

CATHOLICS FOR A FREE CHOICE

REFLECTIONS  
Of A  
CATHOLIC  
THEOLOGIAN  
on visiting  
an abortion clinic

By Daniel C. Maguire



# starting out

I should not have been nervous the first day I drove to the “abortion clinic.” After all, I wasn’t pregnant. And yet tremors from a Catholic boyhood wrenched my usually imperturbable stomach, producing gas pains. The route I took was the one I usually take to school, but now I was filled with a morbid sense of dread and foreboding. There would be no abortions done this day. I would see no patients and no pickets. I was simply going to meet the staff and see the clinic. And I was scared.

I remember thinking as I turned onto State Street, “How would I feel if I were a Catholic woman, pregnant and scared and on the way to an abortion?” Half the women who come to this clinic are Catholic, and I had now experienced a new and unnerving kind of empathy for them.

So what was it that brought this Philadelphia Irish Catholic male moral theologian to the clinic door? Abortion has not been my academic obsession. At the time, I could say that not one of my 100 articles was on that subject. Only a quarter of a chapter in two of my four books treated abortion at any length—and one got an imprimatur, unsolicited by me, in its Spanish translation. I have had no personal experience with abortion, although it once loomed as a possible choice. Our first son, Danny, was diagnosed as terminally ill with Hunter’s syndrome three months into the pregnancy of what would be our second child. Amniocentesis revealed that the fetus, now Tommy, had slipped through the genetic dragnet and was spared the drastic course that awaited Danny.

I can trace the immediate stimulus for my going to a clinic to the woman who visited with me in our home several days before her abortion at this same clinic. She agonized with me over the decision she had rather conclusively made, and asked me to ponder with her all the pros and cons.

She was almost six weeks pregnant. Her life situation was seriously incompatible with parenting and she

could not bear the thought of adoption. After her abortion, she told us she thought she had made the right decision, but she paid a price in tears and soul trauma. I remember her piercing words about the rosary-saying pickets: "They were taking a precious symbol of my faith and turning it into a weapon against me."

More generally, I was drawn to this uneasy experience by women. I have discussed abortion more often with women in recent years, and I found how differently they viewed it. I have experienced their resentment at the treatment of the subject by the male club of moral theologians. One woman, an author and professor at a Chicago seminary, wrote me after my first article on abortion thanking me and surprising me. She said she found it difficult to use the American bishops' pastoral letter on nuclear war, because these men could agonize so long over the problems of men who might decide to end the world, but had not a sympathetic minute for the moral concerns of a woman who judges she cannot bring her pregnancy to term.

I knew that my visits would not give me a woman's understanding of the abortion decision, but I hoped they might empty me a bit of my inculcated masculine insensibility. My hope was that it might assist me, in the phrase of French novelist Jean Sullivan, to "lie less" when I write about this subject and to offend less those women who come this way in pain. If experience is the plasma of theory, this experience obtained in a clinic three blocks from the Marquette University library, where I have done research on abortion, could only enhance my theological ministry. Those who write about liberation theology go to Latin America to learn; those who write about abortion stay at their desks. Until recently, all churchly writing on abortion was done by desk-bound, celibate males.

# meeting the clinic staff

One day in May, I called the Milwaukee Women's Health Organization (the clinic) and spoke to its director, Elinor Yeo, an ordained minister of the United Church of Christ. I was afraid she would find my request to spend time at the clinic unseemly and out of order. She said she would call back when she finished an interview with a patient and spoke with her staff. She called later to tell me the staff was enthusiastic about my prospective visits, and she added the ironic note that the patient she was interviewing when I first called was a Marquette University undergraduate.

The clinic door still had traces of red paint from a recent attack. The door was buzzed open only after I was identified. I realized that these people live and work in fear of “pro-life” violence. In the past seven months, twenty-five incidents of criminal violence at clinics had been reported, including bombings, arsons, shootings, and vandalism. A sign inside the front door said, “Please Help Our Guard. We May Need Witnesses if the Pickets Get Out of Control. You Can Help by Observing and Letting Him/Her Know if You See Trouble.”

Yeo sat with me for more than an hour describing the clinic's activities. Half their patients are teenagers, half are Catholic, and 20 percent are black. In a single day the previous week, out of 14 patients, one was thirteen, one fourteen and one fifteen. Nationally, most abortions are within eight weeks of pregnancy, at which point the *conceptus* is still properly called an embryo, and 91 percent are within twelve weeks. At this clinic, too, most abortions are early, “in the first two months.” Most of the patients are poor; the clinic is busiest when welfare checks come in. The normal cost for an abortion at the time of my visit in 1984 was \$185. For those with a Medical Assistance card, it was \$100. I asked Yeo about the “right-to-lifers” claim that most women who have abortions are rich. She replied, “The average age of an abortion patient is nineteen years. In what sense is a nineteen-year-old

woman with an unwanted pregnancy rich?" I saw no rich women at this clinic.

