

Abortion: What is the Good?

Developing a Deeper Understanding of Abortion:  
An Analysis with Bernard Lonergan's Transcendental Method  
as a Creative Framework.

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## ABSTRACT

Abortion: What is the Good?

Developing a Deeper Understanding of Abortion:  
An Analysis with Bernard Lonergan's Transcendental Method as a Creative Framework

Barbara M. Whyte

This thesis attempts to dismantle the world of meaning which limits the understanding of abortion to only two perspectives: pro-life and pro-choice, and to begin a tentative reconstruction framed on Bernard Lonergan's transcendental method. His method, founded on the concrete subject seeking the good offers a creative framework which validates women's abortion decision-making and acting, as an important source of moral data.

The transcendental method consists of the four operations of consciousness: experience, understanding, judging and deciding which operate within each individual. The thesis consists of four chapters each focusing on one of the operations in relation to abortion. I use Daniel Maguire's eight "reality revealing" questions and Lonergan's notions of horizon and social structures in order to reach a deeper understanding of voluntary pregnancy interruption. There are several social structures which require abortion as act of meaning if they are to function effectively. An analysis of the "good" of abortion consists of Lonergan's explanation of the human good; its components, the scale of values, and the three levels of the good. In the conclusion concrete actions are suggested as the result of my tentative reconstruction of a world of meaning in which social and

cultural values (the good) are incarnated by individual women voluntarily ending their pregnancy. The question is addressed: Does abortion promote human progress or decline as defined by Lonergan?

## Acknowledgements

### Copyrights

Anne Sexton, "The Abortion", *The Complete Poems*, New York: Houghton Mifflin Company 1981; First Mariner Book, 1999, 61-62.

Debra Spencer, "Day Bath", *Pomegranate*, Los Angeles: Hummingbird Press, 2004.

Billy Collins, "The Lanyard", *The Trouble with Poetry and Other Poems*, New York, Random House Trade Paperbacks, 2005, 45-46.

To Mary, Beryl, Donald, Jesse, Lucas, Meghan and Daniel

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Each of us lives in a world mediated by meaning, a world constructed over the years by the sum total of our conscious, intentional activities. Such a world is a matter not merely of details but also of basic options. Once such options are taken and built upon, they have to be maintained or else one must go back, tear down, reconstruct. So radical a procedure is not easily undertaken; it is not comfortably performed; it is not quickly completed. It can be comparable to major surgery, and most of us grasp the knife gingerly and wield it clumsily.

Bernard Lonergan, *Method in Theology*

## Introduction

I lived in a world mediated by meaning that included an acceptance of both the pro-choice and pro-life abortion positions as options. I was pro-choice for other women and pro-life for myself; that is until I became a high school nurse and began to counsel pregnant teenage girls. My emotional reaction to the ending of a potential life took me by surprise because from an educational and economic perspective the option of voluntary pregnancy termination<sup>1</sup> is the only rational choice for girls at this age. However, confronted with the concrete reality of abortion I discovered that my head and heart were in disagreement. Just say the word abortion and my emotions began to swirl. Reluctantly I have as Lonergan says; gone back, torn down and as a rational person of faith, begun the uncomfortable procedure of reconstructing my understanding of abortion. This thesis presents my struggle for a theological reconciliation between my head and heart; my role as a school nurse and my identity as a Christian.

The inspiration and framework for my thesis is Bernard Lonergan's *Method in Theology*,<sup>2</sup> and his theory of cognition with its operations of experiencing, understanding, judging and deciding. His transcendental method offered a solution to my dilemma in a manner that the traditional framework, pro and con did not and therefore, in this thesis I provide only a summary description of the main arguments of that traditional framework. The

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<sup>1</sup>Documents from the Quebec Order of Nurses refer to abortion as "interruption volontaire de grossesse" or "I.V.G." In this paper I will be using the terms voluntary pregnancy termination or interruption, induced abortion or therapeutic induced abortion and abortion interchangeably.

<sup>2</sup> Bernard Lonergan, *Method in Theology*, (North America: Herder and Herder, Inc., 1972; Seabury paperback ed., 1979; Toronto: University of Toronto Press Inc., 1999).

goal of the thesis is *not* to come up with an improved rationale for one position or the other, but to explore abortion as an act of meaning<sup>3</sup> within a social and cultural context.

### **Literature Review: Traditional Philosophical Arguments**

A brief review of the abortion morality literature reveals that much of what has been written presents the pro-life or pro-choice arguments from abstract philosophical or legal and ethical perspectives. Unfortunately, such arguments have neither resolved the tension nor stimulated reconciliation between the two positions.

The literature on the morality of abortion traditionally begins with the question: Is it morally right or is it morally wrong to have an abortion? Since the legalization of abortion in both Canada and the United States<sup>4</sup> the responses of various individuals; theologians, ethicists, philosophers, politicians, feminists and ordinary citizens to this question, have become polarized into two groups, pro-life and pro-choice. These positions have developed out of different answers to the question: What is abortion? The pro-life<sup>5</sup> argument against abortion is that the ending of a pregnancy means the ending of the foetus's life. Abortion is immoral because it is the killing of an innocent person. The arguments have revolved around demonstrating that the foetus is a person and therefore

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<sup>3</sup> Lonergan, 74-78. We experience, understand, judge and decide because we live in a world mediated by meaning. These decisions result in actions which are referred to by Lonergan as 'acts of meaning'.

<sup>4</sup> Annula Lunders, "Victory and Beyond: An Historical Comparative Analysis of the Outcomes of the Abortion Movements in Sweden and the United States", *Sociological Forum*, Vol. 19 #3 (Sept. 2004), 371-404. According to Lunders this polarization did not occur in other countries because of the focus on preventing the health complications and deaths caused by illegal abortions.

<sup>5</sup> Leslie Cannold, *The Abortion Myth: Feminism, Morality and the Hard Choices Women Make* (London: Wesleyan University Press, 2000), xxv. She uses the term "anti-choice" stating it is a better reflection of their position—women should not have the choice and because the term 'pro-life' insinuates that 'pro-choice' is pro-death. I will be using the traditional pro-life and pro-choice terms.

has the right to life.<sup>6</sup> At the other end of the spectrum, the pro-choice view is that pregnancy is a bodily condition which the mother may or may not choose to continue. Abortion is morally permissible either because the foetus is not a person or because the rights of the mother supersedes the rights of the foetus.<sup>7</sup> The debate has been further broken down by an analysis of when the foetus actually becomes a person and defining the characteristics of personhood.<sup>8</sup> Then there are the discussions involving special cases. For example: Is abortion morally permissible if the pregnancy is the result of a rape or if a woman's health or life is threatened by the pregnancy?

Feminist theories such as the ethics of care and ecofeminism have added a new dimension to the discussion. Celia Wolf-Devine argues that the ethics of care for particular others supports the arguments against abortion. She explains that the ending of a viable pregnancy is not a 'feminine' solution.<sup>9</sup> She understands abortion to be a breaking of the connection between the woman and the foetus. It is this ending of the connection, which shows a willingness to use violence in order to maintain control that she considers to be unfeminine. It is also non-egalitarian, as the mother's interests are put before the foetus's interests. On this last point, as shall be seen in the section on personal experience, many women would disagree with Wolf-Devine. Instead they see the

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<sup>6</sup> John T. Noonan, "An Almost Absolute Value in History" and Don Marquis, "An Argument that Abortion is Wrong" both in James E. White, ed., *Contemporary Moral Problems* (Belmont: Wadsworth Publishing Co., 2000), 136-141 and 164-175 respectively.

<sup>7</sup> Judith Jarvis Thomson, "A Defense of Abortion", James E. White, ed., *Contemporary Moral Problems*, (Belmont: Wadsworth Publishing Co., 2000), 142-151 and Mary Anne Warren, "On the Moral and Legal Status of Abortion", in Robert M. Baird and Stuart E. Rosenbaum, ed., *The Ethics of Abortion: Pro-life vs Pro-Choice* (Amherst: Prometheus Books, 2001), 272-279.

<sup>8</sup> Mary Anne Warren, 272-279.

<sup>9</sup> Celia Wolf-Devine, "Abortion and the 'Feminine Voice'," James E. White, ed., *Contemporary Moral Problems* (Belmont: Wadsworth Publishing Co., 2000), 176-185.

decision to abort as arising out of *care* for the foetus.<sup>10</sup> So far all the arguments for or against abortion, have been concerned only with the actual ending of a pregnancy; only pro-choice's use of ecofeminism represents a moving away from the traditional strict focus on the mother-foetus dyad. For example: Ronnie Zoe Hawkins argues that if the question of the morality of abortion is examined in light of the near future risks of overpopulation, environmental destruction and poverty, abortion will be seen as a life affirming choice that is from a 'what is best for the world' perspective.<sup>11</sup>

These rational abstract<sup>12</sup> arguments have not resolved the abortion morality debate. The question therefore arises: Is there another approach with which to investigate the good of abortion? Is there an approach which would move the focus away from its strict emphasis on the mother-foetus dyad and consider women's choice of voluntary pregnancy interruption within a social and cultural context?

I began my research with the question: Is it possible that Bernard Lonergan's transcendental method could deepen my understanding of abortion? I was originally attracted to Lonergan's transcendental method as a potential source of insight into the morality issue of induced abortion for four reasons: 1) it is based on an empirical notion of culture,<sup>13</sup> 2) it offers the possibility of unifying the different academic sources of

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<sup>10</sup> Leslie Cannold, xii.

<sup>11</sup> Ronnie Zoe Hawkins, "Reproductive Choices: The Ecological Dimension", James E. White, (ed.) *Contemporary Moral Problems*, (Belmont: Wadsworth Publishing Co., 2000), 186-198.

<sup>12</sup> It could be argued that these arguments are not "rational" or "abstract"; however my shift to the level of process reveals that these arguments are, in fact abstract and theoretical.

<sup>13</sup> Lonergan, xi.

information on abortion,<sup>14</sup> 3) it emphasizes questioning until no further questions remain<sup>15</sup> and 4) its foundation is the individual.<sup>16</sup>

Lonergan's transcendental method is based on an empirical understanding of culture. He begins *Method in Theology* with an explanation of the difference between classical and empirical notions of culture. The classical view considers culture to be universal and permanent, where behaviours such as abortion, are judged as either right or wrong. Many of the philosophical arguments described in the literature review presented earlier begin from this perspective. The empirical view on the other hand, defines culture as "...the set of meanings and values that inform a way of life."<sup>17</sup> This perspective shifts the questioning from the specific action to the sets of meanings and values informing the action, in this case, the early termination of a pregnancy. Therefore the transcendental method provides the investigative tools with which to explore abortion as an act of meaning within a cultural matrix. The "good" of abortion becomes a function of the particular sets of meanings and values involved. The empirical understanding of culture also takes into account the gradual changes in meanings and values which occur over time. According to Lonergan, such changes recorded by historians, may be towards either human progress or decline. Thus the empirical notion of culture also suggests that a deeper understanding of abortion would include historical data in order to respond to the question: "Does abortion promote human progress or decline?"

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<sup>14</sup> Lonergan, 24.

<sup>15</sup> Lonergan, 11, 164 and 191.

<sup>16</sup> Lonergan, xii.

<sup>17</sup> Lonergan, xi

A number of academic disciplines have commented or investigated abortion based on their particular viewpoint. Therefore, the second reason for choosing Lonergan's transcendental method is its potential for creating links between various data sources. As Lonergan states: "...all workers, in all fields can find in transcendental method common norms, foundations, systematics and common critical, dialectical and heuristic procedures."<sup>18</sup> In this way Lonergan's method will increase our knowledge of the reality of abortion.

My third reason for choosing the transcendental method is Lonergan's suggestion that in our struggle to answer the question, "What is true?", in this case in terms of abortion, we must continue to ask questions until no further relevant questions arise. Conflicting positions that arise are the result of incomplete intellectual, moral and/or religious conversion: that is, all the relevant questions have *not* been asked or considered.<sup>19</sup> The source of conflicting interpretations and judgments is often what Lonergan calls the "unknown unknown," that is data we not only do not understand but that we don't know that we don't know. The solution and "...the key to success is to keep adverting to what has not yet been understood, for that is the source of further questions."<sup>20</sup> Psychologists, Mildred Newman and Bernard Berkowitz suggest that when there is conflict between opposing opinions, this conflict hides a deeper reality: "...excessive conflict is a cover-

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<sup>18</sup> Lonergan, 24. Tad Dunne, *Bernard Lonergan: Generalized Empirical Method in Ethics*, Internet Accessed: <http://www.wideopenwest.com/~tdunne5273/GEM-Ency.htm>, 12/05,2005. "...he proposes a methodical framework for collaboration in resolving basic differences in all these disciplines." 1.

<sup>19</sup> Lonergan, 237-247. It is possible that both positions, pro-life and pro-choice are the result of dialectically opposed horizons and incomplete intellectual, moral and religion conversions that would be a question for another thesis. As noted earlier my goal is to view abortion from a new, different framework.

<sup>20</sup> Lonergan, 164. He refers to the importance of questions several times. For example: "...answers are never complete and so only give rise to further questions.", 11 and "If, in fact, there are no further relevant questions then, in fact, a certain judgment would be true." 191.

up. The ‘yes’ and ‘no’ of the conflict is a distraction to keep you preoccupied so that you do not pay attention to something else.”<sup>21</sup> Therefore, it is possible that there are other questions to be asked in order to come to a deeper understanding of the reality of abortion. Lonergan’s method alerts us to new data, new questions and new understandings.

The foundation of the transcendental method is the individual which is my fourth and final reason for choosing this method. Lonergan affirms that knowledge begins with the individual paying attention to her or his experience. He emphasizes the importance of the individual when he states: “...in every successful act of knowing stands the knower or subject seeking to know.”<sup>22</sup> Leslie Cannold in *The Myth of Abortion* agrees that this will change the nature of the questions and their answers.<sup>23</sup> My own experience includes a sojourn in the Inuit town of Kuujjuaq, Quebec which has influenced my abortion viewpoint. While in the north my southern cultural mothering and childcare values clashed against the northern, aboriginal communal values. I became aware of an alternative childcare approach, hitherto unknown to me. Here childcare was a community responsibility rather than an individual responsibility and there were few abortions. This experience suggested to me that if the solution to the abortion debate could not be found in the realm of abstract theory, perhaps it could be found in the data of the lived experience of individuals contemplating the termination of a pregnancy. Transcendental

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<sup>21</sup> Mildred Newman and Bernard Berkowitz, *How to Take Charge of Your Life*, (New York: Bantam Books, 1981), 101.

<sup>22</sup> Sauer, James B, *A Commentary on Lonergan’s Method in Theology*, edited by Peter I. Monette and Christine Jamieson (Ottawa: Lonergan Web Site, 2001) x, quoted from Lonergan’s *Insight*.

<sup>23</sup> Cannold, xxxiii.



method's foundation on the individual validates the importance of women's experience as a data source for abortion.

### **Transcendental Method**

Loneragan describes transcendental method as "...a framework for collaborative creativity"<sup>24</sup> and a set of interlocking "...terms and relations that it may be well to have about when it comes to describing reality or to forming hypotheses."<sup>25</sup> In respect to voluntary pregnancy interruption creativity and flexibility are necessary tools for developing new perspectives. Lonergan's method is not a set of rules but rather a process of operations which operate within each individual. He defines it as "...a normative pattern of recurrent and related operations yielding cumulative and progressive results."<sup>26</sup> These operations are occurring all the time; they are *how* we come to know what it is we know. These dynamic structural operations of our own cognitive and moral being include not only the logical but also the intuitive and emotional.<sup>27</sup> These operations of consciousness are experiencing, understanding, judging and deciding. In relation to the operations, Lonergan identifies the transcendental precepts: be attentive, be intelligent, be rational and be responsible.<sup>28</sup> As consciousness expands so do these operations function at differing empirical, intellectual, rational and responsible levels, thus creating a fuller awareness which is unique at each level. It is possible to discover these operations

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<sup>24</sup> Lonergan, xi

<sup>25</sup> Lonergan, xii

<sup>26</sup> Lonergan, 5

<sup>27</sup> Lonergan, xii and 6

<sup>28</sup> Tad Dunne, *Bernard Lonergan: Generalized Empirical Method in Ethics*, <http://www.wideopenwest.com/~tdunne5273/GEM-Ency.htm>, 5. Internet accessed 12/05/2005.

within oneself by paying attention to or "...objectifying the contents of consciousness,"<sup>29</sup> because they are ourselves: intentional and conscious. This attending to the data of consciousness he calls self-appropriation and it occurs when we have "...a grasp of the transcendental method,"<sup>30</sup> that is, we become conscious of our experiencing, understanding, judging and deciding. This intellectual conversion or realization that knowing is more than 'just taking a look'<sup>31</sup> moves us towards cognitive self-transcendence (the achievement of conscious intentionality) and authenticity. For Lonergan, to attend to the transcendental precepts is to be ethical.

It is this theory of cognition or knowing which loosely forms the framework for my thesis. Self-transcendence begins with attending to the data of sense and of consciousness. In the case of voluntary pregnancy termination this data includes women's individual and cultural experience which is presented in the first chapter, "Paying Attention to Experience". The second operation<sup>32</sup> which corresponds to the second chapter of my thesis seeks to understand that data within the world mediated by meaning.<sup>33</sup> The third chapter, following the third operation is an exploration of judgements of fact and value as I struggle to answer the question: What is the good of abortion? The final operation, deciding what to do and doing it, shifts us from knowing to doing and prompts us to consider, not just what pleases us but what is truly good. This is the topic addressed in the fourth chapter. The final result will be a deeper understanding

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<sup>29</sup> Lonergan, 8-9

<sup>30</sup> Lonergan, 8.

<sup>31</sup> Lonergan, 238.

<sup>32</sup> Lonergan, 17. He uses the term operation to signify a particular process or action of consciousness which occurs spontaneously but of which we can become conscious and therefore able to act upon.

<sup>33</sup> Lonergan, 35.

of the world mediated by meaning as experienced by pregnant women such that abortion becomes a viable option for the good.

### **Overview of the Thesis**

The first operation in Lonergan's method is that of experiencing. Therefore chapter one consists of data on abortion from a wide variety of sources, with emphasis on women's experience. I have done this because, although unplanned and unwanted pregnancy concerns both men and women, traditionally women's perspective has been treated as less creditable even though our invested interest has been greater, whether the decision is to carry the pregnancy to term or not. The personal stories past and present, research studies, and Canadian statistics reflect this concern. My second concern is to provide social and cultural abortion data as a context for women's experience. The sources from popular culture and the history of abortion: medical, legal, political and religious perspectives are included for this reason. My overall goal in this chapter is to expand the horizon of the data source boundaries from the limited traditional focus on the mother and foetus dyad outward to include their social and cultural community. The stimulus for this change in viewpoint was my experience with Inuit aboriginal friends, who did not view children as solely one mother's responsibility, concern or treasure.

Chapter two of the thesis, like Lonergan's cognitive operations, seeks to understand the data. Daniel Maguire's "eight reality revealing questions"<sup>34</sup> will be used as the

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<sup>34</sup> Daniel Maguire, "The Routes to Realism", *The Moral Choice* (New York: Winston Press, 1979), 128-188.

organizational framework in order to simplify data presentation and interpretation. Two of Lonergan's tools of analysis, his notion of horizons and his understanding of social structures will facilitate a deeper level of understanding of the cultural processes involved. One meaning of the data which will be suggested is that men and women have different horizons due to socialization and cultural expectations of behaviour. Carol Gilligan's<sup>35</sup> abortion study was the first to indicate that women reason from a different moral perspective. This difference in horizon will create different questions and answers with respect to abortion. Social structures are linked sets of acts of meaning that occur within a particular society to facilitate members in meeting their needs and which enable the society to continue to exist. Voluntary pregnancy interruption can be understood as an act of meaning that is part of the social structures concerned with human procreation. After explaining Kenneth Melchin's consumer purchasing transactions as an example of a social institution<sup>36</sup>; I will discuss four other social structures; three that create social problems for which abortion is the solution; romantic relationships, sex education and parenting, and the fourth, the medical system which provides the service. Maguire's eight questions and Lonergan's notions of horizons and social structures are used to facilitate an understanding of the decision to abort a pregnancy within a certain social and cultural context.

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<sup>35</sup> Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development*, (Cambridge: Harvard University Press) 1982.

<sup>36</sup> Melchin, Kenneth R., *Living with other People: An Introduction to Christian Ethics Based on Bernard Lonergan*, (Ottawa: Novalis Saint Paul University, 1998), 48-53. I will use the terms social structure and social institution interchangeably throughout my thesis.

The third chapter focuses on the operation of judging and the question, what is the good of abortion? There will be some overlap from previous chapters as one of the two judgements to be made has to do with whether our understanding of the data is correct: is what we think to be, really true? I will demonstrate that the facts of abortion and my understanding within the Canadian cultural context are correct. The second judgement to be made is of value. The “good” of abortion will be explored using Bernard Lonergan’s theoretical concepts of intentional response to value, scale of values, judgement of value, the human good, the three levels of the good, and human progress or decline.

The final chapter illustrates the fourth transcendental operation, deciding and choosing to act. The foundation of ethics is the individual paying attention, understanding, judging and deciding. Moral conversion occurs when the criteria for our decisions and choices change from seeking our own satisfactions to seeking what is truly good or truly valuable.<sup>37</sup> In this chapter I will present some of the actions I have taken as a result of my struggle for a deeper understanding of abortion and my own self-appropriation of the transcendent precepts. The thesis will conclude with a summary of my findings and questions requiring further investigation.

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<sup>37</sup> Lonergan, 240.

## The Abortion

*Somebody who should have been born  
is gone.*

Just as the earth puckered its mouth,  
each bud puffing out from its knot,  
I changed my shoes, and then drove south.

Up past the Blue Mountains, where  
Pennsylvania humps on endlessly,  
wearing, like a crayoned cat, its green hair,

Its roads sunken in like a gray washboard;  
where, in truth, the ground cracks evilly,  
a dark socket from which the coal has poured,

*Somebody who should have been born  
is gone.*

The grass as bristly and stout as chives,  
and me wondering when the ground would break,  
and me wondering how anything fragile survives;

Up in Pennsylvania, I met a little man,  
not Rumpelstiltskin, at all, at all...  
he took the fullness that love began.

Returning north, even the sky grew thin  
like a high window looking nowhere.  
The road was as flat as a sheet of tin.

