Faith and Society Files: Created in God's image – Study Guide

A study guide to help groups and individuals engage with the issues raised by the 'Created in God's image' report relating to early human life.

The *Created in God's Image* Study Guide

Contents

The *Created in God's Image* Study Guide:

Contemporary Challenges and Principles in Relating to Early Human Life

Introduction

When does life begin? What does it mean to be created in God's image? And what are the implications of recent medical and scientific advances? How should Christians, and our churches, respond? The report, *Created in God's Image*, was written by Methodists, Baptists and members of the United Reformed Church in 2008. This study guide is intended to help groups and individuals to engage with the issues raised by the report.

About the *Created in God's Image* Study Guide

- The series contains six sessions covering issues raised by different aspects of early human life, including abortion, pastoral care, disability, infertility, assisted reproductive technologies.
- Each session includes leader's notes and handout, downloadable as PDFs.
- Depending on your group you could cover the whole series, pick a "taster session", or tailor a session to the particular needs of your church community

About the group facilitator

- Each session will require preparation from you, the leader.
- The leader's notes offer guidance on the structure, input and activities for each session. Do not feel you need to stick rigidly to this – you know your group and what will work.
- Activities are inset in bold together with a suggested timeframe
- Input is in normal type. You will not want to read these sections out to the group as they will make for very boring sessions. Instead try reading through them beforehand to identify what *you* think are the important things that the group takes away. Then either use these points to guide a discussion or summarise what the learning points might be.
- You may choose to work with a co-leader to prepare these sessions.

About the sessions

- Each session is structured to last 90 minutes – people rarely concentrate for longer than this! You may decide to skip over certain sections – eg the discussion questions at the end of each session – if it looks like over-running
- Each session begins and ends with a prayer – you may wish to use the prayers provided or have time for silent or shared reflection
- People learn in different ways – each session contains a variety of learning activities, eg doing, listening, thinking visually, discussing, studying the bible, and reflecting. Depending on the balance of your group, some ways may work better than others. Most of the sessions include a closing activity in which group members are invited to reflect on what they have learnt from the session, and how this might affect how they engage with people and the world in the future.

About the authors

- **The *Created in God's Image* Study Guide** was written by Rosemary Kidd, Rachel Lampard, Paul Morrison and Graham Sparkes of the Joint Public Issues Team. The working group which wrote the original report included Professor Ian Cooke, Deacon Margaret Cox, Revd Ruth Gee (Chair), Revd Martin Hobgen, Revd Dr Helen Jenkins, Revd Dr Rosemary Kidd, Rachel Lampard, Revd Michael Peat, Revd Dr Jonathan Pye, Revd Allan Smith and Revd Daphne Williams.
- The Joint Public Issues Team was set up to work together in living out the gospel of Christ in the church and in society. It works on behalf of the Baptist Union of Great Britain, the Methodist Church and the United Reformed Church. The Team aims to promote equality and justice by influencing those in power and by energising and affirming local congregations. It has produced **The *Created in God's Image* Study Guide** to help churches to explore the importance of Christian engagement with public issues.
- We want to learn from your comments and improve future editions of this resource. Please complete the evaluation forms at the end and return them to us.

www.jointpublicissues.org.uk

Created in God's Image Study Guide – Leader's Notes

Session 1: Breathed into Life

Purpose of this session: This session is an introduction to a series of six study sessions on early human life. In it the group are introduced to one another and to the wonder and struggles of creation. By the end of the session the group should understand and agree with the ways of working together and have identified some of the issues they will face in future sessions.

You will need: a flipchart and pens, paper, pens, basket, a bible or print out of Genesis 1:1-2:4, Psalm 139 1-10, Romans 8 18-25, CD player and CD of Holst's *The Planets*, baby photos of each group member

Introduction to the whole series (15 mins)

This series covers issues which are deeply personal and may be difficult for some members of the group to talk about in public. The way the material is handled, or comments of other group members, may help people in difficult situations or may cause people greater hurt. Some people may not feel that they are able to attend every session.

At the start of this session it is important to establish some ground rules for the way in which the group will work. These might include confidentiality within the group, giving people space to talk about their personal experiences without comment, or owning statements (eg "I think that this is wrong" rather than "this is wrong"). It is then important to plant in people's minds that others in the room might have personal experience of issues which are to be discussed, and on which they have may have strong opinions.

> **Activity:** Introduce the shape of the sessions the group will be covering. Using a flipchart ask people to identify the ground rules which they would like to make them feel comfortable in the group. If there is any disagreement, explore why this is and try to find a place of agreement.
>
> Ask the group to suggest the kinds of issues faced when exploring early human life (abortion, childlessness, conception etc). If you think people may prefer to write these on slips of paper and add them to a basket in the centre of the room. They could then be read out, reminding the group that each of these "issues" could be a personal experience for someone in the room. It might feel appropriate at this stage to pray for the group as you start your work together.

Who am I? (15 mins)

Hopefully each member of the group has brought with them a photograph of themselves as a baby and you have collected them together at the start of the meeting.

> **Activity:** Produce the photos and for a couple of moments ask group members to try and identify who is who. After a few moments laughter, ask each person to reclaim their own photograph.
>
> Ask everyone to introduce themselves to the group. The group may be made of people who all know each other or of strangers. Either way encourage people to talk about themselves as a baby: What kind of baby do they look like? What kind of baby were they? What heritage do they have? What have they inherited from their parents? Who have they turned into?

(It might be that people may wish to talk about personal situations here. Equally they may not. You will also need to be sensitive if there are people in the group who are adopted, for example, and don't know about their parents.)

The wonder of creation (15 mins)

Activity: Invite a couple of people to read Genesis 1:1 – 2:4, and listen to the familiar story of God creating the world. The story can be set against music from the first two of Gustav Holst's *The Planet* orchestral suite (Mars and Venus). Invite the group to try and hear the story afresh, and to relish God's delight and satisfaction, at the wonders of the living world. Share your thoughts.

Prayer:

Introduce the following response:
Creator God: ***We thank you with all our hearts...***
(...and then use it again as the group settles to pray.)

Living God, for the sunrise and the morning, and for the gathering dusk and hours of darkness, for activity and work, for relaxation and for rest, Creator God: ***We thank you with all our hearts.***

Living God, for the miracle of water, for the oceans that pound the coastlines, and taint the estuaries; for fresh, pure drinking water, Creator God: ***We thank you with all our hearts.***

Living God, for the vegetation of the earth, for the trees, for wildflowers and herbs, for seaweed, and fungi, for mosses and lichens, for cabbage and potatoes, for pumpkin and pears, Creator God: ***We thank you with all our hearts.***

Living God, for the sun, for warmth and for the countless stars of the night sky, for our moon, and the tides, for the seasons, which measure off our days, Creator God: ***We thank you with all our hearts.***

Living God, for sponges and lobsters, for snails and beetles, for sharks, for turtles, for penguins and for wildebeest, and for all the other species, Creator God: ***We thank you with all our hearts.***

Living God for making us, each person here, in your image, Creator God: ***We thank you with all our hearts. Amen***

The mystery and incompleteness of creation (30 mins)

Psalm 139 talks about God's infinite care over our creation, whilst Romans 8 refers to the "groaning" of creation. How do we reconcile the beauty and pain, the mystery and flaws of creation? This final section of the session encourages people to reflect on some of the dilemmas which will be covered by the rest of the series.

Activity:
Listen to Psalm 139: 1-10
The miracle of human life is that we have each been made to be in relationship with God. It is relationships which take us beyond mere biology into the real vitality of God's coming kingdom. It is relationships that the New Testament uses to describe God's own inner life. Relationships are the energy of Christian community: each disciple with Christ, and every disciple one with another.

Split into groups of three or four people:

- Share a moment in your life when you were amazed by the mystery of God's world. Where were you? How did you sense God's goodness?
- Recount a time in your life when you made something/achieved something that made you feel really satisfied.

Encourage people to volunteer some of their experiences with the whole group

Listen to Romans 8: 18-25

The vivid description of all creation groaning as in childbirth. There are times when instead of the wonder of creation we see it, in Tennyson's words, as "Nature, red in tooth and claw".

- Ask the groups to reflect on times when their experience of creation or nature is flawed or is one of violence or incompleteness.
- How do people deal with such experiences whilst holding onto an understanding of our "God of creation"?

Again ask people to share some of their reflections with the wider group.

From here ask the group to talk about what they want out of the series of sessions. What are the hard questions with which they are struggling? What are the dilemmas they or people they know are facing? Again, be aware that people may choose to reveal personal situations here.

It will be good as a group leader to note people's hopes and expectations; it may be possible to alter future sessions so that they cover what the group desires. Where this is not possible it would be good to explore with the group or the individual concerned how else they might look at these questions.

If the group has a little extra time, you might like to explore with them the title of the series: *Created in God's Image*. What does this mean to them?

Close the session by outlining what the next session will cover – how people make decisions regarding difficult issues – and remind them of the time and place.

