she should get the supportive love and understanding she will need.—Michael Billings, Stuttgart, Arkansas.

A father of five

I've never been pregnant because I'm a male, but I've often thought what agony a young unmarried girl must go through when she discovers she is.

Being the father of five wonderful daughters, I have never had to go through this experience with any of them.

I think if one of them had ever come to me in this condition, instead of causing her any more grief and embarrassment than she was already going through, I'd take her in my arms and say, "I'm sorry. Now what can your daddy do to help you make the best of the situation?"—Floyd T. Martin, Grand Junction, Colorado.

Abortion— A Doctor's View

When it comes to making important decisions about human life in the womb, this doctor—a noted obstetrician—believes that no woman should make that choice without first finding out what is actually happening to the baby within.

by Landrum Shettles, M.D., and David Rovik

I oppose abortion. I do so first because I accept what is biologically manifest—that human life commences at the time of conception—and second because I believe it is wrong to take innocent human life under any circumstances. My position is scientific, pragmatic, and humanitarian. My definition of man is purely biological. Biological man is the product of the 46 chromosomes that confer a unique identity at the time an egg is fertilized by a sperm. I am not qualified to address issues of soul and spirit in any detail. It is my assumption—based entirely on faith, not science—that to the extent that biological man is imbued with a soul, he acquires that property at the moment of conception.

I reject all the arguments that seek to justify abortion on grounds that the unborn is not a living being or is somehow less than human, mere "potential life," or part of a "continuum of life that has neither beginning nor end." I resist and reject the new

ethic that—even when it recognizes that the unborn child is not only human life but meaningful human life—still considers that life expendable under many circumstances. I have always opposed abortion, except in those cases where the life of the woman is genuinely endangered by a continuation of the pregnancy.

As for my position on abortion in my own medical practice, I try not to preach or proselytize. If a couple comes to me seeking an abortion or advice on abortion, I am pleased to be able to present my viewpoint. But for the most part my approach is to show rather than tell. I show the woman or the couple pictures of the unborn at various stages of development, explain what we know about the fetus at critical stages, and then let the parent or parents make up their own minds. If presenting the facts in an objective manner makes me guilty of attempting to "bias" the decision, then I stand guilty as charged.

The first month. The unborn is always a distinct entity, an individual human life in its own right and not simply some "disposable part of the mother's body," as some pro-abortionists argue. Before the first month of life is over, the embryo has already developed a beating heart and put down the foundations of its nervous system, including brain, nerves, and spinal cord. The eyes have begun to develop, as have most of the major organs. A "yolk sac" begins to form soon after implantation. It will produce the embryo's red blood cells until its liver, spleen, and bone marrow become functional. The yolk sac also gives rise to the primitive sex cells that will migrate into the developing ovaries or testes during the second month. The placenta grows rapidly during the first month, as does the embryo itself, attaining a crown-to-rump (sitting) height of nearly a quarter-inch by the thirtieth day of life.

Though the eyes, ears, and nose have begun to form by the end of the first month, the embryo is still without easily recognizable facial features. Its head is large, accounting for more than half of its total body length, and it is tucked downward, seemingly resting on a bulge in the chest. This bulge can be seen to pulsate, for it surrounds the embryonic heart, which already is pumping blood manufactured in the yolk sac. At this point arms and legs are represented by small buds.

Perhaps the most significant development in the first month is the brain and the nervous system. A groove along the back of the embryo begins closing up in the third week to form a tube, providing a channel for the spinal cord. The brain begins to form at the top of this neural tube; all three of its major areas are demarcated by the end of the first month. Primitive nerve fiber begins branching out from the brain and spinal cord, reaching into all parts of the embryo's rapidly forming body. The development of the brain and nervous system

may begin almost as soon as the egg is fertilized and continue even several weeks after birth.

So rapid is development in the first month, as one cell becomes millions, that all the major structures of the body are in evidence, though not yet finished by any means, by the thirtieth day.