*Somebody who should have been born  
is gone.*

Yes, woman, such logic will lead  
to loss without death. Or say what you meant,  
you coward....this baby that I bleed.

By Anne Sexton<sup>38</sup>

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<sup>38</sup>Anne Sexton, *The Complete Poems* (New York: Houghton Mifflin Books, 1981; First Mariner Books, 1999), 61-62. Used with permission.

# Chapter One

## Paying attention to Experience

The first imperative in understanding anything is to pay attention to the experience. Therefore the first question becomes what experience must I focus on, in order to have as full an understanding of abortion as possible? In other words, what data do I include? There are several data sources to chose from, historical, legal, political, medical, social, religious and personal. One might argue that the history of abortion is an example of how women's actual personal experience, until recently, was overlooked as a valid source of data for understanding.<sup>39</sup> However, Lonergan's statement: "What is good, is always concrete"<sup>40</sup> encourages me to begin with women's experience in my search for the "good" of abortion for he is referring in part to "...the concrete subject who desires to do what is good, worthwhile and valuable."<sup>41</sup> The concrete good is both the individual and her actions. Our decisions become moral only when they have been actualized. This infers that women who have abortions had decided, after authentically performing the operations of consciousness, that it was good, worthwhile and valuable to terminate their pregnancies. Therefore, in order to obtain a deeper understanding of the good of voluntary pregnancy termination data pertaining to women's experience must be sought out and included. The ending of a pregnancy by induced abortion is a choice. In order to fully understand the context of that choice and the abortion it is important to also include

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<sup>39</sup> Cannold, xxx-xxxiii. Cannold states that: "It is orthodox philosophy's indifference to the moral experience of individuals or groups who must actually face particular moral dilemmas in the course of living their lives that lies at the heart of the abstract reflective approach." xxxi. She also recognizes that beginning with life experience was seen as a threat to the traditional philosophical method for establishing what is true, xxxi.

<sup>40</sup> Lonergan, 27.

<sup>41</sup> Sauer, 46.

data encompassing the social and cultural context in which such a decision is reached and ultimately acted upon. Thus, given the importance of women's experience and its social and cultural context, in what follows I will draw on several sources of data. First, I will relate my own life experience. Second, I will communicate the experience of other women, both past and present. Here I will include research done on women's experience in relation to abortion. Next, I will briefly consider literature and films dealing with abortion in popular culture. This will provide a sense of the drama and highlight the difficulty of women's experience in relation to abortion. Next, I will look briefly at the history of abortion in relation to the medical, legal, political and religious perspectives. Finally, I will conclude with some recent statistics of abortion in Canada and Quebec which will provide a sense of the prevalence of the practice.<sup>42</sup> The focus of this chapter is to collect as much data as possible before moving on to chapter two where I will focus on understanding the meaning of the data.

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<sup>42</sup> Any look at public opinion on abortion would be incomplete without at least a passing comment on the internet as a resource. On May 20, 2007 at [www.google.com](http://www.google.com) there were 165,000,000 hits in 0.10 seconds for abortion, 9,020,000 for motherhood, 1,460,000 for pro-life and 2,300,000 for pro-choice. These numbers reflect the continued world wide interest in abortion. They also suggest the need to verify the reliability of the information presented. I have used only those web sources which were official government sites or accessible via the Concordia library web site.



## **Women's Experience: Women's Voices as Authority**

### Personal experience

As noted in the introduction, the foundation of the transcendental method is the individual who pays attention, understands, judges, decides and acts on that decision. Therefore, paying attention to my experience is basic to the process. I graduated from high school in the 1970's. My oldest sister was a feminist so we had theoretical discussions on the topic of whether or not women should have the choice to continue a pregnancy. The pro-choice position seemed the most logical one. I did not feel any inconsistency either, in also stating that I did not believe in abortion. I graduated from an Ontario nursing college in 1978. Nursing theory is based on the medical, scientific model. This model is presumed to be objective and therefore abortion as a medical act would be value-free. The standard by which nursing and medical treatments are judged is: Does this nursing act move the patient in the direction of good health? Does it promote healing? Any treatment chosen to reach this goal is based on objective scientific studies which prove the effectiveness of the particular treatment. At the time I felt comfortable with my pro-choice position and non-judgemental nursing stance. I married, obtained my Bachelors in Science of Nursing and had four children.

In the early 1990's I lived in Kuujjuaq, with my family. This is an Inuit community on the Ungava Bay in Northern Quebec which was in transition from the traditional Inuit nomadic lifestyle to a more modern way of life. Many of the adults had been born and

until recently (30 years) lived in igloos. I noticed the children seemed to have more than one family. They had their 'blood' mother that is, their biological mother *and* their mother; the one they lived with. Some children had gold chains or watches. They were the adopted ones, the ones who brought good luck to the family. If a young girl became pregnant, there was no shame. Someone would care for the baby. Children were seen as precious gifts.<sup>43</sup> After we returned to Ormstown in southern Quebec, some Inuit friends came down to visit and my husband, Donald took them to see some horses on his sister Margaret's farm. Margaret is married but has not had children. When they left her home they turned to Donald and in all seriousness asked why we had not given her one of our four children? Obviously they thought we should have done so. How could we not share? They saw us as selfish for behaviour which our culture says is mature and responsible!

In 1998 I started working as school nurse in a high school. Counselling pregnant teenage girls is part of that job. Most come without their boyfriends, but indicate that they will discuss the decision with them after our meeting. They have three choices: 1) have an abortion, 2) continue the pregnancy and keep the baby or 3) continue the pregnancy and then give the baby up for adoption. I have translated into English a pamphlet from the Quebec Ministry of Health, which consists of a series of questions designed to assist the person in making the right choice.<sup>44</sup> The topics addressed reflect the reality that if the girl chooses to keep the baby, nine times out of ten she will be or will soon become a single parent with its inherent psychological and socioeconomic risks. Concretely, this means that when a pregnant woman under 18 keeps the child, the chances are very good

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<sup>43</sup> At the time, Northern Quebec had the highest birth rate in Quebec.

<sup>44</sup> Céline Girard, *Pour faire le bon choix* (Beauport: Direction de la santé publique de Québec, 2000), See appendix 1 "Questions and Choices" my translation.

that she will not complete her education, and will either be on welfare or work at a low paying job. Her child is at increased risk of juvenile delinquency, not completing school, living on welfare or working for minimum wage as well as being four times as likely to suffer mental health problems.<sup>45</sup> With these possible outcomes in mind, it is not surprising that, when a pregnant high school student decides to ‘keep the pregnancy’, meaning the baby, the CLSC school team members greet the news with the words; “Oh, that’s too bad.”

My experience has been that most students have decided before they become pregnant what they would do (abort or not) and that the third choice, adoption is not considered a viable option. Pregnant or not, the girls I have spoken to say they would rather have an abortion than put a baby up for adoption because: “How could you give your baby away? A good mother does not abandon her child to strangers.”<sup>46</sup>

If they decide that they do not want to continue with the pregnancy, it is my job to assist with the abortion arrangements. I have driven girls to the hospital for the abortion because under the law they have the right to transportation for health services. Once I went into the operating room, during the procedure in order to provide support to the student. My emotional response was strongly negative and I felt that as women we are sacrificing ourselves on the ‘altar of consumerism’. This may seem melodramatic, but I

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<sup>45</sup> “Statistics on Teenage Pregnancy”, unpublished paper, Direction de la planification et de la coordination Ministre de l’Éducation, November 22, 2001.

<sup>46</sup> Cannold, 107-114, notes that this is a common response found in surveys and the women she interviewed; both pro-life and pro-choice were in agreement. The ‘Good Mother’ criteria will be discussed in Chapter three.

was thinking: “*There is something very wrong here. This suffering is not necessary. Why is this happening? There is something wrong with the system!*”

My experience as the mother of four children, my exposure to Inuit cultural norms and my work related involvement with abortion as a lived reality has clashed with my pro-choice stance, emphasizing the difference between theory and lived experience. My emotional reaction as a person of faith was one of pain and questioning: “How could something I *believe* to be right, *feel* so wrong?” My contact with the Inuit in Kuujuaq exposed me to a culture that treated children as precious gifts to be shared. They were the community’s responsibility. This contrasts sharply with our culture in which individual mothers have become totally responsible for the care and nurturing of their children, the next generation. The clash between cultural childrearing practices, my faith and my nursing role required a theological solution as Lonergan states: “A theology mediates between a cultural matrix and the significance and role of a religion in that matrix.”<sup>47</sup>

### Other Women’s Experience

#### *The Past*

The book, *No Choice: Canadian Women Tell Their Stories of Illegal Abortion*,<sup>48</sup> records the personal events surrounding women who chose to have an abortion despite the fact

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<sup>47</sup> Lonergan, xi.

<sup>48</sup> Childbirth by Choice, ed., *No Choice: Canadian Women Tell Their Stories of Illegal Abortion* (Toronto: Childbirth by Choice Trust, 1998). The book is now available on line to download for free at: <http://www.cbctrust.com/history.php>

that it was illegal, from the turn of the 19<sup>th</sup> century to the 1960's. For these women, their pregnancies represented a threat to their lives and the lives of their families. They did not regret having had an abortion; *rather* they were angered by the unnecessary health risks, degradation and pain they had been forced to endure as a consequence of its illegality.<sup>49</sup> They offer their stories as examples, hoping to prevent their physical and psychological suffering from re-occurring in the future.

The book is divided into four parts with stories from 1900 to World War II, the Forties, the Fifties and the Sixties. In each, the willingness of women to end an unplanned pregnancy, despite the risk of possible serious injury or death, is reinforced. For these women, having a child or having another child was a fate worse than death. For example Sophia, a nurse trained in 1919 stated: "They used to try and take a needle to abort. And they used to take medicine, a lot of medicine. Then they'd sit in hot baths and try to do that."<sup>50</sup> Amanda tells the story of her mother who, in 1937 committed suicide after an illegal abortion left her in such constant pain that she was unable to do any of her usual household tasks.<sup>51</sup> Andrea, a war bride gave herself three abortions, following the directions of a friend: ten days before the next period, find the cervix, insert an enema tube, and pour warm soapy water with dettol into your uterus. She said: "In those days, any woman who maintained her family at three [children] had abortions. One woman I knew had eight, my mother-in-law had twelve."<sup>52</sup> Dr. Ian S. tells of a young girl in 1956

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<sup>49</sup> Childbirth by Choice, 30.

<sup>50</sup> Childbirth by Choice, 49.

<sup>51</sup> Childbirth by Choice, 58.

<sup>52</sup> Childbirth by Choice, 74.

begging him for an abortion. He refused and a few days later he was called to her home where he pronounced her dead as the result of an illegal abortion.<sup>53</sup>

### *The Recent Past to the Present*

The Boston Women's Health Book Collective's *Our Bodies, Ourselves: A Book by and for Women*<sup>54</sup> was first published in the 1970's and is updated regularly. It presents abortion as a rational, reasonable choice, necessary to allow women to have a life of their own. The picture of the anonymous woman, (now known to be Geraldine Santoro) found dead on the floor of her motel room after her illegal abortion was especially effective in reinforcing the need for abortion to be legal.<sup>55</sup> The hallmark of this book is the personal comments by women on all the stages of their reproductive lives, including unplanned pregnancies and abortion. These quotes reveal the complexity and variety of women's responses when confronted with the decision of whether or not to carry a pregnancy to term and become a mother.<sup>56</sup>

Penny Lane is an American who was inspired to produce a documentary, *The Abortion Diaries*,<sup>57</sup> in order to come to a clearer understanding of her own abortion experience. This 30 minute DVD, in which 12 women candidly share their abortion experience, is divided into five chapters: 1) silence and stigma, 2) how I got pregnant, 3) the choice,

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<sup>53</sup> Childbirth by Choice, 112.

<sup>54</sup> The Boston Women's Health Book Collective, *Our Bodies, Ourselves: A New Edition for a New Era* (New York: Simon & Schuster, 1984; Touchstone, 2005) is the most recent edition.

<sup>55</sup> The Boston Women's Health Book Collective, 408.

<sup>56</sup> The Boston Women's Health Book Collective, 383. Additional comments are posted on its website: [www.ourbodiesourselves.org](http://www.ourbodiesourselves.org). under the heading: 'unexpected pregnanc

<sup>57</sup> Penny Lane, director, *The Abortion Diaries* (New York: Iear Studios, Renoselaer Polytechnie Institute, 2005), [www.theabortiondiaries.com](http://www.theabortiondiaries.com), It is possible to order copies from the web site.

4) motherhood and 5) self-determination and reproductive rights. Each woman clearly articulates her motivations for terminating the pregnancy and how it was the only responsible choice for her at that time in her life.

### **Research Studies**

Although many articles and books have been written on the morality of abortion as a theoretical concept; there have been few actual scientific investigations into the experience. I chose four research studies as data sources because of their focus on women's perspective on abortion as a lived experience. Three out of the four base their conclusions on interviews with women who had been or were confronted with the reality of an unplanned, unwanted pregnancy. The focus of the first three is the moral decision-making process and the fourth is a descriptive study of women's experience.

Carol Gilligan was the first person to research how women make moral decisions. At the time, she was working at Harvard University with Lawrence Kohlberg on moral development. She began interviewing young women and discovered that their psychological growth and moral development did not fit with Kohlberg's justice model. The results of her investigation were presented in her book *In a Different Voice: Psychological Theory and Women's Development*.<sup>58</sup> The book refers to three research studies she conducted: the college student study, the abortion decision study and the rights and responsibilities study. Her conclusion that women's moral reasoning was

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<sup>58</sup> Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development*, (Cambridge: Harvard University Press) 1982.

different from men's, created quite a stir in the academic world and led to the development of the ethics of care. Gilligan found that while boys reasoned using logic and law to solve moral conflicts, girls used communication and relationship to come to a solution.<sup>59</sup>

Judith G. Smetana's research study, *Concepts of Self and Morality: Women's Reasoning about Abortion*,<sup>60</sup> also examines the complexities of such a decision. Smetana interviewed 70 single women, 48 of whom had just learned they were pregnant. Her goal was to understand how they organized their thinking rather than the particular conclusion they came to.<sup>61</sup> The study begins with Smetana's explanation of Lawrence Kohlberg's theory, followed by the author's discussion of the women's answers to her questions in relation to her theoretical framework. She classifies responses as in the moral, social-conventional or personal cognitive developmental domains, depending on the woman's interpretation of the meaning of abortion and the factors influencing her decision to terminate the pregnancy. For example the 25% of the women interviewed who agreed that life begins at conception are classified as moral reasoners. Their reasoning revolved around a concern for life. Smetana analysed their responses according to Kohlberg's stages of moral development.<sup>62</sup> On the other hand, the 44% who defined abortion as a personal choice with their main concern being maintenance of individual autonomy; despite the fact that they believed that life began at birth, were classified as personal

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<sup>59</sup> Carol Gilligan, 29.

<sup>60</sup> Judith Smetana, *Concepts of Self and Morality: Women's Reasoning about Abortion* (New York: Praeger Publishers) 1982.

<sup>61</sup> Judith Smetana, 26-27.

<sup>62</sup> Smetana, 29-41. Smetana's study indicates that from her perspective all decisions are not moral decisions. She accepted the fact that for some people, abortion was not a moral issue. I will discuss this point of view in chapter two.



reasoners. Abortion was not a moral issue for this group, according to Smetana.<sup>63</sup> Another 24% believed that abortion was a moral choice because life begins during the pregnancy, thus they integrated the moral into the personal. They were classified as coordinated reasoners.<sup>64</sup> A final 7% of the women agreed that life begins at conception and that women were entitled to self-determination. These respondents were classified as uncoordinated reasoners.<sup>65</sup>

Leslie Cannold, in her book: *The Abortion Myth: Feminism, Morality and the Hard Choices Women Make*, confirms the conclusion of these earlier studies; a woman does not make the decision to abort an unplanned pregnancy in isolation. She takes into consideration other factors such as family and how they will be affected. Her thesis is that it is not just a decision to end a pregnancy; rather it is a decision *not* to become a mother at that time. The central question for Cannold in the abortion debate is whether or not motherhood is imposed or chosen.<sup>66</sup>

Eve Kushner, an American freelance writer began investigating women's experience of abortion as a result of her own abortion and her emotional reaction to it. She interviewed 115 women ages 17 to 75 over a five year period for her book; *Experiencing Abortion: a*

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<sup>63</sup> Smetana, 41-42.

<sup>64</sup> Smetana, 50.

<sup>65</sup> Smetana, 54.

<sup>66</sup> Leslie Cannold, xiii. This idea is not new. See Linda Gordon, "Voluntary Motherhood: The Beginnings of Feminist Birth Control Ideas in the United States," in *Clio's Consciousness Raised: New Perspectives on the History of Women*, edited by Mary Hartman and Lois W. Banner (New York: Harper & Row, Publishers, 1974), 54-71. Nie Jing-Bao, *Behind the Silence: Chinese Voices on Abortion*, (Lanham, Maryland: Rowman & Littlefield Publishers, 2005) reveals that despite the one child policy, abortion is just as complex a social reality in China, as it is in North America.

*Weaving of Women's Words*,<sup>67</sup> in order to break the silence and isolation surrounding the experience. Kushner validates women's reality in relation to their abortion as an important event in their lives by allowing them to voice their thoughts and feelings about the experience. She writes in the preface; "I feel that the women who have abortions are the real experts on the subject. Those who stand outside the experience, armed with theories, don't know how it feels."<sup>68</sup> The book indicates that reactions to an abortion are as individual as each woman. The meaning a voluntary pregnancy interruption symbolizes for the woman, will affect her emotional experience before and after the intervention. They may feel sad or angry or relieved or nothing at all. If they view abortion as immoral, they may feel the need to be punished.<sup>69</sup> Some view it as a responsible, practical choice: "...she kept in mind her responsibilities as a mother (to her other children, her financial and emotional resources)...as she advises other pregnant women to do..." Others view the abortion as irresponsible or selfish to put their own lives before that of the foetus; "We may feel sad that we put our own needs above those of a potential child... [We] may feel guilty..., believing that our needs aren't important enough to take priority."<sup>70</sup> Or "... we might feel relieved when a pregnancy ends and allows us to move on with our lives."<sup>71</sup>

Some of the women Kushner interviewed had more than one abortion, as did some of the women in *Childbirth by Choice*. In each case, as with any experience we have in life

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<sup>67</sup> Eve Kushner, *Experiencing Abortion: A Weaving of Women's Words*, (New York: Harrington Park Press, 1997). As far as I know, other than the book *No Choice* by Childbirth by Choice, there have been no studies done into women's experience of abortion in Canada.

<sup>68</sup> Kushner, xix.

<sup>69</sup> Kushner, 143.

<sup>70</sup> Kushner, 176-177.

<sup>71</sup> Kushner, 178.

including abortion, the circumstances, reasoning and feelings may be different each time. There is no guarantee that because the first was or was not difficult that the second will have the same outcome, as several women note in Kushner's book. Many of these unplanned pregnancies were the result of contraceptive failure.<sup>72</sup> This fact did not necessarily make it any easier for the person involved, if she interpreted the need for another abortion as an indication that she was irresponsible; "...there are stereotypes about the people who have several abortions and [I do] not fit that image at all. The image is one of irresponsibility..."<sup>73</sup>

### **Popular Culture**

Cultural expectations of behaviour are often communicated through popular media. Stories of voluntary pregnancy termination, until recently, were conspicuous by their absence as noted by Penny Lane and Eva Kushner earlier. Therefore, the following novels and movies become an important data source as they communicate to the general public the complexities involved in abortion. The stories convey meaning by mixing emotions and events at the same time they promote and/or question various social and cultural values.<sup>74</sup> As Lonergan states it is: "[b]ecause of our feelings [that] we are oriented massively and dynamically in a world mediated by meaning."<sup>75</sup> Therefore, feelings cannot be left out of the abortion data equation. The stories presented here serve to

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<sup>72</sup> Kushner, 230. Kushner states that 645,000 abortions were for women who had had a previous abortion.

<sup>73</sup> Kushner, 229.

<sup>74</sup> Robert Fulford, *The Triumph of Narrative: Storytelling in the Age of Mass Culture* (Toronto: The House of Anansi Press, 1999) 6.

<sup>75</sup> Lonergan, 31. Feelings as intentional responses will be discussed further in chapter three.

dramatize women's experience of unplanned pregnancy and abortion as acts of meaning which occur within a particular socio-cultural milieu.

Richard Brautigan's *The Abortion: An Historical Romance 1966*<sup>76</sup> was the first and only story for many years in which abortion was openly addressed. The story takes place in the United States before the legalization of abortion. A young girl, Vida comes to live with the young male narrator. Their relationship lasts for about a year near the end of which Vida discovers she is pregnant. The discussion between himself and Vida regarding the pregnancy was rational and emotionally muted. Vida felt that she was too young to have a baby now, that she had more things she wanted to do such as finish her education. He remembers his friend and co-worker, Foster, had organized an abortion for his own girlfriend even though it was illegal. The narrator contacts him and Vida is able to have the abortion. The emotional reactions of Vida and the narrator are mitigated by the fact that Vida and the narrator are both able to continue with their separate lives as planned. It serves to dramatize the pro-choice position.

Mary Wesley's *Harnessing Peacocks*,<sup>77</sup> romanticizes the social and economic price attached to choosing not to terminate a pregnancy. It is the tale of young Hebe, a girl whose first sexual experience results in an unplanned pregnancy. Her upper class British family decides Hebe must have an abortion in order for the family to avoid scandal. She

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<sup>76</sup> Richard Brautigan, *The Abortion: An Historical Romance 1966*, (New York: Simon and Schuster, 1970; Touchstone, 1971). Along with discussion with my sister, reading this also influenced my own pro-choice abortion position.

<sup>77</sup> Mary Wesley, *Harnessing Peacocks* (London: Macmillan London Ltd., 1985; a Black Swan Book, 1989) The more realistic and common outcome is portrayed in Thomas Hardy's book *Tess of the d'Urbervilles* set in the mid-eighteen hundreds it also tells the story of a young woman, Tessa who gives birth to an illegitimate child. She was ostracized from society and dies in poverty. Teenagers who have children today do not die but as noted in the section on personal experience, often they struggle with poverty.

runs away, has the child and creates a life for herself as a single parent, while secretly waiting for the mysterious father. Hebe supports herself and her son comfortably as a cook for wealthy older aristocratic women as well as by charging a few select married men for her sexual favours. The plot revolves around the appearance of the father of her child, who has been searching for her, ever since their fateful encounter 12 years before. The story ends happily when they become a family unit.