I asked about the charge that doing abortions makes doctors rich. She assured me that given the clinic's budget, all the doctors who work for it would make more back in their offices. These doctors are also sometimes subject to picketing at their homes. Their care of the patients is excellent, and they often end up delivering babies for these same women later.

Each patient is given private counseling. About half want their male partners with them for these sessions. If there is any indication that the man is more eager for the abortion than the woman, private counseling is carefully arranged. Every woman is offered the opportunity to see charts on embryonic and fetal development and is informed of alternatives to abortion. The consent form to be signed at the end of the interview and counseling session says, "I have been informed of agencies and services available to assist me to carry my pregnancy to term should I desire . . . . The nature and purposes of an abortion, the alternatives to pregnancy termination, the risks involved and the possibility of complications have been fully explained to me."

All counselors stress reproductive responsibility. Two of the women counselors have worked with Yeo for 14 years. One is the mother of five children; the other is the mother of three. Free follow-up advice on contraception is available. It is the explicit goal of the counselors to not have the women return for another abortion. Those most likely to have repeat abortions are the ones who reject contraceptive information and say they will never have sex again until they are married. It became ironically clear to me that these women working in the abortion clinic prevent more abortions than the zealous picketers demonstrating outside.

Only five percent of the patients have ever considered adoption as an alternative. *Abortion* or *keeping* are the two options considered by these young women (90 percent of teenagers who deliver babies keep them, according to Yeo).

Adoption is easily recommended at the bumper-sticker level of this debate. One patient I spoke with during a subsequent visit to the clinic told me how unbearable the prospect was of going to term and then giving up the born baby. For impressive reasons, she thought herself in no condition to have a baby. Yet, even at five weeks, she had begun to take vitamins to nourish the embryo in case she changed her mind. "If I continued this nurturing for nine months, how could I hand over to someone else what would then be my baby?" It struck me forcefully how aloof and misogynist it is not to see that the adoption path is supererogatory. Here is one more instance of male moralists prescribing the heroic for women as if it were simply normal and mandatory.

The surgery lasts five to ten minutes. General anesthesia is not needed in these early abortions. Most women are in and out of the clinic in two-and-a-half hours. They return in two weeks for a checkup. These early abortions are done by suction. I was shown the suction tube used and was surprised to find it only about twice the width of a straw. This was early empirical information for me as to *what* it is that is aborted at this stage.

All patients are warned about pregnancy aftermath groups that advertise and offer support, but actually attempt to play on guilt to recruit these women into their campaign to outlaw all abortions, even those performed for reasons of health. One fundamentalist Protestant group in Milwaukee advertises for pregnancy testing. When the woman arrives, they immediately subject her to a grisly film on abortions of six-month-old fetuses. They take the woman's address and phone number and tell her they will contact her in two weeks "at home." The effects of this are intimidating and violate privacy, often leading to delayed abortions of more developed fetuses.

# Meeting the women

My second visit was on a Saturday that the clinic was busy. I arrived at 8:30 in the morning. The pickets were already there, all men, except for one woman with a 10-year-old boy. A patient was in the waiting room, alone.

We greeted each other and I sat down and busied myself with some papers, wondering what was going on in the mind of this woman. I was later to learn that she was five to six weeks pregnant. She was under psychiatric care for manic-depression, and only lithium was keeping her from serious mental disturbance. Lithium, however, disrupts the formation of organs in embryos and early fetuses.

Prolife? Prochoice? How vacuous the slogans seemed in the face of this living dilemma. What life options were open to this woman? Only through her loss of sanity could a reasonably formed fetus come to term. This woman had driven a long distance alone that morning to get to this clinic, and she would have to return home alone afterward. She had to walk through the picketers who showed her pictures of fully formed fetuses and begged her, "Don't kill your baby! Don't do it." Well-intentioned those picketers may have been, but in what meaningful moral sense were they, in this instance, pro-life?

As I watched this woman, I thought of my colleague Richard McCormick's recent confident assertion that there could be no plausible reason for abortion except to save the physical life of the woman or if the fetus was anencephalic. This woman's physical life was not at risk, and the embryo would develop a brain. How is it that in speaking of women we so easily reduce human life to physical life? Saving *life* involves more than cardiopulmonary continuity. Whence the certitude that undergirds McCormick's parsimony in allowing only two marginal reasons to justify abortion? Whence the Vatican's comparable sureness that, although there may be *just* wars with incredible slaughter, there can be no *just* abortions? Both need to listen to the woman on lithium as she testifies that life does not always confine itself within the ridges of our immodest theories.