The important muscle groups are all in place, and the building blocks of the spinal column are stacked up. The mouth is capable of opening by the twenty-eighth day, providing access to a still incomplete digestive system. Liver cells begin congregating in one place by the twenty-first day, and a recognizable liver is detectable by the thirtieth.

The so-called gill-arches—folds that make the embryo look as if it has double or triple chins—are preparing to become the jaws, ears, and various internal throat structures.

Let us look now at some of the highlights of development through the end of the first 12 weeks of life, as the major differentiation processes are completed and the embryo makes the transition to fetus:

The fifth week. The embryo weighs only 1/1000 of an ounce and is about one-third-inch "tall," crown-to-rump; leg and arm buds are becoming prominent, and by the end of the fifth week the gross outline of the hands—with fingers appearing webbed—is evident. The jaw has begun to form, giving the face some recognizable appearance. Lung buds are present, and the windpipe is forming, along with the stomach, esophagus, and various visceral organs. The sex cells are on the move, as described earlier. The cerebral cortex of the brain, responsible for the higher thinking processes and meaningful movement of the body, is taking shape. The brain stem is soon recognizable. Muscle groups are in place, and the embryo may already be capable of movement, though not to the extent that the mother can detect its movements.

The sixth week. The external ears are appearing, and the limbs are becoming more fully developed. Foot plates are in evidence—with the webbed look—while the hand plates may now have progressed so that fingers are distinctly separate from one another.

Several important glands, including the pituitary and the thyroid, are present and developing rapidly. The sex cells reach the areas in which the sex glands themselves are forming. The gill arches disappear, pigmented eyes are visible through a translucent covering of skin, the yolk sac becomes largely obsolete as the liver takes over the production of blood cells, bone begins forming, and so do the kidneys, which lag behind most of the other internal organs. The heart becomes more complex as its chambers are completed. The characteristics of the heartbeat are already very much like what they will be in adult life. The embryo is now about a half inch long.

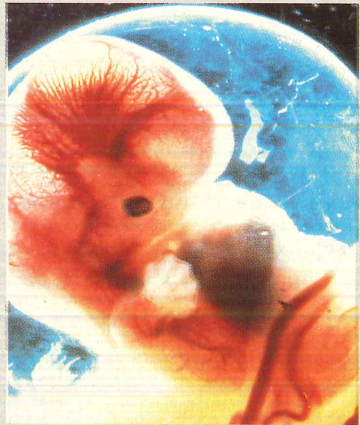
The seventh week. The embryo is less curled over as the back shows further straightening. The face, neck, and extremities are more clearly defined. Fingers and toes are almost always distinct at this point. The tongue takes shape, and the stomach assumes its final position. Muscles are strengthening, nerve fiber is rapidly growing, and the anus becomes evident. The cerebral hemispheres of the brain are growing large, and differentiation is occurring in the sex glands (ovaries in the female and testes in the male). The embryo is now about four fifths of an inch long.

The eighth week. This marks the end of the embryonic period. The digits of the hands and feet are now well formed, the contours of the face and body more babylike. The eyes, which have been rapidly converging, approaching their permanent places. Ovaries or testes are descending, a genital swelling indicates develop-

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Getting the picture



6 WEEKS

The woman was still talking to the doctor when he ushered her into the hall. She was looking for some further reassurance, and the doctor was giving it to her. Her worry lines relaxed a little as he spoke.

"At seven weeks," he was saying, "it's just a tiny mass of cells; you wouldn't even recognize it; there's nothing human about it at that stage."

I didn't have to guess what the conversation was about.

Some weeks later, while preparing a paper for publication, I asked my colleague—the same person who had spoken to the woman in the hall—to examine a photograph I intended to include in my paper. It was a picture of a human fetus. I asked the doctor, an internist, to guess how old the fetus was. I couldn't tell whether the startled look on his face had more to do with the picture or the question.