Future sessions in this series:

2. Making choices
3. Set free to care
4. Abortion dilemmas
5. Assisted Reproductive Technologies
6. Care of the child

These study sessions arose out of the report *Created in God's Image* produced by a working group commissioned by the Baptist Union of Great Britain, the Methodist Church and the United Reformed Church. The full report can be found at www.methodist.org.uk/downloads/conf08_19_Created_in_Gods_Image_report210808.doc

Closing Prayer:

Living Creator God, awesome God, it has been good to sense together the power with which you created the solar systems and the delicate balance of this planet from the chaos of furious gases swirling in endless space.

Before you, we are like specs of the dust from which we are formed, and yet, you have allowed us a glimpse into the brilliance of how and why you set us on earth. You have created us to worship you and wrestle with ideas.

We pray for those who feel that they have been blessed by your creative abundance, and for those whom creation has felt incomplete, even cruel. As we spend time together looking at advances in our understanding of science, advances which offer infertile couples the

possibility of children, we ask that we will never lose sight of your great care and love for those who are struggling this day with life-changing decisions, and for those who are unable to realise their dreams.

Creator God, bless us, as we bless each other with the Grace.
May the Grace of the Lord Jesus Christ, the Love of God and the Fellowship of the Holy Spirit, be with us all, evermore. Amen

Created in God's Image Study Guide – Leader's Notes

Session 2: Making Choices

Purpose of this session: This session explores how we, as human beings and as Christians, make moral choices. This is known as the study of 'ethics'. We will look at various ethical models – different ways in which we go about deciding how we should behave and act – and we will see how these might guide our decision-making in a world with so many advanced scientific possibilities.

You will need: Bibles (or copies of Exodus 20: 12-18 and 2 John 3-6), copies of two handouts, DVD player and a copy of the film 'The Mission' (if you plan to show a scene), paper and pens.

Prayer:

> Living God, in your great mercy and love, you sent Jesus to save humanity from sinfulness and to show us how it is possible to live well and fruitfully. You have called each one of us to do your will, and to contribute to your work of love.
> We confess that we are too often incapable of making unselfish choices, and sometimes we struggle to determine right from wrong. We often wish that we were better Christians, with a faith which is always conscious of your presence with us. We wish that we were less easily tempted to accept the dominant values of our day without question.
> We pray that you will fill our hearts with love for our neighbours, near and far, and that we may never ignore the effects of our life choices on others.
> As we study together, we pray that you will teach us more of your passion for justice and love, and give us wisdom to make good decisions in the days ahead.
> Amen.

Bible Study (15 mins)

Read: Exodus 20:12-18

We are all familiar with the giving of the commandments by God to Moses. This was God's set of rules for the Israelite people. These rules were etched on tablets of stone, which suggests that they were meant to be unchangeable.

- Do you think these were rules for the whole community or rules for individuals?
- Discuss what is valuable and what might be dangerous about having such a set of rules.

Read: 2 John 3-6

- Do you think love can be made into a set of rules?
- Discuss the ways in which we try to determine the path of God's love in different situations.

Story: Jamie the 'Saviour Sibling' (15 mins)

Pass out copies of the hand out with the following story on it. Ask the group to read through the story quietly.

> *In 2003, Michelle and Jason Whitaker travelled to America for a scientific process which was then illegal in the UK. They went to create a baby who might offer life to their very sick*

young son. This baby was to be 'designed' to avoid the one characteristic that had caused their first child to be so sick.

By using what has become standard 'test tube baby' technique, or IVF, scientists planned to introduce Jason's sperm to Michelle's eggs under a microscope. They were then going to selectively screen the resulting fertilised embryos, and make a selection of the most suitable ones. They were searching for embryos that did not have the lethal disease.

At that time, Michelle and Jason's first child, Charlie, was four years old. Charlie had 'diamond blackfan anaemia', a blood disorder which was projected to kill him in early adulthood. He had regular blood transfusions and daily injections just to keep him alive. When scientists introduced Jason's sperm to Michelle's eggs under a microscope, and began the process of selecting or discarding fertilised embryos, they were beginning the search for a cure for Charlie's disease.

The first screening identified those embryos which were free from Charlie's horrendous blood disease. The second screening established that the new baby's cells would be compatible with Charlie's tissue. The scientists discarded every embryo which was not suitable. Then the scientists implanted one of the carefully selected embryos into Michelle's womb, and the baby began to grow quite normally. The family returned to England for the birth.

The miracle of science was that the umbilical cord blood from this new baby could later be used to treat Charlie. The umbilical cord, which connects the baby inside the womb with the mother's body, always serves as the 'highway' for the growing baby's nourishment. After the birth, it is discarded by the mother's body. Its task is done, and it quickly becomes lifeless tissue. The blood in a freshly redundant umbilical cord, however, is always rich in 'stem cells' (which we will look at in more detail in Session 5 - CHECK), and the family trip to the US was all about obtaining these stem cells. The scientists had guaranteed that they would be un-diseased. Healthy stem cells from the new baby might trigger the creation of normal red blood cells in Charlie's body.

Jamie, the baby to be born to Michelle and Jason, had been screened at the earliest embryonic stage to be as near a perfect tissue match as could possibly be obtained for Charlie. Jamie's stem cells had the potential to heal his brother's diseased blood. Once Jamie was safely into this world, his redundant cord blood was carefully collected and saved for Charlie's life-giving treatment, and so Jamie became a 'saviour sibling' – he had been specifically created to save his sibling from a life-threatening disease.

Divide the group up into 3s and 4s if a large number are present. Remind everyone that it is quite likely that Christians will hold to different views when confronted with situations such as the one in the story. Then ask them to:

- Share their initial reactions to, and feelings about, the story.
- Discuss whether they would have done the same thing as Michelle and Jason in those circumstances.
- Talk about what the future challenges might be for the family.
- Suggest both positive and negative aspects of the parents' actions.

Making Decisions (30 mins)

We are now going to look at different approaches to ethics, which might assist us in understanding how people make decisions. Look at the three text boxes on your handout sheet:

(1) One way of making decisions is to say that all our actions are fulfilments of our **duty**, and our duty is to be found in keeping to a strict set of rules. It really doesn't matter what the consequences of our actions might be – they could be good or bad, but that is not our concern. What matters is the fact that we have done our duty; we have made the right decision; we have done what the rules tell us to do. For some, doing our duty is understood as doing 'the will of God', and keeping to the rules that God has set in place.

(2) Another way of making decisions is to say that all our actions should be measured only by the **consequences** that they have! What makes them right or wrong is the affect that our actions have on other people's lives, rather than whether we have succeeded in keeping to a set of rules or not. The decision might be a concern to seek the good of one individual, or to achieve the greatest good possible for all humanity. What is key with this ethical model is a commitment to achieve the most good. Consequences are what matter.

(3) A further way of making decisions stresses that what really matters is laying down **habits and patterns in our lives** that will guide our ongoing life choices. Instead of concentrating on outcomes (whether we have done our duty or whether the consequences of our actions are good), this ethical model is about developing the kind of character that results in integrity of personality, and leads in turn to wisdom, courage and justice. This model is known as 'virtue ethics'.

These are complex ideas, but the following examples might help the group differentiate between them. Ask the group to check out which type of decision making is being used in each case.

1. The film, *The Mission,* is set in the eighteenth century in the days of the *conquistadors,* as Spain and Portugal vied for domination over great swathes of territory of South America. Towards the end of the film, a remote Roman Catholic mission post in the rain forest is faced with imminent destruction by Spanish mercenaries.

   One Jesuit priest opts to remain with the women and children. He will not fight. He believes it is against God's law to shed human blood, even though he knows there will be unspeakable violence unleashed upon them. In his view, it is wrong to fight even in the face of appalling injustice. This Jesuit priest died for what he believed was right, according to his view of God's Word and of his calling as a priest. He is an example of (1) above.

   A second, less experienced Jesuit priest opts to fight alongside the men. They are hopelessly outnumbered, but he supports the community in their struggle for justice, against the destructive force. For him, it is justifiable to kill the marauders, in the hope that he can protect innocent and vulnerable people. This priest attempted to achieve a good outcome for the people. He is an example of (2) above.

You may wish to show a scene from the film (currently available for a couple of pounds from Amazon – you could introduce the context briefly and then show a brief excerpt, for example the final meeting between the two priests (approx 1 hr 33 mins in) or the run up to the battle) . Then ask the group to discuss the different approaches to decision-making taken by the two priests.

2. The current debate concerning euthanasia also highlights the different models we use for making decisions.

   Some people would consider that it is always wrong to end human life, under any circumstances. They regard it as a law that should never be broken. They are an example of (1) above.

   Other people decide differently. On the 27th February 2009, an elderly Bristol couple opted to end their lives simultaneously in a clinic in Zurich, Switzerland. They wanted to prevent further emotional and physical pain. They thought a shared death with dignity would produce the best consequences for themselves and others. They are an example of (2) above.

You may want to ask the group to reflect on the different approaches used for making decisions, and the strengths and weakness of both. It is worth stressing that people may well choose to solve different moral dilemmas in different ways!

How are we to respond as Christians? Perhaps the most important thing is to be prepared for the rich differences in human make-up. We are highly complex beings, and these problems are extremely challenging, especially when they concern matters of life and death. The dilemmas posed by human embryology present us with very challenging issues that are the reality in many people's lives.

Virtue Ethics (15 mins)

Invite someone to read Galatians 5: 22-23 and 1 Corinthians 13:13. Here are Christian virtues which we recognise as the Fruit of the Holy Spirit.