Four movies: *Story of Women*,<sup>78</sup> *If These Walls Could Talk*<sup>79</sup>, *Vera Drake*<sup>80</sup> and *Mama Last Call*<sup>81</sup> present in narrative form the complexity of the emotional, social and legal issues surrounding abortion in four different cultures. *Story of Women* is a French movie, with English subtitles. It tells the true story of Marie Latour, an abortionist, in France during World War II. *If These Walls Could Talk*, an American movie, presents the stories of three women in three different decades who are confronted with an unplanned pregnancy. *Vera Drake*, is based on the true story of Vera Drake, an abortionist in the fifties in London, England. The fourth, *Mama Last Call*, a Quebec film, is the unplanned pregnancy story of a 37 year old career journalist. The movie is set in present day Quebec, the Canadian province with the highest abortion rate. A closer look at the lives portrayed in these movies reveals that these women's choices and the consequences of those choices were greatly influenced by the social conditions of their particular time.

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<sup>78</sup> Claude Chabrol, dir., *The Story of Women*, cast: Isabelle Huppert and Francois Cluzet, (Montreal: Productions Quebec/Amerique Inc., 1988; Alliance Entertainment Releasing Corporation, 1990), Home video.

<sup>79</sup> Cher, Nancy Savoca, dir., *If These Walls Could Talk*, cast: Demi Moore, Sissy Spacek, Cher, Shirley Knight, (HBO NYC, A Moving Pictures Production, 1996; HBO Home video, 2004) DVD.

<sup>80</sup> Mike Leigh, director, *Vera Drake*, cast: Imelda Staunton, Richard Graham, Eddie Mason (London: Les Films Alain Sarde, 2004; DVD 2005).

<sup>81</sup> François Bouvier, dir., *Maman Last Call*, prod., Christian Larouche and Pierre Gendron; cast: Sophie Lorain, Patrick Huard, Stéphane Demers, Anne-Marie Cadieux (Westmount, Quebec: Christal Films Productions Inc., 2004; DVD 2005).

The first movie, *Story of Women* begins with Marie Latour, played by Isabelle Huppert struggling to provide for her two children in a small village in France during the Second World War. She is alone as her husband is in a prison camp. Life is hard with starvation close at hand. One day she comes upon her neighbour having a mustard bath in an effort to bring on a miscarriage. Marie knows a more effective method, with a tube and warm soapy water. It works on the second attempt. The woman is grateful; giving Marie her record player and records. She knows Marie loves to sing. Her husband returns home, but due to the hard times she has had to face alone and her new dreams of becoming a singer, she is no longer interested in him. The days go by, the neighbour tells others about Marie and she begins to have a little illegal business. Gradually they become better off materially as she helps other women who 'find themselves in trouble' out of trouble. Only one woman dies, a poor mother of 5 who said she would rather die than have another child. All this time, Marie remains aloof from her husband. She meets another man. When her husband finds her in bed with this man he decides to take his revenge by reporting her abortion activities anonymously to the authorities. She is arrested and taken to Paris for trial. She is told that if she confesses the judge will be easier on her. Unfortunately, the judge believes that France is in a state of moral collapse and it is people like Marie Latour who have created the problem. She must serve as an example to others. She is found guilty of murder and is guillotined, in 1943.

*If These Walls Could Talk* presents three different American abortion narratives; one set in the nineteen fifties when it was illegal, one set in the seventies after it had become legal and one set in the nineties when the movie was made. The first story is of a young

woman (Demi Moore) whose husband died 6 months before. In a state of anger and grief, as well as inebriation, she has unprotected sex with her brother-in-law. A few weeks later she realizes she is pregnant. She tries to end the pregnancy herself by inserting a knitting needle into her cervix but it is too painful. She cautiously asks her nursing supervisor if she knows anyone who could help her. Her doctor refuses to help as it is illegal. The social stigma for herself as well as her deceased husband's family would be too great and her husband's sister angrily tells her to "get rid of it, because how could she do this to their family?" The fault is hers and she must do whatever it takes to correct it and keep the families reputation in tack. It is not the brother-in-law's problem and she does not ask him for help. She finally contacts an abortionist. He comes to her home, takes her \$400 dollars, and performs the abortion on her kitchen table without analgesic, removing his coat or washing his hands. She haemorrhages and dies alone on the kitchen floor.

In the same house, twenty years later a married woman (Sissy Spacek) with four children finds herself pregnant just as she has restarted the graduate program she had given up to care for her children twenty years before. She has the choice to continue with the pregnancy or to have an abortion, as it is now legal. Her eldest daughter wants her to have the abortion because she sees another child as taking away from her parents' ability to support her financially when she leaves for college, next year. The father was planning to retire, if they have the baby he will not be able to. What should the mother do? She does not see any of those as valid reasons for an abortion and she decides not to terminate the pregnancy. Her daughter is very angry, her husband is supportive.

Again, in the same house, twenty years have past. It is now a residence for university students. One girl has a relationship with a professor. She discovers that she is pregnant after the relationship ends. She does not believe in abortion but she does go to see a counsellor at an abortion clinic. She asks the question; “Must I be punished for the rest of my life because I made a mistake?” To get inside the clinic she must pass through a pro-life protest. After much emotional turmoil, she returns to have the procedure. During the abortion a male pro-life supporter shoots and kills the attending physician.

*Vera Drake* tells the story of Vera Drake, an abortionist in England in the 1950’s. The movie follows Vera as she goes about her weekly business, helping her family, friends and neighbours. She has tea with the shut-ins, listens to her family’s complaints, cooks and cleans. She is just an ordinary person doing her best to make others’ lives easier. She meets a friend on Fridays who tells her of girls ‘needing a little assistance out of trouble’. She performs the abortions for free. Vera doesn’t discover until she is arrested that her friend has been charging the women. The movie ends with Vera in prison, meeting other female abortionists.

*Mama Last Call* is the story of a 37 year old journalist, Alice Malenfant who becomes pregnant after she gives up the birth control pill rather than quit smoking.<sup>82</sup> What shall she do? If she has a child she will lose her competitive edge at work. She will be passed over for promotion. What will her friends think? How will she cope with a child? Her mother assumes she will have an abortion because it is “...better to sacrifice the child than

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<sup>82</sup> The birth control pill is contra-indicated for women over 35 years old who smoke, due to the increased risk of blood clots which in turn increases the risk of cardio and/or cerebral vesicular accidents.



be sacrificed by it.” Alice goes to the abortion clinic. While waiting for an abortion she meets another patient, a sixteen year old girl who in tears explains that she wants to have the baby but her mother thinks she is not mature enough and is forcing her to have an abortion. She asks the journalist: “Is your mother forcing you to have an abortion too?” Alice questions herself: “Is she having the abortion because she is expected too?” With much anxiety and partner support she decides not to have the abortion. At the end of the movie we see that the baby has not only changed Alice but also her mother, her partner and her close friends.

Abortion is not commonly portrayed in popular media. These two novels and four movies dramatized the social and emotional complexity of the choices women face when confronted by an unplanned and unwanted pregnancy. In *The Abortion*, *The Story of Women*, *If These Walls could Talk: Part I* and *Vera Drake* presented various reasons and the consequences for women who chose, illegally to end their pregnancies. It was at times a deadly solution. Decriminalizing abortion prevents these dangerous health risks. It does nothing, however to ease the social, economic and emotional aspects of choosing not to end a pregnancy as was dramatized in *Harnessing Peacocks*, *If These Walls could Talk: Parts II* and *Mama Last Call*.

## History: Medical, Legal, Political and Religious Perspectives

Historians have only recently begun investigating women's experiences in their studies.<sup>83</sup>

These studies have provided important data for increasing our understanding of the past and how it is reflected in the present. The following section summarizes the history of the various, predominately male, medical, legal, political and religious opinions on abortion.

It is provided in order to place women's personal experiences in their social and cultural context, for as Lonergan states:

For our pasts have made us whatever we are and on that capital we have to live or else we must begin afresh. Not only is the individual an historical entity, living off his past, but the same holds for the group...Groups too live on their past, and their past, so to speak, lives on in them.<sup>84</sup>

In the case of voluntary pregnancy termination, the past lives on in the conflicting opinions of abortion's morality. Its history reveals that changing social attitudes towards sex, gender relations, reproduction and women's place in society have all been reflected in the medical, legal, political and religious dispositions towards birth control and abortion, their legality and accessibility. The political meaning of abortion can be seen to have changed over time from an issue of fertility control to one of rights and freedom.<sup>85</sup> It will be seen that both science and theology, have had major roles in this ongoing historical debate.

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<sup>83</sup>Bonnie S. Anderson and Judith P. Zinsler, *A History of Their own: Women in Europe: From Prehistory to the Present, Vol. I* (Toronto: Fitzhenry & Whiteside Limited, 1988), xiii-xiv.

<sup>84</sup> Lonergan, 181.

<sup>85</sup> Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Chicago: University of Illinois Press, 2002), vii and 303.

The history of abortion begins with the fact that men and women have been trying to control fertility through a variety of methods ranging from abstinence and continence to contraceptives, abortion and infanticide since the beginning of recorded history.<sup>86</sup>

Therefore, I would like to begin with a brief discussion of some Biblical references to fertility as it is one of the earliest written records of Western and Christian thought. For example; according to scholars the first five books of the Hebrew Scriptures were written and revised over a period of about 2000 years with the final version being canonized between 539 B.C. and 332 B.C.<sup>87</sup>

The first references to fertility suggest that children are a blessing from God. For example; the words “God blessed” are often followed by the phrase “...be fruitful and multiply” (Gn.1:22, 9:1). In fact the covenant God makes with Abraham includes the promise to make him and his descendants “exceedingly fruitful” (Gn. 17: 6) and Sarah “...shall give rise to nations.”(Gn.17:16). Clearly, from these few examples it can be seen that in ancient times the birth of many children was important and an indication of God’s favour. On the other hand, the verses referring to spontaneous miscarriage suggest that it is an undesirable condition as in 2 Kings 2:21 water is made whole so that “... neither death nor miscarriage shall come from it.”<sup>88</sup> In Psalm 58 *A Prayer for Vengeance*, the author says: “Let them be like the snail that dissolves into slime; like the untimely birth that never sees the sun.” and in Hosea 9: 14 the prophet complains that Israel has been unfaithful to God, and to punish them God should “...[g]ive them a miscarrying

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<sup>86</sup> Linda Gordon, 13-14.

<sup>87</sup> Lawrence Boadt, *Reading the Old Testament: An Introduction* (New York: Paulist Press, 1984), 20-24.

<sup>88</sup> *Holy Bible: The New Revised Standard Version* (Nashville: Thomas Nelson Publishers, 1989), 333b.

womb and dry breasts.”<sup>89</sup> In Exodus the *Law on Violence*, there is a specific reference to unintended induced abortion:

When people who are fighting injure a pregnant woman so that there is a miscarriage, and yet no further harm follows, the one responsible shall be fined what the woman’s husband demands, paying as much as the judges determine.<sup>90</sup>  
Exodus 21: 22

Exodus 21: 23 explains further that if there is harm to the pregnant woman then the punishment is a life for a life, an eye for an eye, etc. which suggests that in the mind of the ancient law giver, a foetus’s life did not have that same value as a woman’s as death of the foetus results in a fine; not the death penalty.<sup>91</sup>

Ancient Greek, Roman, Celtic and German records written at approximately the same time as the Hebrew Scriptures indicate that women were valued for their reproductive abilities but they were allowed to control their own fertility and were not denounced for using birth control or resorting to abortion.<sup>92</sup> Both Greek philosophers, Plato (428-347 B.C.) and Aristotle (384-322 B.C) support this opinion, writing that if abortion fails to prevent the birth of a child, then infanticide is appropriate. If the infant was female, there was an increased likelihood that it would be left to die of exposure.<sup>93</sup> This attitude continued at least into the first century as is revealed in this letter from a 1<sup>st</sup> Century Roman Centurion to his pregnant wife: “If you are delivered of a child (while I am

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<sup>89</sup> *Holy Bible*, 841b.

<sup>90</sup> *Holy Bible*, 67b.

<sup>91</sup> Anne Loades, *Feminist Theology, Voices from the Past* (Cambridge, UK: Polity Press, 2001), 36. Loades comments that this verse must be taken in context. The point may be for men to keep conflicts away from women to whom they are related in case they try to intervene and are harmed or killed thus putting the survival of the newborn and other children at risk, for who would care for them?

<sup>92</sup> Bonnie S. Anderson and Judith P. Zinsser, Vol. I, 82.

<sup>93</sup> Linda Gordon, 13-15.

away) if it is a boy, keep it, if a girl, discard it.”<sup>94</sup> This quote not only illustrates a father’s power over the life and death of everyone in his household, but also insinuates that daughters are unwanted. Infanticide was considered to be a responsible method for maintaining family size and the spacing of children as well as a population control method.

Hippocrates (460-377 B.C.) in his Physician’s Oath seems to disagree, at least on whether or not a doctor may give a woman an abortifacient:

...I will use treatment to help the sick according to my ability and judgement, but never with a view to injury and wrongdoing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion. I will keep pure and holy both my life and art...<sup>95</sup>

Hippocrates vows not to do harm knowingly and he gives the example of two harmful acts he would not do: giving poison or “...a pessary to cause abortion.”<sup>96</sup> This disagreement will be seen again, between Jewish and Christian thinkers.

Some of the later medical records in ancient Greece contained various recipes for contraceptives and abortifacients. For example; Soranus of Ephesus, 2<sup>nd</sup> century A.D., recommends that olive oil or honey or cedar oil be put in the vagina to prevent

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<sup>94</sup> Rodney Stark, *The Rise of Christianity: How the Obscure Marginal Jesus Movement Became the Dominant Religious Force in the Western World in a Few Centuries* (San Francisco: Harper Collins Publishers, 1996), 98.

<sup>95</sup> John Bartlet, Justin Kaplan, ed., *Familiar Quotations: A Collection of Passages, Phrases, and Proverbs Traced to Their Sources in Ancient and Modern Literature*, 16<sup>th</sup> ed. (Toronto: Little, Brown and Company, 1992), 71.

<sup>96</sup> Ann Loades, 43. This author suggests that it was not abortion that Hippocrates was concerned about but rather the possible death of the woman, from the particular substance used.

conception. He also provided poultices and herbal mixes which could provoke abortion.<sup>97</sup> Again, if and when these failed, infanticide was seen as the sensible choice because the newborn was not considered to be human.

It is after the time of Christ that ancient writings begin to reveal more clearly the contrasting attitudes and interpretations of fertility control among the cultures. Philo, a 1<sup>st</sup> Century Jew, thought that the pagans must be full of lust because they practiced abortion and infanticide both of which he considered murder and therefore immoral.<sup>98</sup> On the other hand, Tacitus 120 A.D., a pagan expresses the opinion in his writings, that the Jews of that time were filled with lust because they did not control reproduction. Both authors' comments indicate that they believed that lust was the source of fertility control problems.<sup>99</sup>

In 374 A.C., after Christianity had been the state religion of Rome for over 60 years, infanticide was declared illegal,<sup>100</sup> but before that time Christian theologians such as Justin Martyr (d.165), Tertullian (d.225), and Ambrose (d. 397) had condemned both abortion and infanticide as murder. It must be noted that abortion techniques were not

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<sup>97</sup> Julia O'Faolain and Laura Martines, ed. *Not in God's Image* (New York: Harper & Row, Publishers, Inc. 1973), 125-126.

<sup>98</sup> Uta Ranke-Heinemann, *Eunuchs for the Kingdom of Heaven: Women, Sexuality and the Catholic Church*. trans. Peter Heinegg (Toronto: Double Day, 1990), 64-67.

<sup>99</sup> It is interesting to note that over 2000 years ago lack of sexual self-control was frowned upon by these writers. Stephen Lewis, in his plenary address to the Quebec Professional Association of Teachers Nov. 23, 2006 said much the same thing only in reference to HIV/AIDs crisis in Africa. He stated that it was the unbridled male predatory sexual behaviour which was putting women at risk. The United Nations' State of the World: 2000 stated that it was the unequal gender relations which were the problem. (unpublished speech)

<sup>100</sup> Uta Ranke-Heinemann, 63. Christianity became the Roman State religion in 312 A.D. Richard P. McBrien, *Catholicism: Study Edition* (New York: Harper & Row, Publishers, 1981), 612.

without consequences and a woman might die or be rendered infertile as a result.<sup>101</sup> Not all abortions were considered murder, only those which were induced a certain number of days after fertilization, because of the belief that the soul did not enter the foetus for at least 40 days.<sup>102</sup> Before that time the foetus was not human and therefore abortion was not murder. The Church's concern was that the foetus would not be baptized and would spend eternity in hell.<sup>103</sup> This belief was reaffirmed in 1591 when Pope Gregory XIV revoked the law of his predecessor, Pope Sixtus V which required the death penalty for those providing or using contraceptives or abortions. Pope Gregory XIV stated that because the foetus does not have a soul before the 80<sup>th</sup> day, any action taken before that is not murder.<sup>104</sup> For the pregnant woman, the physical manifestation of this was 'quickening', that is when she first felt foetal movement.

The belief that abortion was murder after a certain number of days remained unchallenged until the mid-nineteenth century when scientific studies of human reproduction revealed the biology of conception. This information was transmitted to the developing medical profession. The scientifically trained doctors believed that because life began at conception, abortion was immoral. They endeavoured to convince women of this. Tracy Light has argued that physicians also used this stance to promote their profession at the expense of women's health, by refusing to perform abortions. One third

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<sup>101</sup> Rodney Stark, 119.

<sup>102</sup> Uta Ranke-Heinemann, 67-68. Aristotle believed that this was 40 days for a male and 90 for a female.

<sup>103</sup> Bonnie S. Anderson, Vol. I, 137. The exact number of days could vary depending on the author; for example: in 1140, Gratian wrote in his *Decretals* that it was 40 days for a male and 66 days for a female.

<sup>104</sup> Uta Ranke-Heinemann, 249.

or more of the maternal deaths in the early 19<sup>th</sup> century were due to illegal abortion complications.<sup>105</sup>

As noted, the concept that life begins with fertilization stimulated a re-examination of the morality and legality of abortion. Whereas abortion before the woman said quickening had occurred, was within the moral, religious and legal norms, it now fell outside of first the legal and then the religious laws, depending on the country. In 1869, Pope Pius IX declared that anyone performing an abortion would be excommunicated.<sup>106</sup> In the United States birth control and abortion were made illegal in 1873 and remained so until 1973. In 1892, the Canadian government made abortion a criminal offence under section 272, the maximum sentence being life imprisonment for performing an abortion and under section 273; seven years for causing your own abortion. The use of or providing information on any form of contraceptive, chemical or mechanical, carried a penalty of 2 years imprisonment under subsection 179.<sup>107</sup> It essentially made it illegal for men and women to control their fertility by any means other than abstinence. The declining Canadian birthrate in the later half of the 19<sup>th</sup> century could have been the motivation behind the law's creation.<sup>108</sup> It remained in place until 1969.

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<sup>105</sup> Tracy Penny Light, *Shifting Interests: The Medical Discourse on Abortion in English Canada, 1850-1969*, (Ph.D. diss., University of Waterloo, Ontario, 2003), 18-56. Criminalizing abortion and birth control resulted in the needless death and injury of thousands of women while at the same time separated legitimate scientifically physicians who knew that abortion was murder from the untrained 'quack' doctors who would perform illegal abortions.

<sup>106</sup> Andrzej Kulczycki, *The Abortion Debate in the World Arena* (New York: Routledge, 1999), 21.

<sup>107</sup> Childbirth by Choice, 13-14.

<sup>108</sup> Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: McClelland and Stewart Limited, 1986) 11.



This new understanding and the resulting criminalization of birth control and abortion created great hardship for many couples. The law did not stop women from continuing to see abortion as ethically correct before quickening: “Doctors were never to be totally successful in convincing women of the immorality of abortion. For many it was to remain an essential method of fertility control.”<sup>109</sup> In 1922, the Canadian Medical Association Journal estimated that there were between 20 and 120 thousand illegal abortions per year. In Canada, between 1926 and 1947 it was estimated that 4 to 6 thousand women died from the complications of such abortions<sup>110</sup> and from 1900 to 1972, 1,793 people were charged with performing abortions and 1,155 were convicted.<sup>111</sup> In the United States, in 1871 Dr. Martin Luther Holbrook wrote that American women were “addicted to the practice” and in 1890, it was estimated that there were 2 million illegal abortions per year.<sup>112</sup>

It can be seen from the above discussion that the history of abortion and birth control cannot be separated. The attitudes and beliefs regarding birth control and abortion were similar and this was reflected in both being criminalized by the same law in Canada and the United States. However, not everyone agreed, so that with the production of rubber in 1880, condoms and diaphragms became more available. Women’s magazines of the time contain advertisements for both birth control and abortion products.<sup>113</sup>

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<sup>109</sup> Childbirth by Choice, 41 and Linda Gordon, 26.

<sup>110</sup> Childbirth by Choice, 14.

<sup>111</sup> Childbirth by Choice, 159.

<sup>112</sup> Linda Gordon, 24.

<sup>113</sup> Bonnie Anderson and Judith Zinsser, *A History of Their Own: Women in Europe: From Prehistory to the Present, Vol. II* (New York, Harper & Row, Publishers, 1988), 203.

Other individuals disagreed with the laws worked to provide couples with the necessary information and products. In 1882, Aletta Jacobs (1854-1929) opened the world's first birth control clinic in the Netherlands. In 1921, Marie Stopes (1880-1958) followed her example and opened her clinic in London, England which provided the cervical cap to married women only<sup>114</sup> and in 1923, the American, Margaret Sanger coined the term "birth control" when she opened her clinic to provide diaphragms (on Stopes' advice) to married women only.<sup>115</sup> At this time, birth control was seen as immoral, whereas these three women presented it to the public as a woman's right. Birth control would actually help maintain the family unit by freeing women from the fear of pregnancy. This would allow for their emotional and sexual fulfillment within the marriage.<sup>116</sup>

In Canada the birth control movement did not begin until 1930 when A. R. Kaufman set up the Parent's Information Bureau in Kitchener, Ontario. More than 60,000 free contraceptive kits were sent from the Bureau in response to written requests. Rather than have patients come to a central birth control clinic, Kaufman hired nurses to go out into the community and provide the information to people in their homes. The nurses were paid per application for the free contraceptive.<sup>117</sup>

The change in attitude began to affect the religious institutions so that in 1930 the Catholic Church gave its approval of the rhythm method,<sup>118</sup> and in 1931 the Anglican

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<sup>114</sup> Bonnie Anderson, *Vol. II*, 416.

