

A PERSONAL FRAMEWORK FOR THE MORALITY OF ABORTION

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BACKGROUND

In 2022, the Supreme Court of the United States (SCOTUS) ruled that Roe v Wade had been improperly decided by a former SCOTUS in 1973, and that there was no inherent Constitutional right to an abortion: *“The Constitution does not confer a right to abortion; Roe and Casey are overruled; and the authority to regulate abortion is returned to the people and their elected representatives.”*

https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf

In the midst of this matter, my first grandchild was due. In fact, I sat pondering these matters while holding and wondering at a days-old newborn baby girl. This conjunction of events gave significant gravity to the topic in my mind.

As I watched and listened to the public discourse – and very heated arguments – I realized that I had never spent any time personally investigating the topic, instead standing solely on what I had absorbed from over 40 years of participation in the evangelical church with its strong support for the pro-life position, determination to overturn Roe v Wade, and strong support for anti-abortion ministries.

However, watching and listening to friends and family and strangers discuss the matter, and reading many personal stories of pregnancy and abortion and real-world struggles with family planning, convinced me that this was a much deeper matter than I had considered, and deserved my full attention, rather than simply falling back on my inherited positions, or even abandoning or merely changing them without very careful study.

INTENT OF THIS DOCUMENT

My intent in this paper is to carefully investigate the issue of abortion, and the secondary issues surrounding it, with the goal of developing my own informed decisions on the related political and moral and spiritual positions.

For example, should I vote in favor of “pro-choice” or “pro-life” or neither? Are there acceptable cases of abortion? Are there acceptable limits on abortion? Should I financially support Crisis Pregnancy Centers or Planned Parenthood or neither or both? There are many such related questions in modern political and spiritual life.

In considering my personal past, it felt as if these decisions were largely made for me, as a follower of a particular political party and a particular strand of Christianity. I certainly could have chosen different positions within the party and church, but given my personality I never thought to seriously question the majority stances. Nor was a careful investigation of those stances encouraged – in fact, any variance from the pro-life stances was actively discouraged and often those who did question them out loud were effectively shunned.

In the course of the last couple years, as a general matter I have realized that I am being specifically called by God to fully understand and own my positions. I am not free to simply walk a line established by someone else. I am

called to personally develop a fully informed and enlightened and hopefully even inspired understanding of the facts, ethics, and morality of this topic, as well as many other controversial topics within my faith and politics.

Therefore, I have undertaken to study this particular topic, within some reasonable limits of my time, with a fully open mind and spirit, not automatically trusting the position with which I was raised, and not automatically rejecting opposing positions. To develop a document as thorough as this one requires careful study, and setting myself to document my work automatically raised the bar for my own process far above simply thinking about the matters. I find that this kind of writing requires far more careful analysis and thought, and I find that the required research exposes me to a far broader set of data than simply thinking and writing. Furthermore, the explicit goal of sharing this document requires a valuable level of rigor.

APPROACH TO RESEARCH

My approach in developing this paper was to

- List the general topics of interest and relevance
- Develop a framework as necessary to flesh out the topics
- Study each topic in turn by
 - Discussing the topic with trusted friends, when possible
 - Studying the Biblical wisdom relevant to each topic
 - Avoiding “proof-texting” by considering verses in context of the entirety of Scripture
 - Reading historical writings and doctrines by church fathers and mothers
 - Reading historical American records when available
 - Reading current online discussions and articles
 - Obtaining historical and current data, facts, and figures to provide accurate information
 - Considering both sides as diligently as possible
 - Actively considering data that runs counter to my understanding, to avoid an “echo chamber”
 - Avoiding trusting any single source or political or religious perspective
- Iterate on the above process, as additional topics or subtopics became apparent in the course of study

WHAT THIS DOCUMENT IS NOT

This document is not an attempt to convince YOU, the reader, of anything. I did this work for my benefit, not yours. It’s a document for my purposes and process. While I carefully arranged and formatted this information to be accessible and useful to others, I expect each person to do their own research, and make their own decisions, and I fully expect those decisions to often disagree with my own.

It is not a sermon. I am not trying or intending to preach on this topic. In fact, I find a surprising range of spiritual views on the issues, and believe it would be presumptive of me to preach with any sense of authority. I can only speak to what convictions I have, without requiring others to hold those convictions too.

It is not comprehensive. I hope that I have covered the majority of relevant topics, and covered them adequately for good decision-making, but I am aware that my own biases and preconceptions will have limited my investigation.

It is not exhaustively documented in any given section. I selected whatever statements and quotes and sources that were helpful to support my final conclusions within a section, while still providing a reasonably balanced view.

Any one section could easily be further documented with hundreds of pages of explanation and facts and figures; this document does not intend to be that exhaustive.

It is not a political document. I truly don't care which party you support. In fact, I'm generally opposed to party-line voting, and believe that it leads to all kinds of poor political decisions.

It is not a religious document. At the moment I don't claim affiliation with any Christian denomination, although I am definitely a Jesus follower. While my faith is a very important launching point for my conclusions, many of these matters are very practical and social and data-oriented and definitely not faith-based.

It is not a condemnation or support of any particular party or denomination. It is intended to be a factual investigation, and if it appears to condemn or support something, then that is purely a consequence of the facts and positions that exist.

It is not an attempt to impose my beliefs and convictions on others. While I certainly have those convictions, I believe that there is a clear scriptural imperative to walk out our own faith while simultaneously allowing others to walk out their own faith in different ways and with different conclusions (see 1 Corinthians 8:13).

LIMITATIONS

I readily acknowledge the limits of this document, to wit:

- I am not a researcher by trade or training.
- I am not a theologian, nor am I trained in scriptural interpretation.
- I have limits on my time, which limit how long I spend on researching any given topic or subtopic. Once I find I am seeing the same arguments or data several times, I assume I have a good sample of the available information.
- The facts that appeared for me on any given search are limited by whatever the search engines choose to reveal to me. There is certainly relevant data that has been suppressed or not uploaded or not indexed.
- I did not visit physical libraries and check out books on the topic, so my research is web-based coupled with some Kindle reading.
- While I did my best with the time available to me, this is not a thesis and would likely not stand up to the scrutiny of a thesis committee.

THE FUTURE

I do not consider this topic closed in my mind simply by virtue of calling this document complete. I fully expect my opinions and convictions to change with time as new information becomes available, and as the Holy Spirit tugs my awareness in new directions.

You, my reader, can contribute to this process, and I welcome additional information and even direct challenges to my data and conclusions. I do ask, however, that they come informed and factual and thoughtful and careful.

TERMINOLOGY

The term “fetus” is used biologically loosely in this document for simplicity, and covers the entire range of time from fertilization (the formation of the “gamete” or “zygote”), early development (an “embryo” until about 8 weeks), and later development through to birth (“fetus”). There seems little point in making a distinction.

“Pro-life” and “anti-abortion” are used interchangeably.

“Pro-abortion” is not used in this document. In my view, it is a deliberately inflammatory term that suggests the pro-choice activists are in favor of wanton killing. This in my opinion is “bearing false witness against thy neighbor.”

As will be clear below, “life” and “human” and “person” are distinct terms. But once I have set the stage for the specific meanings, and drawn some related conclusions, “life” and “human” and “a human” and “a person” and “personhood” may be interchanged without subtracting from clarity. When necessary, I make a specific distinction.

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THE RIGHTS OF THE PRE-BORN

IS IT LIFE?

A strikingly obvious opening question about abortion is “is the pre-born fetus alive?”

At a fundamental level, the answer would seem clear: Yes.

Britannica defines life as *“living matter and, as such, matter that shows certain attributes that include responsiveness, growth, metabolism, energy transformation, and reproduction.”*

<https://www.britannica.com/science/life>

No matter whether one is discussing a single fertilized cell or a fully-formed fetus at the verge of being born, it’s alive – in the sense that it is growing, responding in some way to its environment, and the individual cells are reproducing and the entire being if not interrupted will be capable of reproducing in the future.

Is this relevant?

In my view, it is not strictly relevant; there are other far more important questions. In particular, the fact that it is alive is no different than a tadpole (which in fact a very young human embryo strongly resembles) – both are alive in the fullest sense of the word. But we don’t usually pay much attention to the rights of a tadpole, or think long about whether our action will kill one.

For this reason, simply identifying as being “pro-life” is not helpful. It’s fully possible to be “pro-life” on abortion, and pro-death regarding the death penalty or supporting the right to use lethal force to defend ones’ family – this is actually true of many conservative evangelical Christians.

IS IT HUMAN?

Therefore, simply identifying the embryo or fetus as “alive” is not especially helpful. The next question is whether the life is human.

What does it mean to be human? I find a surprising lack of consensus on the answer to that question.

Clearly, being “human” is closely tied to the life representing the biological species called *homo sapiens*. But is a single fertilized *homo sapiens* cell “human”? This is too simplistic. A skin cell later scraped from the inside of the cheek has exactly the same DNA as the fertilized egg, but we don’t consider that isolated skin cell to define a separate human. It lacks several chemical triggers that allow it to diversify into the wonderfully rich set of organs and structures necessary to become a full independent human.

Yet if a scientist applies those chemical triggers and provides a suitable environment, it is actually possible to turn a single human cell into a dividing gamete which could become an independent human. This of course is called “cloning” and there is in fact evidence that some rogue scientists have already taken this step with human cells, although (as far as we know) they have likely interrupted it long before it became recognizably a human.

<https://www.scientificamerican.com/article/the-first-human-cloned-em/>

<https://www.genome.gov/about-genomics/fact-sheets/Cloning-Fact-Sheet>

[https://www.cell.com/cell-stem-cell/fulltext/S1934-5909\(14\)00137-4](https://www.cell.com/cell-stem-cell/fulltext/S1934-5909(14)00137-4)

As another example, scientists have learned how to engineer growing clusters of human cells in a petri dish around cartilaginous frameworks to replace a damaged human ear, among many other similar uses.

<https://www.cbsnews.com/news/ears-noses-grown-from-stem-cells-in-petri-dishes/>

Those cells are derived from the human whose ear they are meant to reproduce and then replace upon the completion of the growth process. As such they are indisputably human, and they are verifiably alive as the individual cells within the framework are reproducing and growing. In some sense the scientist is cloning an ear. The cells (chemically) have purpose and organization, and with time they form the proper structure to be useful to the human body. However, while these cell masses are highly valuable to the human individual whose ear they are meant to repair, and while they have significant monetary value simply from the work and equipment required to create them, nobody would hesitate to discard them only for any moral question of “killing a human.”

Similarly, a surgeon or medical staff would never hesitate to discard tissue removed during a surgery on a human body, believing that mass of living human cells to be inherently valuable.

That value is typically ascribed not to merely being “human” but to more completely being “a human.”

So from this perspective, it seems odd to argue that a fertilized egg is fully “a human.” Since this life in question is made of cells with *homo sapiens* DNA, it’s definitely human life. But that alone is insufficient. While something – including the egg – may be “human,” it may simultaneously not be “a human” in a complete sense.

In my sense, then, defining something as both human and alive is insufficient for the purposes of assessing morality associated with sustaining or terminating its existence. For that, we need something more.

IS IT A PERSON?

Whether that verifiably human life is complete and self-sustaining and self-identified is probably far more relevant to the discussion than merely “is it human life?” “A human” more than just “human” is the typical identifier for this concept, and for the purposes of this analysis will be referred to as “a person” or more generically personhood.

Some disciplines consider rational thought, and also self-awareness, to be a critical aspect of personhood. From that perspective, while the fertilized egg is definitely human, it is also not “a human” or “a person” yet, although it absolutely has the potential.

There are other far more complex concepts of “human” and it’s noteworthy that until the last hundred or so years, individuals of certain races and even all women were often considered to be somehow less than fully human. The ancient Greek and Roman cultures, for example, believed that women were simply malformed men, lacking fully developed genitals, and not deserving of the full protection of human law. As such, clearly the definition of “human” is far deeper than merely whether something is biologically *homo sapiens* and is physically growing and is capable of rational thought and self-awareness.

One could of course appeal to Immanuel Kant or René Descartes or many other philosophers to understand what it means to be human. The important point for the purpose of this paper is that the definition is hardly settled.

<https://www.themarginalian.org/2011/12/09/what-it-means-to-be-human-joanna-bourke/>

So “human” is merely an identifier of the source and the form of the life: it’s alive and growing and contains the human DNA and is morphologically recognizable as a human body in various stages of development. But personhood requires the inclusion of something beyond the mere morphology.

At this point, then, we might turn to considering the difference between “human” (living cells containing human DNA) and “a human” or “a person.”

DEATH AND THE DEFINITION OF PERSONHOOD

Another consideration in “person” or “human” is the death process. At what point does something that IS fully a human and an individual person CEASE to be so? This question is also not well settled, but it’s critical in medicine, to understand when it’s appropriate to stop trying to sustain that human’s life and accept that the essential aspect of being an individual human is gone.

The current medical definition regarding the determination of death considers two facts: the self-sustaining breathing and heartbeat, plus brain activity. Of course, today we can sustain a person’s brain for quite a long time in the total absence of an actual heart and lungs – surgeons do a version of this routinely during open-heart or lung replacement surgery, and nobody would argue the body/brain ceases to be human during that process.

But questions would exist if it were possible to sustain a human brain outside the body – and this does seem possible within the foreseeable medical future. Would the brain alone be “a human” without a body around it? The presence of all the senses, of touch and smell and vision and hearing in particular, seem essential to the experience of being human. This question has led to countless science fiction novels and philosophy discussions, and is not entirely settled.

Nonetheless, the brain by itself is considered essential to the definition of “a human.” Most people would agree that the question “when is someone no longer alive” primarily involves whether a working brain is still present in the body; the average person finds the matter of heartbeat or breathing to be far less relevant. When the brain ceases to be capable of thought and of sustaining the body’s activity, there is little point in artificially sustaining the body, as the “human” aspect of the body has left. In other words, if there is nothing left in the body to perceive the body’s environment, the humanity is gone.

Even in the case of brain death, it is fully possible for the cognitive functions of the brain to be dead, but the brain stem still sustaining the body in breathing and heartbeat. This is sometimes called a permanent vegetative state, and is not uncommon in strokes. Ethically, termination of life support in these cases is now typical, after several significant legal cases.

“Probably the most famous case was Terri Schiavo, who lived in a vegetative state from 1990 to 2005 after collapsing and losing oxygen to the brain at age 26. A legal battle ensued, with her husband saying she should be allowed to die and her parents pushing for her to continue receiving food and water. The husband eventually prevailed and her feeding tube was removed.”

<https://www.hopkinsmedicine.org/news/articles/the-challenges-of-defining-and-diagnosing-brain-death>

A post-death autopsy found that due to massive irreversible damage to large portions of her brain, Schiavo had in fact been truly beyond any chance of recovering consciousness, unlike her parent’s assertion that she would recover with proper care.

<https://www.latimes.com/archives/la-xpm-2005-jun-16-na-schiavo16-story.html>

It's worth noting that the absence of consciousness alone is not death; a coma may last a long time but the criteria is the expectation of recovery to consciousness in the future. So to simply assert that the present lack of consciousness means that a fetus is not worth preserving is too shortsighted. Given time, it is fairly certain that any given fetus, barring a natural miscarriage or abortion, will develop consciousness.

To summarize the topic of death and personhood, generally most people accept that consciousness is the single essential component of "life" that is worth preserving, although heartbeat and breathing are also factors in the medical definition.

SUMMARY OF THE QUESTION OF PERSONHOOD

For these reasons, it seems reasonable that if a fetus does not yet have a brain capable of (a) sustaining the body, and (b) thinking independently, it is not yet fully a human, not a person as such, even though it definitely has that potential, and may well be considered as somewhere along a spectrum of personhood.

But is there something beyond simply a brain and consciousness and cellular division and DNA, that defines being a person? Those factors are true of primates and larger mammals, after all.

As a Christian, it seems that one must go further than these factors, and the dividing line appears to be the human soul and spirit.

Moving forward, we will not make a distinction between "a person" and "human" or "a human." It is presumed that all three refer to a living *homo sapiens* individual with identity and self-awareness, not simply a cellular mass with human DNA yet without individuality.

DOES A FETUS HAVE A SOUL?