Ask the group to think through how model (3) – Virtue Ethics – might inform and guide our decision-making. Does this model have any particular value for us as Christians?

Look again at the story of Michelle and Jason Whitaker.

- What arguments would be used by those who are making decisions based on model (1)?
- What arguments would be used by those who are making decisions based on model (2)?
- How might model (3) help with making such decisions?

Before closing

Invite people to reflect on what they have learnt from this session, and how what they do or how they relate to people or the world might in the future be shaped by this learning.

Prayer

We pray for God's blessing on Michelle and Jason, Charlie and Jamie
We lift to God all those parents for who are in the midst of similar painful experiences and decisions, involving potential medical interventions.

We thank God for the miracle of life, and offer our lives in the service of the God who made us, and who came as a human baby to teach us wisdom and humility.

Created in God's Image – Session 2: Making Choices – Handout 1

In 2003, Michelle and Jason Whitaker travelled to America for a scientific process which was then illegal in the UK. They went to create a baby who might offer life to their very sick young son. This baby was to be 'designed' to avoid the one characteristic that had caused their first child to be so sick.

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Created in God's Image – Making Choices – Handout 2

(1) One way of making decisions is to say that all our actions are fulfilments of our **duty**, and our duty is to be found in keeping to a strict set of rules. It really doesn't matter what the consequences of our actions might be – they could be good or bad, but that is not our concern. What matters is the fact that we have done our duty; we have made the right decision; we have done what the rules tell us to do. For some, doing our duty is understood as doing 'the will of God', and keeping to the rules that God has set in place.

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(3) A further way of making decisions stresses that what really matters is laying down **habits and patterns in our lives** that will guide our ongoing life choices. Instead of concentrating on outcomes (whether we have done our duty or whether the consequences of our actions are good), this ethical model is about developing the kind of character that results in integrity of personality, and leads in turn to wisdom, courage and justice. This model is known as 'virtue ethics'.

Created in God's Image Study Guide – Leader's Notes

Session 3: Set Free to Care

Purpose of this session: In the last session, we looked at how people make decisions in very different ways. Now we are going to consider how we might offer care and support to those making such decisions. We will have opportunity to consider the needs we have as human beings, and how we can care sensitively for one another.

You will need: Bible, DVD player and a copy of the film 'Amelie' (if you decide to show it), prayer handouts, pyramid handouts, pens and paper.

Biblical Reflection and Prayer (10 mins):

Invite someone to read: Jeremiah 31:15

We may well find ourselves faced with people's pain over issues related to human embryology and early human life. Such issues are new. They were simply not around, even a very few years ago. This verse shows that the heart of God understands the profound reality of unspeakable and unquenchable pain around the loss of children, and by inference, the prenatal loss of babies who dwell in both body and mind, but are never then fully met as living people. Many women and men experience deep grief even over the earliest miscarriages.

As we study the social and political issues around the recent expansion of scientific knowledge in this field and the inherent rewards for humanity, we must never forget the people whose lives are directly affected. We will not, of course, discover the science of Assisted Reproductive Technologies (ART) in Scripture. But there is plenty there to show how much God cares for all who suffer grief and longing.

Share the following prayer on the handout, reading slowly and thoughtfully:

> **'Rachel is weeping for her children'**
> Deep, unrequited pain is felt by women, and in many cases by their partners, who month by month long to conceive, but find it does not happen.
> **'Rachel is weeping for her children'**
> For some there is the pain of miscarriage as they seek to fill their home with the joy of young life.
> **'Rachel is weeping for her children'**
> For others there is the experience of raised and dashed hopes as they seek the assistance of Artificial Reproductive Technologies, enduring medical tests and treatment in their longing for a child.
> **'Rachel is weeping for her children'**
> Every closed door is a small death, leaving scars in human lives. It is not just bereaved potential parents who feel it, but extended families, too.
> **'Rachel is weeping for her children'**
> Tender God, help your church to support and care for those who are hurting today.
> Amen.

How do we respond to people's pain and need? This session looks at some fundamental aspects of pastoral caring. It will not make us into Christian councillors (that training takes many months), and

we must always know our limitations. But exploring the difficulties people face may make us more deeply human, and able to relate to the pain of others.

Activity (15 mins):

If it is possible, begin by watching the first few minutes of the film 'Amelie'. This is a French film with subtitles. Introduce it by indicating that the film is about the nature of chance happening in human lives, and includes conception in the opening sequence. Watch until Amelie is grown up, leaves home, and is striding from her front door across the garden, and out of the gate, with her case.

Humans are incredibly complex. We are very different from each other, partly because of our genetic make-up, and also because of our parenting and our experiences.

Discuss reactions to the film, or comment on the statement above.

Being Pastoral (15 mins):

Activity:
Distribute copies of the handout of an empty pyramid

Tell the group that that this diagram helps us understand human need from the moment of birth to adulthood, and that it was the idea of a psychologist called Abraham Maslow in the 1930s. As a group, fill in Abraham Maslow's pyramid of human needs (starting at the bottom of the pyramid). Discuss and identify in turn:

- the **physiological** needs of a new-born baby (milk, sleeping, etc)
- the **safety** needs of a toddler (adult care, boundaries, etc)
- the **love and belonging** needs of a child emerging from the top of primary school (wider friendships, peer group, secure home background, etc)
- the need for **self esteem** in teenagers (confidence, achievement, etc)
- the **self actualisation** needs of adulthood (mature morality, creativity, spontaneity, problem solving, etc)

In Maslow's theory, every adult human being actually depends on the whole list of needs, as they negotiate life. You can see an example of Maslow's completed pyramid for information here at http://en.wikipedia.org/wiki/Maslow's_hierarchy_of_needs

Discuss how this theory helps us understand what it means to be pastoral – to respond to a 'need' in another. What events (either personal or in the news) highlight these various human needs?

What does this say to us about the women and men who need pastoral support associated with embryology and early human life?

Learning to Care (35 mins):

Invite someone to read the following story:

June woke up with a really bad headache. When she went to the medicine cabinet, she was completely out of painkillers. She was stuck, because the gas fitter was due to put in her new meter so she had to stay in. She would just have to sit it out.

June dragged herself downstairs to make a brew, feeling absolutely awful. An hour later she was up and dressed, waiting resignedly for the gas fitter, and trying to think happy thoughts, rather than attend to the pounding in her head. Loud and tuneless whistling outside her house was followed by thumping on the back door.

No, not the gas fitter, but her next door neighbour. It was that always over-cheery Christian fellow, Bill. Bill was looking just a touch flustered today, however. 'How had they managed to make the mistake of delivering her catalogue to his house?', he wondered, loudly.

Taking the parcel, June thanked him wearily, and said that she had a headache. Big mistake! Headaches could be an absolute problem, according to Bill. His mother had had them all the time. 'If I was you', Bill said, 'I would do what me old Mam did. She used to go to bed and put cold compresses on her forehead until all those yellow stars went away from her brain. Then she went to chapel the next Sunday and never forgot to thank God that the headache had gone away.'

It always ran in the family, June learned. Sometimes Bill's poor mother had several days off work, and that had led to financial problems. 'Still, these things are sent to try us!' Bill said. 'These days, of course, people lose a lot of time with bad backs, don't they?' Anyway, Bill hoped that June would be better soon, and wished her a cheery 'Good day', before setting off at a brisk pace up the road, on his way to get his pension and his prescription.

By one o'clock, June was just making a sandwich when she heard the whistling outside her door again, followed by the very loud knocking. Bill knew that she was at home, owing to her headache, so he had just come to tell her that he had bumped into the postman who was very sorry about delivering the catalogue to the wrong address and promised faithfully not to do it again. He was also sorry to hear about the headache, and hoped June would be better soon. Bill had also mentioned it to the doctor's receptionist but, 'she had not been helpful. People really don't care enough these days, do they?' said Bill

Ask the group to divide into small groups, and identify any good and bad aspects of Bill's encounter with June. In what ways was Bill caring? In what ways did he fail to care well for June?

Share answers, making sure the following points are covered:

- **Self-awareness** (we need to be aware how we come over to others, and when our presence is not really wanted!)
- **Empathy** (in caring for others, we need to be able to put ourselves into their shoes; this may be all that is needed to help ease pain.)
- **Agendas** (is our agenda that of the person who is hurting, or are we more concerned to give voice to what we know and believe?)
- **Honesty** (a little knowledge is a very dangerous thing; very often we don't have answers to offer)
- **Offering safety** (it is safest never to share personal information without permission, or a relationship can be damaged. There may be occasional exceptions where a person or child is in danger.)
- **Guidance** (gently suggest someone seeks professional help if you are concerned for their welfare)

Now ask the group to think about the following situation:

A married couple have not been able to conceive over several years and they are about to receive treatment. If it is successful, this may lead to a 'test tube baby'. They tell you about it.

On the basis of all that we have just looked at, do the following exercise in small groups:

Write in one column the kind of care you can offer them at this time.
Write in another column what you should avoid saying to them at this time.

Having considered pastoral practice together, we are perhaps better equipped to relate to people who are faced with extreme personal dilemmas. Remember that this is a field which was totally unknown to many of our parents and grandparents when they were of child-bearing age.