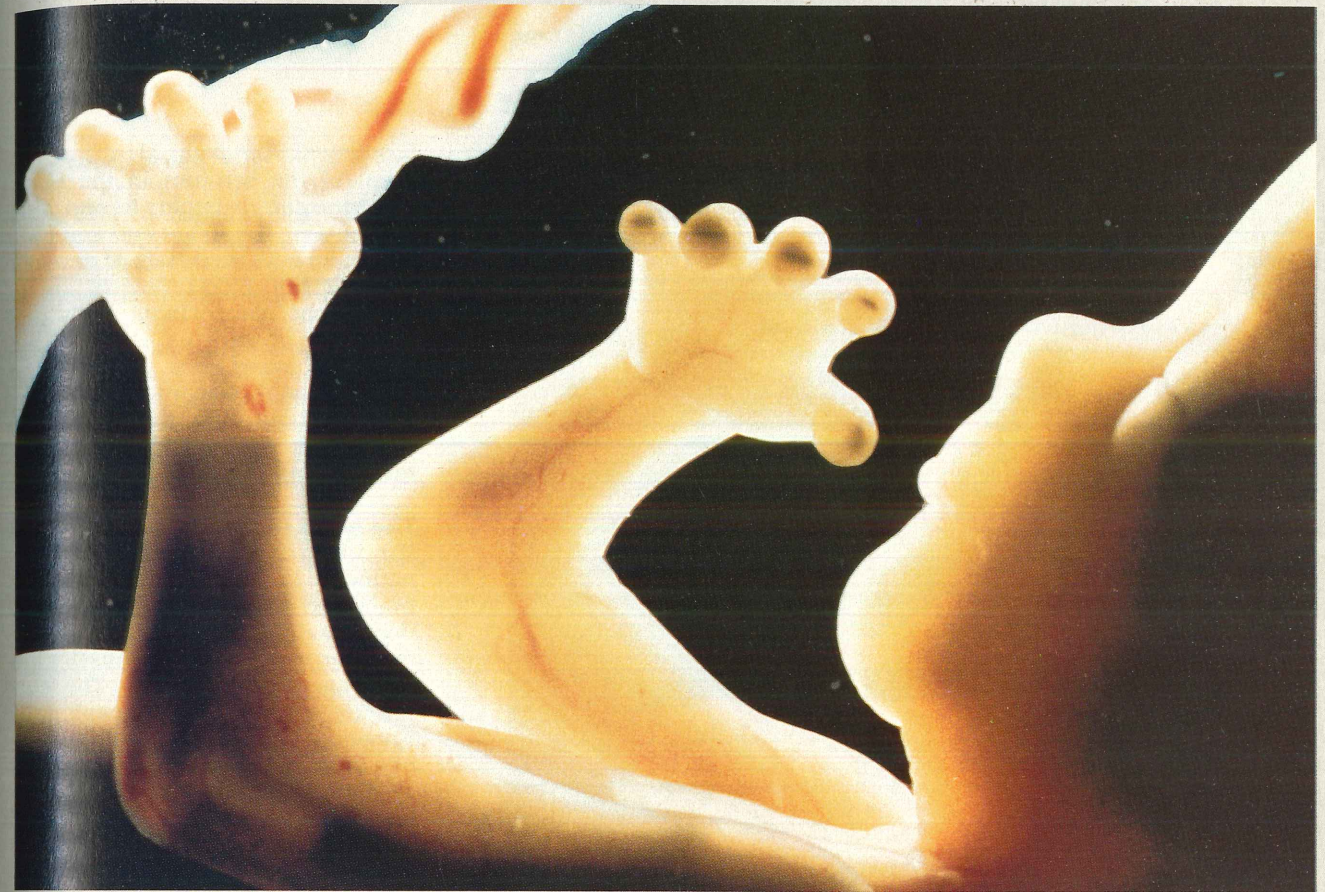
13 WEEKS

Nonetheless, he squinted at the color slide and said, "About 12 or 13 weeks."

"No," I responded. "Closer to seven weeks."

