

## **Youth on the verge of adulthood and their views on abortion**

### **Młodzież na progu dorosłości i ich poglądy na aborcję**

**Keywords:** Right to life, Christianity and abortion, moral dimension of abortion, social intervention.

**Słowa kluczowe:** prawo do życia, chrześcijaństwo i aborcja, wymiar moralny aborcji, interwencja społeczna.

#### **Abstract**

This paper analyses the views of young people on the issue of abortion as a social phenomenon in the lives of women. The study is based on the bioethical principles of helping professions, which emphasize the protection of every human life, including that of the conceived child. Additionally, the paper analyses women's reasons for abortion, its ethical and health aspects and Christian views on the issue of abortion. The paper suggests offering professional assistance provided by social workers and social institutions to those women who went through abortion. Through the questionnaire on the issue of abortion, the paper presents the views of respondents/students on the verge of adulthood. Everyone's right to life shall be protected, including the life of unborn children, and therefore abortion from a Christian moral viewpoint is unacceptable. Not only the fetus is a victim of abortion, but also the woman who undergoes abortion. Instead of abortion, a pregnant woman in need should give her child a chance and look for alternative

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<sup>1</sup> Prof. Dr František Hanobik, Wydział Teologii Prawosławnej, Uniwersytet w Przeszowie.

solutions, such as a birth in secret or a 'Nest of Rescue', in case she decides not to keep the child.

### **Streszczenie**

Artykuł analizuje poglądy młodych ludzi na temat aborcji jako zjawiska społecznego w życiu kobiet. Opracowanie opiera się na bioetycznych zasadach zawodów pomocowych, które kładą nacisk na ochronę życia każdego człowieka, w tym dziecka poczętego. Ponadto w artykule przeanalizowano przyczyny aborcji kobiet, jej aspekty etyczne i zdrowotne oraz poglądy chrześcijan na problem aborcji. W artykule zaproponowano profesjonalną pomoc udzielaną przez pracowników socjalnych i instytucje społeczne kobietom, które przeszły aborcję. Poprzez kwestionariusz dotyczący problematyki aborcji artykuł przedstawia poglądy respondentów/uczniów u progu dorosłości. Prawo każdego człowieka do życia powinno być chronione, w tym życie nienarodzonych dzieci, dlatego aborcja z chrześcijańskiego punktu widzenia moralnego jest niedopuszczalna. Ofiarą aborcji jest nie tylko płód, ale także kobieta, która poddaje się aborcji. Kobieta w ciąży zamiast aborcji powinna dać szansę swojemu dziecku i poszukać alternatywnych rozwiązań, takich jak poród w tajemnicy czy „okno życia”, na wypadek, gdyby nie zdecydowała się na zatrzymanie dziecka.

## **1. Introduction**

The changing role of women in society, responsible parenthood, and the protection of life from conception to natural death are typical topics that resonate in our society. However, we are constantly confronted with circulating reports of killed or discarded newborn children that are left to die, or even children abused by their parents. Unwanted pregnancies and decisions that lead to abortion are becoming social and moral phenomena not only in the life of woman but also in society as a whole, since they mainly affect those who cannot defend themselves - unborn children. The issue of abortion divides not only Slovak society but also people all over the world. Influenced by international conventions, various liberal legislative amendments to the law are adopted within the EU concerning the issue of abortion. A part of the solution is to work with women who have undergone abortion or are facing a decision whether

to keep the child or terminate the pregnancy, and at the same time to guide young people to take a responsible approach to sexuality with an emphasis on the protection of the unborn life.

## **2. Characteristics of abortion**

Not every pregnancy is planned and wanted. Induced abortion (IA) is directly related to the issue of the protection of embryonic or fetal life. It is an interference with the physical integrity of a conceived and unborn child leading to its destruction, which raises extremely difficult questions at the moral, ethical, social and legal level (Pružinský 2019, 22).