Before closing
Invite people to reflect on what they have learnt from this session, and how what they do or how they relate to people or the world might in the future be shaped by this learning.

Closing Prayer:

Lord, make me an instrument of your peace.
Where there is hatred, let me sow your love,
Where there is injury, your pardon;
Where there is doubt, faith;
Where there is despair, hope;
Where there is darkness, light;
Where there is sadness, joy.

O divine Master, grant that I may not so much seek
To be consoled as to consol,
To be understood as to understand, to be loved as to love;
For it is in giving that we receive;
It is in pardoning that we are pardoned;
It is in dying that we are born to eternal life.

Prayer of Saint Francis of Assisi

Created in God's Image – Set Free to Care – Handout 1

'Rachel is weeping for her children'

Deep, unrequited pain is felt by women, and in many cases by their partners, who month by month long to conceive, but find it does not happen.

'Rachel is weeping for her children'

For some there is the pain of miscarriage as they seek to fill their home with the joy of young life.

'Rachel is weeping for her children'

For others there is the experience of raised and dashed hopes as they seek the assistance of Artificial Reproductive Technologies, enduring medical tests and treatment in their longing for a child.

'Rachel is weeping for her children'

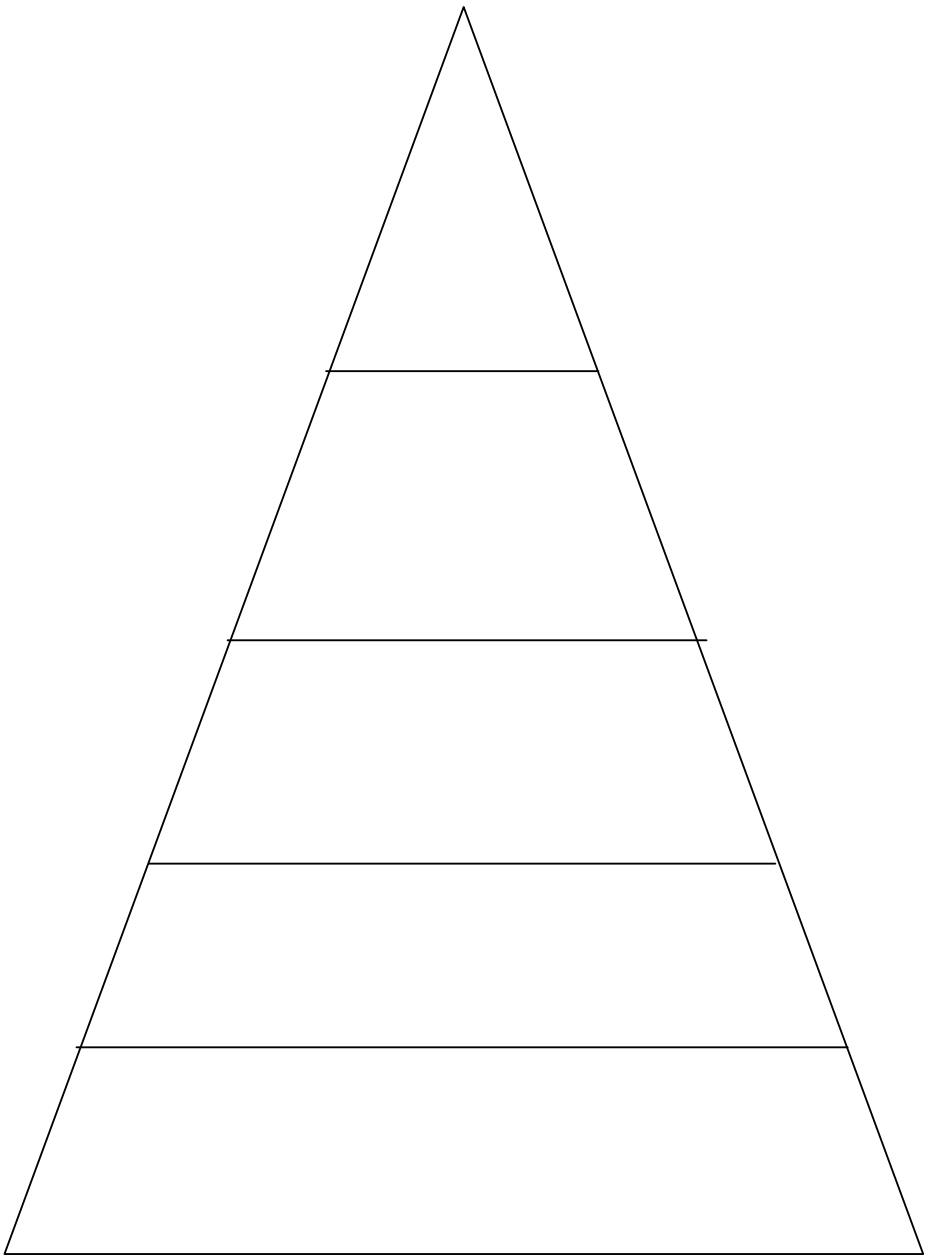
Every closed door is a small death, leaving scars in human lives. It is not just bereaved potential parents who feel it, but extended families, too.

'Rachel is weeping for her children'

Tender God, help your church to support and care for those who are hurting today.

Amen.

Created in God's Image – Set Free to Care – Handout 2



Created in God's Image Study Guide – Leader's Notes

Session 4: Abortion Dilemmas

Purpose of this session: This session looks at questions around abortion. Some people may approach this session believing that all Christians hold abortion to be wrong. The vast majority of Christians would not wish to see abortion happen. However some Christians believe that there are some circumstances where a woman needs to be set free to make particular choices. This session looks at these kinds of dilemmas, and how Christians respond.

You will need: DVD player and copy of the film *Vera Drake* (currently available for just a couple of pounds from Amazon), flipchart and pens, copies of the handout, bible or copies of Luke 8: 43-48

Prayer:

Listen to Luke 8: 43-48

Caring God
We hear the story of how you cared for a woman who was unclean and considered by others to be a spiritual defilement. We hear how you restored her body and her self esteem. Nothing can put us beyond your loving kindness and your redeeming touch. We pray that you will open our ears, hearts and minds to each other in this group tonight, and to your work in hearts and lives around us.
Amen

Introduction: (20 mins)

Activity: Show a scene from the Mike Leigh film, *Vera Drake* (Cert 15). Suggest scene 4, entitled "The Procedure", on the scene selection menu. This story is not a pleasant one, so it is important to set the context before seeing the extract, and to give people the option of not watching.

Context: Vera was a white working class Londoner in the 1950s, a family woman who helped others in her small, quiet way. She was also an illegal abortionist. She saw it as her mission in life to help local women who had fallen pregnant and who, for social or financial reasons, could not face continuing with the pregnancy. She meted out a very primitive treatment – pumping an astringent solution into the womb through a rubber tube – together with encouraging words of support, and left the scene assuming that all was now well. She had no idea that some of these women were dying in her wake. At the time abortion was illegal, unless you were wealthy enough to pay for a psychiatrist to certify your "instability" and a doctor to carry out the operation. A poor woman, who already had more children than she could feed, who had been raped, was unlucky or ignorant of contraception, had no recourse to abortion other than taking the hazards of sharp instruments or toxic solutions introduced into the womb, and risk infertility or even death. It is estimated that before 1967 there were about 100,000 backstreet abortions every year, and these were the major cause of death during pregnancy.

Activity: What are people's immediate responses to the film? Why do people feel that Vera carries out these actions (note that this is still ambiguous at the end of the film)? Can good people do morally dubious acts for good ends?

Setting the legal scene (10 mins)

It was against this background that the Abortion Act 1967 was introduced. This has only been amended once, by the Human Fertilisation and Embryology Act 1990 which reduced the upper limit on abortions from 28 weeks to 24 weeks.

You might like to list these key facts up on a flipchart whilst you explain the background:

Flipchart	Explanation
Abortion permitted up to 24 weeks if: • **risk to mother** • **or her children**	The law in England, Scotland and Wales permits abortion up to 24 weeks if two registered medical practitioners agree that the continuance of the pregnancy would involve risk of injury to the physical or mental health of the pregnant woman or her existing children.
Beyond 24 weeks if: • **life of mother at risk** • **or serious abnormalities**	Abortions are also permitted beyond 24 weeks if the life of the woman is threatened by the pregnancy or if there is a substantial risk of a physical or mental abnormalities which would leave the child seriously disabled.
2008 – 208,034 abortions	In 2008 there were 195,296 abortions to residents of England and Wales, and 13,738 in Scotland. The Scottish figures are collected slightly differently, so the following figures refer to England and Wales only.
98% - risk to mother	98% of abortions were carried out under legal ground "C" – that is that the continuance of the pregnancy would involve risk of injury to the physical or mental health of the mother
73% - under 10 weeks **90% under 13 weeks**	Doctors agree that early abortions cause less harm to the mother than late abortions. The Department of Health puts a lot of emphasis on encouraging the provision of early abortions. 73% are carried out at under 10 weeks, and 90% at under 13 weeks.
0.1% over 24 weeks	1.5% of abortions were carried out over 20 weeks of gestation, and 0.1% (124 abortions) at over 24 weeks.

Check whether there are any questions following this sharing of the legal information.