The doctor looked even more startled but didn't say anything, though he did study the slide for several more moments. Later he admitted he was taken aback

by "how human" even a 7-week-old fetus looks. He added that he had not "paid much attention" to fetal details in the past and asked to see other slides of embryos and fetuses. It was evident that as he studied those slides he was examining as well some of his own inner images, his preconcep-



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tions about human life.

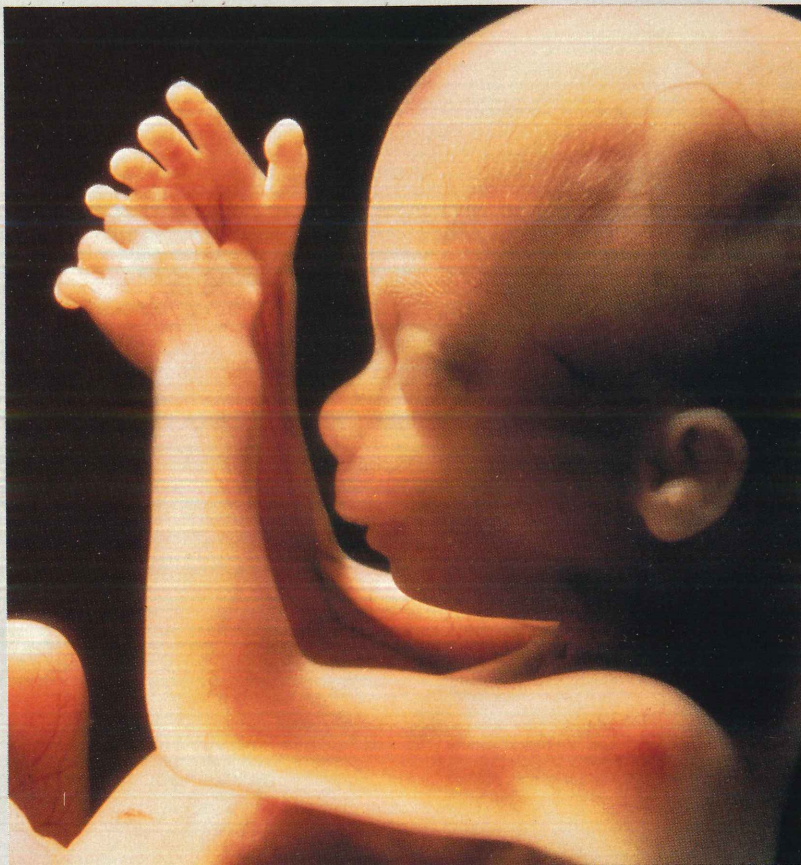
"Getting the picture," as I term it, can have profound effects on people. There are a lot of clichés to partially describe these effects: "A picture is worth a thousand words," "Seeing is believing," etc. What it all comes down to is full and free access to evidence, a concept that has long been held sacred in our courts. Yet when it comes to making important decisions about human life in the womb we are often told that the most important evidence of all should be withheld.

All of this, including my

encounter with the young internist some years ago, was brought home to me afresh when an article appeared recently in the *New England Journal of Medicine*. What the article said was this: When women are shown ultrasound images of their unborn babies, they very often experience what has been called the "shock of recognition," recognition that what they are seeing is human life and that it belongs to them. They identify, or "bond," with the unborn baby after seeing even a fuzzy picture of it in the womb. The article noted

that once this visual bond occurs, women who had planned to have abortions are likely to reconsider. After viewing the ultrasound images, even women who knew they were at considerable risk of giving birth to defective children expressed a desire to have their babies rather than have abortions.

Remarkably, however, Dr. Mark I. Evans, one of the authors of this article, told the *Los Angeles Times* that in his own medical practice, he would not show women who intend to have abortions the ultrasound pictures of their fetuses. "I don't want to



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bias them unfairly," he was quoted. "I believe women should have an abortion if that is their choice." But surely, what is truly unfair both to the woman and to the fetus is to *withhold* evidence. If a woman is to be given the opportunity to make a truly informed choice, she should be apprised of precisely what it is that she plans to abort. The *real* "unfair bias" occurs when a woman is denied full access to the facts.