Setting aside personhood for a moment, a critical aspect of thinking about abortion seems to be when we believe that a fetus (or gamete or embryo) gains a soul; this is an aspect of personhood that goes beyond the purely intellectual understanding. For most Christians, the decision about whether it is acceptable to terminate a pregnancy is weighed heavily by understanding whether that growing collection of tissues is in fact a person, which is strongly influenced by whether God has already made it a person by granting it a soul.

First, it would help to define "soul."

From a secular perspective, "soul" is usually defined as some immaterial aspect, or "essence," or cause of individuality in a human – how this particular collection of matter is unique from another similar one, even its identical twin. It's also defined by secular sources, but in deference to religious thinking, as the spiritual part of a person.

From Christian (and Jewish and Islamic) thinking, the soul is the essence of conscious human life, and appears to be (for most Christian and Jewish and Islamic traditions) eternal in nature, spending eternity either with God (heaven or paradise) or not with God (hell or damnation or some form of punishment).

From that perspective, it might appear that the human soul requires some fleshy vessel in which to lodge.

Some Christians believe that a single fertilized egg is sufficient for the soul to attach, while others believe that a brain with recognizably human neural activity, or even consciousness, is necessary. Some (such as various Jewish

perspectives) even believe that the soul does not attach until the individual reaches some age of awareness, such as early childhood, or even later upon acknowledging God for the first time.

This fundamental divide of views cannot be bridged. One either believes that a brain is or is not necessary for a soul to be present.

But both views strike me as somewhat incomplete, as Christians also believe that the soul survives the death of the body. This implies a belief that a soul appears when a human fleshy vessel appears, but henceforth can continue to exist independently of that vessel (whether one cell or full consciousness).

Christian Views on Ensoulment

“Ensoulment” (sometimes called “animation”) is the idea that a soul enters or is attached to the body at some defined moment.

Christians have wrestled with the concept of the soul since the first days of the church. In my study, I found that much has been written over the centuries, and many different ensoulment theories have been proposed and argued and countered. The Bible is not clear on the question, and varying aspects of the topic appear in various books of the Bible, and thus across many centuries of its writing.

Different times in history had different prevailing views across the majority of the Christian faith. Many of the later discussions involve some retelling of the history of these ideas, based on the idea that the earliest writers, closer to the origins of the Christian (or Jewish) faith, somehow had a better grasp of the truth. However, there is a lot of disagreement over the history of the ensoulment arguments. Naturally the history assertions follow the perspective of the recounting agent. Without first sources it's impossible to say who's correct. But in any case, it seems clear that simply asserting “the Church has always believed ___” is woefully inaccurate, and unhelpful besides.

PRE-EXISTENCE

The first major ensoulment theory is "pre-existence," which believes that each soul exists from past eternity before it is fitted to a developing human body. Part of this theory would be infusionism, which according to Webster's Dictionary is “*the doctrine that the soul is preexistent to the body and is infused into it at conception or birth.*” Pre-existence comes with some major doctrinal challenges and is generally not accepted by orthodox Christians. It's often associated with several heresies, including Origen's heresy. Given its lack of current theological support, no further time will be spent on pre-existence here.

TRADUCIANISM

The second major ensoulment theory is “truducianism,” which believes that the soul is “born” into the embryo at the time of conception or fertilization, being perhaps miraculously conceived out of elements of soul carried by the sperm and the egg - or possibly only the sperm. This explains how sin is passed down from Adam (and Eve), according to the doctrine of “original sin” or “ultimate depravity.” People who believe this position generally believe that personhood begins exactly at conception.

Traducianism suffers from a problem of needing to address the roughly 50 percent spontaneous miscarriage rate across all known pregnancies, either believing that God (because of ultimate depravity) condemns billions of unborn, miscarried humans to hell with no recourse, or believing that the vast majority of heaven's occupants are the souls of those who never survived beyond the stage of an unformed and unimplanted embryo. This is strange

for a Christian culture that also believes that the eternal purpose of a human is to glorify God and to rule and reign with Christ on the earth in the afterlife – yet in this case, a never-born human ruling with Christ in heaven in a bodily condition in which they never participated while "alive."

Due to the viability and supposed human life of embryos in fertility clinics or in vitro fertilization facilities, many traducianists oppose fertility treatments that result in viable embryos that are not immediately implanted, believing that they already have souls and cannot be discarded.

Traducianism coupled with original sin leads to a particular problem, especially for Catholics: how was Jesus sinless, unless Mary was also sinless? This leads to a Catholic view of Mary as being sinless at least up until Jesus' birth. But how could SHE have been sinless unless both of her parents were also sinless, etc. back to Adam and Eve? So if one insists that Jesus couldn't be sinless unless Mary was sinless, but Mary's parents were not sinless, there is a miraculous sinlessness happening SOMEWHERE along the line. So why is Mary being created sinless, instead of simply Jesus being created sinless? Either way, it seems to introduce a curiously unnecessary need to create doctrine out of whole cloth without much room for self-consistency.

https://mosaic.messiah.edu/cgi/viewcontent.cgi?article=1006&context=brs_ed

Another challenge of traducianism: how can a non-corporeal soul be "birthed" from two "proto-souls" (in the sperm and egg) in a corporeal process of fertilization? And how can the soul be tied only to the one sperm that connected successfully with the egg, when many millions of sperm fail in that same quest for the one egg? Does every sperm, even the millions that fail with every sexual encounter, contain an element of soul also? This seems nonsensical.

And yet another challenge for traducianism: what does one believe about identical twins, who science has proven are formed when a single fertilized and developing zygote splits early in development into two distinct cell masses, which each then proceed to develop independently, including forming separate amniotic sacs and placentae. This happens in about 3 or 4 of every thousand births. If the soul is granted at conception, this would imply that identical twins share a single soul in some fashion. This is clearly not appropriate, since no Christian would argue that one twin's life choices would condemn them both to eternal hell, or grant them both eternal salvation. Otherwise, one must argue that God gets involved specially in twinning, granting another soul, or somehow granting two souls at conception because He foresees the need.

<https://medlineplus.gov/genetics/understanding/traits/twins/>

<https://onlysky.media/jpearce/how-identical-twins-can-cause-serious-problems-for-ensoulment/>

Yet another, perhaps even more vexing challenge for traducianism ensoulment is conjoined twins – when two completely distinct human individuals share a single extended body. This challenge is actually used by atheists and others to argue against the concept of a soul in any context.

One particular (perhaps less common) traducianism idea is particularly noxious to me: that the male sperm is the only carrier of the soul (i.e., nothing is contributed from the egg). For one thing, it's extremely patriarchal and implies the male is the only relevant factor in the discussion, which violates what I see in God's dualism of the human condition. It also seems nonsensical regarding the hundreds of millions of wasted sperm and "proto-soul" components.

CREATIONISM

The third major ensoulment theory is “creationism” (not creation of the universe, but creation of the soul), which believes that each soul is specifically created by God at the right time in the development of the fetus. There is no specified moment agreed to by such beliefs; some think it's at birth, others at “quickening” (when the mother first feels the baby move, others at viability (the somewhat ill-defined age when the baby would survive if born prematurely), and still others at some arbitrary age such as 24-25 weeks (when the brain is developed enough to sustain the capability for conscious thought).

People who believe this doctrine tend to not be concerned that abortion before ensoulment kills a human soul, even if they still oppose abortion as ending a potential life.

Proponents of Creationism are able to say in good conscience that “God does not create a soul for a fetus that he knows is going to be a spontaneous or induced abortion, or for a fertilized ovum he knows will be discarded.” He only intervenes to grant the soul when He knows in His timeless omniscience when the soul is needed.

A challenge for creationism is that it is impossible to pin down when the soul is granted. Certainly the Bible does not say explicitly. This uncertainty seems unacceptable for evangelical thinking, which prefers to find very definitive answers in clearly identifiable verses. This tends to force an evangelical into a Traducianism mindset, where ensoulment occurs instantly upon conception (whether or not it comes from God directly, or via reproduction from the parent souls). But other creationist thinkers, particularly most Jews and Muslims, insist that the soul is granted only upon birth – a fixed and definitive moment without any questions.

Another challenge for creationism: if one believes in original sin, that man is not inherently good, how does one deal with the idea that the soul which God creates therefore begins its very existence fatally flawed? Even if one believes that God chooses to grant grace to infants who die before some ill-defined “age of accountability,” doesn't that still make God, the direct and active creator of each soul, also the creator of each soul's sin nature which must be either punished or forgiven?

Some would answer, “perhaps Adam's sin simply removed the Godly covering from humanity.” We are not created in sin, but we are created without the perfection in which Adam was created. That perfection needs to be restored to be reconciled to the Father. That wouldn't require God to create sin - only to not create perfection. A soul could be created "neutral" - capable of sin or redemption, depending on what it chose as it matured.

<https://digitalcommons.denison.edu/cgi/viewcontent.cgi?article=1085&context=religion>

Conjoined twins also present a challenge for creationism ensoulment, just as for traducianism. It's perhaps easier to settle for creationism in that case, as one would assume that God simply grants a separate soul to each independent mind, despite a shared body.

Other Religious Views on Ensoulment

While I personally consider these issues from a Christian perspective, I nonetheless believe that considering the Jewish and Islamic perspectives is also important, since both Judaism and Islam consider some or all of the Old Testament to be part of their holy writings. As such, they have spent considerable energy on understanding these topics too, and the resulting insight into those scriptures should be valuable to even a Christian, even if it is held at arm's length.

JEWISH VIEWS ON ENSOULMENT

Part of the observing Jewish daily prayer recital is this phrase: "My God, the soul with which thou hast endowed me is pure." As noted in

<https://www.myjewishlearning.com/article/the-soul-of-a-fetus/>

Jews believe "We inherit a pure soul, which becomes contaminated only by our own misdeeds. Thus, early abortion would send a fetus to heaven in a state of pristine purity."

Wikipedia says the following:

<https://en.wikipedia.org/wiki/Ensoulement>

Jewish views on ensoulment have varied. Rabbi David Feldman states that the Talmud discusses the time of ensoulment, but considers the question unanswerable and irrelevant to the abortion question. In recounting a purported conversation in which the rabbi Judah the Prince, who said the soul (neshama) comes into the body when the embryo is already formed, was convinced by Antoninus Pius that it must enter the body at conception, and considered the emperor's view to be supported by Job 10:12, the tractate Sanhedrin of the Talmud mentions two views on the question.

In a variant reading the rabbi's first statement was that the soul entered the body only at birth.[2]

Other passages in the Talmud, such as Yevamot 69a and Nidda 30b have been interpreted as implying that ensoulment may occur only after forty days of gestation. The Talmud passages, whether speaking of ensoulment at conception or only after forty days, place the views of the rabbis within Greco-Roman culture, whose ideas the rabbis then linked with texts of Scripture and endowed with theological significance.

The view of ensoulment at conception harmonizes with general lore among rabbis about conscious activity before birth. However, most of them did not apply the word nefesh, meaning soul or person, to a fetus still in the womb. The latter half of the Second Temple period saw increasing acceptance of the idea of the soul as joining the body at birth and leaving it again at death.

One Jewish view put ensoulment even later than birth, saying that it occurs when the child first answers "Amen".

The rabbis in fact formulated no fully developed theory of the timing or nature of ensoulment. It has been suggested that the reason why they were not more concerned about the exact moment of ensoulment is that Judaism does not believe in strict separation of soul and body.

As noted in <https://rcrc.org/jewish/>

While all of the above is not totally sufficient to determine the Jewish attitude toward abortion, it does set the stage. Jewish law is quite clear: while the fetus in the womb is to be protected as a potential human being, it has no personhood; it is not a bar kayamah (a viable, living being), thus, it is not accorded any of the right or privileges of a human being.

And

(The rabbis) have expressed a variety of opinions, citing proofs for ensoulment as early as the act of intercourse itself, and as late as the time a child learns to speak! The rabbis were saying, in effect, that the moment of

ensoulment is unclear at best and subject to a great deal of speculation and disagreement, They state, therefore, that is one of the “secrets of God” that will be revealed only when the Messiah comes. As a result, the issue of ensoulment plays virtually no role in Jewish considerations of the morality of abortion.

Other resources note that, in general, ancient cultures did not consider an infant worthy of special preservation or individual value until it was nearly a toddler, simply due to the extremely high rate of infant mortality. There was little point in discussing an infant’s life or soul or personhood until it had passed the point of extreme risk of early death. As such, the question of abortion and ensoulment were simply irrelevant. This general attitude can be detected in Luke’s biblical story of the birth of the Apostle John; in accordance with customs of the time, the infant was not even named until the eighth day after his birth (Luke 1:59).

ISLAMIC VIEWS ON ENSOULMENT

Some Islamic scholars teach that ensoulment occurs at 40 days of gestational age; others teach 120 days. All schools of Islamic thought teach against abortion, due to specific language in the Qur’an describing the creation of a child in the womb.

We created man from an essence of clay, then We placed him as a drop of fluid (nutfah) in a safe place, then We made that drop into a clinging form (alaqah), and We made that form into a lump of flesh (mudghah), and We made that lump into bones (idhaam), and We clothed those bones with flesh (lahm), and later We made him into other forms—glory be to God, the best of creators! (23:12-14)

We created you from dust, then from a drop of fluid (nutfah), then a clinging form ('alaqah), then a lump of flesh (mudghah), both shaped and unshaped: We mean to make Our power clear to you. Whatever We choose We cause to remain in the womb for an appointed time, then We bring you forth as infants and then you grow and reach maturity. (22:5)

Verses that are argued to specifically address abortion include:

“And do not kill the soul which God has forbidden except for the requirements of justice”

“do not kill your children for fear of want: We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin.”

However, some strains of Islam specifically allow abortion for therapeutic reasons, partly due to the ensoulment understanding – but tempered by the recognition that the developing fetus is actively formed by Allah, and thus worthy of protection unless it endangers the mother.

CATHOLICS

The modern Catholic Church asserts a constancy of anti-abortion positions in its earliest doctrines from the first century. Other observers assert significant variability in Catholic teaching. Either way, Catholic leaders assert that despite varying positions on whether life begins at conception, their opposition to abortion itself (regardless of the ensoulment question) has not varied. (This is also true of Islamic teaching, opposing abortion on principle, but mainly because of the value of the potential human, not because it already is a person.)

Soul Summary

My sense is that the soul is essentially the raw human consciousness, that awakens quite naturally at the time when the brain finally becomes capable of independent higher-order thinking, and begins to become self-aware (which is a process that is not actually complete until some time after birth).

I don't find any particular need for either traducianism or creationism, in the sense that I believe the soul is a natural consequence of self-aware consciousness. As such, it appears on its own around 24-25 weeks of gestation, and might be said to solidify through the rest of the pregnancy and early years of life. The matter of traducianism or creationism, in my mind, pales before the question of when the spirit enters the human being.

DOES A FETUS HAVE A SPIRIT?

From a Christian perspective, many people believe that the soul and the spirit are separate, although others believe they are the same thing.

The spirit is often understood to be a unique endowment given from God's Spirit, and can either be alive and awakened by responding to God, or dead and un-awakened or un-activated, in those who have rejected God. Some believe that an un-activated spirit returns to God upon death.

1 Corinthians 2:11 says "For who among people knows the *thoughts* of a person except the *spirit* of the person that is in him? So also the *thoughts* of God no one knows, except the Spirit of God." This strongly asserts that there is a spirit, but the Greek word is *pneuma*, the breath or wind of God. This same word is the one in most references to "Holy Spirit" and which also refers to evil spirits. This indicates that there is a component in man that is explicitly part of the spirit realm, not just a life force or a seat of self-awareness like the soul.

In any case, the question becomes when God gives the human spirit to the body.

Many Christians believe from Luke 1:41 that the unborn infant John leapt within Elizabeth's womb upon hearing Mary's greeting, because there was already a spirit active at six month's pregnancy. This is conjecture, because nothing in that verse indicates the presence of a spirit, or that it was a spirit instead of a soul that responded. In fact, the same verse indicates that the Holy Spirit filled Elizabeth at that moment – which implies that the Holy Spirit, at least, had not filled her even at her mature age. But this also says nothing about her own spirit.