Making decisions (20 mins)

Hand out the worksheet with the following case studies. Depending on the size of your group and the degree to which you think they will get talking, you could ask them to look at one, two or all of the case studies. Ask them to look particularly at *how* each of the women mentioned might have come to their decision over abortion. What might have been the biggest influences on their decisions (eg survival, social, practical etc)? Are there ways they might have reached different decisions? Ask the groups to feed back on just one, before moving onto the following discussion which hopefully will draw out some of the larger issues...

> *Amy was fifteen. She was bright but unsure of herself, and was flattered by the attentions of an older boy. A few months after having had sex with him she began to suspect she might be pregnant, but tried to deny the fact to herself, until her clothes became too tight and her mother asked her a straight question. She broke down and said "I don't want the baby. I'm not ready to be a mother."*

Maggie was in her twenties. She had a good job and was working her way up the career ladder. She had been with her boyfriend for a couple of years, and she felt confident that marriage and children were future prospects. They had been using contraception, but after having a stomach bug she realised the Pill had failed and she was pregnant. Her boyfriend reacted violently, accusing her of trying to entrap her, and said that if she chose to have the baby she would be on her own. Shocked, Maggie left him, and decided to find out about an abortion as this was not how she had envisaged her future.

Helen was an exhausted mother of three children under four. She had tried to return to work part-time, but the family couldn't afford the childcare. So now her husband was working overtime and Helen was run ragged looking after two toddlers and a baby. She cried when she realised when she was pregnant. If she was struggling to cope with three children, how would she manage four?

Penny had longed to get pregnant. Finally the little blue cross on the pregnancy tester showed up, and she was overjoyed, already planning her maternity leave, the equipment to buy and who would be the godparents. At the 12 weeks scan the sonographer told her that there were indications of severe fetal abnormality, and that she would need various tests. Of course, she was told, she would be given counselling about terminating the pregnancy. She and her husband were devastated. They had longed for this baby, but could not face the prospect of bringing a severally impaired child into the world.

The dilemmas around abortion (30 mins)

Activity:

Ask people to identify the different aspects of the current debate around abortion. You may wish to note them on a flipchart as people talk, but let the discussion flow more freely as people explore the different dilemmas. Don't push people to define their positions, but encourage them to wrestle with different opinions and possible arguments. Issues might include the following:

- **the state at which life begins** – the vast majority of Christians will believe that embryos are human. Some believe that they are fully human from the very moment of conception (this is an absolutist position), whilst others believe that whilst embryos are undoubtedly human in nature from conception, they grow in human status as they grow in complexity (the gradualist position). These different positions explain why Christians disagree over issues such as abortion. The Roman Catholic Church and many evangelical Christians take the former position; the Methodist Church, the United Reformed Church, as well as the Church of Scotland take the latter position, as do many Baptists.

- **scientific advancement and the age at which a foetus can survive outside the womb** – the age at which foetuses can survive outside the womb is a grey area where the science is disputed. No foetuses would survive at 20 weeks, many would survive at 28 weeks. Those born in between will experience differing degrees of impairment, many will not live beyond a few days, weeks or years, others will have mental or physical disabilities. The legal limit is set at 24 weeks, and until the scientific evidence reliably shows that foetuses can survive and thrive below this limit it is unlikely to change.

- **our understandings of disability and abortion** – scientific advancements also mean that we are able to test foetuses (or even embryos) for abnormalities, which can lead to the abortion of foetuses which would otherwise be born and live as children with disabilities. This issue will be explored in more detail in the final session.

- **why some women have abortions later in their pregnancy** – the majority of women have abortions before the foetus is 10 weeks old. But 10% have abortions after 13 weeks, ie when they are in their second trimester. What might be the reasons behind this? Research has suggested that some women do not realise they are pregnant, or are in denial. Some find out about foetal abnormalities. Some experience a change in life circumstances, particularly around their relationship. Others have difficulty in finding a doctor who will agree to support their request for an abortion.

- **the role of the father in decisions around abortion** – only the woman has to consent to an abortion, as it is a procedure which involves her body. Should the father have a role at all?

- **the symptoms experienced by those who have abortions** – the psychological problems faced by a woman having an abortion can be many. These may include guilt, anger, regret, a sense of bereavement, eating disorders and social withdrawal. Equally, giving birth to a child that is not really wanted can result in needing to face parallel problems.

The debate around abortion has become deeply polarised, as is shown particularly in the United States with the murder of abortion doctors, and the centrality of the issue to US politics. Even in the UK, the terminology of "life" and "choice" polarise people and ignore the complexities of the situation. Ask the group to consider how they respond to the debate in the media and in our churches around abortion.

Before closing

Invite people to reflect on what they have learnt from this session, and how what they do or how they relate to people or the world might in the future be shaped by this learning.

Prayer

Wonderful God, you created us in your own image and trusted us with free will in our lives. We celebrate your generous gifts; but we also ask your forgiveness for the times we have marred your image in us, or used our free will in ways which hurt you or others.

We offer to you now all that we have heard and shared here. We particularly hold to you:
Those whose stories we have heard, or whose names we have recalled in our own thoughts:
Tender God: **hold them in your love and fill them with your peace**
Women, men and those around them who are wrestling with decisions about abortion;
Tender God: **hold them in your love and fill them with your peace**
Those with strong opinions or scarring experiences who find it hard to accept that others may differ;
Tender God: **hold them in your love and fill them with your peace**
Those who have chosen abortion and struggle with that memory;
Tender God: **hold them in your love and fill them with your peace**
Those whose working lives are involved with performing terminations of pregnancy;
Tender God: **hold them in your love and fill them with your peace**
Those who seek to support women and men around the decision and its aftermath;
Tender God: **hold them in your love and fill them with your peace**

And finally we pray for ourselves, holding to you the thoughts, feelings and maybe memories we have experienced here, and so we ask that you will hold us in your love and fill us with your peace.

These and the unspoken prayers of our hearts we offer through Jesus Christ our Lord, Amen

Created in God's Image – Abortion Dilemmas - Handout

Amy was fifteen. She was bright but unsure of herself, and was flattered by the attentions of an older boy. A few months after having had sex with him she began to suspect she might be pregnant, but tried to deny the fact to herself, until her clothes became too tight and her mother asked her a straight question. She broke down and said "I don't want the baby. I'm not ready to be a mother."

Maggie was in her twenties. She had a good job and was working her way up the career ladder. She had been with her boyfriend for a couple of years, and she felt confident that marriage and children were future prospects. They had been using contraception, but after having a stomach bug she realised the Pill had failed and she was pregnant. Her boyfriend reacted violently, accusing her of trying to entrap her, and said that if she chose to have the baby she would be on her own. Shocked, Maggie left him, and decided to find out about an abortion as this was not how she had envisaged her future.

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Penny had longed to get pregnant. Finally the little blue cross on the pregnancy tester showed up, and she was overjoyed, already planning her maternity leave, the equipment to buy and who would be the godparents. At the 12 weeks scan the sonographer told her that there were indications of severe fetal abnormality, and that she would need various tests. Of course, she was told, she would be given counselling about terminating the pregnancy. She and her husband were devastated. They had longed for this baby, but could not face the prospect of bringing a severally impaired child into the world.

Created in God's Image Study Guide – Leader's Notes

Session 5: Assisted Reproductive Technology

Purpose of this session: This session looks at questions around assisted reproductive technologies such as IVF (in vitro fertilisation). It provides information for the group around the science involved and allows them to explore the dilemmas we face over intervention in the creation of human life.

It is likely that someone in the group may have personal or family experience of being unable to become pregnant or going through IVF. The discussion must always bear this in mind, and you as leader may know the individual well enough to be aware if they wish to share this experience, or not.

You will need: laptop and projector to display powerpoint, the short animation and the song (or handouts of the first slide if you choose not to use powerpoint); copies of the handouts for each member and pens; bibles or copies of Isaiah 49.

Prayer:

Creator God
We marvel at your creation, just as we struggle sometimes to understand it.
Help us as we strive to use well the wisdom you have given humankind.
Today, as always, open our ears that we may hear what we say to each other, as well as what remains unsaid.
We ask these prayers in the name of your son, Jesus Christ
Amen

Introduction: (10 mins)

For most couples aged between 16 and 40 wanting a child, regular sex will lead to pregnancy within 2 years. For 1 couple in 10 however pregnancy does not happen. This can be for a number of reasons to do with the man or woman or even because of an incompatibility of the two otherwise fertile people. For many couples no specific problems can be found but they are still unable to become pregnant.

Activity: The powerpoint slide downloadable from the *Created in God's Image* website (Conception powerpoint.ppt) gives a quick reminder for the group of where problems might arise. You could ask the group to identify the elements (sperm, egg, conception and implantation) and ask them to explain what might prevent a pregnancy. Alternatively you might choose to talk them through this information.

Sperm: Contains half of a man's genetic code. The sperm swims inside the woman to meet the egg in the fallopian tube or the womb. Possible problems are that the sperm is unable to swim effectively or that the DNA containing the genetic code is not packed into the sperm properly.

Egg: Contains half of a woman's genetic code. Is released from the woman's ovary regularly, travels down the fallopian tube into the womb and is fertilised when it encounters a functioning sperm. Possible problems are that the egg is not released when the rest of the

reproductive system is ready, or that the egg is unable to complete its journey because there is an obstruction along its path.