I have seen, time and again, in my own practice the beneficial effects "full disclosure" can have on both

mother and child. And on the father, too, for that matter. I have always encouraged expectant mothers and fathers to learn as much as they can about the life they are nurturing in the womb—both through pictures of fetal development at each stage, and through factual accounts of what is transpiring along the way. The more these prospective parents learn, the more excited they invariably become. I firmly believe these individuals make better parents, simply because they gain a greater understanding and thus a greater respect for the new life.

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ment of the scrotum in the male, while the clitoris begins to appear in the female. The lungs and heart are now in an advanced state of development. Major blood vessels are in permanent place. Taste buds and olfactory apparatus, serving the sense of smell, are present. The embryo, as it becomes the fetus, weighs about one thirtieth of an ounce and is about an inch and a quarter long.

The ninth week. The movements of the unborn become highly pronounced in the third month. The brain and nervous system are now developed to the point where the fetus can make use of its muscles in a more coordinated manner. The fetus practices breathing, occasionally "inhaling" and then expelling amniotic fluid, making its lungs work. Its sex becomes distinct, and its kidneys begin to cope with some of the fetal waste products.

The embryo—with its odd tail and gill arches, formless face, and curled-up posture—has gradually been supplanted by the fetus. The head is now usually held up, and the body is relatively straight. Webbed hands and feet have given way to exquisitely formed fingers and toes. The face is appealing, exhibiting large eyes, button nose, and expressive lips, which often as not are sucking a tiny thumb. The internal organs are in place and, for the remainder of the pregnancy, mostly just need time for growth and what I call "fine tuning." Weight at this stage is about one seventh of an ounce, and crown-rump height is about one and a half inches. Teeth, fingernails, toenails, and hair follicles are all forming. The fetal heartbeat can now be detected through the mother's abdominal wall by listening through a stethoscope. The male is ahead of the female in outward sexual development, with the penis now clearly visible. The vagina and uterus are forming in the female.

The tenth week. The fetus is now highly responsive to touch. Eyelids close if touched; palms close into fists if something brushes across them; touched lips pucker and try to suck. Kidneys are functioning well, excreting urine into the amniotic fluid, which is constantly being recycled and thus purified through the mother's tissues. The ears, which in earlier stages of development could be seen below the eyes, are moving up alongside them. Lung and brain development are now largely complete. Bone growth is rapid. The fetus is currently more than two inches long.

The eleventh week. Organs undergo further refinement, with emphasis on the intestinal and digestive systems. The tooth buds, which will give rise to all of the baby's temporary teeth, are now in place. The fetus attains two and a half inches and weighs about a third of an ounce.

The twelfth week. By the end of this week the fetus will be more than three inches long and weigh as much as an ounce. Its head still dominates, but the limbs are well shaped and its rib structure is visible through the skin. The digestive system is complete. Blood is beginning to be produced in the bone marrow. The brain has taken on the overall anatomical features that will characterize it for life. □

Landrum B. Shettles received M.D. and Ph.D. degrees from Johns Hopkins University. He is a research expert in the fields of fertility, sterility, hemorrhagic disease of newborn infants, and sperm biology. He was the first to distinguish between male- and female-producing sperm. His micrographs and photographs appear in more than 50 medical text books and are displayed in the permanent exhibits of museums in Boston, New York, and Moscow. Adapted by permission from Landrum Shettles, M.D., and David Rovik, Rites of Life—The Scientific Evidence for Life Before Birth (Grand Rapids: Zondervan, 1983). Copyrighted © 1983 by Landrum Shettles, M.D., and David Rovik.

Abortion— A Pastor's View

The question of abortion is more than a medical problem. It is also a decision that involves moral and ethical issues.

by Gerald Winslow

Like most cases in which abortion is contemplated, Lisa's situation elicits feelings of compassion and perplexity. Her case presents us with a moral, as well as medical, dilemma. In searching for an acceptable answer, we discover that some of our Christian values might come into conflict. A person in Lisa's situation could easily resolve this conflict by denying or underplaying one or more of a Christian's basic values. But this is not the way of moral maturity.