Many New Testament verses mention the Holy Spirit entering a person who trusts in Jesus, but none of them indicate whether there is a pre-existing spirit (small-s, not the capital-S Holy Spirit).

Many Christians believe that the spirit is present in man from conception, but there is no direct Biblical support for this. Genesis 2:7 says "*Then the LORD God formed the man of dust from the ground, and breathed into his nostrils the breath of life; and the man became a living person.*" This says nothing directly about whether the "breath of life" gave the spirit or the soul. But the Hebrew word in Genesis 2:7 translated as "breath" is *nismat*, which is different than other words usually translated "spirit" in reference to the eternal part of man in the Old Testament, such as Ecclesiastes 12:7 which uses the Hebrew word *ruach* when it says that upon death "then the dust will return to the earth as it was, and the *ruach* will return to God who gave it." For this reason, it's probably not wise to assume that God breathed "the *nismat*" into Adam in the same sense as "the *ruach* will return to God."

As said in <https://www.compellingtruth.org/difference-soul-spirit.html>

While the two words are often used interchangeably, the primary distinction between soul and spirit in man is that the soul is the animate life, or the seat of the senses, desires, affections, and appetites. The spirit is that part of us that connects, or refuses to connect, to God.

It is helpful to note that the human intellect, the consciousness, wonders at the nature of things, and seems drawn to understand God's existence and nature. But that very intellect often seems to wrestle with accepting God's presence. This leads me to conclude that the spirit is unique from the consciousness or soul, although the two are closely intertwined.

These two articles are a helpful discussion of Christian theories of the soul and spirit. Both argue that the soul and spirit are functionally synonymous (known as dichotomy, versus trichotomy which argues they are separate).

<https://zondervanacademic.com/blog/what-is-the-soul>

<https://heidelblog.net/2014/03/reformed-basics-on-dichotomy-and-trichotomy/>

Despite these articles, which I think do a good job of presenting the typical arguments, and are worth reading if one wishes to understand these topics, I personally find stronger support for trichotomy, that the soul and the spirit are unique. I believe that the moral war inside a human is a struggle between living according to the soul – the human nature and the seat of human intellect – and choosing to live according to the Spirit. As Sam Soleyn states in "On Earth as It Is in Heaven" (Kindle pg 63 of 318), the great battle in a human is whether his soul or spirit will rule his existence. The ultimate moment of "salvation" is when the human's spirit takes rule over the soul and willingly submits to God's rule, and the Holy Spirit is granted and begins to guide and ultimately is given rule over the human spirit.

Spirit Summary

So my sense is that the spirit, the *ruach*, is uniquely breathed by God into man: it's the spark of true humanity that enters at some point when the fetal brain is sufficiently developed and God assesses it's ready. I find it most likely that God grants an endowment of His spirit at the same time when the soul is finally awakened in the human brain. Furthermore, I personally believe that it's initially granted in an inactivated and dormant state, ready to be awakened as the soul finally recognizes God's authority and submits to His rule, although I recognize that there is not any specific scriptural support for that belief.

I don't believe the spirit or soul are only granted at birth, as some traditions believe. Those traditions do not recognize the totally insignificant difference between the instant before birth and the instant after birth. The infant is fully alive and alert and awake on either side of the birth canal.

Neither do I believe that the spirit is granted at conception. That idea is a matter of faith, without any undeniable and specific scriptural support.

MY VIEWS OF ENSOULMENT AND AWAKENING

Given this wide range of views and associated ideas on ensoulment and the granting of the human spirit, it seems that one must settle somewhere on the spectrum if one hopes to understand how it informs the question of abortion.

After considering the main schools of thinking and doctrine of ensoulment, it's clear that I grew up in communities that had traducianism as a fundamental outlook. But despite that background, I've personally always described the granting of the soul as something closer to creationism, often asking in abortion discussions "when does God put the soul into a human body?"

The idea that a soul is somehow magically born out of sperm/egg seems fundamentally wrong to me.

I also cannot believe the pre-existence view of ensoulment, that our soul is co-eternal with God, before the body is formed, which would in some sense make us co-equal with God. But at the same time, since I do believe we are future-eternal souls, then a "half-eternal" soul still seems odd.

For my part, I am inclined to believe that a soul is innately tied to the brain, at least prior to death separating the soul from the body.

Given the various writings about soul and spirit in both the Bible and philosophy, I conclude that soul and spirit are distinct.

Thus, as a summary, I find it most compelling to believe that at some point well into pregnancy, the soul as human consciousness itself, the NATURAL organic sense of self-awareness unique to human brains and thus far observed in no other animals, develops naturally; this occurs at the point in fetal development when the mind is capable of higher-order consciousness.

I also find it reasonable that God breathes the spirit into the human being at that time too, there being no point in having a spirit before the soul and consciousness appears. In my view it is at this moment that a person, an individual human with a unique identity, actually exists for the first time.

POTENTIAL VERSUS FULLY A PERSON

Having settled in my mind that the question "when is a fetus fully a person" is best answered "sometime along the pregnancy process, most likely 24-25 weeks when the brain is capable of consciousness," there is still a need to recognize that even a single fertilized egg is fully capable (barring any huge number of complications during early pregnancy that result in spontaneous miscarriage, over 50% of all pregnancies) of becoming fully human and an individual person given time and opportunity.

Is the mere fact that the fertilized egg is (a) life, (b) human life, and (c) potentially a person, sufficient to give it the full weight of moral and legal protection?

Jewish Considerations

First, it's clear that the Bible, as with Jewish and Islamic tradition, considers the developing fetus to have value. The verses in Exodus 21:22-25 even assign a certain value to the fetus, although possibly (depending on how one chooses to interpret the original Hebrew) less than a "fully-formed" child. Nonetheless, the fetus is seen as having value. It helps to consider several different translations, since this verse is so often quoted by people discussing abortion from a Christian or Jewish perspective.

22 "Now if people struggle with each other and strike a pregnant woman so that she gives birth prematurely, but there is no injury, the guilty person shall certainly be fined as the woman's husband may demand of him, and he shall pay as the judges decide. 23 But if there is any further injury, then you shall appoint as a penalty life for life, 24

eye for eye, tooth for tooth, hand for hand, foot for foot, 25 burn for burn, wound for wound, bruise for bruise. (Exodus 21:22-25 NASB)

22 "If people are fighting and hit a pregnant woman and she gives birth prematurely but there is no serious injury, the offender must be fined whatever the woman's husband demands and the court allows. 23 But if there is serious injury, you are to take life for life, 24 eye for eye, tooth for tooth, hand for hand, foot for foot, 25 burn for burn, wound for wound, bruise for bruise. (NIV)

22 "When men strive together, and hurt a woman with child, so that there is a miscarriage, and yet no harm follows, the one who hurt her shall be fined, according as the woman's husband shall lay upon him; and he shall pay as the judges determine. 23 If any harm follows, then you shall give life for life, 24 eye for eye, tooth for tooth, hand for hand, foot for foot, 25 burn for burn, wound for wound, stripe for stripe. (RSV)

22 "When men strive together and hit a pregnant woman, so that her children come out, but there is no harm, the one who hit her shall surely be fined, as the woman's husband shall impose on him, and he shall pay as the judges determine. 23 But if there is harm, then you shall pay life for life, 24 eye for eye, tooth for tooth, hand for hand, foot for foot, 25 burn for burn, wound for wound, stripe for stripe. (ESV)

The trouble with interpreting this verse is understanding who the harm is done to: does "there is no injury" or "there is no harm" mean "there is no injury to the woman even though she miscarries" or does it mean "the miscarried child survives with no permanent injury?" If one assumes the reference is harm to the woman, then the fairly clear understanding is that the fact of a miscarriage is somewhat incidental, certainly not consistent with a murder. The idea of a monetary fine actually is consistent in an agrarian society with the idea that the child would represent an eventual asset to the family. But if one assumes that "harm" refers to the fetus, then one would understand that a miscarriage that harms or kills the unborn child is a grave offense. However, it is simply unclear which is meant in this verse.

Jewish tradition also recognizes the value of a fetus, but does not consider it fully human until birth.

<https://www.myjewishlearning.com/article/abortion-in-jewish-thought/>

This article

<https://www.ncjw.org/wp-content/uploads/2019/05/Judaism-and-Abortion-FINAL.pdf>

says that "Judaism values life and affirms that protecting existing life is paramount at all stages of pregnancy" but goes on to say that "A fetus is not considered a person under Jewish law and therefore does not have the same rights as one who is already alive." This would be consistent with understanding the Exodus 21 verse to refer to harm to the woman, not the fetus, where the fetus had future monetary value but no inherent life yet.

Other Considerations

Taken to something of an extreme, an egg is also a potential human, merely lacking a sperm to initiate the process. What fundamentally changes at fertilization? Nobody argues that the egg or the sperm have particular value in and of themselves. So the mere presence of potential humanity is not in and of itself reason to protect an embryo or fetus.

Miscarriages, except very late ones where the fetus was fully expected to be born alive and viable, rarely are given any kind of burial or last rites. This seems to indicate that society – and even Christian culture – already

understands that there is something inherently different about an unborn fetus, especially at early stages, and a carried-to-term infant. This is true even among conservative evangelical Christians who overwhelmingly consider even a fertilized egg to be human and legally protected with the full rights of a mature person.

This dichotomy in how pro-life Christians treat the miscarriage of an early fetus versus a fully-formed pre-born baby undercuts the weight of the “fully a person at conception” argument from pro-life advocates. It appears to be a matter of convenience as a talking point for argument, rather than a real value in the community.

Another factor to consider in “potential personhood” is that even before that point of time in its physical development where personhood does exist, the fetus is still entirely in possession of all that is necessary to reach that point, given time, protection, and nutrition. Abortion would clearly deprive that fetus of the possibility of its future. However, much has been written by philosophers about this deprivation. Opposing the deprivation assumes that the potential future is good, which is a very complex topic.

<https://home.csulb.edu/~cwallis/382/readings/160/marquis.html>

<https://books.google.com/books?id=npUWWoCk5kAC&printsec=frontcover#v=onepage&q&f=false> (chapter 2)

Note that potential is not comprehensive. For example, these philosopher writers note that “potential” comes with assumptions and limitations. (“Conceptus” is a term referring to the entirety of the fetus and all support structures that develop within the womb.)

*That the conceptus is only a “potential” human person has been prominent in discussions concerning the morality of abortion and in vitro fertilization (IVF) activities. The IVF-conceptus is seen by some as having a contingent ontological status, strongly dependent on what the human manipulators do with it, because its potential to become an adult is not determined inherently but requires successful implantation. (Peter Singer and Karen Dawson, “IVF Technology and the Argument from Potential,” *Philosophy and Public Affairs* 17 (2; Spring 1988) 87-104)*

Such thinkers argue, convincingly in my mind, that the mere potential does not convey rights. For example, one simply cannot obtain a full house insurance policy on a set of drawings of a house that has not yet been built; any insurance company insists on the presence of an actual structure before it is worthy of full-value protection. The design may fully exist; the materials may be delivered and ready to be assembled; the intent may fully exist for the construction; and the future owners are already planning on how to fully utilize that house. But until it has actually been built and been proven complete, no insurance company will provide coverage at the level of its final value. Neither would any investor or family pay full price for that house ahead of time.

In much the same way as the house example, a zygote or embryo undoubtedly has full potential; the DNA has all the designs; the womb will have all the building materials; the woman’s body intends to complete the construction if not interrupted. But the person does not yet exist, and its future is not certain – even against natural implantation failure or miscarriage or unsurvivable birth defects. To insist on treating it as a full person seems premature (pun not intended).

SUMMARY OF PREBORN RIGHTS

Given all these factors, I conclude that the pre-aware fetus is not fully a person, and likely does not have a soul or spirit, until the presence of recognizable brain activity consistent with the possibility of consciousness.

But against that conclusion, I also conclude that even what I consider an un-ensouled, non-yet-fully-human fetus deserves protection to the greatest extent possible.

However, this protection will be somewhat moderated by other considerations, as will be discussed below.

Taken together, this means that abortion should still absolutely be minimized to prevent the loss of life that is already on its way to full humanity and personhood.

This also means that in my view a third-trimester fetus with awareness should be considered a person in its own right, and any choice to terminate a pregnancy past the second trimester must be made in full awareness that it will kill a human being already probably endowed by its Creator with individual identity and likely a spirit.

This does NOT automatically mean that abortion in the third trimester is always wrong, however, and the remainder of this paper considers factors in such a decision.

THE RIGHTS OF THE MOTHER

The rights of the preborn are obviously not the only consideration to a rational analysis of abortion. So also are the rights of the mother, and not merely her physical rights, but also that of her eternal soul.

THE MOTHER'S BODILY AUTONOMY

Jewish culture considers the mother to be of significant importance in the consideration of pregnancy. Consider from <https://rcrc.org/jewish/>

These, then, become the guiding principles on abortion in Jewish tradition: a woman's life, her pain, and her concerns take precedence over those of the fetus; existing life is always sacred and dates precedence over a potential life; and a woman has the personal freedom to apply the principles of her tradition unfettered by the legal imposition of moral standards other than her own.

Also

The issue of therapeutic abortion itself is first dealt with in a second century Jewish legal text quoted in the Mishna.

"If a woman is in hard labor (that threatens her life), one dismembers the fetus within her and removes it limb by limb, because her life takes precedence over its life. Once the greater part of it emerges it may not be touched, for we do not set aside one life for another."

In commenting on this passage, later authorities further define the phrase "the greater part of it." During a normal delivery, this refers to the emergence of the forehead, while during a breech birth, this means more than half the body.

This entire perspective flows from the general Jewish concept that the fetus is not a person prior to birth. Thus, while preserving potential life is of high importance, preserving actual existing personhood of the mother is of higher net priority to many Jews than the merely potential personhood of the fetus.

By contrast, Catholic and evangelical doctrine about the mother's rights has an interesting counter-perspective: if one believes in (a) original sin and (b) personhood at conception, the life of the mother is in fact LESS valuable than that of the embryo or fetus, specifically because the death of the fetus condemns its soul to eternal punishment.

From <https://www.myjewishlearning.com/article/the-soul-of-a-fetus/>

When St. Fulgentius in the sixth century was asked when that stain (of sin) attaches to the person, he replied that it begins with conception. This resulted in concern that the fetus be brought to term so that it might be baptized. Without baptism the soul is condemned to death in both worlds, making abortion clearly worse than murder.

Accordingly, it should be said that when Catholics reputedly decide to “let the mother die” rather than allow an abortion, they are not being cruel; rather, they are being logically consistent. The mother was presumably baptized as an infant; she can die and “go to her reward.” But the child must be brought to term and baptized to save it from perdition. So sincere is this concern that theologians at the Sorbonne in the nineteenth century invented a baptismal syringe, wherewith to baptize a fetus in utero in the event of a spontaneous abortion, a miscarriage.

From my perspective, this Catholic/evangelical doctrine clashes with the straightforward science of the ~50% ratio of conceptions versus successful pregnancies, but does so selectively. If one believes that the fetus or embryo is a person from conception, and condemned to hell if the pregnancy spontaneously aborts or miscarries, then any activity or choice that the pregnant woman or her partner may take that increases the risk of spontaneous abortion has murderous importance. Even a single cigarette or alcoholic beverage, or many various medicines, catching certain diseases, or even merely being overweight, would therefore carry eternal consequences.

<https://www.verywellfamily.com/risk-factors-and-pregnancy-loss-2371376>

In the context of this era, it is well known that catching COVID increases – and possibly nearly doubles – the risk of miscarriage. If this is true, then the total disregard for COVID prevention and protection by the evangelical church is in blatant and direct opposition to protecting the life of the unborn.

<https://www.ucl.ac.uk/news/2022/jun/catching-covid-19-early-pregnancy-could-increase-risk-miscarriage>

This implies to me that the evangelical and Catholic perspective on the rights of the mother not overriding the fetal right to life is not being honestly treated. It is more of a talking point than an actual religious value, insofar as it is not being walked out logically.

RISK OF PREGNANCY AND CHILDBIRTH

Childbirth and pregnancy are not without a significant risk. I know this from personal experience, as the circumstances of one of my own children’s births would have resulted in my wife’s death, had she not given birth in a modern medical facility.

