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Abortion: Counseling a Woman in Crisis

Case Study by Dennis Sullivan, MD

When she arrives at the Women's Center for her free pregnancy test, Maria is withdrawn, sullen, and has trouble making eye contact with Betty, the intake volunteer. The story begins to emerge as Betty calmly and kindly interviews the young woman and her boyfriend.

Maria is the youngest in a family of four children. Her father abandoned the family back in her native Mexico. Her mother resorted to selling vegetables on the porch in front of their tiny home, just to make ends meet. With few resources, and fearful of being a burden to their mother, Maria and her older sister ran away from home when she was just 15. They illegally crossed the border into the U.S., and have been trying to live out of sight of the authorities ever since.

Maria is now 18 and pregnant. She works for minimum wage at a nearby restaurant, where her employer is willing to overlook her illegal status. The father of the child, also an illegal immigrant, is a cook at the restaurant. Both Maria and Manuel are willing to carry the baby. However, both are afraid of being exposed by the authorities if they seek medical care for her pregnancy.

The Planned Parenthood clinic in town has said they could perform an abortion if the couple can come up with the \$300.00 payment. Maria and Manuel are tempted, thinking this might be an easy way out of their predicament.

You are a volunteer counselor at the Women's Center. You meet with the couple for a short interview after Betty has finished taking down their information. You assure them that you are here to answer their questions, and to give them the facts. You tell them, "When you leave here this evening, I want you to know two things: that we care about you, and that you have choices."

As you talk with the couple, you learn some additional background. Maria's mother has two sisters (Maria's aunts), both of whom have had breast cancer. Though thin from an inadequate diet, Maria's health is generally been good. This is her first pregnancy. Estimating from her last menstrual period, she is eleven weeks pregnant.

Susan, the Women's Center nurse, performs an ultrasound exam, confirming a very lively 11.5 week-old fetus. Manuel is present during the exam. You and Susan smile and comment on how active the baby is. You notice that Maria has tears in her eyes, and Manuel is very quiet. When you finish, you invite the client to get dressed, and you tell her you will meet the two of them in your office to talk.

Questions for Discussion:

1. This case history is fictitious, yet it is typical of clients who seek counseling at a women's center. Many clients are poor and have difficult social situations. As you meet with Maria and Manuel, what should be the goals of your conversation?

(continued)

2. Of the following, which is the highest priority of your encounter with such a client?
 - a. Saving the baby
 - b. Helping the mother
 - c. Providing unbiased factual information
 - d. Witnessing and trying to lead the client to Christ.

Are the priorities listed above mutually exclusive?

3. Read the following claims, excerpted from a pro-choice Web site (reference below):

Women describe being harassed, intimidated, and given blatantly false information, or being forced to pray with the crisis pregnancy center's staff . . . They show shocking and misleading films and pictures of mutilated fetuses and stillborn babies. They won't let women leave until the end of the video or until they have looked at all the anti-abortion information, even when the woman realizes she has made a mistake going there . . .

[One client's testimony:] They asked us what we wanted to do, and my daughter and I said we decided the best thing for her to do was have an abortion, and how much would that cost? The two ladies said "please wait a minute" and left us . . . They came back with a doll and . . . scissors . . . and said: "This is what your baby looks like now and we want you to start cutting her up because that's what will happen if you get an abortion - so start cutting!"

What is your reaction to the above? Do you think this is typical of pro-life women's centers? If such claims are true, does the desire to save the unborn justify such tactics?

4. Maria and her boyfriend were raised Roman Catholic, though they do not attend Mass regularly at present. Does this background influence what you might say to her?
5. In addition to being part of a good prenatal exam, the use of ultrasound exams at women's centers has had a statistically significant impact on the decision of women to continue with their pregnancies. Why do think this is the case? Comment on Maria's reaction to the ultrasound study.
6. Women's Center volunteers should give accurate, undistorted information to their clients. Consider the following claims. Which of these do you feel are exaggerated, and which are supported by available evidence?
 - a. If you have an abortion, this will make you sterile.
 - b. If you have an abortion, you may struggle emotionally.
 - c. An abortion can be done safely, but carrying your baby to term is the safest alternative.
 - d. If you have an abortion, you will feel guilty for the rest of your life.
 - e. Induced abortion increases the risk of breast cancer, especially if you have a family history of this.
 - f. About 30% of women who undergo induced abortion have some symptoms of post-traumatic stress disorder up to 10 years later.

7. As you share the various options available to Maria and her partner, you mention the possibility of adoption. Maria answers that allowing someone to adopt her baby would make her “a bad mother.” How would you respond?

Tougher Choices:

1. In the above scenario, imagine that Maria is 20 weeks pregnant. How would this change your response?
2. Now change the scenario to include a significant health risk to the mother. For example, what if Maria has a congenitally leaky heart valve? Imagine that a physician at a free clinic claims that pregnancy will throw Maria into overwhelming heart failure. Would these facts change your response?
3. What if Maria’s pregnancy is the result of rape? There is no boyfriend, and the rapist has not been caught. How would this change the nature of your interaction with her? Would you change your advice to her?

Summary:

In dealing with unwanted pregnancies, we have a true moral conflict: the most natural of human interactions: the bond between a mother and her unborn child, comes into conflict with another natural inclination: to be free, to be unencumbered, and to have autonomy. The pro-life movement has sometimes been guilty of so focusing on the unborn that it neglects consideration for the important needs of women.

Our response to a crisis pregnancy must maintain a balance of compassion for both the woman and the unborn child.

Links and References for Further Research:

Center for Bioethics (Cedarville University): www.cedarville.edu/bioethics

Center for Bioethics and Human Dignity: www.cbhd.org

Feminist Women’s Health Center: <http://www.fwhc.org/abortion>