A better way allows the uneasiness we feel to deepen and clarify our understanding of the Christian principles at stake in any decision involving the unborn.

In this spirit I want to offer three principles that should be among the most significant whenever Christians think about stories like Lisa's.

1. Forgiveness. All Christian decisions are made in the context of God's grace. God has "transferred us to the kingdom of his beloved Son, in whom we have redemption, the forgiveness of sins" (Colossians 1:13, 14).* When

we have accepted God's gracious forgiveness, we are prepared to forgive others as He has forgiven us.

As much as any moral problem in this world, abortion reveals the need for such forgiveness. The fact that abortion is even considered is already evidence of the brokenness of human life under the reign of sin. No woman ever becomes pregnant in order to have an abortion; somehow the meeting of human needs has gone awry.

Lisa is not alone in the need of forgiveness. In fact, from the universal perspective that only God can assume, Lisa may be more the victim than the victimizer. For example, the father of the fetus also needs forgiveness.

And so, most likely, do others, for in the fabric of human relationships, the fact that anyone considers abortion indicates, to some extent, a failure of the community. Unmet social and economic needs often

*Bible texts in this article are from the Revised Standard Version of the Bible, copyrighted 1946, 1952, © 1971, 1973.



indicate social injustices in which we all participate. This is a fact usually overlooked by those who mouth slogans on both extremes of the abortion issue. Many who consider themselves "pro-life," for example, neglect to think clearly about what it would really mean to be for life. What sort of opportunities and support services for pregnant women might be essential?

Similarly, many who align themselves with the "pro-choice" forces leave the impression that true freedom only requires the removal of restrictions on abortion. Real Christian freedom means having real alternatives, including having the necessary support services available to continue the pregnancy.

2. Life. The Bible teaches us to respect and preserve human life because it is a valued gift of a loving Creator (Genesis 1, 2).

Unfortunately, when we look in the Bible we discover that no individual passage of Scripture specifically deals with the subject of abortion. The technology to perform millions of abortions simply did not exist 2,000 years ago.

However, the fact that no specific biblical commands concerning abortion exist should not lead us to ignore the biblical perspective on prenatal life. It can hardly be denied that God, as revealed in the Bible, cares about fetal life. Through its stories and poetry, the Bible forms our sense of value, even the value of prenatal life.

God's providence is often revealed, for example, in the conception of a child (see Genesis 15:1-5; 25:21-23; 1 Samuel 1:10, 11, 20). God is also pictured poetically as a participant in prenatal development, when fetal life is "knit" together (Psalm 139:13). And more than once divinely chosen names, symbolic of God's power and care, are given prenatally (Luke 1:13). Thus, the Bible leads us to think of the fetus as one whom God is calling by name.

Since the moment when the Cre-

ator breathed life into the first human being, human life has continued to be the gift of earlier life. When conception occurs, human life is transmitted to a unique new form. Any attempt to set a time when this new life may be destroyed without regret misses the point of respect for the gift of human life.

The principle of respect for human life establishes a strong moral bias in favor of preserving life, including prenatal life. Abortions for convenience and expedience thus become morally unacceptable for the Christian.

3. Choice. If human life were the only value at stake in abortion, little more would need to be said on the issue. Abortion would be ruled out except in those rare cases when the life of the fetus directly conflicts with the physical life of the mother. But abortion is more complicated than this.

Christians know that life itself is not the only human good. Nor does it always take priority over all other goods, such as loyalty to God, integrity, and freedom.

Basic to the value of human freedom is the capacity to determine what happens to one's own body. One side of the abortion debate has emphasized this point: a pregnant woman should be able to control her own physical existence. Others do. Kidney donors, for example, are not drafted, even though the lives of many other people could thus be saved.

Even if we give a fetus full human rights, it may still be argued that the decision to continue or to end a pregnancy properly belongs to the pregnant woman.