<sup>115</sup> *Childbirth by Choice*, 38.

<sup>116</sup> Angus McLaren, 12.

<sup>117</sup> *Childbirth by Choice*, 44. and Angus McLaren, 104-110.

<sup>118</sup> *Childbirth by Choice*, 43. and at the same time emphasized that abortion at any stage was immoral. Andrzej Kulczycki, 21.

Church gave its approval to all forms of birth control.<sup>119</sup> In fact, Rev. Alfred Henry Tyrer, an Anglican minister, wrote the first Canadian sex education ‘best seller’ *Sex, Marriage and Birth Control*, in 1936. It sold more than any other such guide at that time. In it he discussed the churches’ changed attitude on birth control and the meaning of sexual intercourse within marriage from a spiritual point of view: “Most of the important churches are now committed to the view that sexual intercourse between husbands and wives has a meaning and value of its own...apart from the procreation of children.”<sup>120</sup> Many of his arguments are similar to those promoted by Marie Stopes and Margaret Sanger. The phrase; “most of the important churches” explains the absence in Tyler’s book of the Roman Catholic Church position: that sexual intercourse and procreation must be understood together. He also informed readers that birth control was legal. However, it was not at that time.<sup>121</sup>

Although contraception continued to be illegal, the change in the public’s attitude began to be reflected in legal decisions. For example: when Dorothy Palmer, one of A. R. Kaufman’s workers, was arrested in 1936 for giving out birth control information, a judge found in her favour on the grounds “...that the public good was served.”<sup>122</sup> Of course this was during the Depression and birth control was now seen as an economic and social necessity<sup>123</sup> despite continuing to be illegal. Dorothy Palmer was one of the few people to be charged and this was taken by Kaufman as approval of his activities.

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<sup>119</sup> Bonnie Anderson, *Vol. II*, 203.

<sup>120</sup> Rev. Alfred Henry Tyrer, 10<sup>th</sup> ed., rev. and enl., *The New Sex, Marriage and Birth Control* (Toronto: Marriage Welfare Bureau, 1943), 6.

<sup>121</sup> Alfred Tyrer, 70.

<sup>122</sup> McLaren, 116.

<sup>123</sup> *Childbirth by Choice*, 44.

Abortion also continued to be illegal, but it was common enough that it warranted an entry in an obstetrical nursing text published in 1945:

**Criminal Abortion.**—Perhaps the saddest commentary on our ‘modern civilization,’ on our ‘higher thought’, on our ‘ethical movement’ is the increase of the practice of criminal abortion. It is very sad to contemplate the thousands of delicate little lives destroyed every year by criminal abortionists, and, too, the maternal deaths they cause—to say nothing of the life-long invalidism that may follow in the wake of these ugly operations.

Nurses are not long in training before they see how alarmingly this crime has spread, and they see, too, the lives lost and the homes wrecked by it. A nurse should never be party to such a procedure. It is always murder—in several states punishable as such—and often suicide.<sup>124</sup>

The nursing text has no entry for birth control perhaps because it was also illegal. Here we see the term ‘criminal abortionists’ which indicates the difference between the scientifically trained doctor who does not perform abortions and other, illegal medical practitioners. It is not the fault of the doctors that the women die; it is the fault of criminal abortionists.

The Rev. A. H. Tyrer addresses abortion in his book, informing the reader that it is the illegality that creates the dangerous complications. The example he provides is Soviet Russia, where abortion was legal and medical complications were rare. He reports that 90% of the approximate 500,000 abortions were for married women who already had three or four children.<sup>125</sup> It could be said that the nursing text represented the

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<sup>124</sup> Edward M. Davis, MD and Mabel C. Carmon, RN, 13<sup>th</sup> ed., *Delee's Obstetrics for Nurses*, 13<sup>th</sup> edition, (Philadelphia: W.B. Saunders Company, 1945), 149-150. The quotation marks are the authors. The 1<sup>st</sup> edition was published in 1904. This company continues to publish nursing textbooks.

<sup>125</sup> Tyrer, 53-55. Angus and Arlene McLaren, 36, “...by 1900 hospital abortions could be performed with relative safety.” Therapeutic abortions were successfully performed in 1840 by Dr. A. Andrews.

conservative position on abortion (and birth control as there are no references to it in the text) and Rev. A. H. Tyrer, the liberal.

This conflict between the law and gradually changing social attitudes remained until 1960 when Harold Fine, a druggist, was arrested, charged and jailed for sending condoms through the mail. The majority of the Canadian population were surprised to learn that it was against the law and in response to his arrest; Barbara and George Cadbury started the Planned Parenthood Association of Toronto, in 1963.<sup>126</sup> It was modeled on similar groups in Vancouver, Calgary, Edmonton and Ottawa. Two other groups followed: in 1964, the Family Planning Association of Montreal and in 1967, Le Centre de l'Association de Montreal were opened.<sup>127</sup>

In 1966 doctors began to lobby for birth control and abortion to be removed from the criminal code as family planning was now seen as preventative medicine. Half, approximately 20,000 women admitted to gynaecological hospital units had complications resulting from illegal abortions. Between 1962 and 1966 abortions were the leading cause of maternal death. In 1966, the Association for the Modernization of Canada's Abortion Laws made up of the Canadian Medical Association, the Canadian Bar Association, social welfare agencies, the Canadian Labour Congress, some churches, some women's organizations and the Humanist Fellowship of Montreal was founded and began lobbying for change. The motivations for change were two fold: first, doctors saw the negative consequences on women and their families of the restrictive law and

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<sup>126</sup> Childbirth by Choice, 123.

<sup>127</sup> Childbirth by Choice, 124.

secondly lawyers felt that physicians should not be criminalized for performing their civic duty, for doing what they saw as medically necessary.<sup>128</sup>

The end result of the lobbying and discussion was that on August 26, 1969 birth control was decriminalized. At the same time a new abortion law was written which stipulated that it was illegal, except in those cases which a hospital medical committee judged were a necessity to preserve the pregnant woman's life or health.<sup>129</sup> The law was designed to protect the doctors. It is only after the 1969 law that the two diametrically opposed positions on abortion (pro-life and pro-choice) become so defined and hostile to each other. Both those who were against abortion (pro-life) and those who thought women should have the choice (pro-choice) continued to lobby the government for changes to the law.

Women's groups and Dr Henry Morgentaler, representing the pro-choice position also were not satisfied and began calling for changes in the new law. The hospital only criteria created bureaucratic delays of up to 8 weeks. The law did not require hospitals to have a therapeutic abortion committee or to provide abortions. The pro-life movement prevented women from obtaining abortions by lobbying to have their members elected to hospital boards. When they were a majority they could vote for the hospital's therapeutic abortion committee to be dissolved, thereby limiting women's access to abortion.

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<sup>128</sup> Jane Jensen, "Getting to Morgentaler: From One Representation to Another", in *The Politics of Abortion* (Toronto: Oxford University Press, 1992), 26-27.

<sup>129</sup> *Childbirth by Choice*, 125-131.

Dr. Morgentaler felt that abortion was a social justice issue; that the woman should have the right to decide to continue the pregnancy or not. For the next 19 years he challenged it by opening and operating free standing abortion clinics in major cities throughout Canada. For this he was arrested and acquitted several times. He also spent time in jail.<sup>130</sup>

In 1988, the Supreme Court of Canada struck down the law of 1969 declaring it unconstitutional. Chief Justice Dickson based the decision on Section 7 of the 1982 Charter of Rights and Freedoms which states that everyone has the "...right to security of person..." and Dickson reasoned that "forcing a woman to carry a foetus to term...[was]...a violation of security of person."<sup>131</sup> This means that abortion was decriminalized. Because of this both pro-choice and pro-life groups continued to lobby for the government to rewrite the law, which it did with the House of Commons passing Bill C-43 in May, 1990. According to this bill the only pregnancies which could be terminated were those which a physician confirmed were necessary because the pregnancy threatened the woman's physical, mental and psychological health.<sup>132</sup> Neither group was happy with the new law, the pro-choice faction because it gave the power to the doctor and the pro-life faction because they saw it as too open. The bill was defeated in the Senate January 31, 1991 in a tie vote.<sup>133</sup> Since that time abortion has been accepted legally as a private medical matter between a woman and her doctor. This means that

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<sup>130</sup> John L'Ecuyer, dir., *Choice: Dr. Morgentaler*, prod. Laszlo Burna, Kevin Tirney, cast: David Eisner, Julie Khaner, Stewart Bick, Alberta Watson (Toronto: Barna-Alpher Productions, 2003; CBC 2006) CBC Television, January, 2006.

<sup>131</sup> Bernard M. Dickens, "When People do not Want a Child: Abortion" *Bioethics in Canada* (Scarborough, Ontario: Prentice Hall Canada Inc.), 1994, 201.

<sup>132</sup> Janine Brodie, "Choice and No Choice in the House" in *The Politics of Abortion*, Janine Brodie, Shelley A. M. Gavigan and Jane Jenson (Toronto: Oxford University Press, 1992), 100-101.

<sup>133</sup> *Childbirth by Choice*, 153-154. The vote was 43 to 43.

abortion is a medical act like any other and therefore it is not necessary to have a law pertaining to it.<sup>134</sup>

In the United States abortion remained illegal until the famous Roe vs Wade Case in 1973 in which its Supreme Court declared the Texan abortion law unconstitutional and by extension any other state's antiabortion law. It was seen as a violation of the mother's right to privacy as protected in the American Bill of Rights. Since 1973, other cases have been brought to court with the aim of overturning this decision.<sup>135</sup>

The decriminalization of abortion has not ended the question of abortion's morality such that the conflict between the rights of the foetus to life and the right of women to self-determination remains. The legalization of birth control, the relative ease of its accessibility and its low cost (it is covered in Quebec by the drug insurance plan) has not ended the consequences of abortion. Worldwide the number one cause of death and illness among women ages 15-44 are sexual and reproductive health conditions—pregnancy, illegal abortion and HIV.<sup>136</sup>

It can be seen that the attitudes and beliefs regarding the methods of fertility control have changed over time. During Roman times, a husband could order his wife to abort or to

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<sup>134</sup> Shelley A. M. Gavigan, "Beyond Morgentaler: The Legal Regulation of Reproduction", in *The Politics of Abortion*, by Janine Brodie, Shelley A. M. Gavigan, and Jane Jenson (Toronto: Oxford University Press, 1992), 127. One of the few exceptions to this was the Chantal Daigle's case in the 1990's. Her boyfriend took her to court to prevent her from aborting his child. The Canadian/Quebec courts found in her favour however she had already gone to the U.S. for the abortion before the decision was pronounced.

<sup>135</sup> Richard Devine, *Good Care, Painful Choices: Medical Ethics for Ordinary People* (New York: Paulist Press, 1996), 67-73 and James E. White (ed.) *Contemporary Moral Problems*, (Belmont: Wadsworth Publishing Co., 2000), 121.

<sup>136</sup> United Nations Report: Internet accessed [http://unfpa.org/swp/2005/images/e\\_fig1\\_1g.gif](http://unfpa.org/swp/2005/images/e_fig1_1g.gif) November 7, 2006.



commit infanticide. Then it was the church fathers who argued that both were murder and immoral if they occurred after the ensoulment of the foetus, that is, after quickening. This gave the woman and therefore the father also, some control over their fertility. This balance of legal, moral and religious rules and beliefs lasted for almost 2000 years, until the understanding of when life begins changed. The new knowledge of the biology of reproduction was used by medical, hospital trained doctors to promote their profession as scientifically based. It also resulted in the belief that all abortions were murder, immoral and should be illegal. Women who disagreed with this assessment were judged as morally inferior and criminalized. The medical profession had its own motivations for lobbying for the law against abortion in 1892; as it did when it lobbied for changes in the law in 1969. The church has both supported the law against birth control and abortion as well as promoting it; the Rev. Alfred Henry Tyrer's book is an example. Abortion, because of the conflicting opinions regarding its morality continues to create political tensions.

### **Statistics**

A few words are in order regarding the number of voluntary pregnancy terminations occurring in Canada. According to Statistics Canada the total number of abortions in Canada for women ages 15-44 was 106,270 or 15.6/1000 women in 2001 and 105,154 or 15.4/1000 women (ages 15-44) in 2002, thus there was a slight decrease of 1%. Women in their twenties account for 52% of all abortions.<sup>137</sup> In Quebec, the numbers were 31,125

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<sup>137</sup> Statistics Canada, "Induced abortions", *The Daily*, Friday, February 11, 2005.  
<http://www.statcan.ca/Daily/English/050211/d050211a.htm> Accessed May 22, 2005, 1. Note: The

or 19.6/1000 women in 2001 and 30,858 or 19.6/1000 in 2002.<sup>138</sup> The overall Canadian teen pregnancy rate per 1000 females aged 15 to 19 years olds decreased from 48.8/1000 teens in 1994 to 38.2/1000 in 2000. In Quebec the number of pregnancies for this same age group (15 to 19) increased from 33.1/1000 in 1994 to 39.7/1000 in 2000.<sup>139</sup> In 2004 the Quebec rate was 14.7/1000 girls ages 14-17 and 58.2/1000 girls ages 18-19, of which approximately two-thirds chose to terminate the pregnancy.<sup>140</sup> These numbers reveal that although abortion remains controversial, many young girls and women are choosing to end their pregnancies.

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statistical information from Health Canada and the Quebec Department of Health present conflicting results. The numbers fluctuate according to the survey method, year and age range.

<sup>138</sup> Statistics Canada, "Induced abortions by province of residence and rates per 1,000 female population". Friday, February 11, 2005. <http://www.statcan.ca/Daily/English/050211/d050211a.htm> accessed May 22, 2005, 2.

<sup>139</sup> Line Tremblay et al. "Biobehavioural and Cognitive Determinants of Adolescent Girls' Involvement in Sexual Risk Behaviours: A Test of Three Theoretical Models" *The Canadian Journal of Human Sexuality*, Vol. 13(1) Spring 2004, 39.

<sup>140</sup> The Ministère de la Santé et des Services sociaux du Quebec, "Wanting or Having a Child During Adolescence: Gaining a Better Understanding of What it Means and of the Issues Involved", *The Sex Educator*, Spring 2007 #8, 4. Note: in *Criminalizing Abortion Does Not Reduce the Number of Abortions Performed* the Canadian Federation for Sexual Health reported that the Guttmacher Institute collaborated with World Health organization to carry out the largest global abortion study ever undertaken. It found that the number of abortions *declined* in countries which liberalized their abortion laws. <http://www.pppfc.ca/ppfc/content.asp?articleid=639&mode=print> Accessed 22/01/2008.

## **Conclusion**

In this chapter I have presented abortion data from a wide variety of contrasting sources. The history of abortion from medical, legal, political and religious perspectives was summarized in order to indicate the differing social and cultural contexts in which women have made the decision to terminate their pregnancies. Abortion as a solution to unplanned pregnancy is not new, only the social consensus on when life begins has been revised. Despite this revision women have continued to seek abortion and their experience will form an important data base for the next chapter: “Understanding: What does it Mean?”

## Day Bath

*for my son*

Last night I walked him back and forth,  
his small head heavy against my chest,  
round eyes watching me in the dark,  
his body a sandbag in my arms.  
I longed for sleep but couldn't bear his crying  
so bore him back and forth until the sun rose  
and he slept. Now the doors are open,  
noon sunlight coming in,  
and I can see fuchsias opening.  
Now we bathe. I hold him, the soap  
makes our skins glide past each other.  
I lay him wet on my thighs, his head on my knees,  
his feet dancing against my chest,  
and I rinse him, pouring water  
from my cupped hand.  
No matter how I feel, he's the same,  
eyes expectant, mouth ready,  
with his fat legs and arms,  
his belly, his small solid back.  
Last night I wanted nothing more  
than to get him out of my arms.  
Today he fits neatly  
along the hollow my thighs make,  
and with his fragrant skin against mine  
I feel brash, like a sunflower

by Debra Spencer<sup>141</sup>

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<sup>141</sup> Debra Spencer, *Pomegranate*. © Hummingbird Press, 2004. Used with permission.

## Chapter Two

### Be Intelligent

#### Understanding: What does it mean?

Experiencing data is not enough. One must understand what the experience means. Thus, one asks questions and tries to make sense of the data. With or without our conscious intentionality, understanding occurs automatically. To be alive is to have experience and ask ourselves: what does it mean? When we are young the answer to this question is given to us, that is, we inherit a world of meaning. This is expressed by Lonergan when he states: "Community is an achievement of common meaning."<sup>142</sup> In other words, in order for a community to exist there must be a common understanding of the meaning of our lives together. Our morality or what we think is good is based on this understanding and interpretation and whether or not we are aware of it, this knowledge forms the foundation of our actions. Conflicts, between individuals and groups, arise out of differences in given meanings.

The framework for this chapter is eight questions that Christian ethicist, Daniel Maguire calls "reality revealing". The questions are: what, who, why, how, where, when, what are the alternatives? and What are the consequences? They allow for a greater understanding of voluntary interruption of pregnancy for, as Maguire states: "...an incomplete understanding of reality is the product of unasked questions."<sup>143</sup> This fits well with

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<sup>142</sup> Lonergan, p. 79

<sup>143</sup> Daniel Maguire, "Ethics: How to do it", *Death by Choice*, (Garden City: Image Books, 1984), 66.

Lonergan's emphasis on asking questions.<sup>144</sup> Within this framework I will also use two of Lonergan's tools of analysis. The first is his notion of 'horizon' as he uses it to indicate the limits to our understanding and interpretation resulting from being situated in a certain time, place, society and culture. The second tool is what Lonergan calls social structures referring to social institutions which provide the social cooperation guidelines necessary for the fulfillment of individuals' and society's needs. I will explain both these concepts further when I come to use them to answer the third of Maguire's questions: 'why'. Keep in mind that my goal is to expand our present understanding of abortion and answer the question; what is the good of abortion? To do this it is necessary to move beyond my present horizon and to make that which is unknown, known.

### **Eight Reality Revealing Questions**

#### **1. *What?***

The first question we must ask is; what are the concrete facts? In the case of abortion the facts begin with a deceptively simple definition for such a controversial subject that is, abortion is the voluntary interruption of a pregnancy.<sup>145</sup> Pregnancy is a process which begins when a fertilized ovum is implanted in the uterus and ends with the birth of a child. Usually fertilization takes place via sexual intercourse. Only women can become pregnant and only men can make them pregnant. Once a woman is pregnant she has two choices: she can continue the pregnancy or she can seek medical attention and obtain assistance in terminating the pregnancy. In Canada there has been no law against abortion

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<sup>144</sup> Lonergan, 34. He discusses this under the notion of value.

<sup>145</sup> As noted in the introduction, the term: 'interruption volontaire de grossesse (I.V.G.) is used in French more often than 'l'avortement'".

since 1988. Access to this medical service can be limited depending on the province in which you live. In Quebec it is publicly funded and available in the larger city centres.<sup>146</sup> If a woman continues the pregnancy she will give birth to a child in 9 months. She then has two choices; to keep the child or give her/him up for adoption.

These are the facts if the reality of our lives were that we existed and made decisions in isolation from one another, but we do not. Daniel Maguire reminds us that the ‘what’ of a pregnancy includes at least two lives, the woman’s and the foetus’s.<sup>147</sup> Ann Loades notes that what makes abortion different from other forms of killing is that the nascent human life we are ending is within us.<sup>148</sup> The poems; *The Abortion* and *Day Bath* illustrate this sentiment. In my nurses’ office I have a poster called *Human Mathematics*; it reads  $1(\text{male}) + 1(\text{female}) = 3$ . It reminds teenagers that a consequence of sexual intercourse is the possible creation of another life. I understand abortion to be a technological solution to a ‘problem’ that began with the joining together of two lives. However brief, such a joining carries within it hopes for the future. Legally, the decision to continue or end the pregnancy resides with the woman. The few men who have challenged this viewpoint in court have had their cases either dismissed out right or lost.<sup>149</sup>

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<sup>146</sup> *The Montreal Gazette Newspaper* reported February 25<sup>th</sup>, 2007 that Quebec Superior Court Judge Nicole Bernard had ruled that women who had paid fees at health centres or private abortion clinics between 1999 and 2006 should be compensated. The number of women involved was estimated to be 45,000.

<sup>147</sup> Daniel Maguire, 66

<sup>148</sup> Ann Loades, 33.

<sup>149</sup> Judy Rebick, *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin Canada, 2005), 223. The most well known, in Quebec was the Chantal Daigle case.

Statistics are concrete facts which form the foundation of health policies, strategies, evaluation and monitoring.<sup>150</sup> Since abortion was legalized in Canada in 1969, the number of deaths from illegal, unsafe abortions has decreased dramatically.<sup>151</sup> The statistics on pregnancy, abortion and live birth fluctuate from year to year. For example; in 2002 there were 105,154 medically induced abortions or 17.8 per 100 live births in Canada compared to 106,199 or 18.7 per 100 live births in 1995.<sup>152</sup> In Quebec there were 30,858 therapeutic abortions in 2002; an increase when compared to 27,555 in 1995. On the other hand, it is down from the 31,673 in 1998 or 38 abortions per 100 live births which was double the rate of 20 years before.<sup>153</sup> These abortion statistics suggest a lack of sexual education and access to effective birth control methods which will be discussed under 'why'.

## **2. Who?**

Who has abortions? Women of all ages, races, religion and nationalities have abortions. In Canada the latest statistics for 2002 reveal that it is mainly women between the ages of 18 and 29 who are having abortions. This is the same age group as in 1974<sup>154</sup> and in the late 19<sup>th</sup>, early 20<sup>th</sup> century that is, women in their child-bearing years who want to control the number and spacing of the children they have. The difference between these women of one hundred years ago and today is their marital status. According to Angus

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<sup>150</sup> Margaret Chan, Director-General of the World Health Organization, "Medical Trends Revealed in Latest UN Health Statistics Compilation." *UN Daily News Digest*, May 18, 2007.

<sup>151</sup> R.J. Gerber, "Discussion: Abortion: Parameters for Decision," *Ethics*, Vol. 82 (1971-72) 141.