With permission, I sat in on some of the initial interviews with patients. The first two were poor teenagers, each with an infant at home and each trying to finish high school. One was out of work. Yeo let her know that Wendy's was hiring. I was impressed that the full human plight of the patients was of constant concern to the staff. The other young woman had just gotten a job after two years and would lose it through a pregnancy. One woman counted out her \$100 and said, "I hate to give that up; I need it so much."

The staff spoke to me about the various causes of unwanted pregnancies. One staff member said it would seem that 90 percent of the men have "scorn for condoms." "Making love" does not describe those sexual invasions. For these hostile inseminators, nothing should interfere with their pleasure. A few women concede that they were "testing the relationship." Often there is contraceptive failure. One recent case involved a failed vasectomy. Sometimes conception is admittedly related to alcohol or drug use. Often, it is a case of a broken relationship, after which a woman, suddenly alone, feels unable to bring up a child. Economic causes are the most common—lack of a job, lack of insurance, a desire to stay in school and break out of poverty.

I wondered how many "prolifers" would vote for President Reagan, who was then running for his second term, because of his antiabortion noises, even though Reaganomics decreased the income of the lowest one-fifth of society eight percent while increasing the income of the rich. More of this would be only more poverty, more ruin, more social chaos, more unwanted pregnancies and more women at clinic doors. Fixation, as ever, is blinding.

# meeting the picketers

The picketers were a scary lot. Because of them, a guard had to be on duty to escort the patients from their cars. Before the clinic leased the adjacent parking lot—making it their private property—some picketers would go up to the cars of the women, screaming and shaking the cars. The guard told me he was once knocked down by a picketer. Without the guard, some of them surrounded an unescorted woman and forced her to see and hear their message of condemnation.

There were, of course, passive picketers who simply carry placards and pray. One day, 20 boys were bused in from out of town to picket. They were not passive. They had been taught to shout at the women as they arrived. One staff member said, “Statistically, one-quarter to one-third of these boys will face abortion situations in their lives. I wonder how this experience will serve them then.”

A reporter from the *Milwaukee Journal* came when I was there, and I followed her when she went out to interview the picketers. Two of them immediately recognized me. Because I have been quoted in the press in ways that did not please them, I am *persona non grata*. I was given a chance to experience what the women patients endure. “You’re in the right place, Maguire. In there, where they murder the babies.” I decided they were not ripe for dialogue, so I remained silent and listened in on the interview.

I learned that some of these men had been coming every Saturday for eight years. Their language was filled with allusions to the Nazi Holocaust. Clearly, they imagine themselves at the ovens of Auschwitz, standing in noble protest as innocent *persons* are led to their deaths. There could hardly be any higher drama in their lives. They seem not to know that the Nazis were antiabortion too—for Aryans. They also miss the anti-Semitism and insult in this use of Holocaust imagery. The six million Jews and two million to three million Poles, Gypsies, and homosexuals killed were actual, not potential, persons. Comparing their human dignity to that of pre-personal embryos is no tribute to

the Holocaust dead. Jews and other survivors of victims are not flattered.

Sexism was also in bold relief among the picketers. Their references to “these women” coming here to “kill their babies” dripped with hatred. It struck me that, for all their avowed commitment to life, these are the successors of the witch-hunters. As much as I wanted to help the women I met not to have to return to an abortion clinic, I am sickened by those who see them as witches or who wound them as these picketers do.

## Meeting the embryos

On my third visit to the clinic, I made bold to ask to see the products of some abortions. I asked in such a way as to make refusal easy, but my request was granted. The aborted matter is placed in small cloth bags and put in jars awaiting disposal. I asked to see the contents of a bag of a typical abortion—a six- to seven-week pregnancy—and it was opened into a metal cup for my examination. I held the cup in my hands and saw a small amount of unidentifiable fleshy matter in the bottom of the cup. The quantity was so small that I could have hidden it if I had taken it into my hand and made a fist.

It was impressive to realize that I was holding and looking at what many people think to be the legal and moral peer of a woman, if not, indeed, her superior. I thought, too, of the Human Life Amendment that would describe what I was seeing as a citizen of the United States, with rights of preservation that would countermand the good of the woman bearer. I have held babies in my hands, and now I held this embryo. I know the difference. This had not been a person or a candidate for baptism.

I thought of the statement of Carol Tauer in her lead article in *Theological Studies*: “Both theological and magisterial opinion, up until the 19th century, were open to the view that the ensoulment of the early embryo is highly improbable, if not impossible.” I thought of the *Catechism of the Council of Trent*, which said the supposed rational ensoulment of Jesus at the

moment of conception was clearly a miracle because, “in the natural order, no body can be informed by a human soul except after the prescribed space of time.” I came to admire anew the core sense of that tradition and to wish it were better known by those—hierarchy and laypersons—who presume to talk for the church.