Conception: This is the moment where the egg and the sperm meet and fuse. The DNA that will be in almost every cell of the new human's body, that is unique in all of God's creation, that will play a major part in defining the physical, mental and spiritual characteristics of the new human, is formed.

Implantation: The fertilised egg embeds itself into the lining of the woman's womb, which has been prepared by the hormones which the woman releases during her menstrual cycle. In some people this preparation does not occur and the egg is not successfully implanted.

The science behind assisted reproductive technologies

So what happens when conception repeatedly fails? In Vitro Fertilisation (IVF) is the best known of way of assisting couples who are unable to get pregnant. However depending on what part of the conception and pregnancy process is not functioning properly a number of other assisted reproductive technology techniques are available. This exercise asks people to look at how the science of ART has developed, and what questions this raises for them.

Activity: (15 mins)

Distribute the handout 1 of the "timeline of reproductive techniques"

Ask each person individually to mark next to each technique whether they feel positive ☺, neutral 😐 or negative ☹ about it. Don't worry if people don't want to on some or all or if they feel they only have a "gut feeling" to inform their view. These issues are very emotive and it is entirely appropriate that they evoke strong feelings, which people may or may not want to share openly.

You may wish to identify areas of agreement or disagreement by noting the numbers of ☺, 😐 and ☹ for each technique. Ask the group to discuss their views on the techniques. It may be best to look first at shared views within the group. It is important to talk about the reasons for each person's views in a non-confrontational and respectful environment. Can you find common themes about what causes the group concern and what the group is comfortable with?

Should questions arise about people's personal circumstances, you may wish to refer them to the NHS Direct and NHS Choices websites - www.nhsdirect.nhs.uk and www.nhs.uk - for up-to-date easy to understand information about conception, pregnancy and interventions to help couples get pregnant.

The experience of assisted reproductive technologies

From the very first baby born due to IVF, churches and others have questioned the ethics of intervention in the creation of human life. The distress and suffering of couples who are unable to have children must also be addressed if we are to have a rounded understanding of these complex and emotional issues.

Activity (20 mins)

People in the group may have experienced infertility personally or through friends or family. They may or may not be willing to share their experiences. Use the handout 2, *Jane and Rob's story*, as a way to consider the following questions and allow people to talk about their personal experiences, or not.

Jane and Rob were trying to get pregnant for over two years without success. When other people had children, they struggled with well-meaning friends and church members suggesting they would be next.

They approached their GP and were referred to the hospital for tests. Jane was 34 and should have been able to get pregnant. Rob, however, was found to have a low sperm count. They were recommended for assisted reproduction. In the area where they lived they would get two cycles free through the NHS.

Both went through further intrusive tests before Jane was started on a course of drugs aimed at increasing her egg production. Eight eggs were harvested, a painful procedure, and the sperm were injected into them. After two days six had developed into embryos. The healthiest two embryos were reintroduced into Jane's womb, and the rest were frozen. After two weeks of waiting, Jane found she was pregnant, but sadly then miscarried after a further couple of weeks.

They rejoined the queue again, and this time had two more frozen embryos introduced. This time Jane's pregnancy test was negative.

Jane had a second course of drugs and more eggs were harvested. The final procedure saw the introduction of a further two frozen embryos. Jane once again became pregnant.

The pregnancy was a very nervous time for both Jane and Rob. Jane was still in serious discomfort from the medical procedures, and was worried that she would again miscarry. The scan at six weeks showed a beating heart, and at 12 weeks they saw a wriggling foetus.

Jane and Rob remained nervous throughout the rest of the pregnancy, knowing how fragile but precious human life is. Jan gave birth to a full-term healthy baby girl.

- How might Jane and Rob have felt on discovering that they were "infertile"?
- How might other people's responses have helped or hurt them? What about the Church?
- How might the failure of the procedure have affected them? Would the miscarriage have felt different for them than for a couple conceiving naturally?
- What is the personal cost of IVF or similar procedures for couples? Could there be an ongoing impact after a baby is born?

Responses to the first "Test Tube Baby": Louise Joy Brown

On 25th July 1978, Louise Joy Brown, the first baby to be conceived outside of its mother was born. Louise was healthy, and has since given birth to a healthy naturally conceived child herself. She is now an author and lecturer in Women's Studies at Birmingham University.

At the time the event captured the public imagination. While much of the coverage focused on the "miracle" of the birth and the science, much concern was also expressed. The news was carried all round the world.

Activity: **(15 mins)**

Share these views on the birth of Louise Brown, perhaps by distributing the handout 3 and asking different members of the group to read out each one, and then to reflect briefly on it, before considering the questions at the end as a group.

Aldous Huxley: Many articles at the time were prefaced by quotations from Aldous Huxley's novel, *Brave New World,* a world where babies were created from vats of sperm and eggs and all human reproduction occurred in factories controlled by the state.

The Director ... continued with some account of the technique for preserving the excised ovary alive and actively developing; passed on to a consideration of optimum temperature, salinity, viscosity ... actually showed them ... how the eggs ... were inspected for abnormalities, counted and transferred to a porous receptacle; how ... this receptacle was immersed in a warm bouillion containing free-swimming spermatozoa ...

Less charitable commentators mentioned Frankenstein as well as Brave New World.

Derek Jameson, London Daily Express Editor: "We could get baby farms, mass-produced kids, 1984 six years early!"

Dr. John Marshall, eminent obstratrican: "The potential for misadventure is unlimited. How sure could anyone be that the Browns' baby will not be deformed? What if we got an otherwise perfectly formed individual that was a cyclops? Who is responsible? The parents? The doctor? "

James Watson, **Nobel Laureate:** "...there is the potential for all sorts of bad scenarios. What, for instance, could prevent a scientist from taking a fertilized egg from one woman, who perhaps did not want to carry her own baby, and implanting it in the womb of a surrogate. Who then would be the child's legal mother? Which one gets the Mother's Day card?"

Cardinal Gordon Gray, The Archbishop of St Andrews and Edinburgh "I have grave misgivings about the possible implications and consequences for the future."

Louise Brown in 2008: "I used to think about how I was conceived quite a lot when I was about 10 or 11, but I don't think about it at all now that so many other babies have been born in the same way."

Some Questions to discuss:

- What do you think about the views expressed at the time?
- Has our increased experience of IVF made us more comfortable or even complacent with this technology?
- Do you think the fearful views of the future have been or will be justified? If you remember them, what did you think about these negative views at the time?

Christian views on assisted reproductive technology techniques (20 mins)

Christian people in good conscience hold differing views on the acceptability of these techniques. This activity aims to draw out the ways that our different understandings of the act of human creation affect our responses to scientific possibilities. Many of these arguments are also important in looking at issues around abortion, so some may have already arisen in the previous session. You can use the questions and the commentary to stimulate a debate in the group.

Are children a "gift" or a "right"? What do we understand by these terms? What impact do these positions have on our understandings of controlling or enhancing fertility?

> It is a common Christian belief that new life is a created gift from God. This view is sometimes hard to reconcile with the recent secular position of a "right" to have children. The belief that children are a gift has also been used to challenge our authority to use selection methods to choose characteristics of children. It has also been used to challenge the authority of people to control their fertility, to reduce it (by using contraception), or to artificially increase it using technologies such as IVF. But the image of "gift" is a complex one. Gifts are not always freely given; we expect gifts from certain people – do we see these gifts as a "right"? - and we expect people to whom we give gifts to behave in certain ways (eg to thank us, and not to throw our gifts immediately away). Some gifts may be given to manipulate the recipient. Does this more complex understanding of patterns of giving throw any light on the question of "gift" and "right"?

In the session on abortion we looked at the question of when life begins. What do you believe about the status of an embryo? Does this affect your understanding of assisted reproduction?

> Some Christians view the embryo as a fully human life. This means that they see the manipulation, storage and potentially the destruction of embryos as totally unacceptable. Some also view the use of donor sperm or eggs as interfering with the family bond, and as such also unacceptable. The Catholic Church's view is very near to this, and is rooted in a long tradition of theology which highlights the importance of the link between sex within marriage and the creation of children.
>
> Other Christians hold a less absolute view; while the embryo has the potential for human life, it gradually acquires full human status and full human rights as it develops in the womb. This position can allow for the manipulation of embryos, sperm and eggs, as long as they are treated with respect and embryos are not grown beyond strict limits.

All Churches agree that the children produced by assisted reproductive technologies, such as IVF, are fully human and fully in God's image. What pastoral concerns should Christians be aware of regarding children born through assisted reproductive technologies?

Before closing

Invite people to reflect on what they have learnt from this session, and how what they do or how they relate to people or the world might in the future be shaped by this learning.

Bible reading and reflection (10 mins)

Conception and the creation of the potential for a new unique human life may be explained scientifically, but its beauty and miraculous nature are impossible to encapsulate in dry technical language. The poetry Isaiah 49 encapsulates the joy, wonder and magical nature of the creation of life.

Read this Bible passage. You could use the animation of DNA and play the song on the *Created in God's Image* website to give time for reflection. The purpose is to engage with the wonder of the

events that God has allowed to happen, and to try and engage with the idea of what ART methods are manipulating.