<sup>152</sup> Statistics Canada, *Women in Canada: A Gender-based Statistical Report*, (Ottawa: Ministry of Industry, Social and Aboriginal Division, 2006), Table 3.15, 84. Internet accessed: [www.statscan.ca](http://www.statscan.ca), 10/08/2006.

<sup>153</sup> Charles Fidelman, "Quebec Abortion Rate Doubles in 20 Years", *The Montreal Gazette*. Saturday March 11, 2000, A4. In Ontario it was 33 per 100 births. In 1997 the U.S.A. there were 37 per 100 births. In the Netherlands it was 12 per 100 births, where there is a strong social expectation that a sexually active person will be responsible and use birth control. (As I noted, the statistics are different depending on the year, age and source.)

<sup>154</sup> Statistics Canada: *Women in Canada; A Gender-based Statistical Report*, 70 and 85. Internet accessed: [www.statscan.ca](http://www.statscan.ca), 10/08/2006.



and Arlene McLaren, in the early 20<sup>th</sup> century most of the women who had abortions were married. This has gradually changed and today most of the women terminating their pregnancies are single.<sup>155</sup> However, the age group remains approximately the same (twenty to twenty-nine). Often, it is women who are pregnant due to contraceptive failure. Teenagers, struggling with their sexual identity, fall into this category especially as they tend to think, that it can't happen to them. If they have received the message<sup>156</sup> that teenagers are not ready to have children and abortion is the responsible choice, they will choose to end the pregnancy.

#### *A second Who?*

This question asks: Who has the power to make this decision and act on it? The answer is very interesting. As noted in response to the first question, in Canada since 1988 abortion has been decriminalized, so that theoretically it is the pregnant woman, herself who has the power to decide and act. This was also true in the past, before the discovery in the 1800's of the physical realities involved in human conception. As described in the history of abortion, up until that time, abortion was morally, legally and medically contraindicated after 'quickening', thus only the woman herself knew when the termination of pregnancy had become unacceptable. With the discovery of human fertilization male scientists and doctors set about educating the public in general and women requesting abortions in particular, that life begins at conception. As the historical

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<sup>155</sup> Angus McLaren & Arlene Tigar McLaren, 32-39.

<sup>156</sup> Here I am making reference to the second type of Knowledge described in Mary Field Belenky & et al., *Women's Ways of Knowing: The Development of Self, Voice, and Mind* (New York: Basic Books, Inc., 1986), 35-51. I say this because most girls are so very clear about what they do before they have a positive pregnancy test, so that if the message they have received is a pro-life one, they will chose to have the baby without real foreknowledge of the reality they are choosing.

data reveals, this resulted in the strengthening of the anti- abortion law in 1892, making the sale and use of contraceptives also illegal. Legally and medically women had no control over their ability to avoid or end a pregnancy. Continence or periodic coitus abstinence was the only publicly approved birth control method. This meant that men, in the personage of lawyers, doctors and politicians had, theoretically, taken the decision-making power away from women. As the statistics reveal the law did not put an end to the practice. For example: in 1922 between 20 and 120 thousand illegal abortions estimated to have occurred.<sup>157</sup> I will explore this conflict further using Lonergan's concept of horizon in the following section.

#### *A third who?*

There is a third *who* involved in abortion and that is the service provider. Over a hundred years ago, reproduction was a private domestic affair managed by women among themselves. A community was fortunate if it had a midwife that is a woman known to have special knowledge and skill related to the preservation of female reproductive health. They would be called upon when necessary by the other women. With the rise of modernity and the recognition of scientifically proven knowledge only as legitimate, these women's knowledge became suspect by public authorities. The newly formed medical profession especially believed that midwives were causing more harm than good, blaming the occurrence of post-abortion complications and deaths on such 'quack' abortionists.<sup>158</sup> There were several reasons behind the criminalization of abortion; first to protect women from physical and moral danger, and second to prevent 'race suicide'.

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<sup>157</sup> Childbirth by Choice, 14.

<sup>158</sup> Tracey Light, 18-56.

This was the term given to the imbalance between the large immigrant families and the much smaller Anglo-Saxon families. Politicians were afraid that they would soon be outnumbered and blamed the low birth rate on the immoral behaviour of women.<sup>159</sup>

Today, in Canada only a physician can legally perform therapeutic induced abortions. As the service provider the doctor, paid by the provincial government, has the choice to cooperate or not with the enactment of the woman's decision. This gives the physician and the government the power to limit a pregnant woman's choices.

It can be seen from this brief discussion of the three actors involved in abortion that the situation is much more complex than it would at first appear. Of course the obvious answer is that abortion involves the pregnant woman. However, when science proved that life begins at conception, then physicians, lawyers and politicians became involved. These men believed, based on the scientific evidence and the principle of the sanctity of life, that all abortions were murder and should be illegal. In the late 1800's they had the political power to create laws based on their understanding of reality and their fears.

The next section of this chapter addresses the question of motivation. The answer suggests that there is a direct link between the *why* and *who* questions pregnant women ask and answer, albeit unconsciously: *Who* will be responsible for the child that is born? *Who* will provide the necessary care? These questions result from women's different

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<sup>159</sup> Angus McLaren and Arlene Tigar McLaren, 36. At the time hospital abortions could be safely performed (but were not), it was the illegal abortions performed under unsanitary conditions which were dangerous. In reality, the birth rate had declined before this date. (It is interesting to note that according to the Quebec news media, the low birth rate in recent years has concerned provincial authorities.)

perspective. At this point I will provide an explanation of Bernard Lonergan's notion of *horizon*; an analytical tool which will be useful in furthering our understanding and interpretation of abortion as an act of meaning.

### Horizon

As noted earlier we do not live and make decisions in isolation from one another. We are born into a certain time and place within a certain social and cultural matrix. The way we understand the world around us is shaped by this matrix including our biases; how to live, behave, our role(s), what is important, not important, valuable and not valuable. These form our horizon or "...the field or circle in which things are found to be meaningful."<sup>160</sup> Just as the physical horizon limits how far we can see; so too this metaphorical horizon limits how we interpret or understand reality.<sup>161</sup> We will not even know we have such a horizon or that there is a reality existing beyond its boundary until we encounter someone from another culture. Then we may realize that their priorities or values are different from ours.<sup>162</sup> For example: pregnant women and medical doctors at the turn of the century reacted differently to birth control and abortion because their horizons were different, which in turn influenced their priorities. In general, women's horizons were bound by the domestic world of family, home and traditional female practical reproductive knowledge. The physician's horizon was bound by the public external world of work, education and scientific male theoretical reproductive knowledge. This

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<sup>160</sup> James B. Sauer, *A Commentary on Lonergan's Method in Theology* edited by Peter L. Monette & Christine Jamieson, (Ottawa; The Lonergan Web Site, 2001), 222.

<sup>161</sup> Lonergan, 235

<sup>162</sup> Kenneth Melchin, *Living with Other People: An Introduction to Christian Ethics Based on Bernard Lonergan*, (Ottawa: Saint Paul University, 1998), 28.

difference in horizons generated conflicting responses to the question of abortion.

Women's answer to the question 'why', explored in the next section will provide important insights into their horizons, our culture and the continuing tensions between the pro-life and pro-choice positions existing today.

### **3. Why?**

The third reality revealing question is why: Why do women chose to terminate a pregnancy? The answer to this question is central to our understanding and interpretation.

It provides the answer to the question; what is it that women know (experience, understand, judge) when they decide and act to terminate a pregnancy? In actuality, the specific motivations depend on the person and her horizon of meaning within a certain social, cultural context. The pregnant woman reaches into memories of her past, to her mother's life and to what she knows of other mothers' lives past and present.

From these experiences and understandings reached from within her horizon, she forecasts and judges the future, pregnant, not pregnant, with child and without, as the following quote from Lonergan explains:

The psychological present reaches into its past by memories and into its future by anticipation. Anticipations are not merely of the prospective objects of our fears and our desires but also the shrewd estimate of the [woman] of experience or the rigorously calculated forecast of applied science.<sup>163</sup>

What are the questions and answers which lead her to the decision to abort? What pattern does she extrapolate from, which indicates that she anticipates a negative future for this pregnancy and this child? Why is abortion rather than adoption the solution?

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<sup>163</sup> Lonergan, 177.

In the past, physicians and lawyers could sympathize with young girls wanting abortions if they had been seduced, but married women's reasons were not considered valid. The following quote from an early 20<sup>th</sup> century doctor illustrates this conflict:

“Well it is surprising,” stated one physician, “the number of times it is done by people who have absolutely no reason in the world for doing it, other than the fact that they don't want to have another child.” Married women frequently assumed that they did have reason on their side.<sup>164</sup>

In fact, it was not just that the woman did not 'want to have another child' it was that the couple could not financially afford another child.<sup>165</sup> Due to the clearly defined male and female roles of the time, it is possible that this doctor and most other doctors were not aware of the amount of time, emotional, and actual physical care and energy the upbringing of a child requires. At any rate, it can be assumed that the horizon of this physician did not match that of his female patients who were requesting abortions. In the late 1960's this disagreement regarding whether or not social and economic reasons were valid for an abortion continued.<sup>166</sup> It was also necessary to remind members of parliament that women are responsible moral agents. To quote one MP: “Women are responsible moral agents who are fully capable of making rational decisions... [and]... are just as responsible as men”.<sup>167</sup>

The high school students I see will say that they are too young and need to finish school before they have a child. They recognize that they are not ready emotionally or financially to care for a baby. Some are afraid of what their parents will say if they find

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<sup>164</sup> Angus McLaren, 42

<sup>165</sup> Angus McLaren, 42. Remember artificial methods of birth control were illegal at that time. Abstinence was the only officially acceptable method.

<sup>166</sup> Jane Jenson, 35.

<sup>167</sup> Janine Brodie, 76.

out. The girls do not want to hurt their parents or they have been warned that they will be kicked out of their family home if they become pregnant. These reasons are similar to those of women in the past when abortions were illegal as noted above. The women who tell their stories in the book *No Choice* believed their pregnancies threatened their lives and their ability to care for their families financially and emotionally. As the title suggests they believed they had no other choice but to abort. Any child a woman bears becomes her and her partner's responsibility to care for until the child can care for her/himself.

The 12 American women in Penny Lane's 2005 documentary *The Abortion Diaries* give a similar rationale for their choice to voluntarily terminate a pregnancy:

- I was not ready.
- I was too young.
- I wasn't able to support a child emotionally, financially or spiritually alone, if the father did not stay.
- I wanted to finish medical school.
- I had no partner.
- My partner already had 7 children; I didn't want my baby to be an eighth child.
- It would be the end of the world and I wasn't about to let the end of the world happen to me.
- My father said the worst thing that could happen to him was if one of his daughters got pregnant before she was married.<sup>168</sup>

The 2006 Guttmacher Institute report: *Abortion in Women's Lives* and their 1999 report:

*"Sharing Responsibility: Women, Society and Abortion Worldwide"* both record the

following reasons given by women worldwide, for choosing abortion:

- concern for or responsibility to other individuals,
- cannot afford a baby now,
- a baby would interfere with school/employment/ ability to care for dependents,
- would be a single parent,

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<sup>168</sup> Penny Lane

- having relationship problems
- has completed childbearing.<sup>169</sup>

The motivations presented in the fictionalized accounts of abortion are similar to those given in the research. Vida, in Richard Brautigan's book: *The Abortion* felt she was too young and she wanted to further her education. Along with the economic and family reasons there was also strong social pressure exerted on single women not to be sexually active as seen in the films *The Story of Women*, *If These Walls Could Talk: Part 1* and *Vera Drake*. These women chose to risk their lives in order to avoid the social stigma and negative economic consequences of bearing an illegitimate child. This has not been an issue for the high school girls I have counselled; no one has referred to a child born out of wedlock as illegitimate. Perhaps this is because common-in-law relationships and single parenthood is much more common; 20.1% in 2001 compared with 9% in 1961.<sup>170</sup> In the contemporary novel, *Harnessing Peacocks* by Mary Wesley, the heroine Hebe chooses to become a single parent against her parents' wishes. The only people who ostracize Hebe are members of her own upper class family of origin out of concern for social appearances.<sup>171</sup> In fact, in the three stories; Wesley's book plus the films *If These Walls Could Talk: Part II* and *Maman Last Call*, the women's choice to continue their pregnancies appears to be an illogical one because of the envisioned negative socio-economic consequences. I will discuss this point further in the next chapter.

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<sup>169</sup> Heather D. Boonstra, Rachel Benson Gold, Cory L. Richards and Lawrence B. Finer, *Abortion in Women's Lives*, (Guttmacher Institute, 2006), 8 and The Alan Guttmacher Institute, *Sharing Responsibility, Women, Society and Abortion Worldwide*, (Guttmacher Institute, 1999), 17.

<sup>170</sup> Statistics Canada, *Women in Canada: A Gender-Based Statistical Report*, 49

<sup>171</sup> Wesley, 11-12.



The overall motivational theme behind women's reasoning is one of responsibility, for others, the child that could be, and themselves.<sup>172</sup> Recall that we all ask questions and make choices based on reality as we know it that is we operate within a certain horizon. The teenage girls I meet, the women interviewed in the *Guttmacher Institute Reports* and *The Abortion Diaries* have accepted and integrated into their horizons the two 'realities' of our culture, each the flip side of the another. The first reality is that child care is the individual woman's responsibility and therefore, if you chose to have a child you will be responsible emotionally, physically, spiritually and financially for it for the next 18 years. The second reality is that men can father children but are not necessarily socially held accountable for their future care.<sup>173</sup> The result of both realities can be seen in Canadian statistics presented earlier on teenage mothers and poverty as well as the following: in 2001- 81.3% of all single parent families were female with the number of such families increasing from 9% in 1961 to 20.1% in 2001.<sup>174</sup> Statistically such families are at risk for poverty, poor health, and incomplete education. A pregnant woman evaluates her ability to provide for the needs of the future child, if she cannot, then terminating the pregnancy is the ethical response. As André Guindon, a Catholic theologian states:

... to call someone to life with the foreknowledge that his or her right to food, clothing, shelter, rest, medical care, basic education, work, property, social services etc., cannot be effectively recognized and secured by his or her family-to-be, is a crime against this potential person's humanity... The notion of standing 'for life' unconditionally and in an unqualified manner is ethically

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<sup>172</sup> Gilligan presents very similar reasons in her book, 71. As does the Boston Women's Collective, 286-289.

<sup>173</sup> Judy Rebick, *Ten Thousand Roses: The Making of a Feminist Revolution*, (Toronto: Penguin Group (Canada), 2005), 223. In 1989 the Ontario and Quebec courts ruled against 2 men who tried to prevent their girlfriends from terminating their pregnancies. While the legal stance gives the woman control over her body, it also makes it difficult to promote male sexual and parental responsibility because they can say it was her choice to have the child.

<sup>174</sup> Statistics Canada: *Women in Canada*, 50.

indefensible.<sup>175</sup>

This leads to the question: Is it possible that women's underlying rationale for having an abortion is the desire to be a 'good' mother? The good mother could be defined as being able to meet all her child's needs as prescribed by childcare professionals. Unfortunately, for women this standard has become more exacting and impossible for one person to obtain leading some to suggest that: "Women have abortions because they are aware of the overwhelming responsibility of motherhood."<sup>176</sup> Women are aware of the daily lived realities of childcare as men have not, traditionally been. I say traditionally because I believe that this is changing. As more mothers with young families enter the work force, fathers are becoming responsible for a greater share of their children's care.<sup>177</sup>

At the risk of repetition I wish to emphasize that the reasons women give for abortions are based on their horizon, in other words the options available are those to be found within their field of meaning. Women understand that a completed pregnancy ends with the birth of a child. A child requires nurturing and according to our social norms, the mother is responsible for providing that care.<sup>178</sup> Not only have women internalized their ultimate responsibility for childcare, but also the specific mothering standards that must be met in order to be a 'good' mother. Erma Bombeck's poem: *'When God Created*

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<sup>175</sup> Andre Guindon, *The Sexual Creators: An Ethical Proposal for Concerned Christians*, (Lanham, MD: University Press of America, 1986), 51.

<sup>176</sup> Leslie Cannold, 98. The author quotes Dr. Elizabeth Karlin, director of the Women's Medical Center in Madison, Wisconsin. The complete quote is: "There is only one reason I've ever heard for having an abortion: the desire to be a good mother. Women have abortions because they are aware of the overwhelming responsibility of motherhood."

<sup>177</sup> Quebec has instituted paternity leave for fathers in the last few years.

<sup>178</sup> Janine Brodie, 72. It also informs the world that she has been sexually active. As noted earlier, this was not socially acceptable outside of marriage and would have been one reason for seeking an abortion in the past.

*Mothers'* pokes fun at these expectations with her tongue-in-cheek description of the 'perfect' mother, but it is not far from the mark if it is compared to Betsy Wearing's definition of a 'good' mother.

### When God Created Mothers

When the good Lord was creating mothers He was into His sixth day of 'overtime' when the angel appeared and said. "You're doing a lot of fiddling around on this one."

And the Lord said, "Have you read the specs on this order?"  
She has to be completely washable, but not plastic;  
Have 180 moveable parts...all replaceable;  
Run on black coffee and leftovers;  
Have a lap that disappears when she stands up;  
A kiss that can cure anything from a broken leg to a disappointed love affair;  
And six pairs of hands;  
The angel shook her head slowly and said, "six pairs of Hands...no way."

"It's not the hands that are causing me problems," said the Lord. "It's the three pairs of eyes that mothers have to have."

"That's on the standard model?" asked the angel.

The Lord nodded. "One pair that sees through closed doors when she asks, 'What are you kids doing in there?' when she already knows. Another here in the back of her head that sees what she shouldn't but what she has to know, and of course the ones here in front that can look at a child when he goofs up and say, 'I understand and I love You' without so much as uttering a word."

"Lord," said the angel, touching His sleeve gently, "Come to bed. Tomorrow..."

"I can't," said the Lord, "I'm so close to creating something so close to myself. Already I have one who heals herself when she is sick....can feed a family of six on one pound of hamburger.... and get a nine-year-old to stand under a shower."

The angel circled the model of a mother very slowly.  
"It's too soft," she sighed.

"But tough!" said the Lord excitedly. "You cannot imagine what this mother can do or endure."

"Can it think?"

"Not only think, but it can reason and compromise," said the Creator.

Finally, the angel bent over and ran her finger across the cheek. "There's a leak," she pronounced. "I told You You were trying to

put too much into this model.”

“It’s not a leak,” said the Lord, “it’s a tear.”

“What’s it for?”

“It’s for joy, sadness, disappointment, pain, loneliness and pride.”

“You are a genius,” said the angel.

The Lord looked somber. “I didn’t put it there.”<sup>179</sup>

Betsy Wearing’s definition of a ‘good’ mother:

A ‘good’ mother is one who is always available to her children; she gives time and attention to them, listens to their problems and questions and guides them where necessary. She cares for them physically...and emotionally by showing them love. She is calm and patient; does not scream or yell or...smack... The cardinal sin of motherhood with its associated guilt is to lose one’s temper with a child. Self-control should be exercised at all times. Even in extenuating circumstances such as when a baby screams with colic for days or when the mother has no emotional or physical support in her task, she must at all times be in complete control of her own emotions.<sup>180</sup>

Cannold argues that pregnant women compare themselves to this definition and ask themselves: Will I/can I be a ‘good’ mother? If the answer is no then abortion becomes an act of kindness.<sup>181</sup> Again the underlying theme is one of responsibility and care for this prospective child who will need this ‘good’ mother in order to thrive, as well as for any other children she may already have. Despite the overwhelmingly high expectations of what mothers should be capable of; as we have seen, many pregnant women are aware that they do not have infinite personal resources with which to meet these standards. And remember society assumes that the birthing woman will either fulfill this role or make the

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<sup>179</sup> Erma Bombeck,

<http://humour.about.com/gi/dynamic/offsite.htm?site=http://www.geocities.com/Hotsprings/Spa/95dd/mothers.html> Internet accessed, May 11, 2008.

<sup>180</sup> Leslie Cannold, 99. Betsy Wearing, a feminist researcher interviewed in Sydney Australia, 150 mothers about motherhood. Her definition is the result of those interviews. She found there were five mothering principles: 1) it is an essential part of womanhood, 2) is rewarding but hard work, 3) children come first if she is a good mother, 4) young children require constant attendance and 5) it is an important but a low-status job. “The Lanyard” by Billy Collins, *The Writer’s Almanac*, Saturday, January 26, 2008, [newsletter@americanpublicmedia.org](mailto:newsletter@americanpublicmedia.org), Internet accessed, January 26, 2008. This poem, quoted on page 84, also describes the perfect mother.

<sup>181</sup> Cannold, 126-136.

appropriate arrangements for a replacement. On the other hand, Janine Brodie interprets abortion as an act of rebellion *against* motherhood with its qualities of "...absolute dedication, marital chastity, selflessness and total sacrifice..."<sup>182</sup> The mothering role standards appear to be so all consuming that women reject motherhood in order to have a life of their own.

### *A Second Why?*

When discussing abortion it is important to address the question of why or how the woman became pregnant. As noted, the social expectations in the past were that sexual intercourse would occur within marriage. Marriage and family are social structures which developed over time to meet society's need for children and future citizens. The gender roles prescribed by these social structures I believe have a direct cause and effect relationship with unplanned pregnancy. Therefore I would like to digress here for a moment before moving on to the second 'Why?' and clarify Bernard Lonergan's explanation of the term social structures. I think that it will prove a useful tool for furthering the investigation and understanding of abortion.

### **Social Structures**

The way a society organizes itself is expressed through culture which in turn consists of a variety of social structures. These institutions are not physical in nature but rather are the repetitive patterns of relating which occur due to human cooperation. According to Lonergan these 'settled patterns' are "...fixed by a role to be fulfilled or a task to be performed..." and he gives a few examples: "... the family and manners (mores), society

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<sup>182</sup> Brodie, 84.

and education, the state and the law, the economy and technology, the church and sect.”<sup>183</sup> These frameworks consist of elements or ‘acts of meaning’ and the internal linkages between them which enable them to remain stable and to reoccur over time.<sup>184</sup> They make moral demands on people such as to be honest, trustworthy and to have integrity. These ritualized interactions provide the social order necessary to maintain a society. They are particular to the culture in which they develop and as such, reflect the assumptions and bias of that culture’s horizon. The tasks necessary to meet the needs for the continuation of society are met in ways that fit with that society’s view of reality.