As a biologist, I will not allow myself to express the slightest criticism of women who for some reason have resorted to abortion. These matters – the legal and moral aspects of abortion – should be perceptively discussed by lawyers, moral authorities, politicians, political scientists, and civil activists (Vlček, Hrubešová 2007, 215-216).

The above mentioned implies that abortion contradicts the main principles of bioethics that form the basis of the helping professions, including social work. We need to know all related circumstances so we can heal instead of manipulating because only natural interventions are allowed. Interventions against nature and unnatural interventions, such as abortion, are not acceptable, because not everything technically possible is morally permissible (Lucas 2010, 96).

In the early Christian period, attempts to terminate pregnancy were condemned but were not regulated by any laws. In the 5th century, the Christian philosopher St. Augustine considered a married woman who avoided procreation during sexual intercourse or a woman who administered poison or sought other ways to induce miscarriage even as a prostitute (Župina 2014, 24). St. Augustine himself said that he was not certain about this issue and admitted that if abortion is in an early pregnancy, the “offspring” could die “before he live” because “there can be no soul in a body that has yet no feelings” (Dworkin 2004, 148).

Initially, in the 13<sup>th</sup> century, Christian theologians, such as Thomas Aquinas believed that a fetus does not have a soul at conception, but acquires it a little later – according to traditional Catholic teaching after forty days in boys and eighty in girls (Masár 2003, 74). Aquinas accepted the Aristotelian teachings that the human soul is logically related to the human body, just as the shape or form of each object is logically related to the material from which it is made from. In this view, the human soul cannot incarnate into anything unless it has a human body with the form and organs of a human being (Hanobik 2007).

Thus, during the long period of the Church hierarchy, there was a prevailing view that the fetus becomes a person not at conception, but only at a later stage of pregnancy, later than almost all abortions carried out today. Only later, Pope Sixtus V declared that abortion at any stage of pregnancy is a murder. Nevertheless, the tolerant attitude of the Church lasted until the second half of the nineteenth century (1869), when Pope Pius IX introduced the penalty of excommunication for the interruption of pregnancy (Masár 2003, 36).

An overview of the current legal situation in different countries around the world reveals that attitudes towards abortion vary. At one end of the spectrum, there are countries where abortion is prohibited, and on the other end, there are countries where a woman can undergo abortion based on a simple request (Belovičova 2006, 104-105).

Man is a social creature that lives and develops in relations to other people. Man expects help, encouragement and a sense of security. At the same time, man must respect others and be respectful despite their shortcomings. Already here we can see certain rights and obligations that arise from the relationship between people (Kuzyšin 2017, 111-112). Rights are defined for an individual or a community of people on the basis of what belongs to them, what they can claim and what others must give them. According to Christian teachings, but also according to some philosophers as well as the beliefs of most people today, there are rights that by nature belong to every person. The most important of

these rights is the right to human dignity based on the principle of the right to life. The UN sees the dignity of the human being as a person gifted with reason and conscience. John XXIII argues similarly, saying: “in every orderly and fruitful coexistence, the basic principle must be laid down that every human is a person, i.e. naturally gifted with reason and free will, and therefore is subject to the rights of its nature” (Šipova, Šip 2013, 69-70).

Since the first century, the Church has taught that any induced abortion is a moral evil. This teaching has not changed. Direct abortion, that is, intended as a goal or as a means, seriously contradicts the moral law: “You shall not kill an embryo by abortion, nor kill a newborn child” (“*Didache*” 2011 {2, 2}). God ... the Lord of life has entrusted man with the noble task of protecting life, which is to be done in a dignified manner. Life must therefore be protected with the utmost care from the conception; abortion and the murder of a newborn child are heinous crimes (Druhý vatikánsky koncil 1965). Formal (conscious and voluntary, not just material) assistance during abortion is a grave sin. The Church punishes this crime against human life with the canonical punishment of excommunication. Whoever procures a completed abortion incurs a *latae sententiae excommunicatio*, thus falls into the excommunication imposed by the pre-judgment (CIC can. 1398), by the very act of committing the offense’ (CIC can. 1314) and under the conditions laid down by law (cf. CIC can. 1323 - 1324). The Church thus does not intend to narrow the realm of mercy. It emphasizes the seriousness of the crime committed and the irreparable damage caused to the innocent killed, his parents and society as a whole. There is a need to point out that the moral assessment of abortion itself “also applies to new forms of intervention on human embryos (CIC, can. 1398 and CCEO, can. 1450, §2).