According to Blue Cross/Blue Shield, about 16% of pregnancies and 14% of childbirths include complications. From

<https://www.bcbs.com/the-health-of-america/reports/trends-in-pregnancy-and-childbirth-complications-in-the-us>

Fortunately in a privileged society with high-quality healthcare, these risks are usually well-managed. But even in America, many underprivileged women cannot afford that high-quality healthcare. 14% of American women (in 2020) did not receive prenatal care, and 46% of them did not receive it because of social barriers. One third of women reported receiving fewer than the recommended number of prenatal care visits, and a quarter of these women had complications during childbirth.

Even post-natal, significant complications may occur, including major depression (20%) and substance abuse disorders related to the medications (5%).

Approximately 32% of deliveries today are by Cesarean section. While some are undoubtedly elective, a significant number are emergencies and the life of the mother is endangered.

<https://www.cdc.gov/nchs/fastats/delivery.htm>

From statistics published by the CDC at

<https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

comes this information:

Approximately 17 out of 100,000 live births result in death of the mother. But among Blacks, that number is over 41 out of 100,000 births.

Types of pregnancy-related death are cardiovascular, infection or sepsis, cardiomyopathy, hemorrhage, lung issues, other heart issues, and amniotic fluid embolism.

From NPR,

<https://www.npr.org/2017/12/22/572298802/nearly-dying-in-childbirth-why-preventable-complications-are-growing-in-u-s>

...more than 135 expectant and new mothers a day — or roughly 50,000 a year, according to the Centers for Disease Control and Prevention — endure dangerous and even life-threatening complications...

Each year in the U.S., 700 to 900 women die related to pregnancy and childbirth. But for each of those women who die, up to 70 suffer hemorrhages, organ failure or other significant complications. That amounts to more than 1 percent of all births. The annual cost of these near deaths to women, their families, taxpayers and the health care system runs into billions of dollars.

Within this context, any honest discussion of abortion must consider the effects on the mother. Particularly for underprivileged women, forbidding abortion and instead requiring live birth carries a significant health risk, not to mention large financial consequences... even not considering the lifelong consequence of having an unexpected child.

MEDICALLY-NECESSARY ABORTION

Ectopic pregnancies occur at about 1-2% of pregnancies, and result in about 3% of all pregnancy-related deaths. Other pregnancy emergencies include severe preeclampsia, cancer, intrauterine infection, and placental abruption.

People of low socioeconomic status, who are disproportionately Black, Latinx, and Native American, are more likely to need a medical abortion because of health complications. "Conditions like asthma, obesity, diabetes, high blood pressure, and thyroid problems [tend to] affect people of lower socioeconomic communities," Dr. Urbina added. "Banning medically necessary abortions is going to affect the most oppressed and historically marginalized communities in our country especially those living in restrictive states."

<https://www.health.com/news/abortion-medically-necessary>

"One of the most common reasons I help women to terminate their pregnancy is because their water is broke [early in pregnancy] and they have an infection," Beck said.

If there's a clear sign of infection, the condition can be life threatening, "because there is an extremely high risk that the infection inside of the uterus spreads very quickly into her bloodstream and she becomes septic. If she continues the pregnancy it comes at a very high risk of death."

"Typically, if a woman breaks her water before 20 weeks into her pregnancy, it is usually strongly recommended by medical professionals that she considers an abortion," Beck said.

<https://www.reuters.com/article/factcheck-abortion-false/fact-check-termination-of-pregnancy-can-be-necessary-to-save-a-womans-life-experts-say-idUSL1N2TC0VD>

I have personal experience with this issue too. In my firstborn child's case, it occurred at about 35 weeks. The obstetrician told us exactly this fact at the time: it's very unsafe to try to save the pregnancy due to the very high risk to both mother and fetus from infection and sepsis. Fortunately, at that late stage of pregnancy, the baby was fully developed although undersized, and so the doctors were able to induce delivery and my wife had a slightly premature but otherwise normal delivery and a healthy child. Had it been in the 20-24 week range, our situation would have been grounds for a medically-necessary procedure to save my wife, although the child would almost certainly not have survived. In that case, abortion may well have been the safest and most humane outcome for both.

PSYCHOLOGICAL EFFECTS OF ABORTION

It is extremely common for anti-abortion advocates to argue that women are routinely harmed psychologically by abortion. In fact, this is one of the primary talking points in many anti-abortion Crisis Pregnancy Centers, where women are dissuaded from following through on plans for abortion.

The assertion that abortion always causes mental distress or harm is only valid if one presumes that everyone aborting a pregnancy actually believes that the aborted fetus is human and ensouled. If the patient is firmly morally convinced that while it has the potential for life it is NOT human or ensouled, then there is likely not going to be any personal psychological harm or anguish.

The supposed correlation between abortion and later mental health is merely that: correlation. It's quite possible that the correlation merely indicates that people prone to mental issues are also more likely to enter into situations which lead to abortion. More likely, it also can have to do with the stigma attached to abortion by peers or authorities in their lives - such as in a shame-based church, their own convictions notwithstanding.

In fact, the American Psychological Association's Task Force on Mental Health and Abortion concluded that external societal factors like "interpersonal concerns, including feelings of stigma, perceived need for secrecy, exposure to antiabortion picketing, and low perceived or anticipated social support for the abortion decision, negatively affected women's postabortion psychological experiences."

In short? The choice to terminate a pregnancy does not induce mental harm, but anti-abortion rhetoric, manipulative tactics, and the shame-based climate they create certainly do.

<https://theestablishment.co/the-dangers-of-the-post-abortion-syndrome-myth-779699e5d9f7/index.html>

"Some women experience psychological dysfunction following abortion, but post-abortion rates of distress and dysfunction are lower than pre-abortion rates." -- David M. Fergusson, L. John Horwood, and Elizabeth Ridder, "Abortion in Young Women and Subsequent Mental Health," Journal of Child Psychology and Psychiatry 47, no. 1 (January 2006), page 20.

A fairly thorough and very well-sourced article published by the National Institutes of Health observes that the psychological harm argument is more political than scientific. It notes that pregnancy itself carries the risk of traumatic psychological harm, especially in the event of Cesarean section births and miscarriages. But it also points out that the claim of a lack of consistent psychological harm is also propaganda by pro-choice advocates. Some people definitely do experience trauma. It concludes that *“The evidence is clear that some women do experience abortion as a trauma. The prevalence rates and pre-existing risk factors may continue to be disputed, but the fact that abortion contributes to PTSD symptoms in at least a small number of women is a settled issue.”*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207970/>

The American Psychological Association, in 2006, reported that *“women who are terminating pregnancies that are wanted or who lack support from their partner or parents for the abortion may feel a greater sense of loss, anxiety and distress. For most women, however, the time of greatest distress is likely to be before an abortion; after an abortion, women frequently report feeling 'relief and happiness.'”*

And

“the Royal Colleges of Obstetricians and Gynaecologists and of General Practitioners in the United Kingdom sponsored a major study that did address that fundamental question. The study followed more than 13,000 women in England and Wales over an 11-year period ending in the early 1990s. Importantly, it considered two groups: women facing an unintended pregnancy who had an abortion and women facing an unintended pregnancy who gave birth. The study's authors concluded that those women who had an abortion following an unintended pregnancy were not at any higher risk of subsequent mental health problems than were women whose unintended pregnancy was carried to term.”

<https://www.guttmacher.org/gpr/2006/08/abortion-and-mental-health-myths-and-realities>

In general, I consider this psychological harm argument to be something of a scare tactic. It is a statement made containing many assumptions about the specifics of the situation, and inappropriately over-generalizes the risk.

Furthermore, many articles indicate that the shame and stigma attached to abortion by religious organizations is a major contributor to the psychological damage, that would otherwise not exist.

In other words, it appears that for many women, the pro-life church is causing the exact problem it claims is a critical reason to avoid abortion.

PSYCHOLOGICAL EFFECTS OF UNWANTED PREGNANCY AND BIRTH

The Advancing New Standards in Reproductive Health research program at the University of California San Francisco conducted the Turnaway Study, a prospective longitudinal study examining the effects of unwanted pregnancy on women's lives.

<https://www.ansirh.org/research/ongoing/turnaway-study>

The study found that *“many of the common claims about the detrimental effects on women's health of having an abortion are not supported by evidence. For example, women who have an abortion are not more likely than those denied the procedure to have depression, anxiety, or suicidal ideation. We find that 95% of women report that having the abortion was the right decision for them over five years after the procedure.”*

<https://www.statnews.com/2018/12/05/how-abortion-denial-affects-children-well-being/>

The women who were denied abortions were initially more likely to experience higher levels of anxiety, lower life satisfaction and lower self-esteem compared with those who could obtain abortions — distress that “may be a response to being denied an abortion, as well as other social and emotional challenges faced on discovery of unwanted pregnancy and abortion seeking,” the study said.

After about six months, however, those differences disappeared. In fact, the mental health of both groups eventually improved, which indicates that the study participants were emotionally resilient, said Diana Greene Foster, a professor in the department of obstetrics, gynecology and reproductive sciences at the University of California, San Francisco, and lead investigator of the Turnaway study.

“The experience of having an unwanted pregnancy is really disruptive,” she added. But “over time people do better — regardless of whether they got their abortion or not.”

The physical and financial harms of being denied an abortion, however, lasted for years. Women who were denied an abortion and gave birth reported more chronic headaches or migraines, joint pain and gestational hypertension compared with those who had an abortion. They also reported more life-threatening complications like eclampsia and postpartum hemorrhage, and burdens that included higher exposure to domestic violence and increased poverty.

<https://www.nytimes.com/2022/05/24/well/mind/abortion-access-mental-health.html>

A study published in the American Journal of Public Health in 2016 concluded that “Experiencing unwanted pregnancies, especially after a woman or couple has reached a desired number of children, appears to be strongly associated with poor mental health effects for women later in life” and “Results suggest a strong and persistent relationship between having an unwanted pregnancy resulting in a live birth and poorer later-life mental health outcomes, even when controlling for other variables likely to affect both pregnancy intention and mental health; these included personality and a range of potential early life and prepregnancy confounders. As Table 2 demonstrates, those who had at least 1 unwanted pregnancy had significantly higher CES-D scores ($b = 2.36$; 95% confidence interval $[CI] = 0.59, 4.14$) than did those reporting planned pregnancies. To provide a sense of magnitude, other factors predictive of depressive symptoms, such as having a college degree versus a high school diploma or differences between those married and unmarried, are of similar magnitude as having an unwanted pregnancy.”

MISCARRIAGE PROSECUTIONS FOR MURDER

A claim made by pro-choice activists is that the end of Roe v Wade, and the outlawing of abortion in many states, will lead to women being charged for murder upon their miscarriage. The claim is countered as ludicrous by pro-life advocates.

While this claim is probably more dire than necessary, the issue is hardly theoretical. This issue has occurred even while abortion was legal under Roe v Wade, for example in the following stories.

<https://www.nytimes.com/interactive/2018/12/28/opinion/abortion-pregnancy-pro-life.html>

<https://www.npr.org/2022/07/03/1109015302/abortion-prosecuting-pregnancy-loss>

<https://www.nbcnews.com/news/latino/salvadoran-women-jailed-decades-miscarriages-stillbirths-warn-us-abort-rcna33035>

<https://www.cnn.com/2022/06/01/opinions/fetal-personhood-abortion-miscarriage-roe-thomas/index.html>

<https://www.bbc.com/news/world-us-canada-59214544>

Essentially, the concern among pro-choice activists is that any woman who miscarries under any suspicion that she didn't want the baby will likely be accused of deliberately ending the pregnancy. The problem is particularly important in states like Texas that are implementing "citizen deputizing" laws that actually allow private citizens to sue abortion lawbreakers and collect \$10,000 per abortion.

<https://www.nytimes.com/2021/07/09/us/abortion-law-regulations-texas.html>

It is not far from a private lawsuit to a felony conviction of murder, and the case would often rest on circumstantial evidence and assertion of intent. This practice, while praised by abortion opponents, is particularly noxious to pro-choice advocates, because it intimidates even women who have no intent to abort their pregnancies, and potentially destroys their lives and the lives of their families for something over which they have literally no control.

Furthermore, it strongly intimidates health care providers, even those who oppose abortion, for fear of their careers on providing essential pregnancy-related care whenever the life of the fetus is in question. As such it threatens the lives and health of all pregnant women.

As a good and real example of the intimidation, a woman in Wisconsin in July 2022 suffered ten days of bleeding after a miscarriage because medical staff were unwilling to risk violating the total ban on abortion in the state.

<https://www.dailymail.co.uk/news/article-11024879/Woman-suffering-miscarriage-left-bleed-TEN-DAYS-ER-turned-away-abortion-ban.html>

SUMMARY OF RIGHTS OF THE MOTHER

Given all the above factors, it is clear that if one is not absolutely convinced that a fetus is fully a person with a soul and spirit and all the rights of a fully-born individual, and not convinced that the fetus has more rights than the mother, then it would be immoral to not consider how abortion definitively saves the lives and physical and mental health of many thousands of women each year, not considering the families and other people those women support.

Effectively, it becomes a choice: possibly saving the life of possible persons, versus definitely saving the life and health and welfare of actual persons.

The word "possible" is used carefully here, because not all non-aborted pregnancies will go successfully to term. Thus, preventing an early abortion doesn't necessarily save that pregnancy.

HEALTH AND WELFARE OF THE CHILD

In addition to considering the rights of the mother, it would be good to consider the rights of the person itself – both before and after birth.

FETAL ABNORMALITIES

Pro-choice activists consider the eventual likelihood of the health of the child to be an appropriate factor in abortion decisions.

Pregnancies go wrong at surprisingly high rates. Between a third and half of all pregnancies spontaneously abort before the first missed menstrual cycle, most typically by the zygote (fertilized egg) failing to implant in the uterus. After this early natural winnowing of unrecognized pregnancies, about 1/8 of known pregnancies end in miscarriage.

<https://my.clevelandclinic.org/health/diseases/9688-miscarriage>

Many of these spontaneous abortions are correlated with significant embryonic or fetal abnormalities. A Christian might consider this a mercy from God, that badly formed embryos and early fetuses are not carried to term when significant defects exist. (But similarly a Christian might be inclined to ask, why would a good and merciful God allow such malformations that lead directly to the heartbreaking miscarriages in the first place?)

However, even non-spontaneous abortion may be medically indicated:

From <https://www.health.com/news/abortion-medically-necessary>

... lethal fetal abnormalities may lead to a nonviable pregnancy during which abortion may be preferred. According to Dr. Duke, when health care providers discover abnormalities that would make the fetus incompatible with life, parents may choose to compassionately terminate the pregnancy to prevent the fetus from being born only to pass shortly after. These fetal abnormalities—which may only be detected on a 20-week fetal anatomy scan—include anencephaly (an underdeveloped brain and incomplete skull), renal agenesis (absence of one or both kidneys), and hydrops fetalis (extensive fluid build-up and swelling).

In a large study of 44,750 pregnancies in Europe over 5 years, about 0.4% of pregnancies included fatal abnormalities, and another 3.7% of those pregnancies had some non-fatal abnormality diagnosed.

[https://www.ajog.org/article/S0002-9378\(19\)32220-3/fulltext](https://www.ajog.org/article/S0002-9378(19)32220-3/fulltext)

Another study in the United States found about 2% of pregnancies had some fetal abnormality, and about half of these (1.2%) were diagnosed prior to birth with sonography scans at the 16 to 20 week range of gestational age.

<https://www.ajronline.org/doi/10.2214/ajr.165.4.7676997>

A 2007 paper noted that about 2-3 percent of fetuses had a “major structural malformation.”

<https://www.sciencedirect.com/science/article/pii/B9780443074165500083>

Given these statistics, it is clear that a non-trivial number of pregnancies are highly problematic, and even in the presence of quality medical care, would result in lifelong consequences for both child and family, as well as financial impacts to family and healthcare systems.

Generally, Christians frown upon the idea of a person determining another person's future, so it is a morally problematic idea that a child's mother could decide that a child should not be born to prevent it from suffering. Most pro-life Christians argue that God is the only one who can determine if that child should live or die.

As with the ensoulment argument, the outcome of this concept hinges on whether one believes that the fetus is fully a person. If one does not believe in personhood before viability, for example, then the mother is not making the choice for a person, but for a potential person. God would have the final say in either case.