Kenneth Melchin, in his book *Living with Other People* lays out the stages or steps involved in a social structure through the example of a consumer purchase transaction.<sup>185</sup> The first or opening stage in a consumer purchase transaction occurs when the consumer and salesperson validates, via verbal and non-verbal communication that they have shared expectations of their interaction. This often occurs merely through the customer entering a store and acknowledging and being acknowledge by a store clerk. Next, the negotiation stage establishes whether the merchant’s product is compatible with the customers’ needs. Successful completion of this stage depends as much on personality style or cultural expectations of the interaction<sup>186</sup> as on the product to be sold. If these expectations are met, the third step becomes possible which is the establishing of a contract between the salesperson and consumer where both agree to follow through on the terms of sale. It is the inner commitment of each to cooperate with the other prior to

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<sup>183</sup> Lonergan, 48.

<sup>184</sup> Melchin, 49.

<sup>185</sup> Melchin, 49-53.

<sup>186</sup> Because these social institutions are culturally prescribed, incompleteness is possible due to different cultural expectations of how the transaction should transpire.

the outer act of exchange of goods and currency which, according to Melchin has an “...awesome significance for the maintenance of civilization.”<sup>187</sup> He describes the inner promise between the sales person and the customer as ‘an act of meaning’ which is profoundly moral in its “mutual commitment to responsibility.”<sup>188</sup> The fourth and final stage is closure and as the word signifies it ends this transaction allowing for new transactions to occur.

In this example of a social structure functioning within our society there are four linked acts of meaning each of which must be completed in order to enable the next element to begin; opening, negotiation, contract and closure. The institution’s effectiveness depends on the participants’ ability to cooperate, exchange meaning, communicate and role-play to confirm shared meaning; thereby achieving their respective goals. This example is one of a series of economic social institutions which enables the economy and society to function.<sup>189</sup>

Pregnancy and abortion are also acts of meaning linked to other acts of meaning within our culture’s social structures governing reproduction and family relations. I will now examine three social institutions which from my point of view as a high school nurse, are the most involved in creating the need for abortion as a reproduction option. They are romantic relationships, sexual education and parenting.

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<sup>187</sup> Melchin, 51.

<sup>188</sup> Melchin, 52.

<sup>189</sup> Melchin, 53.

### ***Social Structure: Relationships***

Sexual intercourse which may result in pregnancy planned or not, often occurs within the context of a romantic relationship. In the following analysis I will use George Levinger's ABCDE model<sup>190</sup> which delineates the development of a romantic relationship into five possible stages. The pattern of these stages is similar but not identical to Kenneth Melchin's consumer purchase transaction. Successful completion of each stage is necessary before moving on to the next and such completion is dependent on both individuals' commitment to the relationship. Levinger's stages are: 1) Attraction, 2) Building, 3) Continuation, 4) Deterioration, and 5) Ending.

A romantic relationship in the first stage: Attraction<sup>191</sup> begins with individuals assessing attractiveness and shared expectations through ritual gestures and responses, just as during Melchin's opening stage consumers and salespersons validate shared expectations. The second stage, Building, includes small talk and the exchange of personal information such as name, occupation and birthplace to help establish common ground. If mutuality is established they will become a couple. Just as with the consumer transaction negotiation stage, Building will depend on personality and cultural expectations of appropriate behaviour. The third stage Continuation corresponds to Melchin's third stage of the contract. The pair will continue as a couple if there is "...evidence of caring, positive evaluation, lack of jealousy, fairness and mutual feelings of satisfaction."<sup>192</sup> The currency

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<sup>190</sup>Spencer A. Rathus, Jeffrey S. Nevid, Lois Ficher-Rathus, Sue Wicks McKenzie and Mary Bissell, 2<sup>nd</sup> Canadian edition, *Essentials of Human Sexuality* (Toronto: Pearson Education Canada Inc., 2005), 136.

<sup>191</sup> I did not find any co-relation between the social standards for attractiveness and abortion, in my reading despite the fact that the media and fashion industry promote female thinness as attractive and sexy. Women's biological ability to have children is often viewed as a problem to be overcome. Voluntary pregnancy interruption is perceived as one of the solutions to this 'problem'.

<sup>192</sup> Spencer A. Rathus, & et. al, 140.



of exchange in a romantic relationship at this stage according to Levinger, includes a variety of activities one of which is sexual intercourse. Now, both individuals commit to the relationship, its maintenance and promotion or they do not commit; that is what Melchin identifies as an ultimate inner moral act of meaning occurs or it does not. If the couple engages in unprotected sexual intercourse before this inner commitment has been made by both individuals any resulting pregnancy becomes a problem to be solved.

The fourth stage Deterioration occurs if the necessary commitment and skill conditions are not present. Relationship success is dependent on the cooperation, meaning exchange, communication and role-playing skills, just as the consumer purchase transaction was. For example men and women may cooperate and share meaning by engaging in the scripted roles of male wage earner and female homemaker.<sup>193</sup> It is possible according to Levinger, to move from D back to C if the couple does commit and works to develop the skills necessary for the relationship; if not the relationship moves into the final stage, Ending. When one or both individuals receive little satisfaction the couple relationship will be ended.<sup>194</sup> If the woman is pregnant when this occurs, she may decide that abortion is the responsible option, rather than raising a child as a single parent.

Unlike Melchin's economic transactions, the last two relationship stages, Deterioration and Ending, are not considered inevitable or desirable. Without the closure stage in the consumer purchase transaction neither the consumer nor the salesperson could move on to begin a new transaction. However, in terms of childcare needs, the Deterioration and

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<sup>193</sup> Though still relatively uncommon because men still have more earning power than women in our culture; it could be female wage earner and male homemaker.

<sup>194</sup> Spencer A. Rathus, & et al, 142.

Ending stages of romantic relationships create economic and social hardships for the single parent and child. In fact until recently, the majority of married couples tended to remain together. Marriage and the family were the social institutions in which the mutual commitment to the task of reproduction occurred. As an example Eleanor Maticka-Tyndale tells this story:

A young woman leaves school to enter the labour force full-time at 14 years of age. By the time she is 16 she has met the 'love of her life' whom she marries just before her 17<sup>th</sup> birthday. Before she turns 18 she has given birth to her first child.<sup>195</sup>

Until recently women were socialized to connect love and sex. In fact, before the sexual revolution of the 1960's, the dominant social message was that everyone must wait for marriage to have sexual intercourse but especially women because of the risk of pregnancy. This attitude created a double standard for male and female sexual behaviour; it was and still is expected that men will be sexually active but women should not be.<sup>196</sup> Therefore, during the Building and Continuation stages, shared meaning may breakdown due to differing male and female expectations. Sexual activity as acts of meaning may signal commitment to the relationship for the woman but not for the man (or vice versa). This miscommunication, together with the assumption that women are solely responsible for children and birth control, causes any resultant pregnancy to be a problem to be solved by induced abortion. It is these stereotypical gender roles which place women at risk for unwanted pregnancy because of the inherent power imbalance imbedded in

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<sup>195</sup> Eleanor Maticka-Tyndale, "Sexual Health and Canadian Youth: How Do We Measure Up?" *The Canadian Journal of Human Sexuality*, Vol. 10(1-2) Spring/Summer 2001, 1. The woman in the story was her grandmother and Maticka-Tyndale describes this as a typical for her grandmother's time.

<sup>196</sup> Despite the sexual revolution, in the high school where I work, boys who have multiple sexual partners are positively labeled as 'players' where as girls in the same situation are negatively labeled as 'sluts'.

patriarchal male-female relationships.<sup>197</sup> In this hierarchical structure women may feel powerless to say no to unprotected sexual relations.<sup>198</sup> I include the following quote which emphasizes that stereotypical behaviour is based on an agreement of common meaning or reality, but *it is not reality*. This is important to recall when I discuss the third level of the good.

A stereotype...as an image of reality is a social consensus as to how reality is wished to be and how these wishes of reality should be expressed through behaviour, values and relationships.<sup>199</sup>

### ***Social Structure: Sexual Education***

The social structures involved in sexual education may be classified as unconscious and conscious. Sexual attitudes and biases are passed on from one generation to the next unconsciously within the family, by other adults such as teachers and the media. These perspectives influence the development of the consciously planned school sexual education curriculum by governments, school boards and public health professionals.

The unconscious social patterns surrounding sexuality are confusing indeed. For example: advertisers use sexually stimulating images to attract attention and sell their products. On the other hand many people have difficulty talking about sex with friends and family members on anything deeper than a superficial level. This creates problems when it comes to learning about female/male sexuality including how to prevent

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<sup>197</sup> Cheryl J. Exam, *Fragmented Women: Feminist (Sub) versions of Biblical Narratives* (Sheffield, Sheffield Academic Press, 1993), 9.

<sup>198</sup> The Taskforce Report to General Synod 1986 of the Anglican Church of Canada, *Violence against Women: Abuse in Society and Church and Proposals for Change* (Toronto: Anglican Book Centre, 1987), 15.

<sup>199</sup> Julie M. Hopkins, *Towards a Feminist Christology: Jesus of Nazareth, European Women and the Christological Crisis* (Grand Rapids, Mich.: Williams B. Eerdmans Pub. Co., 1995), 18.

pregnancy.<sup>200</sup> The main task of adolescence is the development of a sexual identity and yet many adults have difficulty speaking with their children on this topic.<sup>201</sup> This sends the unconscious message to the child of ‘don’t talk about sex’. Therefore, although everyone is receiving a multitude of messages from commercial media such as movies, television, radio, and music etc. regarding sexuality; the taboo may cause these messages to be received and affect the person’s choices unconsciously. This has a direct effect on reproduction as they create confusion regarding socially appropriate sexual values. For example: in the past, most religious traditions had preached that sexual intercourse was an intimate sacred act between a husband and wife, with the goal of producing a child. Today, the meaning of coitus has been secularized and separated from its reproductive function. The outcome of this value confusion is lack of knowledge, denial of female sexual desire, increased risk of contraceptive failure and the possibility of unplanned and unwanted pregnancy.

In the United States, where the abortion controversy is passionately debated, abstinence<sup>202</sup> is the focus of sex education in the schools. It is difficult for girls under eighteen to obtain prescriptions for hormonal contraceptives without parental permission. The myth that girls are not interested in sex puts them at risk because it does not allow

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<sup>200</sup> Jodi Perelman, “Reframing the Debate: Sexuality and Abortion”, *Tikkun*, Vol. 12, No.3, 53.

<sup>201</sup> Naomi Wolfe, *Promiscuities: The Secret Struggle for Womanhood* (New York: Random House, 1997), xv. The author presents this argument in her book as do the women in *The Abortion Diaries* DVD and yet the Canadian Association for Adolescent Health, “Sexual Knowledge, Attitudes and Behaviours of Canadian Teenagers and Mothers of Teens”, *Pro-Teen*, Vol.15, #1-2, June 2006, 19. In their internet survey of mothers and teens, found that 63% of teenagers had discussed sex with their parents and 43% consider them the most useful source of information. Could this be a difference in Canadian and American cultures or is the difference due to the 9 year time gap? In the grade 8 sexual education classes I teach only 1 or 2 out of 30 students have spoken with their parents on the topic of sex.

<sup>202</sup> Carol Potera, “Comprehensive Sex Education Reduces Teen Pregnancies: New Research shows Abstinence-only programs are less effective”, *American Journal of Nursing*, July 2008, Vol. 108, No. 7, 18.

them to acknowledge sexual feelings and thus they cannot be prepared to protect themselves from pregnancy.<sup>203</sup> In Quebec, the whole school curriculum has been reformed. In the past sexual education was part of personal and social development, now sexual education is to be taught as part of a variety of courses. For example: the biology of reproduction is taught in science and technology whereas other aspects could be taught during ethics or physical education courses. The sexual education public school students receive will now depend on the individual teacher's personal commitment and ability to integrating the topic into the specific course being taught. The sexual health outcomes of this change in curriculum design remains to be evaluated.

### ***Social Structure: Parenting***

The last social structure I would like to mention is that of parenting. Although both parents are responsible for all aspects of their children's lives, the statistical and personal data of women's experience strongly indicates that in reality an imbalance exists between fathers and mothers' responsibility. The description of the good mother insinuates that she bears the ultimate responsibility of the child. Our socio-economic institutions were developed when women and children were considered property and provided domestic services in exchange for financial support. There was and is a lack of acknowledgement of the time and labour involved in childcare and home maintenance. This creates a heavy burden for the 70% of mothers working outside the home while continuing to handle the majority of the housework. Expectations of how to parent change with each new parenting book published. Mothers receive little support and much blame in our society. If a child has problems it is assumed to be the mothers' fault, rather than the chronic

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<sup>203</sup> Anna Rundle, "Unsafe Sex", *Tikkun*, Vol. 12, No.3, 58.

under funding and lack of appropriate resources to meet the needs of the family unit. Basing our lives on individualism does not promote human growth and development rather it takes a community;<sup>204</sup> as the African proverb says: It takes a village to raise a child.

This discussion of both why women chose abortion and why women become pregnant has revealed that there are several social structures involved in reproduction that create situations in which women could decide that pregnancy termination is the only solution. Acknowledging this aspect of our cultural reality, an aspect beyond the horizon of the traditional pro-life/pro-choice debate, shifts the focus from personal responsibility to social and cultural responsibility.

#### ***4. How and 5. Where?***

In order for women to choose to terminate a pregnancy the facilities must be financially and physically accessible. As this availability differs from province to province, so do the abortion rates. The medical system is the social structure which provides abortion services.

#### ***Social Structure: The Medical System.***

Presently in Canada abortion is legally considered to be a medical act so it could be seen as one of the elements within a medical transaction which follows the same stages as Melchin's consumer purchasing transaction discussed above. Judging from the number of induced abortions recorded in Canada (104,902 for 2002) it is a pattern which occurs

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<sup>204</sup> Scott Peck, *The Different Drum: Community Making and Peace*. Book: Audio tape published 1987.

successfully. Investigating it will not create new information, other than provide evidence to support its remaining a legal act. The study of Canadian abortion history and in other countries where it is still illegal reveals that women continue to terminate their unwanted pregnancies despite the known risks to their health and lives. The consequence of criminalizing abortion is women's pain, suffering and death from the complications. The UN News service, November 1, 2006 stated that there were 45 million abortions worldwide, 19 million unsafe which lead to 68,000 deaths, millions of injuries and permanent disabilities every year to women.<sup>205</sup>

In Canada, abortions are performed by doctors with nursing assistance either in a private clinic or public hospital and are available in most large city centres. In the rural areas lack of information and transportation are barriers to accessibility. In Quebec, under the Health Care Act the age of consent for medical treatment is 14 years old, therefore teenagers do not need to inform or request parental permission.<sup>206</sup> The hospital care is covered by the provincial health insurance coverage. There may be an added charge in the private clinic.<sup>207</sup> The procedure is very safe with few complications in the majority of cases.<sup>208</sup> Ru-486 or chemical abortion is not legal in Canada.<sup>209</sup> With technology the

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<sup>205</sup> UN News Centre, UN News service, *UN-backed study paints grim picture of neglect in promoting reproductive health*. Internet accessed November 9, 2006, <http://www.un.org/apps/news/printnews.asp?nid=20445>

<sup>206</sup> This is different from the Education Act under which the school authorities act in place of the parent while they are at school until the student is 18. The difference in the age of consent can create conflict between the two institutions when both are providing care to the same student. The parent will be contacted if the student needs to be kept overnight or more than 12 hours in the hospital.

<sup>207</sup> *The Gazette*, Sunday February 25, 2007, reported that Superior Court Justice Nicole Bernard ruled on a class-action lawsuit that women, who paid a fee to have an abortion at a private clinic from 1999 to 2006, should not have paid and would be reimbursed at a cost of \$13 million to the government.

<sup>208</sup> Guttmacher Institute, *Abortion in Women's Lives*, 22.

<sup>209</sup> Spencer A. Rathus & et al., 230. Please note: the medications known as The Morning After Pill and Plan B prevent ovulation or the ovum from implanting thereby preventing pregnancy. They cannot interrupt a

belief is that all our problems can be solved with a technical solution.<sup>210</sup> It is true that abortions have become safer and easier. Birth control methods have become more effective but there are still unwanted pregnancies.

In the United States, depending on which state you live in, it may be more difficult to obtain an abortion legally. Since President George Bush instigated the 'global gag rule' in which American funding was cut to birth control clinics in developing countries;

...if they provide abortions (except in rape, incest, or danger to a woman's life) or if they counsel women about abortion as an option for dealing with an unwanted pregnancy or if they advocate less restrictive abortion laws in their own countries...<sup>211</sup>

it has become difficult, if not impossible for women in third world countries to obtain birth control or an abortion; this despite the fact that family planning is recognized by the international community as a fundamental human right.

## **6. When?**

In Quebec, *when* the abortion is done depends on how soon the woman realizes she is pregnant, when she decides to seek help and when the appropriate arrangements can be made. Psychological as well as physical and social barriers may prevent her from seeking or obtaining timely intervention. Society's general ambiguity towards abortion and the stigma attached to it; due to its questionable morality and the resulting silence around it, can result in the individual delaying seeking assistance. Some teenagers have difficulty

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pregnancy and therefore are not abortion pills. Plan B is available from the pharmacist without a doctor's prescription.

<sup>210</sup> Kenneth Melchin, "The Challenge of Technological Society for the Understanding of Christian Faith" in *Défis presents et à venire de l'université and Future Challenges Facing Catholic Universities*, ed. Jacques Croteau (Ottawa: Saint Paul University, 1990), 123.

<sup>211</sup> Ann Hwang, "Exportable Righteousness, Expendable Women", *Worldwatch*, Vol. 15, No. 1, Jan-Feb. 2002, .25.



doing this for several reasons. Their periods may not be regular thus making it easy to deny reality. They believe it won't happen to them. They live in the present and forget about it, secretly hoping the problem will go away. They may not know how to access health care. They are afraid they will be judged negatively or they feel ambivalent about the pregnancy. Medically, the sooner the abortion is performed the safer and less traumatic it is physically and psychologically. It is more difficult to obtain an abortion after 20 weeks gestation as there are fewer clinics providing this service in Quebec.

### ***7. What are the foreseeable effects?***

The foreseeable physical effects of the procedure are the ending of the pregnancy, some menstrual like cramping, (which can be quite painful) and discharge for a few weeks after. The woman may feel some sadness for a few days due to her decreasing estrogen blood levels. The psychological effects depend on the woman and her particular horizon.<sup>212</sup> She is now able to continue with her life as it was before she became pregnant. The effects of re-criminalizing abortion are also foreseeable such as women suffering the unnecessary complications of illegal abortions and more unwanted children living in poverty.<sup>213</sup>

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<sup>212</sup> Jessica Gallant, *Conceptualizing a Feminine Self Through Post-abortion Discourses: An Analysis of Subjectivity and Power Relations*, Thesis presented in partial fulfillment of Masters of Arts in Sociology and Anthropology, Concordia University, 2005. She presents an interesting analysis suggesting that the abortion experience is socially constructed as traumatic and therefore women perceive their abortion as traumatic and as a rejection of traditional feminine characteristics.

<sup>213</sup> Steven Levitt and Stephen J. Dubner, *Freakonomics: A Rogue Economist Explores the Hidden Side of Everything* (New York: HarperCollins Publishers, 2005), 117-119. Levitt describes the lives of Romanian children born after the Communist director, Nicolae Ceaușescu made abortion illegal in 1966.

### ***8. What are the alternatives to abortion?***

Once a woman is pregnant the alternatives in our culture are; keep the pregnancy and the baby or keep the pregnancy and give the baby up for adoption. If she keeps the baby, it will affect all her future choices for the next 18 years. On the other hand, many women view giving the baby away as more difficult emotionally than having an abortion.<sup>214</sup>

The consequences for the woman of keeping the pregnancy and future child could be educationally and economically negative. In our culture the woman is held responsible for that child and unless she has a very supportive family it will be difficult for her to provide the standard of care society expects. This choice puts her at increased risk of not completing her formal education which in turn puts her at further risk of collecting social assistance or working at a low paying job. Her children will be at increased risk of juvenile delinquency, not completing school and living on welfare or working for minimum wage, as well as being four times as likely to suffer from mental health problems.<sup>215</sup> For this reason there is much social pressure for teenagers at least, to choose abortions. For example, in 1998 in Quebec, 3,800 girls under the age of 18 became pregnant, of which 69% ended in abortion. From a health care point of view, this is interpreted as both positive and negative. It is positive in that 69% of these pregnant teenage girls avoided the well documented obstetrical, psychological, and socioeconomic

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<sup>214</sup> Perhaps this is because in the past there was no contact allowed between the biological mother and the child who was given up.

<sup>215</sup> Ministry of Education and Statistics, 66-69.

health risks in store for the 31% who continue their pregnancies<sup>216</sup> and negative in that 31% did not avoid these risks.

As I discovered in my personal experience and research confirmed, the majority of women reject adoption as a choice. Why not complete the pregnancy and then give the child up for adoption? The answer to this question is also the result of our culture's horizon. This was brought home to me as I noted in the last chapter when our friends from Kuujuaq wondered why we hadn't given my husband's childless sister one of our four children. In Inuit culture this lack of sharing meant we were greedy and selfish. In our own culture we are seen as responsible parents.

When adoption is mentioned to the teenage girls I see, they reply that it is better to have an abortion than have a baby and give it away because 'how can a mother give her baby away?' Adoption is understood as abandoning your child. Leslie Cannold also received a negative response to the adoption option from the Australian women she interviewed, both anti-choice and pro-choice. They felt it would be too painful for the mother to give up her child because there is already a developing relationship during pregnancy. They were also against the option of removing the foetus and keeping it in a special incubator to finish maturing for the same reason as well as their sense of responsibility for the child both before and after birth.<sup>217</sup> Cannold points to those studies which conclude that mothers who gave their children up for adoption later suffered from health, fertility and

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<sup>216</sup>“Statistics on Teenage Pregnancy”, unpublished paper, Direction de la planification et de la coordination Ministère de l'Éducation, November 22, 2001. and Statistics Canada, *Women in Canada: Gender Based Statistics*, (Ottawa: Ministry of Industry, 2006), 104-106. The exact numbers fluctuates from year to year but so far the percentage of approximately 2/3's choosing abortion has remained stable since 1998.