Also, in 1948 the General Assembly of the United Nations adopted the Universal Declaration of Human Rights, in order to protect human life from violence and unjust coercion of a person to do what is not consistent with his conscience and beneficial to his or her life and that

of his family. One must be guided in his actions by his conviction, his initiative and his sense of responsibility, and not because he was forced into something. The Declaration recognises the right to freedom of thought, conscience and religion (Cehuřová 2010, 27-28).

Human rights are still being violated. State-of-the-art technology and successful scientific achievements have failed to eradicate hunger, war and modern slavery. In developed countries, human rights are abused by devaluing human life and dignity, which is reflected via the promotion of euthanasia, abortion, human stem cell research and so on (Cehuřová 2010, 57).

A decision directed against life is sometimes the result of difficult, dramatic experiences, great suffering, loneliness, lack of economic perspectives, depression and fear of the future, especially for abandoned pregnant women. However, today the problem goes beyond personal situations and translates into cultural, social and political levels by interpreting the offenses against life as individual rights. This contradicts the declaration of human rights and their denial in practice (Ján Pavol II 1995 {Art. 4}). From a bioethical as well as a Christian perspective, speculation about the beginning of life is irrelevant. It is unacceptable to justify abortion on the grounds that a conceived fetus is not a human being before a certain number of days have passed.

However, from the moment of fertilization of the egg cell, life begins, which is neither that of the father nor of the mother, but it is rather the life of a new human being that develops independently (Ján Pavol II 1995 {Art. 45}).

The conceived human fetus, the human embryo, deserves unconditional respect and care, just as every man deserves it. From the moment of conception, the future child is granted human life based on the respect he or she deserves. Given that the human embryo is a *Homo sapiens*, it should be considered as a person and treated accordingly. The right to life is an inalienable attribute of every human being and has the highest value

in the international hierarchy of human rights, similarly, it is guaranteed in legally relevant documents at both the universal and at regional levels (Župina 2014). For example, in Article 3 of the Universal Declaration of Human Rights, "... everyone has the right to life, freedom and personal security". Similarly, Article 6 of the Convention on the Rights of the Child states: "State Parties recognize that each child has the inherent right to life [...] State Parties shall ensure to the maximum extent possible, the survival and development of the child". It is the inalienable right to life and states must ensure the child's survival and development. The year 1979 was declared by the UN as the International Year of the Child and defined the child's right to be born. Therefore, all children should be allowed to be born healthy, to the parents who want them, can raise them and take care of them (Hanobik 2016, 167-173).

The legal conditions and legal documents of the Slovak Republic also deal with the issue of the protection of life. The regulation on the right to life is in Article 15 (1) of the Constitution of the Slovak Republic and is duplicated in Article 6 of Constitutional Act no. 23/1991, which lays down the Bill of Basic Rights and Freedoms. Both regulations state that: "Everyone has the right to life. Human life is worthy of protection already before birth" (Hanobik 2016, 174-175).

Since it is a new individual human life from the very first moment of its existence, termination of pregnancy even in its first days is not permissible and is understood as a deliberate killing of a child in the womb of the mother (Župina 2014, 48). Pregnancy can cause serious problems for a woman and her family, yet this cannot be a reason for abortion. Even if the health or life of the mother is endangered, it is not permissible to kill the fetus directly. However, a woman has the right to be treated, whether via an operation or with medications, even if the treatment may result in a threat to the fetus or even death. In such cases, there is a condition that the treatment result is not achieved by directly killing the fetus. If the intention is to treat a serious medical

illness, then abortion should not be a part of the therapy, the fetus should not be removed and the treatment or method should correspond to the severity of the disease.