LIFE AFTER BIRTH

The lifetime welfare of the child after birth also matters to pro-choice activists.

Factors that seem important to consider in this case include the socioeconomic status of the child and its family, as well as whether or not the child is wanted by the parent(s).

Socioeconomics

About 3/4 of abortion patients in 2014 were poor or live below the federal poverty line. The number of non-white abortions is roughly double the number of non-white Americans.

<https://www.guttmacher.org/united-states/abortion/demographics>

Within this context, it would appear that a majority of abortions are to mothers who wish to avoid adding to their poverty – and bringing a child into a poverty situation.

Unwanted Children

If the child is not wanted, it is likely that the child will suffer. A 1989 article by the Washington Post found that among children whose mother had desired an abortion instead of the live birth after they were denied an abortion, long-term psychological suffering was likely and lasted well into adulthood, having consequences for multiple generations of offspring. Effects included poor school performance, increased delinquency, and higher chance of mental problems, despite generally identical raw intelligence to their wanted peers. They also were less likely to form good relationships and were rejected by classmates. These effects were noted over decades of data and decades of the children's lives.

<https://www.washingtonpost.com/archive/lifestyle/wellness/1989/08/15/unwanted-children-suffer-long-term-difficulties/6a372d81-bcab-4752-94a2-99d07e7e46b0/>

This is hardly surprising, given that unwanted children are not as treasured and valued as wanted children, and likely receive poorer emotional care by the mother.

Investigators found that about 90% of mothers of unwanted children who were denied an abortion usually did not pursue adoption, keeping the children instead. The results were not surprising:

“Writing in JAMA Pediatrics, we showed that children born to women who were denied abortions fared worse. They were more likely to live in households where there wasn't enough money to pay for basic living expenses. Women are also much more likely to report poor maternal bonding — feeling trapped as a mother, resenting their baby, or longing for the “old days” before they had the baby — with the child born after abortion denial than with the next child born following a wanted abortion.”

<https://www.statnews.com/2018/12/05/how-abortion-denial-affects-children-well-being/>

It is perhaps not surprising that women that are denied abortion choose to keep their infants – once the child has been born, it is undeniably a human being and emotionally far harder for the mother to dispose of through adoption than to never have through abortion. But this does not mean the mother truly wants the born child, and it appears that the resulting emotional dynamic adversely affects the child for the remainder of its life.

<https://www.theatlantic.com/health/archive/2019/05/why-more-women-dont-choose-adoption/589759/>

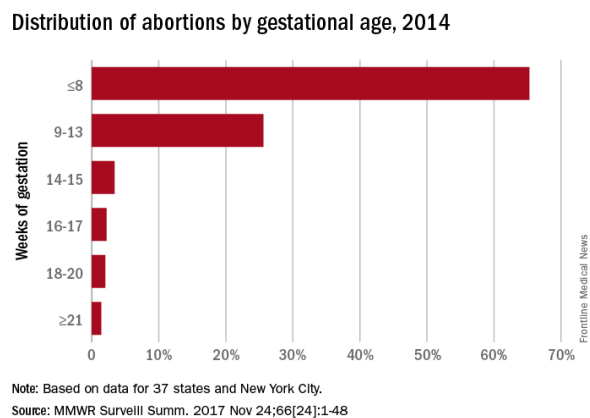
The “Prague Study” followed 220 children for decades, and found that unwanted pregnancy subjects were considerably worse off in the long run: *“all the differences in psychosocial development were consistently in disfavour of the subjects born from unwanted pregnancies, especially among those who were only children. These subjects were not so much over-represented on extremely negative indicators as they were under-represented on any indicator of excellence (such as academic achievement, job satisfaction or parenting).”* And *“being born from an unwanted pregnancy was significantly related to psychiatric treatment any time in life. The unwanted pregnancy subjects became psychiatric patients (especially in-patients) more often than the controls born from accepted pregnancies and also more often than their older siblings.”* This study contributed directly to a change in governmental policy towards abortion in the Czech Republic.

<https://www.tandfonline.com/doi/pdf/10.1016/S0968-8080%2806%2927219-7>

TIMING OF ABORTIONS

PREGNANCY STAGES

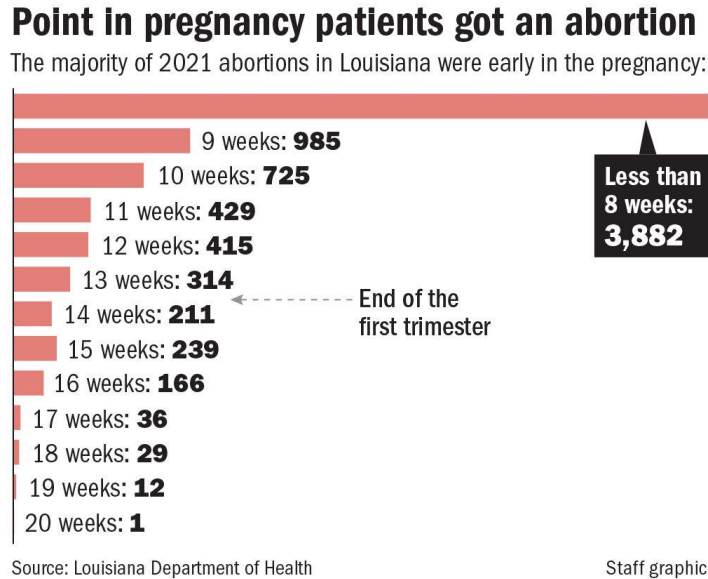
Data shows that abortions within the United States are overwhelmingly conducted on very early pregnancies. Data from 2014 showed the following distribution:



That year, 65.3% of abortions were performed at a gestational age of 8 weeks or earlier, with 25.6% occurring at 9-13 weeks. Gestational distribution of the remaining abortions was fairly even: 3.4% at 14-15 weeks, 2.2% at 16-17 weeks, 2.0% at 18-20 weeks, and 1.4% at 21 weeks or later, the CDC investigators reported.

<https://www.mdedge.com/obgyn/article/153059/practice-management/two-thirds-abortion-occur-8-weeks-gestation>

Another source shows similar data specifically from Louisiana in 2021:



https://www.nola.com/news/healthcare_hospitals/article_cc5ba140-f981-11ec-8fbc-e787f8992438.html

Thanks to the Partial-Birth Abortion Ban act of 2003, in America at least there are no longer any abortions at the moment of delivery.

It seems inappropriate to focus abortion bans on “late-term abortion” or third-trimester abortions, since the vast majority of those abortions are for medical necessity; in those cases the mother has almost always fully accepted the baby and is looking forward to the birth. In those cases, the choice to abort is certainly anguished and no small matter of convenience, and are surely inappropriate for governmental intrusion into a medical decision fraught with risk and pain.

FETAL DEVELOPMENT CONSIDERATIONS

The fetal brain begins to exhibit initial neural activity at about 5-6 weeks of gestational age, when the neural tube closes within the developing embryo. However, higher-order activity does not begin before 12-16 weeks of age, and the first coordinated activity consistent with consciousness does not appear until about 24-25 weeks. From a scientific perspective, the brain simply does not have the structure to support consciousness before the end of the second trimester.

<https://www.irishtimes.com/opinion/the-moment-a-baby-s-brain-starts-to-function-and-other-scientific-answers-on-abortion-1.3506968>

Aside from brain development, the chance of survival, referred to as “viability,” is a factor.

The actual age at which a fetus stands a reasonable chance of surviving a premature birth is not a fixed number. As technology and medicine improve, this age becomes younger and younger, at least in first-world nations with high-quality medical care. According to Wikipedia, with present medical technology a 24-week fetus has about a 50% chance of survival. By 30 weeks, the chance is over 95%.

https://en.wikipedia.org/wiki/Fetal_viability

One of the problems with the Roe v Wade ruling in 1973 was that it included specific statements about viability as a determinant of the acceptability of abortion. With technology decades later, the numbers used in the original ruling were not particularly helpful to modern pregnancies. In 1973 the age was placed at 28 weeks, but today it is closer to 23 weeks, well over a month earlier. The associated Casey ruling in 1992 upholding Roe v Wade used 23 or 24 weeks.

SOCIAL POLICIES AND PROGRAMS

CONSTITUTIONAL CONSIDERATIONS

There has been much written in June and July 2022 about Roe v Wade and its overturning by the SCOTUS.

- One school of thought is that the original rulings that were overturned in 2022 were not constitutional in the first place, incorrectly claiming power for the federal government that was outside the bounds granted it by the Constitution; as such, the overturning was correct. This view ignores any question of personhood, and simply addresses the legal topic of states' rights.
- Another school of thought is that the right to self-control of women's bodies is a fundamental human right belonging to half of the population of the United States, and thus the original cases were affirming a fundamental right even if it was not enumerated by the Constitution; as such, the overturning of the right of self-control and self-determination of the outcome of pregnancy was incorrect.
- A third school of thought is that the right to life of unborn persons overrides any right of the womb temporarily wrapped around the person, at least in abortions of convenience; as such, the overturning was correct.

Which position one takes on this ruling seems to necessarily depend on one's view of the personhood of a fetus.

Both of the latter positions assume some fundamental human right is at stake.

If one concludes that personhood is not vested at conception, the argument based on civil rights of an unborn person is not compelling, at least until the point in the pregnancy where personhood begins. If, however, one concludes that personhood does begin at conception, the civil rights of the unborn person must be balanced against the rights of the woman.

The following article is worth reading for a fairly easily-digestible look at the Constitutional issues around personhood of the fetus.

<https://blog.petrieflom.law.harvard.edu/2015/08/20/fetal-personhood-and-the-constitution/>

Some useful quotes follow:

The Rubio-Huckabee claim that actual and legal personhood start at conception has drawn trenchant responses from Art Caplan on the medical uncertainty of such a claim and David Orentlicher, drawing on Judith Thomson's famous article, that even if a fetus is a person, woman would not necessarily have a duty to keep it in her body.

Their debate claim that the fetus is already a legal person under the constitution also deserves a response, for it has no basis in positive law. In Roe v. Wade all nine justices agreed that the use of "person" in the Constitution always assumed a born person, and therefore that the 14th Amendment's mention of person did not confer constitutional

rights until after a live birth. In the years since Roe, when the make-up of the court has changed, no justice has ever disagreed with that conclusion, including those who would overturn Roe and Casey.

For this reason it has been clear from the start that a constitutional amendment would be necessary to make the conceptus or fetus a constitutional person.

... if two persons are contesting the use of one person's body one person's right to life would not automatically trump a significant and lengthy use of the other's body.

ABSTINENCE EDUCATION

Certainly one foolproof way to prevent abortion is to prevent pregnancy. A frequent conservative suggestion for this purpose is to prevent pregnancy by preventing or discouraging sexual activity. This is of course an ideal solution, but not comprehensive. It cannot account for cases of rape – causing approximately 32,000 pregnancies per year in the United States, roughly 5% of all abortions – or birth control failure among sexually active married couples who SHOULD be the ones having sex. There are about 3 million unplanned pregnancies in the US each year, and about a third or 1 million of these are related to birth control failure. About 2/3 of these are within families, so about 600,000 unplanned pregnancies occur within the family context using birth control.

So promoting abstinence among unmarried individuals will not stop the majority of unplanned pregnancies. Although it certainly will help, abstinence is not a singular or even a significant solution to abortion.

<https://www.gutmacher.org/sites/default/files/factsheet/fb-unintended-pregnancy-us.pdf>

Aside from this logical problem with promoting abstinence, numerous studies appear to show that abstinence education does not prove effective.

The Christian organization The Heritage Foundation concludes that the failure is due to how the material is taught: *“Although 80 percent of parents want schools to teach youths to abstain from sexual activity until they are in a committed adult romantic relationship nearing marriage--the core message of abstinence education--these parental values are rarely communicated in the classroom.”*

<https://www.heritage.org/education/report/evidence-the-effectiveness-abstinence-education-update>

However, this failure is due to the simple fact that it is inappropriate under the US Constitution for the public school system to advocate a clearly religious viewpoint in the public instructional process. This religious issue should be taught at home, not in schools; to do otherwise is to impose a religious viewpoint on many non-religious people.

The paper claims to discuss 22 different studies of abstinence education, and that 12 out of 16 abstinence-focused studies showed positive effects, with 17 out of 22 showing statistically-significant results. My review of the article indicates that the data are not overall as consistent and positive as the article seems to claim. It is full of caveats and explanations for the poor results in some of the studies on which it reports. One limitation I see is that the studies did not track students for long enough to really observe long-term outcomes. Another limitation is that since many of the abstinence programs are religious and are opt-in, many of the participants in those studies were likely already inculturated in abstinence morality before the program, making it very hard to pinpoint results due to the studies.

Otherwise, the data evaluated by non-religious researchers without a reason to prefer abstinence education seems to fairly consistently show that abstinence education is functionally useless to address unplanned pregnancy rates and thus the resulting abortion rates.

In theory, abstinence is 100% effective at preventing pregnancy and STIs. However, many adolescents who intend to practice abstinence fail to actually do so, and they often fail to use condoms or other forms of contraception when they do have intercourse. Considerable scientific evidence accumulated over the past 20 years has found that AOUM programs are not effective at preventing pregnancy or STIs, nor do they have a positive impact on age at first sexual intercourse, number of sexual partners or other behaviors.

<https://www.guttmacher.org/news-release/2017/abstinence-only-until-marriage-programs-are-ineffective-and-harmful-young-people>

A study in the Journal of Adolescent Health concluded that *“Many AOUM programs reinforce gender stereotypes about female passivity and male aggressiveness. Rigid gender beliefs and gender power imbalance are associated with risky sexual health behaviors including reduced likelihood of condom and contraceptive use. In contrast, programs that critique gender norms and gender-based power imbalances positively impact sexual and reproductive health knowledge, attitudes, behaviors, and health outcomes.”* and *“AOUM programs also ignore sexually experienced adolescents. Many sexually experienced adolescents need access to complete and accurate information about contraception, legal rights to health care, and ways to access reproductive health services—none of which are provided in abstinence-only programs. Federal guidelines for AOUM programs have associated sexual abstinence with virtuosity and therefore implicitly associate sexual activity—whether or not by choice—with negative health outcomes including guilt about sex. Finally, these programs often fail to acknowledge students who are pregnant or parenting. Thus, AOUM programs systematically ignore or stigmatize many young people.”*

[https://www.jahonline.org/article/S1054-139X\(17\)30297-5/fulltext](https://www.jahonline.org/article/S1054-139X(17)30297-5/fulltext)

The Child and Adolescent Health, Healthcare Policy, Maternal and Reproductive Health journal concludes that abstinence-only education is a failure. *“The weight of scientific evidence shows these programs do not help young people delay initiation of sexual intercourse,”* says co-author John Santelli, professor of Population and Family Health at the Mailman School. *“While abstinence is theoretically effective, in actual practice, intentions to abstain from sexual activity often fail. These programs simply do not prepare young people to avoid unwanted pregnancies or sexually transmitted diseases.”*

<https://www.publichealth.columbia.edu/public-health-now/news/abstinence-only-education-failure>

The Government Accounting Office surveyed the effectiveness of public funding spent on abstinence programs, and was unable to find statistically-significant and trustworthy evidence that the money was well-spent.

<https://embryo.asu.edu/pages/abstinence-education-assessing-accuracy-and-effectiveness-federally-funded-programs-2008>

PLANNED PARENTHOOD

Planned Parenthood is probably the largest enemy of the pro-life community, but is that appropriate?

Depending on who is asked, Planned Parenthood’s abortion services are either 3% or 94% – or somewhere in between – of the entirety of their services.