You might wish to give the group some time to reflect in silence, before moving onto the closing prayer.

Closing prayers

We pray for those who feel called to remain childless.

That their calling and contribution is welcomed and valued by all.

(Silence)

We pray for those who long to have children but cannot.

That their call will be answered with comfort and peace.

(Silence)

For those who wrestle to do your will, to do what their conscience allows even if it brings cost.

That you will strengthen and honour them.

(Silence)

For those who are waiting for or undergoing IVF treatment at the moment.

That you will stand beside them in their pain and their emotion, their disappointments and their joy.

(Silence)

We pray for those born using IVF techniques.

That they may be accepted, loved and nurtured. That they may be enabled to let your image shine out from them.

Finally we pray for those we know, who have been or are currently struggling with the emotions and the decisions presented by fertility and childlessness.

(Silence)

That you will comfort them and hold them close to you.

We ask these prayers through your son, Jesus Christ. **Amen**

Created in God's Image – Assisted Reproductive Technologies – Handout 1

A Timeline of Reproductive Technology

Date	Achievement	☺	😐	☹
1966	First report of human eggs being fertilised outside a human body.			
1973-1977	Fertilised eggs placed into human wombs. Pregnancies end unsuccessfully within a few weeks.			
25th July 1978	Louise Joy Brown born in Oldham Hospital. She was conceived outside the body and the egg placed into the womb using a new technique. Declared by the press to be the first "Test Tube Baby". A large ethical debate was opened up about the consequences and potential of this technique for both harm and good.			
April 1982	First Test tube twins born. More than one fertilised egg was introduced in to the mother's womb. Over the past 25 years the practice of putting more than one embryo into the womb has been debated. The chances of complications in pregnancy go up with multiple foetuses growing in the womb, but the more embryos implanted the higher the chance of at least one child being born. The current practice in the UK is to implant no more than two embryos.			
1983	First use of Frozen Embryos. Embryos are able to be frozen and stored for a number of years. IVF often produces more embryos than are immediately required. The embryos can be frozen and are used either by the same couple, donated to another couple, or for research purposes. The treatment and legal "ownership" of these frozen embryos has proved extremely contentious.			
January 1985	Kim Cotton becomes a surrogate mother. Using sperm donated by the man of an infertile couple she did not previously know, Kim gets pregnant and gives birth to a child which is handed over to the infertile couple. She is paid $6500 in expenses for this.			
1988	Pre-implantation Genetic Diagnosis is first used. In IVF the embryo is outside the womb for some time. It contains all the DNA of the potential human life, and therefore it will contain any DNA linked with a genetic (or hereditary) disease. It is possible to look at each embryo and reject embryos which have DNA linked to genetic diseases. Only embryos without disease are implanted.			

Date	Achievement	☺	😐	☹
1990	Intra-Cytoplasmic Sperm Injection (ICSI) is first used. If sperm is unable to swim well enough to fertilise an egg even outside of the body it is possible to inject the sperm into the egg directly. This is called ICSI. The embryo is then placed in the woman's womb as in normal IVF. A refinement to this technique now allows sperm retrieved from testicular tissue to be used.			
1995	Donor Child is born. A couple used both donor sperm and a donor egg to conceive a child. The embryo was then given to a paid surrogate mother. The child JAYCEE Buzzanca was declared by a Californian court to have no legal parents.			
2005	Ending of Sperm Donor anonymity. Concerns over the welfare of children conceived using donor sperm led to the government ending the right of donors to remain anonymous. The concerns were both emotional, focussing on their right to know their heritage, as well a medical as knowledge of the medical and genetic history of the donor may assist the child in later life. This has led to a large decline in donated sperm. Egg donation is a difficult and uncomfortable process therefore anonymous donation was a much smaller issue.			
2008	The Human Fertilisation and Embryology Act allows the partner of a lesbian woman undergoing IVF to be named as the other parent on a birth certificate in the same way that the husband of a married woman going through IVF can be named as the father.			

Jane and Rob's story

Jane and Rob were trying to get pregnant for over two years without success. When other people had children, they struggled with well-meaning friends and church members suggesting they would be next.

They approached their GP and were referred to the hospital for tests. Jane was 34 and should have been able to get pregnant. Rob, however, was found to have a low sperm count. They were recommended for assisted reproduction. In the area where they lived they would get two cycles free through the NHS.

Both went through further intrusive tests before Jane was started on a course of drugs aimed at increasing her egg production. Eight eggs were harvested, a painful procedure, and the sperm were injected into them. After two days six had developed into embryos. The healthiest two embryos were reintroduced into Jane's womb, and the rest were frozen. After two weeks of waiting, Jane found she was pregnant, but sadly then miscarried after a further couple of weeks.

They rejoined the queue again, and this time had two more frozen embryos introduced. This time Jane's pregnancy test was negative.

Jane had a second course of drugs and more eggs were harvested. The final procedure saw the introduction of a further two frozen embryos. Jane once again became pregnant.

The pregnancy was a very nervous time for both Jane and Rob. Jane was still in serious discomfort from the medical procedures, and was worried that she would again miscarry. The scan at six weeks showed a beating heart, and at 12 weeks they saw a wriggling foetus.

Jane and Rob remained nervous throughout the rest of the pregnancy, knowing how fragile but precious human life is. Jan gave birth to a full-term healthy baby girl.

Created in God's Image – Assisted Reproductive Techniques – Handout 3

Media quotes following the birth of Louise Brown, the world's first "test tube baby"

Aldous Huxley: Many articles at the time were prefaced by quotations from Aldous Huxley's novel, *Brave New World,* a world where babies were created from vats of sperm and eggs and all human reproduction occurred in factories controlled by the state.

The Director ... continued with some account of the technique for preserving the excised ovary alive and actively developing; passed on to a consideration of optimum temperature, salinity, viscosity ... actually showed them ... how the eggs ... were inspected for abnormalities, counted and transferred to a porous receptacle; how ... this receptacle was immersed in a warm bouillion containing free-swimming spermatozoa ...

Derek Jameson, London Daily Express Editor: "We could get baby farms, mass-produced kids, 1984 six years early!"

Dr. John Marshall, eminent obstratrican: "The potential for misadventure is unlimited. How sure could anyone be that the Browns' baby will not be deformed? What if we got an otherwise perfectly formed individual that was a cyclops? Who is responsible? The parents? The doctor? "

James Watson, **Nobel Laureate: "...**there is the potential for all sorts of bad scenarios. What, for instance, could prevent a scientist from taking a fertilized egg from one woman, who perhaps did not want to carry her own baby, and implanting it in the womb of a surrogate. Who then would be the child's legal mother? Which one gets the Mother's Day card?"

Cardinal Gordon Gray, The Archbishop of St Andrews and Edinburgh: "I have grave misgivings about the possible implications and consequences for the future."

Louise Brown in 2008: "I used to think about how I was conceived quite a lot when I was about 10 or 11, but I don't think about it at all now that so many other babies have been born in the same way."

Created in God's Image Study Guide – Leader's Notes

Session 6: Care of the Child

Purpose of this session: The issues covered in this series raise particular concerns about caring for the child. This session looks particularly at issues for children who have special needs as a result of disabilities, and at the needs of those who have been born as a result of donor Assisted Reproductive Technologies. In covering these issues, the session asks questions about our identity as human beings made in God's image before drawing the session to a close.

You will need: Handout with the two poems *Prayer before birth* by Louis MacNeice and *On Children* by Kalil Gibran – we have not included the text as handouts for copyright reasons, but the poems can be found by searching on the internet and you can then cut and paste the text into a handout ; handout of the two ways of viewing disability; sand tray, nightlight candles and matches for final prayers; CD player and Holst's *Planet Suite*, if you wish.

Prayer:

We meet in the presence of God who creates and sustains us.
We meet in the presence of Jesus who welcomes and loves us.
We meet in the presence of the Spirit who guides and inspires us.
We ask God's blessing as we seek to understand the implications of the science of human embryology on the lives of children born into our local communities.
We seek wisdom and discernment in our talking, our listening, our sharing.
Together we meet with God. Amen

Read: Luke 18:15-17

Child as 'gift' (15 mins)

In the last session we explored briefly what it might mean to understand a child as a "gift", and how we might look at different patterns and expectations of giving and receiving. In what ways might we describe a child as a 'gift' to the parents? What are the characteristics of a gift that make it appropriate to talk of a child in this way?

The group might mention the joy of giving birth; the possible success of Assisted Reproductive Technologies (ART) through the "gift" of science; the chance factors that lead to new life; unconditional love; the child as God- given...

In what ways might it be inappropriate to think of a child as a gift? How might the idea of a child as a gift be a difficult or hurtful concept?

The group might mention the fact that some couples remain childless despite their desire for a child; that children do not always bring joy into a house; that some children face abuse or deprivation...

Activity:

Prayer before birth by Louis MacNeice and *On Children* by Kalil Gibran. Distribute printed copies of the two poems or ask a group member to read them aloud.

Invite the group to read and reflect on '*Prayer before birth'* by Louis MacNeice. MacNeice offers a deep insight into the vulnerability of innocence, as voiced by a future child. He has inter-woven some profoundly religious ideas, and some suggest the voice of the child symbolizes the presence of Jesus Christ in the world, and that events of Jesus' ministry can be traced in the verses of the poem.