However, situations such as when the life of the mother is at risk, fetal damage and rape are the most frequently used to justify abortion. If pregnancy is the result of a crime, if it endangers a woman's life, or if a fetal deformity is found, then other alternatives should be considered, such as adoption or 'Nests of Rescue', rather than deciding to end the pregnancy. A woman is the one who experiences pregnancy and becomes a mother; if she is not convinced to bring up the child or if she is not convinced that she is mentally and physically prepared to cope with the task, she should not be prevented from making such a decision; however, at the same time, she should not prevent the child from being born. Looking at the problem pragmatically, giving birth to a child and giving it for adoption is the best alternative to abortion. The role of a social worker is to encourage women to consider other ways of dealing with an unwanted pregnancy and at the same time to emphasize the right to life of an unborn child, even if the woman does not want it.

Freedom of conscience and freedom of thought are boundless and fundamental human rights, and the reservation of conscience results from the right to freedom of conscience (Pietruchová 2003, 36).

Induced abortion causes the destruction of a human being in the early stages of its existence, and thus contradicts the dignity of human justice and directly violates the principle of not killing. Interventions in an already fertilized egg do not concern the nature of gender, but the equality of every human life. It is not just a question of faith. Reason alone is enough to illustrate the cruelty of such acts (Lucas 2010, 25).

The number of induced abortions is decreasing year by year. Over the years, the number decreased from 6,102 to 6,024, in comparison to 2008 it went down by 4,845 cases and furthermore since 1997 it decreased 3.5 times. The abortion rate dropped from 14.6% in 1997 to 7.7% in 2008,

and 4.6% in 2018. The intensity of the decline was more noticeable in the first half of the monitored period 1997 - 2008 (a decrease of 6.9 points) than in the second half of 2008 - 2018 (a drop of 3.0 points). Most cases in 2018 concerned women between the age of 25-29 (6.9 per 1,000 women), 20-24 years (6.9/1,000) and 30-34 years (6.2/1,000), followed by the age category of 35-39 years (5.9/1,000).

Statistics for the year 2020 show a year-on-year decrease in abortions. The number of induced abortions has decreased while abortions due to ectopic pregnancies have increased. In 2020, health care facilities in Slovakia recorded a total of 13,469 abortions, of which 731 cases were abortions of women without permanent residence in Slovakia. Compared to the previous year, the total number of abortions decreased by 1,637 to 13,469 abortions, which is the lowest since 1997 (in 1997 there were 27,817 abortions). The decrease occurred mainly in induced abortions, where we recorded 6,177 cases, which is 976 less than in 2019. The overall decrease in the number of induced abortions was significantly lower in the number of abortions of women with permanent residence outside Slovakia. While in 2019 1,346 abortions were performed on women with permanent residence outside Slovakia (of which 1,329 IA), in 2020 it was 731 abortions (of which 717 IA). Abortions due to ectopic pregnancies increased by 42 to 513 cases in 2020 compared to the previous year. Spontaneous abortions (48.8%) and induced abortions (45.9%) accounted for a balanced proportion, followed by ectopic pregnancies (3,8%) and other abortions (1.6%) (NCZI 2021).

Statistics show that women are requesting abortion mainly for psychological, social and economic reasons.

Social reasons, such as the number of children, educational needs, the threat to the relationship of the couple, physical violence or the risk of violence by a man, as well as economic reasons (a threat to the family budget) cannot be above the value of human life. Economic problems cannot be solved by abortion, but by assistance from the

public authorities, especially since the life of every individual benefits the society as a whole. Social values are subordinate to the values of the individual (Suaudeau 2002, 14).

