Pastoral Considerations
on Abortion and Sterilization

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ABSTRACT: Concerns over sterilization and abortion typify our current moral dilemma. These matters begin as individual problems but rapidly expand to become pressing social concerns. The ethical, psychological, and physical factors related to sterilization in men and women are examined and a careful scrutiny of the meaning of the decision to the parties is advised. Abortion is an even more complex issue. The counselor's value system is always a part of the counseling process. Rigidity is not helpful in attempts to adjudicate conflicting rights among the child, the mother, and the father. Four alternative approaches to counseling with persons considering abortion are described.

Human life and the world of man have always been characterized by ambiguity, extremism, and a pursuit of truth in the face of a constant predisposition toward error. The ages of man have been dominated at various times by primitive instinct, conquest, reason, enlightenment, discovery, and an assortment of other human qualities. Although the 20th century is the age of science, it is quite apparent that there are present with us many nonscientific responses to life. Thus, we live in a conglomerate of emotion, reason, and technical methodology that breeds controversy and invites conflict. We know that we are seldom in touch with Truth in the ultimate sense and that our judgments are almost never 100% accurate. Choices are seldom between what is good and what is bad. They are between what is good and what is better, or what is bad and what is worse. Our sense of dilemma begins on an individual basis and expands from there to pressing social concerns.

In the myriad of controversy surrounding us, it is hard to imagine a topic that typifies that state of existence more completely than the

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concerns related to abortion and sterilization. Little else is more emotionally charged, ethically complex, and evasive of simple solutions. Involved in the debate is almost every significant area of social and professional life: religion, medicine, law, psychology, and ecology, as well as parenthood in general and motherhood in particular. The whole picture presents a web of interrelated complexities of human concern, each with a rational defense of its position and with a genuine concern for human life. Essentially, the debate is between the "good guys." There are no "bad guys" to castigate and reject easily, apart from our personal biases and rigidity.

Sterilization

An increasingly common occurrence is the matter of voluntary sterilization, both in the male and the female. The procedure for the female is more involved than that for the male in that major surgery is required. A tubal ligation (tying off the fallopian tubes so that the egg cannot pass through) is the common surgical procedure for female sterilization. While this is major surgery, it is not radical and is the procedure of choice by many for sterilization. The reproductive organs are not affected.

More radical surgery, the hysterectomy, either total or partial, also results in sterilization. Hysterectomies have become very common in gynecological surgery. A partial hysterectomy usually means removal of the uterus, and a total hysterectomy usually means removal of the uterus and the ovaries. There are obviously many women who have undergone this procedure for one reason or another with no apparent maladjustment related to it. However, working for five years in a state mental hospital gave me great respect for the possible emotional reactions to the hysterectomy. I do not have facts and figures on this, but by way of clinical observation it became evident that there was a significant correlation between the hysterectomy, especially total, and emotional difficulty. In most cases it seemed that a veiled sexual identity problem had existed prior to the surgery and had been brought to the surface by the removal of the reproductive organs. Therefore, when the hysterectomy is elective, it would seem highly desirable to explore every alternative before proceeding. When it is necessary and immediate, the availability of both preoperative and postoperative counseling should be part of the medical planning. When the woman is married, counseling for the husband is almost as essential as for the wife. One reason for this is the myth that a woman loses her sexuality with the hysterectomy. Such a misunderstand-