- What do you read in this poem?
- What feelings and emotions do you sense in the poem?
- What do you think the lines, *'Fill me with strength against those who would make me a cog in a machine, a thing with one face, a thing...* ', say in our current era?

Invite the group to read and reflect on '*On Children'* by Kahlil Gibran.

- Do you agree with what the poet is saying about our relationship with children?
- Is this how people we know relate to their children?
- Does the underlying message resonate with Jesus' attitude to children?

Do you think the two poems say anything to us about the child as "gift"?

Children born with Special Needs (30 mins)

Discussion of disability may have already been brought up when talking about children as a "gift". Here the group is given the space to consider some of the implications of new technologies for people with disabilities. Down's syndrome is used as a particular example, though people may have other experiences or insights they wish to share.

One in about eight hundred naturally conceived babies carries an extra chromosome which causes Down's syndrome. Down's syndrome includes a combination of birth defects. Affected individuals have some degree of learning disability, characteristic facial features and, often, heart defects and other health problems.

It is now standard practice in the UK for women to be offered a blood test during pregnancy in order to detect the presence of Down's syndrome. If an increased risk is indicated by this test, and especially if the person is over 35 years of age, a diagnostic amniocentesis (the removal of a small sample of the fluid which surrounds the baby in the womb) would normally be suggested to the mother. This then makes it possible to determine if there is the extra chromosome present. If it is, the possibility of terminating the pregnancy would be offered.

Knowing that an unborn baby has the extra chromosome, and being offered a termination, can pose a huge personal and pastoral dilemma.

- *What are the advantages and disadvantages of our increasing scientific expertise?*

- *Do you have any experiences and insights to share of those who have faced such hard choices?*

Two ways of viewing disability

The ways in which we understand disability are influenced, consciously or unconsciously, by mental models that we have of disability. This exercise introduces people to two common models, the medical model and the social model, and encourages them to reflect on how their own approaches to disability are reflected by the two models and how they might affect our approach to issues of early human life.

Distribute handout 2 (reproduced below). The medical model grew out of developments in medical science, with disability increasingly being seen in clinical terms and focusing on a person's loss of function compared to that which is "normal" in society. The social model grew out of dissatisfaction with the medical model and focuses more on removing the physical barriers to full participation and gives power to disabled people. Ask the group to read the handout and then reflect on the questions below.

	The "Medical" Model	**The "Social" Model**
Definition	The assumption of this model is that disability parallels an 'illness'. Disability is considered 'abnormal' and, in an ideal world, should be corrected. A disability is about the person's inability to perform within the range considered normal for a human being and is caused by some restriction or lack. It is regarded as negative.	This model aims to improve social attitudes to provide whatever support and conditions will liberate the person with the disability to participate in society to their fullest potential. The disabled person may experience some disadvantage or restriction of activity, but this is caused by society not providing what is needed to enable the person to live a full life.
What does this mean for the disabled person?	• The disabled person is, first and foremost, defined by their disability. • Medical professionals are focused on trying to cure, or eradicate the impairment, rather than looking to society to remove the impact of barriers to enhance the social integration of the disabled person. • Everyone with the same impairment is lumped together under one heading, rather than being supported in their individual needs, and their particular circumstances being carefully considered. • Power lies with the professionals, rather than with the disabled people. • It promotes and sustains the view that disability is a wholly negative experience for individuals, families and society.	• The emphasis is on the problems caused by society's failure to include disabled people in everyday life. • The focus is on removing physical and social barriers to maximise the integration of disabled people. • Power is firmly placed in the hands of disabled people. • There is a more positive view of impairment and therefore a reduction on the focus of removing or curing the condition.

Questions for the group to discuss:

- *How do we respond to the two models that have been outlined? What truths do they encompass? What might we want to challenge? Which do we think is the dominant model in society today?*
- *Do we think our ability to engage in genetic engineering and assisted reproductive technologies (ART) has changed our view of disability? Do our views about disability challenge our attitudes to embryo screening, for example?*
- *Does the social model say anything to us as Christians about positive views of impairment? Do we have any other Christian reflections to offer?*

Knowing our Genes (20 mins)

Couples now have considerable decision-making powers over conception. But what rights does a child have to find out about their donor biological parents? And what does knowledge of the use of assisted reproductive technologies do to their psychological development as they mature? Each year around 2,000 children are born in the UK following treatment using donor eggs, sperm or embryos. What do they know about their own genes?

- Originally, from 1990, donors of sperm, eggs and embryos were given total anonymity. A child could be told they had been conceived by donor ART and whether they were biologically related to someone they wanted to marry

- From 2005, donor anonymity was withdrawn, whereupon the number of sperm donors dropped dramatically even though donors have no financial or legal responsibility, and are never forced to meet their children. Donors have had to provide 'pen portraits' of themselves, detailing their eye and hair colour and their occupation and religion, in readiness for their prospective children.

- People conceived using donations made after 1 April 2005 have the right to know who their doner was when they turn 18.

- Women donors have tended to want to stay in touch with their biological children more than men. They are frequently sisters or friends of the nurturing mother.

Ask the group to reflect on these questions

- *What challenges are faced by parents of a child born after treatment involving donated eggs, sperm or embryos? What challenges does the child face? Do you think the law is fair?*
- *What pastoral care might we offer? Does our Christian faith offer any insights in this context into what it means to be made as humans in God's image?*

Before closing

Invite people to reflect on what they have learnt from this session, and how what they do or how they relate to people or the world might in the future be shaped by this learning.

Closing prayer (10 mins)

You may want to place a tray of sand with a cross in the middle, and unlit night-light candles around the edge of the tray (You may also like to be ready to play the music of Holst's *Planet Suite*, as played in the first session.)

> The Living God says to us: 'Be still and know that I Am God'.
>
> As we come to the end of this series of studies, we turn again in our hearts and minds, to the divine mystery, to the God of Creation, maker of humankind.
> We wonder at the billions of people on the earth, each person uniquely formed, and each reflecting the gift of life itself.
> We consider the miracle of generation upon generation of humanity through the ages.
>
> > Thus says the LORD, your Redeemer,
> > who formed you in the womb:
> > I am the LORD, who made all things,

who alone stretched out the heavens,
who by myself spread out the earth... (Isaiah 44:24)

We reflect on the moment when the combination of a particular human egg and a particular human sperm began the formation of each one of us, that improbable happening which began to define the unique person whom each one of us has since become; every one of us made in God's image and created to worship.

We think of the children of the future. We also pray for those adults who may have crucial decisions to make about their welfare
We hold them in prayer.

(Invite people to light a candle, and naming someone or a group of people who are involved in some aspect of human embryology and early human life, either out loud or in silence. Music may be played.)

Living, loving God, you hear our prayers for all those whose lives are in some way affected by the remarkable knowledge and science in the field of human embryology. We pray that our churches will be places where people can turn to explore the dilemmas of our age, and where those involved in health care in this field will be blessed with spiritual sustenance. We offer to you our lives and ask for wisdom and the capacity to be supportive listeners for those who are struggling with real dilemmas in their lives. And we ask for the grace to be attentive to those with whom we may disagree.

Living God, our creator, as we complete this act of learning and study together, we offer you thanks and praise.
Jesus Christ, our redeemer and healer, as we realise once more the privilege of walking with you and watching over one another, we offer you thanks and praise.
Holy Spirit, our companion, as we go forth into the midst of twenty-first century living, we offer you thanks and praise. Amen

Created in God's Image – Care for the Child – Handout 1

	The "Medical" Model	The "Social" Model
Definition	The assumption of this model is that disability parallels an 'illness'. Disability is considered 'abnormal' and, in an ideal world, should be corrected. A disability is about the person's inability to perform within the range considered normal for a human being and is caused by some restriction or lack. It is regarded as negative.	This model aims to improve social attitudes to provide whatever support and conditions will liberate the person with the disability to participate in society to their fullest potential. The disabled person may experience some disadvantage or restriction of activity, but this is caused by society not providing what is needed to enable the person to live a full life.
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Created in God's Image: A Study Guide

EVALUATION FORM FOR GROUP LEADERS

Thank you for leading sessions looking at what it means to be created in God's image.

We are keen to learn from the feedback of people who have used our study material. Therefore we would be grateful if you could take 2 minutes to complete this form and return it to the address below together with any comments from group members.

1. How many of the sessions in this course did you run? Roughly how many people attended each?

Ran the session Rough numbers attending

(please tick)

	Ran the session	*No of attendees*
☐ Session 1 – Breathed into Life	_____	____
☐ Session 2 – Set Free to Make Choices	_____	____
☐ Session 3 - Set Free to Care	_____	____
☐ Session 4 - Abortion	_____	____
☐ Session 5 – Assisted Reproductive Technologies	_____	____
☐ Session 6 - Care for the Child	_____	____

2. Which of these sessions did you find most useful?

Why?

3. Which did you find least useful?

Why?

4. What do you feel the group learned from this series?

6. Do you have any other comments? If you have time to give us detailed feedback on the contents of individual sessions – what worked and what didn't – as well as suggestions for improvements, we would be very grateful. Please use the space overleaf, or email enquiries@jointpublicissues.org.uk

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