<sup>217</sup> Cannold, 115-118.

marital problems as further proof that adoption is not a viable solution.<sup>218</sup> Therefore, abortion becomes the technological solution to the human problem of unplanned and unwanted children.

As a result of my exposure to the Inuit communal responsibility for children I disagree with the conclusion that adoption is not a viable alternative. Before abortion and birth control became legal single women who became pregnant were forced to give up their babies for adoption. In order to protect these children and the women from social stigma, all contact between the biological mother and child was prevented. This does not happen to Inuit adopted children and biological mothers. Rather than abandoned, such children are seen as precious gifts from the biological parents to the adoptive parents. The connection between the child and the biological parent remains.

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<sup>218</sup> Cannold, 107-114.

## **Conclusion**

In this chapter I have focused on developing a deeper understanding of abortion as an act of meaning. Daniel Maguire's eight reality investigative questions provided the framework. Bernard Lonergan's terms; horizon and social structure were used to reveal further questions, possible answers and interpretations suggested by the data. Viewed from the perspective of women's horizons the choice of abortion can be understood as based on care for the future child. It was seen that the social structures in place to support the biological and cultural impulse to reproduce; relationships, sex education, parenting and the medical system, all have abortion as a possible act of meaning. In the following chapter I will move on to the third operation in Bernard Lonergan's transcendental method, judging. My focus will be on the underlying individual, social and cultural values which influence the abortion decision.

## The Lanyard

The other day I was ricocheting slowly  
off the blue walls of this room,  
moving as if underwater from typewriter to piano,  
from bookshelf to an envelope lying on the floor,  
when I found myself in the L section of the dictionary  
where my eyes fell upon the word *lanyard*.

No cookie nibbled by a French novelist  
could send one into the past more suddenly—  
a past where I sat at a workbench at a camp  
by a deep Adirondack lake  
learning how to braid long thin plastic strips  
into a lanyard, a gift for my mother.

I had never seen anyone use a lanyard  
or wear one, if that's what you did with them,  
but that did not keep me from crossing  
strand over strand again and again  
until I had made a boxy  
red and white lanyard for my mother.

She gave me life and milk from her breasts,  
and I gave her a lanyard.  
She nursed me in many a sick room,  
lifted spoons of medicine to my lips,  
laid cold face-cloths on my forehead,  
and then led me out into the airy light

and taught me to walk and swim,  
and I, in turn, presented her with a lanyard.  
Here are thousands of meals, she said,  
and here is clothing and a good education.  
And here is your lanyard, I replied,  
which I made with a little help from a counselor.

Here is a breathing body and a beating heart,  
strong legs, bones and teeth,  
and two clear eyes to read the world, she whispered,  
and here, I said, is the lanyard I made at camp.  
And here, I wish to say to her now,  
is a smaller gift—not the worn truth

that you can never repay your mother,  
but the rueful admission that when she took  
the two-tone lanyard from my hand,  
I was as sure as a boy could be  
that this useless, worthless thing I wove  
out of boredom would be enough to make us even.

by Billy Collins<sup>219</sup>

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<sup>219</sup> Billy Collins, "The Lanyard" *The Writer's Almanac*, Saturday, 26, January, 2008  
[www.newsletter@americanpublicmedia.org](http://www.newsletter@americanpublicmedia.org) Internet accessed January 26, 2008. Used with permission.

## Chapter Three

### Be Rational

#### Abortion: What is the Good?

*To understand alternative categories is to be free to make a real choice and it is this choice of conceptual views of reality that allows us to be truly moral beings.<sup>220</sup>*

Bernard Lonergan has stated that human beings desire to do what is worthwhile, valuable or good, therefore it could be said that a woman's decision to terminate a pregnancy is an act of meaning which incarnates *her* judgement of the good. Judgements of value consist of three components: judgement of fact, intentional response to value and judgement of value itself.<sup>221</sup> All three elements are directly related to the notion of horizon. In this chapter, I will draw on Lonergan's structure of the human good and his understanding of judgement of value in order to address the question: "What is the good of abortion?"

As I have already noted, the traditional question on the morality of abortion focuses solely on the mother and/or foetus. The pro-life position argues that the foetus has a right to life and abortion is murder. In this way the rights of the foetus are privileged. The pro-choice position is that the woman has a right to control her body and destiny privileging therefore, the rights of the woman. Both positions contain components of the truth which appear as irreconcilable conflicting rights. The moral dilemma remains unresolved

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<sup>220</sup> Carol Ochs, *Behind the Sex of God: Toward a New Consciousness—Transcending Matriarchy and Patriarchy* (Boston: Beacon Press, 1977), 118-119.

<sup>221</sup> Lonergan, 38. Vernon Gregson, ed., *The Desires of the Human Heart: An Introduction to the Theology of the Bernard Lonergan*, 2<sup>nd</sup> ed., (Ottawa: The Lonergan Web Site, 2004), 42.



because the data and understanding are incomplete which would indicate the existence of unknown and/or unanswered questions.<sup>222</sup> Therefore the horizon of the question needs to be expanded away from its strict focus on the mother and foetus dyad to encompass women's experience and understanding within a particular social and cultural milieu. This expansion was the goal of the previous two chapters and it is from this data and a new understanding of abortion that the question arises: "What is the good of abortion?"

### ***Judgement of fact***

Judgement of fact is the first component of judgement of value. Here the question is: "Is what I think to be true, in fact, the case?" A judgement is made based on sufficient evidence which supports the correctness of an insight.

The meaning of abortion is based on understanding the truth of pregnancy. The previous chapter on understanding explained that for women the meaning of pregnancy, planned or not, includes the foetus, the future child, the father and the imagined socio-economic future. A pregnancy means there will be a future child who will require a certain standard of parental care. Traditionally, the social expectation was that the father would provide the financial resources and the mother the daily physical and emotional nurturing. The social criteria for a successful father and successful mother are unique for each role. For example: fathers are not expected to quit work and stay home to provide the direct care their children require, whereas until recently this was a social expectation

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<sup>222</sup>As discussed in the introduction, Lonergan states several times in *Method in Theology* the importance of asking all the questions, 36, 162-164, and 191. Sauer, 8. Lonergan affirms that "...inquiry is an open-ended enterprise," insinuating that we may not have all the data and our understanding is incomplete.

for women.<sup>223</sup> On the other hand, a man has a social obligation to provide financially for any children he may father even if he is no longer living with them or the mother.

Unfortunately, one of the realities of pregnancy is that the mother often becomes the sole childcare provider if the father refuses or is unable to participate. In the social structures of parenting and childcare our culture has developed, the mother has carried the lion's share of the responsibility. The decision to abort arises out of the woman's realization that for cultural, social and/or economic reasons she will be unable to support the future child according to the standards required: "What women know is that...they cannot do it all, [and] certainly not in a society that urges women to succeed but still assigns them primary domestic and childcare responsibilities."<sup>224</sup>

### *Intentional Response to Value and Judgement of Value*

Once the data and our understanding have been judged to be true our feelings respond spontaneously manifesting our apprehensions of value.<sup>225</sup> These are particular feelings which Lonergan terms intentional response to value and they are stimulated whenever the possibility of moral self-transcendence is glimpsed.<sup>226</sup> Finally, we make a judgement of value that is as Bernard Lonergan says; we choose to do that which we judge to be worthwhile, valuable or good within the limits of our horizon. Therefore, in making judgements of value we tend towards moral self-transcendence.

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<sup>223</sup> As recently as the early 1960's, female nurses and teachers were required to quit work when they married. Also the reality was that for many families, it was not financially feasible for the mother to stay home, but she would still be responsible childcare and household duties (cleaning, meals etc.).

<sup>224</sup> Mary Field Belenky et al., *Women's Ways of Knowing: the Development of Self, Voice and Mind*, (New York: Basic Books, Inc., Publishers, 1986), 152. Notice the assumption that to 'succeed' does not include domestic and childcare responsibilities.

<sup>225</sup> Lonergan, 37. I will explain the term intentional response to value under 'The Human Good'.

<sup>226</sup> Lonergan, 38. Whereas in judgments of fact we tend towards cognitive self-transcendence. They are as Lonergan notes, included in judgments of value.

We recall that historically abortion has been a common method of fertility control when methods to control conception failed. It was morally and socially acceptable before ‘quickening’ but after this it was considered to be a punishable crime. This changed in the early 1800’s when the process of human fertilization was understood. Doctors used this new understanding to reinterpret the morality of abortion and eventually its legal status was changed. According to their scientific realm of meaning,<sup>227</sup> life began at conception which turned any voluntary pregnancy termination into an act of murder. As presented in the data, the intentional response of male doctors and lawyers in the 19<sup>th</sup> and early 20<sup>th</sup> centuries was one of horror and outrage at the immorality of abortionists and aborting women. From their perspective life held the ultimate value or priority. Their positions in society’s power structures enabled them to criminalize abortion and contraception. On the other hand, women living according to the rules of the common sense realm of meaning judged the pregnancy and the potential new life as life threatening. Women’s perspective included their responsibilities for fertility regulation, providing a socially acceptable level of childcare and the maintenance of social interconnectedness. Culturally, as seen in the last chapter, the standards for mothering have been set high, but the resources provided have been few. Pregnant women and mothers know that the social structures in place to support individuals involved in nurturing roles and reproductive social structures are poorly compensated financially despite their physical and time consuming nature. In a society where success is measured by material wealth, children could be judged as liabilities. For example: the present Canadian conservative government provides one

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<sup>227</sup> Here I am using the term ‘realm’, defined as a: “... field, area, sphere or range of competence of meaning.” The scientific would be classed as part of Lonergan’s theoretical differentiated type and the practical as part of common sense. Sauer, 85 and Lonergan, 83.

hundred dollars per month to families for childcare costs for children under six, whereas the true cost is much more.<sup>228</sup> Such unrealistic programs assist in tipping the balance on the scale of judgement away from the value of a potential life and the ensuing emotional and economic responsibilities the individual pregnant woman must assume; in favour of the medical solution of voluntary pregnancy interruption. This was seen very clearly in the chapter on data and understanding and in fact has always been part of the pro-choice rationale. It was my sojourn in Kuujjuaq, and seeing children treated as community treasures therefore a communal responsibility which caused me to question this basic assumption. This leads me to a discussion on the structure of the human good as explained by Bernard Lonergan in his book *Method in Theology*.

### **The Human Good**

According to Lonergan the good is always concrete, never abstract and it begins with the human subject who desires to do good.<sup>229</sup> In order to do what is good, we must know what is good. Therefore the good involves the development of the person via skills, feelings and values which takes place within certain cultural beliefs and social cooperation. The human good is reflected in social and historical signs of progress. It is not static. It is human development both on an individual and social level.<sup>230</sup> André Guindon states:

This common human aspiration toward the good is, indeed, what makes ethics possible. Because ethics is a “quest for humanity,” a search for that which makes

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<sup>228</sup> There are other child tax credit and write offs such as Quebec’s \$7 a day for subsidized daycare, however, families with children remain economically disadvantaged compared to those without children.

<sup>229</sup> Lonergan, 27.

<sup>230</sup> Lonergan, 27.

human beings human, its project is universal...It is against the very nature of the good to be known without being experienced. No one knows the good and values it if one does not 'live' it.<sup>231</sup>

### ***Skills***

Discerning the good requires the development of certain specific cognitive skills or operations which are mastered in stages over time. The most significant for Lonergan occurs when cognitive operations are no longer tied to immediate experience. It is at this stage that the cognitive skills necessary for discovering the human good, such as imagination, language and symbol manipulation, are developed. These skills enable us to live in the expanded world mediated by meaning because we are no longer confined to the present but can remember the past, imagine the future: ideal or otherwise, as well as learn from other people's experience.<sup>232</sup> Women experiencing unplanned pregnancy are using this skill when they decide that abortion serves the greater good as shall be demonstrated in the discussion of the levels of the good. The good exists in the world mediated by meaning.

### ***Feelings***

Just as cognitive skills develop so do human affective responses. Lonergan begins the discussion by categorizing feelings as non-intentional and intentional. Non-intentional feelings arise out of bodily requirements. They consist of bodily states such as tiredness and anxiety; or drives, such as hunger and thirst. They differ from intentional responses in that they relate to a goal and not an object. For example: one feels hungry so one eats.

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<sup>231</sup> Guindon, 12-13.

<sup>232</sup> Lonergan, 28.

One is not intentionally responding to food rather one is seeking a goal; to eliminate hunger.

Feelings as intentional response are stimulated by the meaning attached to an object. The objects of intentional responses come in two classes: first, objects which elicit an immediate positive or negative response and second, values. As noted above, feelings as intentional responses to value play a pivotal role in human development.

Lonergan states:

Such feeling gives intentional consciousness *its mass, momentum, drive and power. ... Because of our feelings*, our desires and fears, our hope or despair...*we are oriented massively and dynamically* in a world mediated by meaning.<sup>233</sup>

In other words, it is our feelings which alert us to meaning. This perspective bestows an importance on feelings hitherto unknown, as feelings have been treated with much less respect than rational responses causing Kenneth Melchin to remark that traditionally: "...feelings belonged on the lowest level of human life..."<sup>234</sup> Yet, here Lonergan is clearly indicating that it is our feelings which supply the energy necessary for the search for meaning and he describes how these originally unprompted feelings can be nurtured or repressed by outside influences. This is how bias or distortion occurs in one's horizon and creates the need to evaluate our feeling response, as it may not be directing us to the truly good. This is especially true with respect to the first class of objects that is, those which elicit agreeable or disagreeable intentional responses. What feels satisfying may or

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<sup>233</sup> Lonergan, 30-31. My italics; added for emphasis.

<sup>234</sup> Melchin, 31-32. The complete quote is: "In this view of things, feelings belonged on the lowest level of human life (in no small measure because this was thought to be the realm of the "feminine"); this was the level shared by the beasts, the level which must always be mastered by intellect."

may not be good and the good may or may not feel satisfying. It is the intentional response to value and its development which reveals the truly good.

Intentional response to value develops according to a hierarchy or what Lonergan names *scale of values*. We respond preferentially to vital, social, cultural, personal and religious values, in ascending order; each subsumes the one(s) before. This means that we cannot respond for example to social values until our vital values, those necessary for our health and survival have been met. They form the base necessary for the development of the others. Social values enable our physical and mental needs to be met both individually and communally via established social structures or patterns of cooperation. These patterns Lonergan refers to as the good of order. The good is fulfillment of the role or pattern of behaviour as dictated by the social structure. The third, cultural values provide, correct, improve and transmit the meaning and value given to such acting. They answer the question: Why am I doing what I am doing? Throughout these first three phases of intentional response to value, what is good has been given. Morality viewed as a set of rules is a reflection of this. It is at the level of personal values that an important shift occurs.

At the level of personal value the individual become a creator of value as she or he grows in self-transcendence and love. The person realizes that one is responsible for the choices and decisions one has made. One begins to evaluate the values and the world mediated by meaning, as given. The highest level for Lonergan in the scale is religious value which he refers to as providing ultimate meaning and value. Here one's living is guided by the

transcendent realm.<sup>235</sup> Therefore it is our intentional response to value which moves us both "... towards self-transcendence and selects an object for whom or of which we transcend ourselves."<sup>236</sup>

### **Three Levels of the Good**

When we evaluate, consciously or not, the good of a particular choice we operate within the scale of values from the stance of a particular moral horizon. Lonergan refers to these stances as the three levels or meanings of the good. From within the first horizon our choices are only viewed from the perspective of our own personal desires or interests; what is good is what is good for me. At the second level of the good our horizon expands to include society; what is good is what maintains social order, the good of order. The third level of the good involves even greater expansion of our horizons to include evaluation of social structures and the good of order from a historical perspective of progress and decline.

#### ***First Level of the Good***

The first level of the good refers to satisfaction of personal desires. According to Kenneth Melchin's description, at this level we are simply meeting our own requirements, which do not interfere with anyone else. The criteria for the good is simply what is good for me and what do I want? For example: when we are hungry it is good to eat or when we are

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<sup>235</sup> These two paragraphs are based on Lonergan, 31-32.

<sup>236</sup> Lonergan, 31.



tired it is good to sleep.<sup>237</sup> If pregnancy concerned only the woman, the good of abortion at this personal level would be the control it gives her over her fertility and therefore her life. As stressed earlier, in our culture women are ultimately responsible financially, emotionally and spiritually for any children they have; therefore they must be given the power to choose whether or not to have children.

The ethics researcher Judith Smetana in her study: *Concepts of Self and Morality* classified women who described abortion as an issue of autonomy and self-determination as ‘personal deciders’. According to her, only those women who agree that life begins at conception are ‘moral deciders’ when it comes to abortion.<sup>238</sup> However, I would disagree with Smetana for several reasons the first of which is her classification of decisions as moral or not. I agree with Melchin’s definition that moral refers to “...any experience in our lives when we deliberate and decide how to act.”<sup>239</sup> This would include all the women interviewed by Smetana. Another reason I disagree is that autonomy and self-determination form the very foundations of morality. Moral knowledge develops out of our ability and responsibility to make choices. As Bernard Lonergan states:

When we ask whether this or that is worth while, whether it is not just apparently good but truly good, then we are inquiring, not about pleasure or pain, not about comfort or ill ease...but about objective value. *Because* we can ask such questions, and answer them, and live by the answers, we can effect in our living a moral self-transcendence.<sup>240</sup>

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<sup>237</sup> Melchin, 43. Lonergan’s feelings as non-intentional responses and as intentional responses to the agreeable or disagreeable would both fit at this level. Lonergan, 31.

<sup>238</sup> Judith G. Smetana, *Concepts of Self and Morality: Women’s Reasoning about Abortion*, (New York: Praeger Publishers, 1982), 64. Her categories are based on Lawrence Kohlberg stages of moral development.

<sup>239</sup> Melchin, 6.

<sup>240</sup> Lonergan, 104. Italics added for emphasis.

It is our: men *and* women's ability to ask questions and make choices that allows us to become moral beings. If we live by following the 'rules' we cannot consider ourselves to be moral beings nor would we become authentically ourselves. Morality assumes choice which in turn implies autonomy and self-determination.

Individuals who behave in certain ways merely because they are told to do so never leave their own mark on their deeds. The rule of their action is not what they think, discern and will to do, but what someone else thinks, discerns and wills them to do. They are prevented from discovering moral values in their far-reaching goal, namely their own becoming who they ought to be...<sup>241</sup>

All this to accentuate, that even at this first level of the good, morality is present when we ask the question: "What shall I do?"

Examining the history of abortion it can be seen that social attitudes regarding women's ability to decide and behave morally were not always positive. As noted, one of the reasons abortion was made illegal was to protect women from behaving immorally because although doctors, lawyers and politicians believed abortion was murder and therefore immoral; they had great difficulty convincing women, who continued to seek abortions for socially and culturally valid reasons.

Therefore at the personal level of the good, abortion can be understood as a good because it does give women the choice to accept motherhood or not, just as men have had the choice to accept fatherhood or not. In order to be truly moral in the realm of reproduction, options in the form of birth control and abortion must be available. From this perspective abortion is a good as it allows women to be morally responsible, to choose what is truly authentic for them, to be truly adult. As Carol Gilligan states:

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<sup>241</sup> Guindon, 7.

When birth control and abortion provide women with effective means for controlling their fertility, the dilemma of choice enters a central arena of women's lives...Released from the passivity and reticence of a sexuality that binds them in dependence, women can question with Freud, what it is they want and can assert their own answers to that question.<sup>242</sup>

Thus abortion allows women to act on what they know when they are knowing, that is to move towards self-transcendence. In other words, the confrontation with the choice to become a mother or not, allows individual women to move beyond a biological reproductively prescribed future with few choices; to one with many choices. Legalization and accessibility of abortion services demonstrate society's respect for, as well as validates, women's knowing and world of meaning.

In Canada the social structures in the form of the Health Care Act and medical services are in place to support a woman's personal decision to have an abortion. The perspective that abortion is a personal moral decision is reinforced by these institutions and medicine no longer judges the issue, professing to be objective stating that all treatments are based on the scientific evidence of effectiveness. At the moment there is no law against abortion, however actual access and availability of the procedure varies between provinces and regions. The individual woman is left to decide for herself what is right, but the lack of accessibility to the service will influence her decision. For example: the closest family planning clinic is approximately 50 km away from the high school where I work.<sup>243</sup> If a student does not have transportation, there is no access; thus the young

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<sup>242</sup> Carol Gilligan, 70.

<sup>243</sup> Childbirth by Choice Trust, <http://www.cbctrust.com/provincebyprovince.php> Internet accessed January 30, 2007. Here the authors note that the Canadian Abortion Rights Action League in "Protecting Abortion Rights in Canada" reported that in 2003 only **17.8% of all the hospitals in Canada** provide abortion services. In Quebec, 34.8% of its hospitals provide the service, with 70% estimated to be in Montreal. Pregnancy interruption is not a complex or high risk medical procedure. It requires only

woman may choose to have the child by default. Therefore, although abortion is no longer illegal,<sup>244</sup> the fact that not all cities or provinces provide the service both sends a message regarding social values, to pregnant women and influences their choices. In reality abortion is not *just* another medical procedure. For example as noted earlier, one of the reasons Penny Lane produced *The Abortion Diaries* was to break the silence and stigmatization surrounding abortion.

If we return to the reasons women give for having an abortion, personal satisfaction was not one of them. None of the women said: “Just because I want to” or “I could, so I did”. In fact the few studies that have been done on how women decide indicate that the abortion decision is a difficult one for most women.<sup>245</sup> The majority spoke of it as the responsible choice because they needed to finish school, be employed or provide for children they already have. Strictly speaking, then abortion cannot be considered a good only at the first level because it is an act which involves others. These others include the woman’s family of origin, the potential child, the biological father, children she may already have<sup>246</sup> and the wider community; that is all the participants of society’s reproductive social structures.

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approximately 15 minutes to perform. This suggests that the lack of services is due to its political and moral stigma rather than its medical nature.

<sup>244</sup> It is possible for abortion to become illegal; by an amendment to the criminal code such as Bill C-484 “The Unborn Victims of Violence Act” which has just passed second reading as of March 5, 2008.

<sup>245</sup> See Gilligan, Smetana, Cannold, Kushner, *Childbirth by Choice*.

<sup>246</sup> Often these children are left out of the pro-life-pro-choice debate but in the movie: “*If these walls could talk*” their voices were brought forth with an interesting perspective: how another child could negatively impact siblings’ future. She kept the pregnancy and child anyway.