## Reaching conclusions

1. My four visits to the clinic made me more eager to maintain the legality of abortion for women who judge they need them. There are no moral grounds for a political consensus against this freedom on an issue about which good experts and good people disagree. It also made me eager to work to reduce the need for abortion by fighting the causes of unwanted pregnancies: the sexism, enforced by the institutions of church, synagogue, mosque, and state that diminish a woman's sense of autonomy; the poverty induced by skewed budgets; our antisexual bias that leads to eruptive sex; and the other *macro* causes of these *micro* tragedies.

2. I came to realize that abortion can be the least violent option facing a woman. In a utopian world, Beverly Harrison writes, “it probably would be possible to adhere to an ethic which affirmed that abortions should be resorted to only in extremis, to save a mother's life.” It is brutally insensitive to pretend that women who resort to abortion do so in utopia or that death is the only extremity they face. More often than we male theologians have dreamed, abortion is the best a woman can do in a world of diversified extremities.

3. I came away from the clinic with a new longing for a moratorium on self-righteous and sanctimonious utterances from Catholic bishops on the subject of abortion. An adequate Catholic theology of abortion has not been written, yet the church officials sally forth as if this complex topic were sealed in a simple negative. Those such as New York's Cardinal John O'Connor, who use tradition as if it were an oracle instead of an unfinished challenge and task, are not helping. A position such as O'Connor's has two evil

yields: It insults the Catholic intellectual tradition by making it look simplistic, and it makes the hierarchy the ally of a right wing that has been using its newfound love of embryos as an ideological shield for a mean-spirited social agenda. Antiabortionism, which seems so pure, has become a hideaway for many who resist the bishops' call for peace and social justice.

4. Finally, I come from the abortion clinic with an appeal to my colleagues in Catholic moral theology. Many Catholic moralists would now agree with Tauer's modest conclusion that, "when there are compelling, or even adequate, reasons for terminating an embryonic life, the application of probabilistic methods would permit some early abortions." Catholic theologians should show more awareness of the wise variety and breadth provided in traditional Catholic moral theology. The Catholic tradition is not as unsubtle or monolithic as theologians allow bishops and the Vatican to portray it. While opposing war, the tradition allows for exceptions through the "just war" theory. Similarly, while opposing abortion, it allowed for exceptions through a *just abortion theory*. As early as the third century, the Christian writer Tertullian confronted a situation where normal delivery was impossible and doctors found it necessary to extract the late-term fetus in a drastic way that caused its death. Tertullian called this abortion a "necessary cruelty." One would never call rape (something which is intrinsically evil) a "necessary cruelty," and so there was never a "just rape theory." Unlike rape, war and abortion were treated as open to exception.

Saint Antoninus, the revered fifteenth-century Dominican bishop of Florence, presented common Catholic teaching when he defended early abortions to save a woman's life—a broad exception in the medical context of his day. Today's Catholic hierarchy might well begin their deliberations with a prayer to St. Antoninus, this prochoice bishop, canonized a saint in 1523. He is a saintly representative of a prochoice Catholic view.

The sixteenth-century Catholic theologian Antoninus de Corduba said that a woman, vis-a-vis the fetus, has

a *jus potius*, a prior right. Her health takes precedence even later in the pregnancy over the life of the fetus, an accent wholly missing in the advocacy of today's Catholic clerical leaders. Corduba's concession of "prior right" to the woman had a long echo in the Catholic tradition.

In the nineteenth century, two editors of the Vatican's own publication, *Acta Sanctae Sedis*, defended direct killing of a fully mature fetus through craniotomy to save the woman's life, as did a number of other Catholic theologians at the time. Others disagreed, but none were punished for their views.

The early twentieth-century Jesuit theologian Augustine Lehmkuh argued that in certain medical crises the fetus has in effect surrendered its right to life in order to save the woman's life. Some modern Catholic bishops defend certain abortions. In 1975, Bishop Josef Stimpfle of Augsburg defended abortion to save the life of the mother. The Belgian bishops made similar statements in 1973. The majority of Catholic theologians defend abortion in at least some circumstances. Do the American bishops know none of this when they present their harsh view as "the clear and constant teaching of the church?"

As a prochoice Catholic theologian, I am not embarrassed by the sometimes clumsy, but always earnest and often wise, struggles of the Catholic tradition regarding abortion. I am troubled by the bishops' insistence on presenting their rigid view as the only legitimate or even most typical Catholic view. The bishops are squandering their moral authority on an issue where they have no privileged expertise. By giving abortion the dominant position in their political advocacy, they weaken their authority in other matters—like concern for the poor, for our ailing ecology, for budget-consuming militarism, for racism, etc. If anyone can find a statue or picture of St. Antoninus, I'll contribute it to the Catholics for a Free Choice office.

*Reflections of a Catholic Theologian on Visiting an Abortion Clinic* is one in a series of publications from Catholics for a Free Choice.

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