<https://www.washingtonpost.com/news/fact-checker/wp/2015/08/12/for-planned-parenthood-abortion-stats-3-percent-and-94-percent-are-both-misleading/>

From 2013 data, the roughly 330,000 annual abortions performed in Planned Parenthood clinics, compared to about 10.6 million total interactions with 2.7 million clients, is 3%. When assessing the total number of abortions plus adoption referrals plus prenatal services, the percentage of these total services is 94%. As that article indicates, the truth is definitely somewhere in between those two numbers, and neither number does a good job of assessing the entirety of Planned Parenthood's services. For example:

Using this calculation, advocates and opponents of abortion rights have calculated somewhere between 15 percent and 37 percent of the organization's annual non-government health services revenue comes from abortion services.

and

Planned Parenthood health centers saw 2.7 million patients (men and women) in 2013. If the 327,653 abortion procedures were given to individual patients, patients who received abortions would account for 12 percent of total patients.

and

There were 4.6 million clinical visits in 2013. If each woman who received an abortion visited the clinic only once for the procedure, abortions comprised 7 percent of visits that year.

Thus, it seems highly biased to imply that 94% of their services are abortions.

It's important not to miss that Planned Parenthood does provide contraceptive services and other family planning other than abortion, which seems to significantly reduce the number of abortions that would otherwise occur.

Guttmacher states that:

"Publicly funded family planning services help women avoid pregnancies they do not want and plan pregnancies they do want. In 2014, these services helped women avoid two million unintended pregnancies, which would likely have resulted in 900,000 births and nearly 700,000 abortions."

<https://www.guttmacher.org/sites/default/files/factsheet/fb-unintended-pregnancy-us.pdf>

In 2014 34% of Planned Parenthood services were providing contraception.

<https://www.cnn.com/2015/08/04/health/planned-parenthood-by-the-numbers/index.html>

As such it is arguable that while Planned Parenthood did provide a significant fraction of the abortions in the US, most of those abortions would have been provided somewhere else anyway, and Planned Parenthood resulted in a significant net decrease in the rate of abortions in the conduct of its overall reproductive health care activities.

It is certainly valid to argue that if Planned Parenthood were not allowed or funded to conduct abortions, many poorer women would not have access to affordable abortion services, and so the number of abortions would drop. However, this would come at a cost of worse maternal and infant and child and family and poverty outcomes as discussed above. And this would mostly affect underprivileged and poor families, who could not readily afford alternative sources for an abortion, including any required travel. Thus, the impact would be strongly biased against underprivileged families and their children – which is hard to argue as a morally-justifiable position.

<https://www.guttmacher.org/gpr/2016/03/new-clarity-us-abortion-debate-steep-drop-unintended-pregnancy-driving-recent-abortion#>

<https://www.guttmacher.org/infographic/2017/unintended-pregnancies-and-abortions-averted-planned-parenthood-2015#>

<https://www.britannica.com/topic/Planned-Parenthood-organization>

<https://www.plannedparenthood.org/about-us/newsroom/press-releases/daleiden-admits-to-deceptively-editing-videos>

<https://oversight.house.gov/planned-parenthood-fact-v-fiction>

There are many pro-life claims that Planned Parenthood has an interest in promoting abortions, because they are funded for this purpose, and that private donors are “ideologically tied to abortion.”

https://abort73.com/abortion_facts/birth_control_and_abortion/

Certainly, profit for the Planned Parenthood clinic is a factor. However, making that assertion about private donors is very inappropriate. The idea that donors want to abort babies for the sake of abortions is incredibly unlikely. Rather, the donors are ideologically tied to giving women their own choice, putting the decision and the ability (for poor clients) into the hands of the women and their doctors, and very importantly (trusting the words of those advocates and donors) providing other essential women’s health services to poor and underprivileged women. That is extremely different than wanting abortions as such, and such an assertion constitutes false witness, one of the cardinal sins for a Christian.

PREGNANCY CARE CENTERS

There are about 2,500 pregnancy care centers, sometimes called “crisis pregnancy centers,” (PCC or CPC) around the US.

<https://crisispregnancycentermap.com/>

These centers aim to provide anti-abortion pregnancy care for low-income and crisis pregnancy situations. They typically provide pregnancy tests, baby and nursing clothing, diapers and nursing supplies, and many offer ultrasound services. As most are religious organizations, they typically include religious training, and strongly discourage clients from seeking abortions.

Unlike Planned Parenthood centers, CPCs do not offer contraceptive services (likely because many Catholic donors to CPCs oppose contraception). And of course they do not offer abortion services.

<https://www.vox.com/2020/3/2/21146011/crisis-pregnancy-center-resource-abortion-title-x>

As noted in an article from the AMA Journal of Ethics, some medical professionals consider CPCs to be unethical, as they attempt to redirect women from obtaining abortion services, often by appearing to provide them and then providing a strongly anti-abortion message. Since the content is not medically-based, but often advertised as medical-related services, some argue that the practices are deceptive. In particular, many CPCs advertise counseling on “all options” for “scared and pregnant” women – while not offering any realistic information about abortion, other than scare tactics (that are often not fully accurate), including the rather dubious threat of

psychological harm as discussed above. Most centers are not staffed with licensed medical professionals, other than perhaps a sonogram technician.

<https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03>

As a good example, the Oasis Pregnancy Center in Tampa has a website titled “Tampa Abortion Information” but the site is clearly NOT intended to provide medically-accurate information about abortion. The website “abortion information” page contains essentially zero information other than many appeals to make an appointment to learn more – which will naturally include information, naturally highly religious-based, completely designed to discourage abortion, not intended to provide scientifically-accurate information.

<https://oasispregnancycenter.org/>

Such CPCs have been surveyed by “secret shoppers” pretending to be seeking information about their pregnancies but actually collecting information for journalism, and a large number have been found to often provide factually untrue information about the risks of abortion, including claiming that abortion causes infertility and breast cancer, which claim has been rejected by the American College of Obstetricians and Gynecologists.

<https://msmagazine.com/2022/04/11/roe-v-wade-overturned-crisis-pregnancy-centers/>

Anti-abortion CPCs are also working very hard in the digital domain to attract women with crisis pregnancies, and dissuade them from abortions. In some markets, the vast majority of web search results for pregnancy tests and abortion services lead to a CPC website.

<https://www.bloomberg.com/news/articles/2022-06-27/anti-abortion-centers-find-pregnant-teens-online-then-save-their-data>

Notably, many CPCs (such as Oasis, above) encourage women to wait for a month to have a follow-up sonogram or pregnancy test, on the suggestion that maybe the pregnancy will spontaneously abort and no medical procedure will be necessary. Of course, this puts the woman further into the pregnancy, increasing both the physical and psychological risk if she does choose abortion later. From the clinic’s perspective, it also increases the development state of the fetus, making it more likely that the woman will see human-like features on the sonogram, such as developed limbs and fingers and toes, and then feel guilty about the abortion. This has two secondary effects: for those who do choose abortion, it causes emotional trauma after the fact; it also results in women accepting a pregnancy with all the tertiary effects of an unwanted child on both mother and child as noted previously in this paper.

Such tactics are of course desirable and natural from the perspective of a pro-life activist who does believe that abortion is always murder. However, from a secondary perspective, such tactics are not fully honest, and can definitely have harmful effects on the woman, the baby, and her other children. “The ends justify the means” is morally inappropriate for a believing Christian.

I do not at all dispute the positive work that CPCs do conduct, in providing immediate assistance to many women who choose to not abort, and many who simply need assistance and never were considering abortion. I also do not at all dispute the real desire in the hearts of many, many volunteers to help women in crisis pregnancies, and to minimize the number of abortions by all means possible. However, much the same can be said of many workers at Planned Parenthood, who have a very real desire to assist especially disadvantaged women and those who need actual medical services not available elsewhere. But simple intent in the heart of workers for an organization is not sufficient grounds to assess the appropriateness of the work that is done. The actual fruit of the work is also

critically important. And the morality of how the work is performed is important, especially to a Christian organization.

REPEAL OF ROE V WADE

With the repeal of Roe v Wade, and access to abortion disappearing in many states, the work done by Planned Parenthood, Christian CPCs, and other reproductive health clinics, becomes even more important than before.

The secondary tactics used by CPCs are certainly troublesome, when teens in crisis pregnancies find that their personal info has been saved and used for later contact. With abortions illegal in many states, this provides significant legal risk to such women, making them specific targets for both “citizen deputies” and aggressive local prosecutors.

It appears to me that any stigma attached to Planned Parenthood centers, especially in states where abortion is now outlawed, is misplaced, and their work in low-income areas is vital for reproductive health services, especially for the poor and underprivileged in their communities, who historically have been the significant majority of their clients. This does not take away from the importance of work done by CPCs – but it does mean that I cannot only support them if I wish to see abortions decreased.

ABORTIONS OF CONVENIENCE

Many pro-life advocates push back strongly against “abortions of convenience” even if they are willing to accept abortion in limited circumstances. Several specific instances come to mind: selecting the baby’s gender, selecting against certain undesirable physical traits, and general use of abortion instead of other forms of birth control.

GENDER SELECTION

Worldwide, gender selection abortion is a very significant problem, given the global higher value of male children in numerous cultures, with estimates upwards of a hundred million “missing” female children. Even in the US, where one would expect this to be less common, certain subcommunities (especially Asian) show a highly unbalanced ratio of birth genders, climbing sharply in the last 20 years.

<https://lozierinstitute.org/sex-selection-abortion-the-real-war-on-women/>

The following article makes a strong case that trying to fix this problem by placing specific restrictions on abortion has significant adverse effects on women’s ability to make suitable decisions for themselves and their families and to obtain necessary health care, primarily in that such laws introduce significant reporting requirements and chilling restrictions on both medical personnel and women who must provide intrusive personal information to satisfy those reporting requirements. It also points out that such bans do not seem to actually work in practice.

<https://www.guttmacher.org/evidence-you-can-use/banning-abortion-cases-race-or-sex-selection-or-fetal-anomaly>

EUGENICS

Eugenics is the practice of selecting for desirable genetic traits in humans. The most common form of eugenics today is pregnancy testing for various significant congenital defects, such as:

- Down Syndrome (mental limitations and sometimes health effects; >200,000 cases per year)
- Tay-Sachs (nerve disorder, nearly universally-fatal before five years of age, <20,000 cases per year)
- Spina bifida (malformed spinal cord, usually with mental defects, <200,000 cases per year)
- Anencephaly (failure of the brain to develop, <20,000 cases per year)
- Turner Syndrome (girls with only one X chromosome, resulting in short stature, delayed puberty, infertility, heart defects, and certain learning disabilities, <200,000 cases per year)
- Klinefelter syndrome (boys with extra X chromosome, resulting in low testosterone and reduced muscle mass, facial hair, and body hair, and producing little or no sperm; <200,000 cases per year).

Data is limited, but estimates are that 60 to 90 percent of fetuses diagnosed with Down Syndrome are aborted in the US.

<https://www.jec.senate.gov/public/index.cfm/republicans/2022/3/down-syndrome-and-social-capital-assessing-the-costs-of-selective-abortion>

Data seems to indicate that the population of Down Syndrome individuals is 30% lower in the US due to such testing and abortions.

<https://lozierinstitute.org/new-study-abortion-after-prenatal-diagnosis-of-down-syndrome-reduces-down-syndrome-community-by-thirty-percent/>

Many people consider abortion for such genetic and structural defects to be a mercy for both the child and the family. Christians typically respond that God uses difficult circumstances like birth defects to teach humans how to be humble, gracious, generous, and self-sacrificing, and that the choice of abortion is placing personal comfort and happiness above righteous character. This thoughtful and thorough article makes a case that particularly Down Syndrome children are often well-adjusted and happy, and bring significant benefit to their family and local community, despite the challenges associated with raising them; it considers the societal effects of selective abortion.

<https://www.theatlantic.com/magazine/archive/2020/12/the-last-children-of-down-syndrome/616928/>

Many Christian women reject any pre-birth tests, believing it will not affect their choice about carrying the child to term. Others want to know so they can prepare, even though they will not choose to abort.

In 2016, Indiana passed a law prohibiting abortions due to “race, color, national origin, ancestry, sex, or diagnosis or potential diagnosis of the fetus having Down syndrome or any other disability.”

<https://www.theatlantic.com/politics/archive/2016/05/sex-disability-race-selective-abortion-indiana/482856/>

As discussed above, severe fetal abnormalities are a common cause of therapeutic abortions. However, some states have undertaken to ban such abortions. For example, “*In 2013, North Dakota was the first state to prohibit abortion in cases of fetal anomaly, including in cases where the fetus has a condition that is incompatible with life and will die before or soon after birth. In 2014, Louisiana enacted a law prohibiting health care providers from*

providing information on abortion as a ‘neutral or acceptable option’ after a diagnosis or potential diagnosis of a fetal anomaly or genetic condition.”

<https://www.guttmacher.org/evidence-you-can-use/banning-abortions-cases-race-or-sex-selection-or-fetal-anomaly>

Race-selection abortions are also not unheard of. However, many activists point out that race-selection abortion bans are often misguided, and for several reasons unequally affect women of color in utilizing abortion services.

<https://socialchangenyu.com/review/how-race-selective-and-sex-selective-bans-on-abortion-expose-the-color-coded-dimensions-of-the-right-to-abortion-and-deficiencies-in-constitutional-protections-for-women-of-color/>

<https://www.wetestify.org/abortion-explained-race-selective-abortion-bans>

In particular, opponents of a proposed 2012 Prenatal Nondiscrimination Act (PRENDA) in Congress argued that “PRENDA defines a “race-selection abortion” as “an abortion performed for the purposes of eliminating an unborn child because the child or a parent of the child is of an undesired race.” PRENDA authors presume that the disproportionate number of abortions among Black women is the result of something other than higher rates of unintended pregnancy. Instead, the bill presumes that women choose to terminate pregnancies based on the race of the fetus, the race of the men that impregnated them, or a woman’s own perception that her race is “undesired.” Proponents of PRENDA and similar state bills allege that these bills would address the high abortion rate among Black women by banning such alleged “race selective” abortions. However, the only cases of “race selection” they actually cite did not involve Black women at all. Legislators supporting a similar bill in Georgia presented only a few reported instances of white parents or grandparents who have either forced or attempted to force their daughters to terminate pregnancies based on the race of the men who impregnated them. In such cases existing laws, including battery and kidnapping, can be invoked to properly punish those motivated by racism to force or coerce a woman into having an abortion.”

https://nwlc.org/wp-content/uploads/2015/08/prendafactsheet_0.pdf

This makes the good point that race-selection abortions are often forced upon women by discriminatory families who are unwilling to allow a teenager to carry a mixed-race child.

ABORTION AS BIRTH CONTROL

A common critique of abortion by pro-life activists is that it is used carelessly as a primary birth control method. However, this is not supported by the data.

In roughly half of abortions in the United States, the mother did not want a baby before conception and was actively using birth control methods. “In 2014, 51% of abortion patients were using a contraceptive method in the month they became pregnant, most commonly condoms (24%) or a short-acting hormonal method (13%).” The abortions in this case were the result of a failure of the birth control method, not a failure to use one.

<https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

Another indicator that abortion is not a primary method of birth control has to do with the frequency of abortions per patient. A fertile and sexually-active woman would be expected to become pregnant relatively often. Data shows that the 84 out of 100 young couples will get pregnant within a year if they have regular sex (every 2-3 days) and do not use contraception.

<https://www.nhs.uk/pregnancy/trying-for-a-baby/how-long-it-takes-to-get-pregnant/>

In general, healthy couples have a 25-30% chance of pregnancy during each monthly cycle.

<https://www.whattoexpect.com/getting-pregnant/fertility/how-long-does-it-take-to-get-pregnant>

If a woman is using abortion as birth control, it would be expected that she would experience multiple pregnancies and thus require numerous abortions throughout her approximately 30-year-long fertile life. However, data from 1999 (when abortion rates were significantly higher than 2022) shows that 52% of abortion patients were receiving their first abortion, and only 19% of patients had more than 2 previous abortions.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5109a1.htm>

This seriously weakens the pro-life argument that abortion is being misused as a primary form of birth control.

This is logical from a human standpoint. Abortion is not a simple medical procedure, and is costly, and as with any intrusive medical procedure requires planning and coordination and time away from work and other life activities. Women with access to contraception will almost always choose contraception. Those who fail to think ahead – mostly young women with minimal life experience – learn from the experience and do not repeat it.

This in my mind strengthens the argument for organizations like Planned Parenthood providing free contraception and instructions in its use, as such programs are definitively proven by multiple studies to significantly reduce the unplanned pregnancy rate, and by extension reduce the abortion rate. This is a good example of why the conservative anger against Planned Parenthood is misguided: the organization provides a service which definitively and significantly reduces the rate of abortion.