### *Second level of the Good*

The second level of the good has to do with maintaining social harmony. In order to preserve the good of order, personal desires may be set aside or, choices that are personally disagreeable might be acted upon. The social structures discussed in the last chapter are part of the good of order that must be maintained if society is to function and enable citizens to meet their needs. The question then arises what is the good of abortion at this level? Is it possible that such a choice supports the continued existence of certain social structures? I would argue that as a solution to unplanned pregnancy, voluntary pregnancy interruption does maintain the good of order. It does this in several ways. First it maintains the social structure of gender relations and roles. Recall the description given in the last chapter of George Levinger's ABCDE model of romantic relationships. Just as in the description of a purchase transaction, the consumer and sales agent interact according to certain role-playing expectations, so too within Levinger's model men and women interact according to social gender role expectations. The stereotypical role for men is to be unemotional, independent and assertive while women are to be emotional, dependent and submissive.<sup>247</sup> These roles put women at risk for unwanted and/or unprotected sexual activity. Abortion allows women to engage in this role without suffering the negative consequences of an unplanned pregnancy if the relationship deteriorates and ends. Secondly, by having the abortion she maintains the social consensus that women are responsible for birth control and pregnancy. This agreement enables men to continue to make sexual activity choices from a first level of the good

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<sup>247</sup> The Taskforce Report to General Synod 1986 of the Anglican Church of Canada, *Violence against Women: Abuse in Society and Church and Proposals for Change*, Toronto: Anglican Book Centre, 1987, 33. Philippe-Benoit Côté, "Video Games and Sex Roles: From Cyberspace to Sex Education," *The Sex Educator*, No. 7, Spring 2007, 3. Available online at [www.msss.gouv.qc.ca/itss](http://www.msss.gouv.qc.ca/itss)

perspective that is out of personal desire. This in turn allows society's double standard of gender appropriate sexual desire and activity to perpetuate the social myth that males are more interested in sex than women thus fuelling a pornography industry worth billions of dollars. Thirdly, by choosing abortion the assumption that maintains our social structure of childcare, that is, that children are the sole responsibility of the mother, is reinforced. The abortion will enable her to finish school, become gainfully employed and thereby support any children she might have while at the same time contributing economically to society. If she has an unwanted child, chances are she will become dependant on the system for financial and emotional support as may her child. And finally the option to choose abortion maintains and reinforces the ideologies of individualism and sexism while avoiding the realization that mothering and reproduction within the present socio-economic structures is unfeasible and untenable.<sup>248</sup> It allows us to continue to believe that with the appropriate planning and forethought any individual woman should be able to meet our cultural standards of childcare and mothering. The nurturing of the next generation remains an individual female rather than a community responsibility.

At the second level of the good, it can be seen that abortion is necessary for the maintenance of the good of order. The various cultural social structures involved in human reproduction; such as relationships and parenting, carry within their structure abortion as an act of meaning. For example: when reading the many articles on abortion I

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<sup>248</sup> Women's Health Matters Network: News, "When to Have a Child? A New Approach to the Decision." Duke University, *Decision Analysis Journal*, November 7, 2007. [http://www.womenshealthmatters.ca/news/news\\_show.cfm?number=678](http://www.womenshealthmatters.ca/news/news_show.cfm?number=678) Accessed 11/01/2008.

was struck by the absence of comments on male responsibility and accountability.<sup>249</sup> In the past the legality of abortion was argued and decided upon by male lawyers. Men argued for or against abortion in articles that were narrowly focused on the woman-mother and foetus. These men were deciding whether women could or should end their pregnancies; but not necessarily accepting the responsibility for the future financial and emotional care of that child. At this level the pro-choice arguments for abortion are effective; if an unwanted pregnancy is only the woman's problem, than based on the principle of autonomy and for the maintenance of the good of order she has the right to decide what to do. Abortion would, therefore be morally permissible at this level because it supports the social consensus of the reality of human fertility and how that perception should be expressed in behaviour.<sup>250</sup>

### ***Third level of the Good***

The third level of the good allows us to expand our horizon beyond that of the first and second levels of the good to include judgement of the social structures, good of order and the cultural system itself. The analysis of abortion from the vantage point of the first two levels of the good indicates that as an act of meaning it strongly supports and is supported by past and present cultural systems. Abortion is the logical, accepted response to unplanned pregnancies which are judged unacceptable according to vital, social and cultural values. In other words, voluntary pregnancy termination is an integral part of the

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<sup>249</sup> As noted earlier, the only acknowledgement of male involvement was when the Canadian courts had ruled against the father's right to prevent his child from being aborted.

<sup>250</sup> This is a paraphrasing of Julie Hopkins's definition of stereotype in *Towards a Feminist Christology*, 18, already quoted on page 76.

cultural system as a whole and has been for thousands of years.<sup>251</sup> Therefore, when addressing the good of abortion through the horizon of the third level, the question becomes: will induced abortion produce human progress or decline? This is part of a larger question: can a culture, with reproductive social institutions which include abortion as an act of meaning, promote human development and progress or will alienation and decline result?

Melchin reminds us that moral knowledge includes this notion of assessing the consequences of human actions in relation to whether or not they ultimately promote human progress or decline:

[Moral Knowledge] ... is a relation of progress or decline in the motion from context and social structures, through intention and action, to the goals and consequences that they intend and achieve.<sup>252</sup>

Therefore, an analysis of the good of abortion at this level requires an understanding of progress and decline.

### ***Progress and Decline***

According to Lonergan the good is *not* an event and moral knowledge is *not* a set of rules. It is ultimately the ability to relate the action I take today with its possible consequences for myself and society in the future. Progress emanates out of human authenticity that is when a person observes the transcendental precepts: be attentive, be intelligent, be reasonable and be responsible. Following these precepts results in self-

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<sup>251</sup> See Chapter One; section: The History of Abortion.

<sup>252</sup> Melchin, 41.



transcendence.<sup>253</sup> Society and culture progress in as much as values promote the expansion of horizons and overcoming bias through honing cognitive skills and affective development. Both are necessary for self-appropriation and self-transcendence. Therefore Lonergan's basic criteria for progress are human authenticity and self-transcendence. The criteria for decline then are human alienation or rejection of the transcendental precepts which undermines self-transcendence.<sup>254</sup>

Recall the assertion made that human beings desire to do what is worthwhile, valuable or good and the discussion of the scale of values showed that, we assimilate social and cultural values. The data and understanding in chapters one and two present voluntary pregnancy termination within a social and cultural context, a context which provides the values on which that decision is based. In the context of our hierarchically organized society, where traditionally men have held more power and have been viewed as more valuable or worthy, men's values have been societies' values. For example: in the 1890's Canadian doctors lobbied for a law against abortion because they believed it was immoral, but pregnant women continued to abort. Again in the 1960's lawyers argued for legalization of abortion out of concern for doctor's reputations. What women know (experience, understand, judge and decide) has not always been given creditability or value.

Implicit in the decision to end a pregnancy before foetus viability, are several judgements of value made by the woman which result from her knowledge of social and

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<sup>253</sup> Lonergan, 53.

<sup>254</sup> Lonergan, 53.

cultural values. These values are reflected in the worth attached to women and the various social institutions which deal with reproductive labour, child care, parenting and the nurturing role in general. There are several ways of conveying worth such as the amount of time, attention, money, power and prestige allocated to the activity, role or object. Childcare requires an inordinate amount of a mother's time, attention and self-sacrifice especially if the 'good mother' standard is the goal. The low-status of women and childcare<sup>255</sup> can be inferred from the low wages received; with parenting receiving the lowest. In Canada, child care costs are a tax deduction only if provided by someone other than the biological parent, thus parents who choose to provide their own child care not only suffer a loss of employment; they also cannot apply for the childcare tax deduction as they are no longer considered to be working or contributing to the common good. In the economic social structure childcare has little monetary value and little social prestige, especially for those who chose to care for their own children. Economics is not the only reason 70% of mothers have chosen to work outside the home. If, comparatively speaking, work outside the home for wages, increasing one's standard of living and social prestige, is viewed as worth more than nurturing children, then women will forgo motherhood. This is logical but, in my view, does not promote human development rather it promotes alienation. The ideology of patriarchy and its gender-based stereotypical roles inherent in reproductive social institutions produces inattention, unreasonableness and irresponsibility for others that will lead to decline. Inattention to authenticity is promoted when society encourages women and men to act out hierarchically organized gender roles. The woman who role-plays the good mother and the man, who role-plays the materially successful father, are two examples of inauthentic behaviour. It is

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<sup>255</sup> Cannold, 99.

unreasonable for society to reward and value only work performed outside the home and then wonder why women are not staying home and having children. Society behaves irresponsibly towards parents and children when the time, energy and financial requirements for effective sexual health education are not reflected in the resources allocated; or when it allows sexually explicit media to propagate and then complains because students are engaging in unprotected sexual activity at an early age.

## **Conclusion**

The foundation for the human good is the individual struggling to be attentive, intelligent, rationale and responsible. Throughout this thesis I have repeatedly emphasized that the good occurs within a certain social and cultural horizon. As demonstrated in this chapter the good of abortion is a direct result of the context in which it occurs—a patriarchal society which devalues women and reproductive labour. Abortion frees women from the bondage of pregnancy, childcare and threat of financial hardship or in the case of teenagers, single parenthood and poverty. These consequences result because self-sufficiency, individuality and material wealth are valued over human relationships, interconnectedness and the nurturing of future generations.

## My Days are Lived

My days are lived among the things  
That count for nothing much  
But washing dishes, baking bread  
And stewing prunes and such,  
And sometimes when the day is done  
I fold my tired hands  
To wonder at the many tasks  
A common day demands.

I'd like to live above the hills  
And laugh with scornful mirth  
At those whose tasks must tie them  
To the paltry things of earth,  
But here's a table to be cleared  
And here's a floor to sweep  
While the nursery the children left  
Would make the angels weep.

I'd like to sit beneath a tree—  
An aspen would be best—  
But Hughie needs some buttons  
On his growing-threadbare vest,  
And Helen needs a stocking darned  
And Shirley makes a fuss  
Because the hole worn in her sleeve  
Is so conspicuous

I'd like to do a-many things  
But if I had to roam  
Perhaps I'd come back  
Welcoming the common tasks of home.

By Mary Matheson<sup>256</sup>

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<sup>256</sup> Mary Matheson, *The Moving Finger*, (Vancouver: Clarke & Stuart, Co. Ltd., April 1944), 22. She was a (minor) Canadian poet, friend of Nellie McClung and my grandmother.

## Conclusion

### Be Responsible

#### Decision: Choosing to Act

*When we recognize that things can be otherwise we take upon ourselves the responsibility for imperfection and the challenging task to so change our way of thinking that things can be changed and inequalities can be diminished.<sup>257</sup>*

Bernard Lonergan, in his discussion of human development and what he identifies as the scale of values, states that individuals progress from vital, to social, cultural, personal and religious values, each stage building on the one before. At the stage of personal values the person becomes the creator of values, and begins to operate from the third level of the good; acting within social and cultural values is a *deliberate* decision. Encouraging the development of these intentional responses to value will move the person and society towards self-transcendence and therefore progress. Unplanned pregnancy presents an opportunity for such personal growth. Individual women reflecting on their own particular life situation, consider the values they have assimilated and then are able to choose the good. Teenagers are often, already in the process of re-assessing their received value system and shaping their identity making this an ideal time for progress or decline to occur. My role as nurse-counselor puts me in a privileged position from which to assist young girls as they struggle with this decision and its underlying existential questions: Who am I? Who do I want to be?

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<sup>257</sup> Carol Ochs, *Behind the Sex of God: Toward a New Consciousness—Transcending Matriarchy and Patriarchy*, (Boston: Beacon Press, 1977), 118.

There are several choices I have made and actions I will take as a result of this investigation into the morality of abortion. At the professional level, I am able to effect change with regards to the social structure of sex education. Two years ago I assisted Concordia University graduate student, Cassandra Dubois with her research project: "The Implementation of a Sexual Health Education Program in Cycle 3". She implemented the *Beyond the Basics Sex Education Program* published by Planned Parenthood of Canada in two of my elementary schools and evaluated the results, discovering it effectively increased student sexual health knowledge. Teachers, parents and students appreciated her intensive program. Unfortunately, due to major school organizational changes the program has not been implemented by the elementary teachers themselves.

The new reform curriculum allows for greater flexibility in the offering of sexual health classes at both primary and secondary school levels. Each year I seek out the science, biology and/or ethics teachers and offer resources for sexual health education. I am able to provide resources to teachers as well as teach several classes. This year I demonstrated the usefulness of several appropriate internet resources to 3 teachers and 164 grade eight students. I have presented my understanding of Bernard Lonergan's transcendental method in several grade 11 ethics courses.

Now, when confronted with a pregnant teenager I begin the discussion of her choices with the question: What do you think? How do you feel? What do you believe about

your pregnancy?<sup>258</sup> My responsibility is not to persuade her one way or another, but to support her so that her decision represents movement towards her own self-transcendence. Most students struggle with this question because they have been told by significant others in their lives that abortion is either right or wrong.<sup>259</sup> The question is: What are the counseling conditions which will support self-appropriation of the transcendental precepts and growth in self-transcendence? Discovering the answer will require my own continued self-appropriation of the transcendental precepts; then passing on the message that we all have that capacity and responsibility.

I will continue to work as the high school nurse, providing sexual health counseling to individual students, teaching sex education classes, promoting and offering health services in the new School Youth Clinic. In the future, I hope to organize parent sex education discussion group with the assistance of the school social worker.

In this thesis I sought to expose the destructiveness of dealing with voluntary pregnancy termination simply from a pro-life and pro-choice perspective. My goal was to dismantle that world of meaning and to begin a tentative reconstruction framed on Bernard Lonergan's transcendental method. While struggling to apply the operations of experience, understanding, judging and deciding in order to develop an expanded and more nuanced understanding of abortion; I developed a theological reconciliation between my life as a school nurse and my Christian faith. This occurred as I applied the

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<sup>258</sup> See Appendix 1.

<sup>259</sup> Lonergan, 41. He discusses belief, in terms of science as authoritative. For the girls I see, their parents are the authority. For Example: "My mother said if I ever became pregnant she would want me to have an abortion." "My father said he would kick me out, if I ever became pregnant."



operations of knowing to abortion, I was also inadvertently struggling to self-appropriate the transcendental precepts: be attentive, be intelligent, be rational and be responsible. As

Lonergan states:

...a religion that promotes self-transcendence to the point, not merely of justice, but of self-sacrificing love, will have a redemptive role in human society inasmuch as such love can undo the mischief of decline and restore the cumulative process of progress.<sup>260</sup>

As a person of faith I am called to love not judge others. Therefore, I needed to make the difficult move beyond evaluating actions as right or wrong. Understanding abortion as an act of meaning within a world mediated by meaning expanded the abortion ethical horizon to include the social and cultural context of that decision. This validated both women's knowing and ethics as a process. It also moved the discussion beyond right and wrong such that the door is now open for God's redemptive love to shine forth in the midst of our continued search for a deeper understanding of abortion.

In the first chapter I provided data on abortion from as wide a variety of sources as possible. I gave more creditability and value to women's experience as it was represented in their personal stories and governmental statistics; than to the legal, medical or religious historical data. The latter provided the social and cultural context which strongly influences reproductive decisions. My goal was to garner as much information, from as many different perspectives as possible. My understanding of Lonergan's method was that it would be able to unite such diverse knowledge. Although I refrained from interpreting the data, it does include other authors' interpretations; for example: in the

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<sup>260</sup> Lonergan, 55.

history section, abortion's illegality was based on authorities' scientific understanding of when life begins.

It was in the second chapter that I moved on to discuss the various understandings of abortion using Daniel Maguire's eight reality revealing questions: "what, who, why, how, when, where, what are the after effects? And what are the alternatives?" as the framework. Lonergan's terms horizon and social structure were useful tools of analysis; revealing that men and women's horizons with reference to reproductive issues are very different. Women have had the major responsibility for the provision of child care in our culture, where as men have had the major responsibility of financial success. An understanding of the data of abortion reveals that women choose to abort when they decide they are unable to meet the needs of the future child. At the same time I discussed the standard of care society expects from 'good' mothers—recall Erma Bombeck's poem—who must meet *all* the needs of their child(ren). Unlike, the Inuit, our modern communities are not designed to provide an appropriate level of support. Women also understand that the social structures in place to allow for these responsibilities to be fulfilled are organized hierarchically, with more power and prestige (value-good) being attached to those roles performed by the male gender. By the end of this chapter it was understood that voluntary pregnancy termination could be the logical, rational decision, based on what women know, that is what they experience, understand, and judge.

The understanding of abortion from within women's horizon and social structures led to the question and the topic of chapter three: What is the good of abortion? This chapter

provided an explanation of the good according to Lonergan including the three levels of the good. The first level examined abortion as a personal desire or intentional response to what is agreeable or disagreeable. The data and understanding from chapters one and two revealed that women do not make the decision to abort based on the criteria of personal pleasure. Equal consideration is given to the social and cultural values they have received from trusted authorities. However, there is a good of abortion at this level—it provides women with reproductive choices. The legalization of abortion demonstrates society's respect for women as not just mothers but also as individuals. As Guindon indicates we cannot claim to be ethical if we are just following the rules<sup>261</sup> thus, the ability for women to chose to continue or terminate a pregnancy which will irrevocably change their life, empowers moral self-transcendence.

The discussion of the meaning of abortion at the second level of the good revealed that it promoted the good of order as embodied by the social structures involved in reproduction: relationships, sex education and parenting. It is a rational decision “...because it proceeds from an act of reflective understanding in which is grasped the virtually unconditioned, that is, a conditioned whose conditions are fulfilled.”<sup>262</sup> If the woman believes she will be unable to meet the socially prescribed childcare conditions then she should, logically chose to abort. Teenagers are especially encouraged to terminate pregnancy before foetus viability. This decision, however conflicts with the view that induced therapeutic abortion is actually murder of the foetus and evokes a

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<sup>261</sup> André Guindon, 8. Here he discusses the drawbacks of ‘prescriptive ethics’.

<sup>262</sup> Lonergan, 75.

strong, intentional response with respect to the value of life. From this response the question of the *truly* good and abortion arises.

The third level of the good addresses the issue of the truly good that is progress and decline, both individually and socially. Even though abortion is a first and second level good, promoted by social values, the good of order, and cultural values in the form of social structures; is it truly good? This is a very difficult question for which there is no definitive answer. We no longer have a classical notion of culture which aims at universal and permanent right or wrong rules. Lonergan's empirical notion of culture as a set of meanings and values that informs a way of life, gradually changing over time, suggests that we move towards *or* away from the good with each decision we make.<sup>263</sup> Moral knowledge and discernment of the truly good, therefore is a process which depends upon the development of the various components of the human good such as skills and feelings.

In my understanding, the human good for Lonergan is the movement towards ever increasing individual, social and cultural development of self-transcendence. It depends upon the development of such components of the good as the cognitive skills of knowing and intentional response on the scale of values. Does the choice to have an abortion point to progress or decline for the individual at this particular time and place in her life?

Within the horizon of our present patriarchal culture it is possible that an abortion will move an individual to self-appropriation of the transcendent precepts, self-transcendence and thus progress. On the other hand, abortion also must be evaluated in terms of its

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<sup>263</sup> Lonergan, xi

social and cultural context that is from the third level of the good. Questions for further investigation could be: Does a hierarchical society which prioritizes one gender's intentional response to values (or race or class) over another's such as economic success over human relationships, promote progress or decline? Is it possible to develop an economic system which recognizes, integrates and rewards reproductive labour? Is it possible to move away from a gender-based power structure to one that promotes human and social transcendence?

Each of us lives in a world mediated by meaning, a world constructed over the years by the sum total of our conscious, intentional activities. Such a world is a matter not merely of details but also of basic options. Once such options are taken and built upon, they have to be maintained or else one must go back, tear down, reconstruct. So radical a procedure is not easily undertaken; it is not comfortably performed; it is not quickly completed. It can be comparable to major surgery, and most of us grasp the knife gingerly and wield it clumsily.<sup>264</sup>

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<sup>264</sup> Lonergan, 221.

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## **Appendix 1**

### **Questions and Choices**<sup>265</sup>

First is the pregnancy planned? Is it wanted? Expected? Can it be adjusted to?

Possible questions to ask yourself before deciding, relate to your relationship, physical health, emotional, sexual, psychological, social, family and financial situation as well as what are your dreams.

#### **Relationship:**

How do I feel towards my partner?

What are the possible consequences of a pregnancy? How will it or an abortion affect our relationship or closeness? What does my partner think I should do?

Will or can my partner be there to support me during and after: a pregnancy or an abortion or an adoption process?

#### **Physical Health**

Am I healthy enough to bring a pregnancy to term?

Is my lifestyle conducive to pregnancy?

Do I use any substances (cigarettes, alcohol, drugs) which might have negative effects on my pregnancy and the baby?

#### **Emotional and Sexual Situation**

How do I feel about being pregnant, adoption, or having an abortion?

Is my choice to continue the pregnancy, have an abortion or give the baby up for adoption, reflective of my deepest feelings, values and beliefs?

Are there any elements related to my sexuality that could affect a pregnancy or abortion?

Does my choice to continue the pregnancy or have an abortion make me feel more 'feminine'?

#### **Psychological Situation**

Do I want to have a child in the next year?

Do I feel able to continue a pregnancy and become a mother?

Do I accept the fact that my body will change if I continue the pregnancy?

Could my decision change my relationship with my parents, friends, and partner?

Am I afraid to have an abortion?

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<sup>265</sup> Céline Girard, pour faire le bon choix (Québec: Régie Régionale de la Santé et des Services Sociaux, Direction de la Santé Publique, 2000), my translation.

### **Social Situation**

Do I want to continue my studies?

Can I continue my studies during my pregnancy?

Do I work or do I want to work?

Will I be able to continue to work or become employed if I continue my pregnancy?

Are there people (parents, friends, family...) who are able to help me to make this decision?

### **Family Situation**

Are my parents able to be supportive in making this decision?

How will they react to the news that I am pregnant?

Will they be supportive if I decide to continue the pregnancy?

### **Financial Situation**

Do I have the necessary financial resources to be pregnant?

Am I able to financially support a baby?

### **What are my Dreams?**

**Reasons for and against continuing the pregnancy:**

**Reasons for and against adoption:**

**Reasons for and against abortion:**