Of course, we may hope that all pregnant women would value prenatal life and accept the obligation to protect it. But hoping for such a conviction and insisting on it are two different matters.

We may encourage Lisa to seek the counsel of her faith community before making any decision on such

an important topic. And we may offer our own perspective. But attempting to coerce her to make what we consider an acceptable decision in a matter so deeply personal would be a failure to respect her convictions.

It should quickly be added that the right to personal choice in this area should also extend to medical care providers. No one should be required to participate in an abortion that is contrary to his or her personal convictions. It is a fundamental mistake of moral reasoning to think that, because the law of the land permits abortions, medical care providers are obligated to perform abortions.

Conclusion. In the case of abortion we must always remember that at least two lives are involved. And we should consider the effects of the decision on all, including the fetus, who are significantly affected.

Lisa's situation does not involve a pregnancy resulting from rape or incest, nor does it appear that the physical life or health of the mother would be seriously threatened by continuation of the pregnancy. Women facing these kinds of pregnancies will have many complex factors to struggle with—issues that take us beyond the scope of this article.

No set of principles will eliminate the pain of decisions about abortion. The values at stake and the depths of our convictions about them preclude easy solutions. Cases like Lisa's should make this obvious.

How, then, should a pastor or any Christian answer Lisa's question? He or she should assist Lisa in thinking about basic moral principles of Christian faith and then encourage her to make her own prayerful decision.

And one thing more: the pastor should, in words and actions, convey a sense of God's forgiving grace to one who is so surely in need. □

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The Adoption Option —An Editorial View

Statistics regarding the problem of teenage pregnancy in America stagger the mind: An average of 1 out of 9 teenage girls becomes pregnant every year, and more than 1 in 4 girls in America today (26.2 percent) will become pregnant out of wedlock by the age of 19. In fact, according to the latest figures from the National Center for Health Statistics, every year nearly 400,000 American girls aged 15 to 19 have an abortion.

Obviously, the abortion question is a topic that has impact on the lives of hundreds of thousands of teenage girls in America every year. In our September/October 1986 issue we asked our readers to place themselves in the position of Lisa, a pregnant 17-year-old girl from a Christian home who has become pregnant, and tell us what advice they would have for Lisa. Should she have an abortion, get married, keep the baby and raise it herself, or place it up for adoption?

In the weeks that followed we received quite a deluge of letters. And now that we have tallied the results, let's look at what our readers recommended. *Interestingly, less than 2 percent of the readers of VIBRANT LIFE favor a girl in Lisa's condition having an abortion.*

Of the remaining 98 percent, all of whom are opposed to the idea of an abortion, more than half (58 percent) wrote in favor of keeping the baby and raising it, and well over a third (39 percent) recommended having the baby and placing it for adoption. Less than 1 percent felt a marriage in Lisa's situation would be the best solution.

In the pages that have preceded, we have tried to

show that life inside the womb is just that—life, human life. Having an abortion cannot be equated to removing one's tonsils or appendix, or a kidney stone. A pregnancy involves the lives of two living beings—a mother and a baby.

The impact of a decision for abortion extends far beyond the pregnant girl and her family—as tragic as that is physically, mentally, and spiritually. The 1.5 million abortions performed every year in the United States have, in fact, virtually exhausted the supply of adoptable babies. Today for every healthy American infant* available for adoption, approximately 100 sets of childless parents sit waiting at their phones for a call that never comes.

Most of these prospective parents simply cannot bear children. In fact, 4.5 million American couples—approximately 1 in 5—who want to have a baby are unable to conceive one without medical help. And 1 couple in 10 will never be able to give birth to their own infant.

In view of this, we would like to recommend that Lisa—and other girls in a similar situation—consider the adoption option. If the pregnancy is proceeding normally and offers no threat to the life of the mother, why not have the baby and let the infant be adopted by a loving Christian couple who cannot have their own child? If the mother is too young to start her own family, why not let the baby help make another couple's home into a family? Such a decision could very likely be the answer to their prayers.—Ralph Blodgett.

* Caucasian statistics only.