CONTRACEPTION

If one believes that personhood of a fetus begins at conception, then certain forms of contraception become problematic.

The most obvious of these is the “morning-after pill” which is basically a chemical abortifacient (an abortion-inducing agent).

Some intra-uterine devices (IUDs, specifically the “copper IUD”) are also problematic, because they prevent a fertilized egg from properly implanting and growing into an embryo and then fetus. (Other IUDs work by chemically killing sperm, which is not an abortifacient method.)

Some pro-life advocates argue that normal non-abortifacient contraceptive pills (“the pill”) cause increased natural abortions. And others argue that even though the pill is not intended to be an abortifacient, it can prevent implantation of the fertilized embryo.

This page discusses some of the claims, and generally takes the position that these methods are not strictly abortions because the pregnancy never was established by implantation of fertilized egg and subsequent growth of an embryo.

<https://www.gutmacher.org/gpr/2014/12/contraception-not-abortion-strategic-campaign-antiabortion-groups-persuade-public>

This position is sure to offend pro-life advocates, who believe that personhood begins at fertilization (the first part of the overall process of conception). Thus, preventing implantation is effectively killing the embryo.

Catholics and other fundamentalists also believe that contraception is wrong because it violates certain scriptural principles, such as the command to be fruitful and multiply, and because it reduces sexuality from primarily valuing procreation to primarily emphasizing its recreational value.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4434794/>

However, those arguments have no impact on the abortion debate and are not considered in this discussion.

As with nearly everything in this document, the acceptability of contraception, even abortifacient contraception, depends entirely on one's view of the timing of the personhood of an embryo.

One challenge in considering contraception is that there are effectively no popular non-surgical birth control methods other than condoms that do not place the burden on the woman for protecting herself against pregnancy. If a woman is not using a permanent (IUD) or chemical (the pill) birth control method, she has no control over the outcome of a rape.

THE SELF-DEFENSE THEORY OF ABORTION

Generally speaking, Christians and even most moral non-Christians consider the taking of human life to only be acceptable in very specific cases. This is often used by pro-life advocates to argue that abortion is wrong, as it constitutes the taking of a human life.

However, we as a society routinely do decide that human life must be sacrificed, and those cases are almost exclusively for the sake of protecting the life of others (either directly or indirectly). Knowingly sending men to die in the service of the military is the obvious example; this protects entire communities or nations. Death as punishment for a crime is also a form of protecting others, by discouraging extreme crimes and thus notionally saving the lives of those who would otherwise fall prey to evildoers. Gun rights advocates believe strongly in the appropriateness of killing a human when needed for self or family defense.

Even if we assume the personhood of a pre-awareness fetus (which as described above, I don't assume, but even if I did), the historically pro-life Christian community tends to also discount the defense of women, children, and families against unplanned or unwanted pregnancies, and generally even against rape and incest pregnancies. Since the overturning of *Roe v Wade* by SCOTUS, some extreme pro-life activists have even successfully pushed state legislation foolishly rejecting even ectopic pregnancy termination as being a form of abortion and thus unacceptable, despite clear and unanimous medical testimony that ectopic pregnancy is essentially a death sentence for both mother and fetus. By contrast, pro-choice advocates consider those reasons for abortion to be valid cases of self defense.

An article from 1997 points out that *"No other laws - except for those restricting abortion rights - permit a person to invade another person's body."* In her book *"Breaking Abortion Deadlock: From Choice to Consent"* discussed in that article, Eileen McDonagh writes that *"even in a medically normal pregnancy, the fetus massively intrudes on a woman's body and expropriates her liberty. If the woman does not consent to this transformation and use of her body, the fetus's imposition constitutes injuries sufficient to justify the use of deadly force to stop it" -- as in "rape, kidnapping or slavery."*

<https://www.washingtonpost.com/archive/opinions/1997/02/01/abortion-as-self-defense/1cf3aaf4-fe8c-487f-9e80-2f9ab9d30172/>

This is perhaps an extreme view, but not entirely without some merit. But the article also does point out that it advocates “*terminal violence against intruders who have no intention of doing harm,*” a rather over-aggressive solution which in other contexts might not be acceptable, especially if those “intruders” cannot comprehend their fault. Abortion is also a defense mounted against the intruder with no hearing, no court, and no chance of reprieve, which violates American jurisprudence.

Pro-life advocates also respond that the Christian ethos calls for surrendering one’s right to self defense, and even to life itself, on behalf of the other. Pro-choice advocates respond that such choice is always left to the individual, never compelled by society.

Pro-life advocates also typically argue that a woman’s choice to take actions that resulted in her pregnancy (unprotected sex, particularly) indicate that she gave permission for the pregnancy. However, pro-choice advocates respond that the primary issue at stake is those women who have not, in fact, consented, for a variety of reasons: rape (even spousal rape), failure of birth control, and any medically-troubled pregnancy. Furthermore, as discussed above, the data shows that unintentional and thus unconsented pregnancy is the more common case. But pro-life advocates counter that even protected sex is effectively consent to pregnancy, since birth control is known to fail regularly, even when used properly.

This paper counters the self-defense viewpoint strongly, but in my view ineffectively.

<https://jesp.org/index.php/jesp/article/view/1015/344>

It observes that the risk posed to a pregnant woman, while highly inconvenient, is temporary and (generally) rarely lethal, and thus not deserving of a lethal response. “*If you cannot kill an innocent person whose continued existence threatens your life, then presumably you cannot kill an innocent person who poses a lesser threat.*” It also observes that a fetus cannot rationally be accused of imposing its will on the mother, unlike other violations where lethal force is legally acceptable.

Despite this good point, ultimately the paper in my view fails to make a solid case against the self-defense theory by asserting several logical inconsistencies and by using a very convoluted proxy example which fails to capture the complexities of actual pregnancy situations.

The viewpoint (held by about half the population) that the fetus is not a person in at least the first trimester, and often also in the second trimester, adds some strength to the self-defense theory, in that the defense does not kill an actualized person, and is far easier to morally justify. Accordingly, many pro-choice advocates strongly consider the near total restriction of abortion to be highly problematic for women with a self-defense interest.

I also note that many of the rebuttals to the self-defense argument pay particular attention to the woman’s interests and preferences and desire for a convenient and easy life. However, these rebuttals consistently failed to consider the single most common reason given by a vast majority of women for choosing abortion: “*having a child would interfere with a woman’s education, work or ability to care for dependents (74%).*”

<https://www.guttmacher.org/journals/psrh/2005/reasons-us-women-have-abortions-quantitative-and-qualitative-perspectives>

This reason is NOT convenience: this is a matter of a woman with a very altruistic interest in how a pregnancy will affect her ability to provide for others already under her care, not just herself. Consider a single mother with several children to support, who simply cannot provide or care for them if she is required to take months off of work surrounding pregnancy, and then raising another infant. In that sense, her interests are not so much self defense, as defense of those in her care.

It strikes me as particularly ironic that in the gun-control debate in America, the ability to defend one's family is typically given higher value than defending one's own life. This is particularly noteworthy, since there is a large overlap between the pro-life community and the pro-gun community: largely right-wing evangelicals.

It also strikes me as particularly ironic that there is also a large overlap between pro-life advocates and those who strongly support the death penalty as ultimately protecting human life; by contrast, most pro-choice advocates strongly oppose the death penalty as taking a human life that might eventually be redeemed and may be executed in error (due to the proven non-zero rate of wrongful convictions in the judicial system). As a result, many pro-choice advocates argue that "pro-life" actually means "pro-birth" as the pro-life advocates separately endorse killing other humans without sufficient justification.

THE EFFECTS ON FAMILIES

CARE FOR UNWANTED BABIES

In an ideal world, a woman would care for even an unwanted infant just as gently and lovingly and graciously as for a wanted infant. In the real world, this is far from true. An article on the Drexel University College of Medicine found significantly worse outcomes for unwanted children:

"Women with unplanned pregnancies that were unwanted are more likely to smoke, use illicit drugs and be at greater risk for maternal anxiety and depression. The risk factors for unintended pregnancies are low socioeconomic status, maternal drug abuse, less education, sex trade, type of contraceptive used and younger age. Some research studies have also shown that unwanted pregnancies have been associated with poor maternal and child outcomes. For example, children born of unwanted pregnancies are at risk of behavioral and psychological issues in adolescence. There are multiple reasons unwanted pregnancies are associated with worse outcomes for children, and it is important to be aware of these risk factors in order to address the root cause of the problem."

"Women who delivered a child as a result of unwanted pregnancy tend to exhibit a more authoritarian parenting style and report experiencing more parenting stress postpartum. Another important factor associated with worse outcomes for children is the challenge of secure attachment formation between mother and her child. The effect on early development has also been investigated by researchers. The stress associated with unintended pregnancy itself along with parenting challenges and commonly coexisting maternal depression influence children's early development. Lack of sufficient interaction between mother and child may result in insecure attachment and delay of cognitive, motor and emotional development. As such, children born as a result of unwanted pregnancies are more likely to suffer from domestic violence and witness parental intimate partner violence. It has also been shown that these children are more likely to experience conduct and attention problems at ages 7-9 than those children whose mothers reported a planned pregnancy. Last but not least is breastfeeding, the benefits of which are well known for both mother and child. Multiple studies have shown that infants of unwanted pregnancies are less likely to be breastfed and, if they are, the time is significantly shorter than in infants of intended pregnancies."

<https://drexel.edu/medicine/academics/womens-health-and-leadership/womens-health-education-program/whpep-blog/unwanted-pregnancies-outcomes-for-children/>

These effects can continue into adulthood – *“being unwanted, and to a lesser extent unplanned, was associated with attachment insecurity (anxiety and avoidance). Birth status and knowledge about it play a role not only in parents’ but also children’s lives — affecting their attachment and mental representation into adulthood.”*

<https://journals.sagepub.com/doi/10.1177/0265407518787357>

Anti-abortion advocates typically respond to such lines of discussion that God alone should make a decision about a child’s future, and His grace is sufficient to provide for the needs of such children. While true, the data simply shows that He does not choose to relieve their suffering for whatever reason. As a result, pro-choice advocates consider the ending of a potential life to be the more merciful and moral choice. Of course, this logic only works if one believes that the life is only potential, not actualized, and therefore is not an immoral choice for that reason alone.

EFFECTS OF BABIES ON FAMILIES

Unwanted pregnancies also have measurably adverse effects on existing families and children of those families.

“From 6 months to 4.5 years after their mothers sought abortions, existing children of women denied abortions had lower mean child development scores (adjusted β -0.04 , 95% CI -0.07 to -0.00) and were more likely to live below the Federal Poverty Level (aOR 3.74, 95% CI 1.59-8.79) than the children of women who received a wanted abortion. There were no significant differences in child health or time spent with a caregiver other than the mother.”

<https://www.sciencedirect.com/science/article/pii/S0022347618312976>

A large and long-duration study of nearly 13,000 individuals found that *“Compared to children whose sibling’s birth was intended, both boys and girls whose sibling’s birth was unintended experienced larger declines in the quality of their home environment, and boys had larger increases in behavioral problems. We also find some unexpected evidence that mistimed births may have larger negative effects.”*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3313449/>

On the reverse, abortion can have adverse effects on surviving siblings. Many anti-abortion and pregnancy care centers use such stories to try to discourage abortion, but nearly all the examples I found were largely emotional appeals lacking any particular data, with plenty of caveats and “may exist” and “could happen” statements.

“Clinical observations indicated that those psychiatric patients who survived when a preborn sibling died were adversely affected by the experience. It seemed that being a survivor of a pregnancy loss, particularly abortion, contributed to psychiatric illnesses. Data was collected from a sample of 293 adults - 98 patients and 195 counseling trainees. A self-report questionnaire with visual analogue, rating, and descriptive questions was used to ascertain the extent of common psychiatric symptoms. These were analyzed to determine if there were any significant associations with various types of pregnancy outcome. Correlations and stepwise regression analyses demonstrated a cluster of existential symptoms for those surviving when their preborn siblings were aborted. The symptom expressed by the subjects in the study that was most closely associated with abortions in the first pregnancy of their mothers was, “I feel I don’t deserve to be alive.” There were different and more loosely clustered symptoms found in patients whose mother miscarried. Conclusion: there is a reasonably definable syndrome of

symptoms in patients associated with the abortion of their sibling, which we have termed, the Post Abortion Survivor Syndrome.”

<https://www.proquest.com/docview/884635271>

These effects, however, are only relevant to siblings who are told by their parents about their mother’s abortions, and the results were “reasonably definable” and not clear.

I found few trustworthy studies on this side of the argument. Many of the websites pointed to a single paper that was actually quite free of hard data and instead was mostly hypothetical; it concluded saying essentially that “since there are so many abortions, this needs to be studied further” – effectively admitting a lack of actionable data.

There are plenty of anecdotal online stories (mostly on anti-abortion or church websites) of siblings who found out as older children or adults about their mothers’ previous abortions, and their struggle to come to terms with that decision. That is certainly a valid and real factor to consider.

CARE FOR WOMEN AFTER BIRTH

The Turnaway Study found that “*Women denied a wanted abortion who have to carry an unwanted pregnancy to term have four times greater odds of living below the Federal Poverty Level (FPL).*” It also noted that:

In addition, women denied abortion are:

- More likely to experience serious complications from the end of pregnancy including eclampsia and death.
- More likely to stay tethered to abusive partners.
- More likely to suffer anxiety and loss of self-esteem in the short term after being denied abortion.
- Less likely to have aspirational life plans for the coming year.
- More likely to experience poor physical health for years after the pregnancy, including chronic pain and gestational hypertension.
- The study also finds that being denied abortion has serious implications for the children born of unwanted pregnancy, as well as for the existing children in the family.

<https://www.ansirh.org/research/ongoing/turnaway-study>

ADOPTION

Pro-life advocates promote adoption as a primary alternative to abortion for mothers who do not wish to keep their infants after birth. This is admirable, but it is worth considering how reasonable this proposal is.

Pregnancy Safety

The first significant problem with asserting that adoption is always preferable to abortion is that carrying a pregnancy to term is neither simple, inexpensive, easy, or always feasible.

- Single mothers, especially underprivileged, may be unable to take time off for late pregnancy health challenges and numerous pre-birth medical visits. Failure to take these visits adversely affects the health of the baby, significantly increasing the chance of complications at birth and afterwards.
- Childbirth is expensive, especially for women without adequate health insurance.

- Pregnancy is risky – significantly more so than early abortions. The US is the 55th safest nation in the world for childbirth, dead last among all wealthy nations.
<https://www.vox.com/2020/1/30/21113782/pregnancy-deaths-us-maternal-mortality-rate>
- Pregnancy is 3-4 times riskier for Black women than white women.
- Violence against pregnant women – especially when the child is not wanted by the father – is a serious problem, and homicide is a leading cause of death for pregnant women.
<https://www.thelily.com/homicide-is-a-leading-cause-of-death-in-pregnant-people-a-new-study-finds-black-women-are-at-greatest-risk/>
- Pregnancy significantly adversely impacts a woman’s work life and chances of getting a job or promotion.

Adoption Impacts on the Mother

It’s not easy on the mother to give an infant up for adoption.

Of women who were denied an abortion due to gestational limits, 91% who carried their babies to term chose to parent, according to a 2017 study by Gretchen Sisson, a sociologist at the University of California, San Francisco. If abortion is criminalized in two dozen states, perhaps that will change, but currently only 0.5% of births in the US end in adoption. Birth mothers who give up their babies for adoption report extended feelings of grief, anxiety and depression. Some have suicidal thoughts. “I have never gotten over it,” wrote one woman who had relinquished her child 20 years earlier. ...

To better understand the demographics of mothers in the US who relinquished their infants for adoption, Sisson examined data from private adoption agencies between 2001 and 2020. Most of the mothers were in their twenties, unemployed, on public health insurance and earning less than \$5,000 per year. Many were already parents. About 34% of the mothers in the study were people of color. Most had a high school degree and were unmarried.

According to a 2015 study by Sisson, most women who relinquished their babies would have preferred to parent. Adoption was a last resort. But unemployment, low-paying jobs, a lack of parental support and lack of health insurance all contributed to their feeling it was their only option.

https://www.washingtonpost.com/business/adoption-is-not-a-substitute-for-abortion/2022/06/04/0e8aaaba-e407-11ec-ae64-6b23e5155b62_story.html

Also, adoption doesn’t relieve the burden on the mother – interviews with women who gave up their children often expressed grief decades later. By contrast, the vast majority of women who chose abortions believe they made the right decision when interviewed years later.

<https://www.npr.org/2021/12/14/1063784711/its-not-as-simple-as-abortion-v-adoption-just-ask-bri>

This is understandable for women who do not believe the fetus is already alive and a person. In their case, they are being asked to bring a child to term and then abandon it to questionable circumstances, instead of never allowing it to reach personhood in the first place. This becomes an immoral choice in their eyes. Certainly pro-life advocates disagree, but that position is not universally shared – not even by a majority of Americans.

Adoption Impacts on the Child

Putting a child up for adoption is hardly a guarantee of a good life for the child; there are more than 400,000 children in US foster care systems. Especially for children who stay in the foster care system until they are aware of that fact, it contributes to lifelong mental issues with rejection and abandonment.

<https://www.vox.com/2021/12/8/22822854/abortion-roe-wade-adoption-supreme-court-barrett>

Adoption Difficulty

Adoption is not a simple process. CPCs aim to make this process easier, often working with women who choose adoption over abortion, but it's far from easy.

It's notable that at present, annually only about 18,000 to 20,000 women give up their child for adoption.

Given the number of families waiting for an adoption – about 2 million by some estimates – there should be enough homes willing to adopt children to absorb a substantial fraction of infants saved from abortion. Since only about 1 in 10 women denied an abortion typically give a newborn up for adoption, that would be about 65,000 new adoptions per year.

<https://www.sciencedirect.com/science/article/pii/S0010782421003528>

<https://creatingafamily.org/adoption-category/adoption-blog/adoption-cost-length-time/>

However, adoption costs of \$45,000 or more per adoption make the process inaccessible to many families.

<https://www.theatlantic.com/politics/archive/2021/10/adopt-baby-cost-process-hard/620258/>

Due to the difficulty and the costs, many children enter foster care and remain there for many years. This is a deterrent to women considering giving their infant up for adoption, because they know the likely pain and damage this will cause the child during its early life.

If laws were updated to make adoption easier (which would help reduce the legal costs significantly), it is likely that adoption would be far more acceptable to women considering abortion versus adoption.

Privacy Issues

It is practically impossible to pursue adoption with full anonymity, due to the extensive legal paperwork involved. Especially in the case of state laws preventing abortion, consulting with an adoption agency leaves a trail of information pointing to a pregnant woman. If she later declines to follow adoption, this exposes her to legal risk in the event of getting an abortion.

Additionally, it is impossible to bring a child to term invisibly.

In shame-based religious communities, where unmarried pregnancy can result in shunning or worse, pursuing adoption requires bringing a child to term, which eliminates any chance that the woman will be able to avoid exposure. While a fundamentalist view implies that such exposure is eternally good for the woman, requiring her to confront her sin and calling her to repentance, this is a particular religious view that conflicts with other scriptural imperatives to avoid exposing others' shame. Furthermore, not all pregnancies are the fault of the

woman, but historically fundamentalist and strongly patriarchal churches frequently blame any woman even for rape. As with other topics in this analysis of abortion, my personal convictions about the matter must not override the personal convictions of the woman involved.

Some additional helpful readings on adoption are at these links:

<https://www.americanadoptions.com/adopt/closed-adoption>

https://www.americanadoptions.com/pregnant/is_adoption_hard

<https://tdlawgroup.com/pregnant-and-considering-adoption/how-adoption-works/is-it-hard-to-put-a-baby-up-for-adoption/>

<https://ifstudies.org/blog/the-changing-face-of-adoption-in-the-united-states>

THE EFFECTS ON THE CHURCH

THE WITNESS OF THE CHURCH

Since the leak of the first draft of the SCOTUS decision on *Roe v Wade*, much has been written by both secular and religious thinkers and religious leaders about America's relationship with abortion, and particularly about the pro-life church's stance and its witness to the world.

Of all the arguments I have read, the one I find most compelling is that the church has focused far more on the particular issue of abortion, than on the equally present and very visible issue of providing for the poor and needy and widows and oppressed. When the statistics of American women and children living in poverty are considered, it certainly appears that the church has paid mere lip service to this area of need which has been proven in study after study to contribute mightily to the abortion problem. The natural conclusion of onlookers is that the church cares far more about the unborn than the already-born, and this is clearly in contrast to both Old and New Testament teachings about justice for the oppressed.

The common response from the church is that these women, and by extension their children, have chosen immoral behavior and thus deserve their fate.

I find this to be a morally bankrupt position to take. We do not have any record of Jesus making such value judgements about those who he served, and in fact, he often deliberately chose to reach out to the worst sinners to show them mercy. Yes, he told them to "go and sin no more" but only after he met their needs. The segment of the American church that has been the most vocal about abortion has failed at this very basic tenet of righteousness.

This fact alone does not provide any argument for or against the morality of abortion. However, it sharply reduces my personal willingness to be instructed by the same church in morality, when it is easily shown to be failing so miserably at that morality.

PRO-LIFE VERSUS PRO-BIRTH

One specific charge against the "pro-life" movement has been its near-laser-like focus on being pro birth, and abandoning any pretense of caring about other human life, such as the dire poverty of many women and children.

As many have said, the church seems to want the baby to be born, but to have absolutely nothing to do with that situation afterwards.

Many respond to this claim, “we support our local pregnancy care center,” and to be sure, those PCCs do provide a number of valuable supports to needy women and children. But if you look at the nature of the offered support, it really does not provide much beyond the first month or two of life, other than some free clothing.

Other critical pro-life issues raised by pro-choice advocates include the following. All of these are subject to debate, of course, but liberal voters are nearly universal in their support for these issues, while pro-life voters are nearly universal in their opposition. Since the pro-life church, essentially all of the evangelical community, is so strongly opposed to these ideas that most other voters support, there is a strong perception outside the evangelical community that the pro-life advocates don’t care about human life beyond birth.

Safe access to abortion: The fact is that even with abortions made illegal in many states, many women will still have abortions. Since a majority of women don’t agree that abortion is wrong, they have no moral reason to not have an abortion. The question is can they obtain safe abortions that don’t also kill them? The liberal perspective is that this question is critical, and that the church is so focused on making abortion illegal that it doesn’t care about those women.

Gun control: There is a strong correlation between pro-life and strong advocacy for unrestricted gun rights, which are increasingly troublesome with rising gun violence rights. While many of those Christians argue that those guns allow moral Americans to defend their lives, statistics about gun violence really do not support that claim – families with guns suffer overall far higher death and injury rates from suicide and shootings of family members by family members, especially compared to the incredibly infrequent use of guns to defend the family from criminals.

Death penalty abolished: There is a strong correlation between pro-life and strong advocacy for the “rule of law” and particularly the death penalty. Pro-life voters would argue that the death penalty enhances public safety, but statistics do not bear out that the death penalty correlates to lower murder rates.

<https://www.aclu.org/other/death-penalty-questions-and-answers>

Pregnancy-related mortality: Particularly poor women and especially the Black and brown communities suffer greatly due to poor health care, especially reproductive health care. Yet those churches oppose any form of free health care, based on a general opposition to welfare and giving free things to people they deem unworthy.

As noted in Christianity Today, *“Black women are three times more likely to die from pregnancy-related causes than white women, and their babies are twice as likely as white babies to die before their first birthdays. Racial disparities persist across nearly every measure—from income for covering childcare to quality of education.”*

<https://www.christianitytoday.com/news/2022/june/pro-life-black-church-roe-v-wade-abortion-racism-whole-life.html>

Non-availability of abortion and women’s mortality: As abhorrent as abortion is, access to abortion decreases women’s mortality significantly. While the pro-life church considers this an acceptable tradeoff, most other Christians and of course most non-Christians consider this absolute proof of the moral hypocrisy in the church.

Totally aside from the risks of unsafe abortion, when no legal abortion is available and women obtain illegal and unsafe abortions, states with restrictive abortion laws have notably higher maternal mortality rates – as much as 47% higher than the national average.

<https://www.cnn.com/2022/05/10/us/maternal-mortality-roe-wade-abortion-access/index.html>

General health care: There is a strong correlation between pro-life and strong advocacy against universal health care. Pro-life voters argue that it is not the role of the government to pay for people's private choices regarding health care, but liberal voters argue this shows a strong disdain for the quality of life, and actual overall longevity of people, especially those who cannot provide it for themselves.

Furthermore, data shows that access to free health care, especially for the disadvantaged, significantly reduces abortion rates, both by providing access to contraception, and also by eliminating a significant barrier for women to feel like they can support a child. For example, *"When women ages 20-24 were able to stay on their parents' insurance, the rate of abortions in this age group fell by between 9 and 14 percent compared to women who weren't able to access that eligibility."* and *"The women's use of long-term hormonal birth control such as the shot and the implant increased by 68 percent—the jump appears large because previous use of this type of birth control was so low—and the rate of babies born in this age group also fell by 10 percent."*

<https://ihpi.umich.edu/news/access-birth-control-through-aca-drives-down-abortion-rate>

Paid parental leave: This is common around the world, but pro-life Christians also typically oppose paid parental leave, on the grounds that it violates the freedom of businesses and amounts to another form of welfare. However, this leave makes a massive difference in the welfare of women during and after pregnancy, and also for the welfare of their entire families. Because the pay involved avoids a large monetary impact on the family, it also has lasting impacts on the family far into the future.

Just as with health care, paid parental leave plays directly into a woman's choice whether or not to abort, by affecting her sense of overall personal welfare and ability to provide for a family. This is most critical for single women, who have no choice but to return to work otherwise.

Care for immigrants: This issue receives considerable attention from many liberals, who believe that immigrant lives are just as important as infants – especially those immigrants trying to escape from desperate situations with their families, seeking safety in the United States. The treatment of immigrants at the US border, especially with massive border detentions by the Trump administration, the border wall, and separation of children from their families, all of which are typically supported by pro-life voters, is highly offensive to liberals and a cause of derision for the conservative church.

MY CONCLUSIONS

After undertaking the research and thinking associated with this paper, I have reached the following conclusions.

THE BEGINNING OF PERSONHOOD

I cannot be certain of when the soul and spirit become part of a human being, and I believe it is impossible to know for certain, but I find it unlikely that personhood is possible before about the 24th week of gestation. I agree that life begins at conception, but life and personhood are distinctly different matters, and I believe that the moral issues surrounding abortion depend strongly on personhood.

I find that the pro-life assertions about personhood beginning at conception are solely faith-based statements, and are a matter of conviction or faith, not of provable fact. This conviction does not extend to all practicing and believing Christians, nor to Muslims or Jews. As such, there is a diversity of beliefs, and intellectual humility demands that I temper the strength of my assertions about this matter.

LIMITS TO MY AUTHORITY

Accordingly, I believe that my own personal convictions stated in this document should not impose limitations on other rational adults. Even though I personally believe that abortion ends life and interrupts a potential personhood, I recognize a diversity of opinions on the topic. I am therefore unwilling to impose my beliefs on others primarily because it is impossible to prove that I am fully correct. The choice in most cases should remain between a woman, her partner, her doctor, and her God if she is a believer.

I understand the pro-life assertion that the infant should have a say in the matter – but the fetus in question is neither conscious nor capable of making such a decision, and it assumes a personhood that I do not believe necessarily even exists before 24 weeks. I therefore find this an argument that is easily ignored in my own moral decision-making.

PRO-LIFE BUT PRO-CHOICE

I believe that human life is sacred and strongly deserving of protection, specifically including the life inherent in an embryo or fetus. This is not, however, justification to forbid all abortion, because the woman's life is actual personhood, not just potential personhood as I conclude applies to an embryo or early fetus. Therefore, in cases where the woman's life or actual tangible wellbeing are under threat, the life and potential personhood of the fetus should not override the woman's health and wellbeing.

Likewise, no woman lives in isolation, and is often the mother of other children, and a wife to her spouse, and a daughter, and often an employee. The woman's wellbeing has wide-reaching impacts on many other real persons, many of whom cannot consent to the significant adverse impacts of an unplanned and unwanted pregnancy, and this factor must be considered in any decision about abortion.

UNACCEPTABLE ABORTION

I believe that abortion should never be used for an alternative to contraception.

I strongly believe that abortion should never be used for gender selection.

I generally believe that abortion should not be used for Down Syndrome cases; Down Syndrome is readily survivable and individuals generally lead good lives. Other genetic birth defects as discussed above are more problematic, as most of them are either fatal or have massive negative impacts on the family and the child. However, I acknowledge that there are moral and ethical implications to this matter, and people of good conscience may reasonably and rationally and spiritually believe that the best choice is avoiding the child's lifetime suffering from physical and mental limitations, and the associated burdens on family and society. Furthermore, in the absence of knowledge of the specifics of any case, including the severity of the defects, I cannot possibly hope to make a wise decision for such a case. Therefore, that decision is not mine to make, nor should it be the state's or the church's decision; it should be left up to the family and their doctors.

I believe that abortion after 24 weeks, once the fetal brain is capable of consciousness, should never be used other than cases of extreme danger to the mother's health. Even then, the risk to the mother (and the associated risk to her entire family) ought to be balanced against what is at that gestational age (in my view) a unique person deserving of full moral protection. That decision is not mine to make, nor should it be the state's or the church's decision; it should be left up to the family and their doctors.

I believe that partial-birth abortion is indefensible in any situation.

I believe that rape victims should never be forced to bear the child of their rapist. As with late-term abortion, this is a matter for the woman, her family, and her doctors to decide.

I believe it is appropriate to strongly discourage abortion for convenience, including for unplanned pregnancies. However, for such early-term abortions, since I am not convinced that that personhood is involved, the decision should be a matter for the mother and her family and her doctors to decide. Issues of the quality of life of the child and the mother and her family may tip the scales in a way that makes me uncomfortable, but are not my decision, nor that of the state or the church.

SOCIAL MATTERS

I am no longer convinced that Planned Parenthood is an evil organization. I find it likely that they reduce the overall number of abortions in America, and provide absolutely essential services particularly to poor and disadvantaged women and their families.

I am no longer convinced that crisis pregnancy centers are pure bastions of morality. I find it likely that many of them are subtly or blatantly deceptive in their practices, attempting to reduce abortions by immoral means. I am not asserting that all staff and workers are unethical, but some certainly are willing to lie in the service of life. The work is important, but any organization that promotes Christian values must follow rigorous ethical practices. This includes training its staff in absolute truth, so that volunteer workers are not inadvertently or deliberately lying to clients about abortion or adoption.

LAW CONCLUSIONS

For all the above reasons,

- I am generally opposed to laws preventing abortions before the third trimester (24 weeks).
- I am strongly opposed to laws preventing abortions before the second trimester (12 weeks).
- I believe that laws preventing abortions before six weeks are unreasonable and unrealistic, as many women are not even aware of the pregnancy, and this removes from women an essential window of time to act, yet long before any significant biological difference from the 12th week. Such six-week limits to abortion are essentially legal gamesmanship, attempting to show concern for “choice” while effectively eliminating that choice in most cases.

I believe the SCOTUS decision overturning Roe v Wade was poorly informed. It was based on a matter of faith more than law. Despite the concepts of state’s rights, and my general sense that state’s rights are incredibly important to our Republic, I believe that an essential human right to personal autonomy is involved in the question of abortion, and as such, is central to the Constitution. Furthermore, it has been argued (convincingly in my view) that the Constitution’s definition of personhood was a born person, not a conceived embryo or fetus.

MY INVITATION TO YOU

I consider this matter to be weighty and complex enough that I cannot reasonably expect to ever find it completely settled in my heart and mind.

I also have an ongoing and determined posture of humility before the Lord; if He convicts me of the need to change my positions or my actions, I do so.

For these reasons, I invite dialog. Provided it is polite and based on facts and careful investigation, I will readily engage. I find little value in strictly doctrinal discussions, as doctrine usually is inflexible. If you're willing to sit down over coffee and discuss these matters, then please feel welcome to challenge my conclusions, or any data presented herein.

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