A mother often experiences an abortion abruptly and painfully because the decision to remove the fetus does not always come from egoistic reasons, but aims to protect important morals, her own health, or the decent living of other family members. She can fear that a conceived child will have to live in poor conditions and that it will be better if it was not born at all. But all these and similar reasons can never justify the deliberate deprivation of the life of an innocent human being. Thus, from an ethical point of view, the termination of pregnancy for personal reasons cannot be accepted because the value of the human being is above every other value (Ján Pavol II 1995 {Art. 58}).

Such problems should be dealt with in the form of counselling. If these situations are unmanageable for a woman, she should discuss her options not only with her partner, family and friends but also with an expert such as a social worker. Otherwise, we risk that the trauma of rape, consequent pregnancy, forced travel for abortion or delivery is multiplied and in many cases leads to psychiatric disorders.

### **3. Consequences of abortion**

Throughout the twentieth century, many psychologists, psychiatrists and sociologists have reported positive effects of pregnancy and motherhood on the female mental state, while abortion has been condemned due to its negative effects. Women are more affected by mental consequences than just the physical consequences of abortion. It should be noted that abortion violates something very basic in women's nature, to be a mother... Under normal circumstances, a woman is the giver of life. On the contrary, killing an innocent child naturally causes severe trauma that eventually occurs in a woman's life.

Doctors who continue to follow up on women's health after abortion agree that there are serious psychiatric disorders after abortion. The

expert examination of these women reveals three basic, interrelated pathognomonic symptoms, namely aggression towards oneself, the father of the child and the whole world, depression due to the feeling of guilt and personality disorders. These disorders are technically referred to as post-integration or post-abortion syndrome (PAS).

Many studies have been conducted in the US, Canada and Switzerland to better understand this syndrome. In the early 1980s, Dr. Vincent Rue, who was the first to address the post-abortion status of women, argued that the psychological impact of terminating pregnancy should not be underestimated since abortion can act as a stress reliever by eliminating unwanted pregnancy. Further evidence suggests that abortion may act as a psychosocial stressor causing post-traumatic stress disorder (PTSD) in some women simultaneously or afterwards. Such behaviour is referred to as post-abortion syndrome (because it occurs in connection with abortion and is characterized by the symptoms of this stress disorder, such as defensive mechanisms, re-experiencing traumatic events and apathy to those events (Lee 2001).

Women may experience abortion as a traumatic event for several reasons. Many of them are forced to undergo an abortion, by parents, spouses, friends, or other persons. Other women, regardless of the reasons for their abortion, may perceive the termination of pregnancy as a violent killing of their child. Fear, anxiety, pain, crying and feelings of guilt during abortion affect the perception of the procedure as a violent death. Many women who have experienced sexual violence compare abortion to rape. Research shows that victims of sexual violence are more anxious during and after abortion because of the association between rape and abortion (Reardon, Rue 1997, 48-56).

Studies of post-abortion syndrome further point to the fact that in nineteen percent of women who had an abortion, PAS symptoms appeared within three to five years after the procedure. Characteristic symptoms of PAS are defensive mechanisms such as irritation, anger bursts, aggression, and concentration and sleep disorders. The woman

can also react to the event by re-visiting the whole situation, when the memories of abortion come unexpectedly, at an inappropriate time or by continuously thinking about the abortion and the aborted child. Further symptoms include having flashbacks of the abortion, having nightmares related to the abortion and hence the child, and being deeply saddened and depressed during the anniversary of her pregnancy, for instance on the day of the abortion or the planned child delivery date (Reardon, Rue 1997).

Some women react to trauma in the opposite way, by feeling numb in connection with what they have experienced, displacing the emotional resources and stimuli associated with this traumatic experience. In the case of post-abortion syndrome, this numbness is demonstrated by the inability to remember what happened on the day of surgery, or the course of the abortion itself. Women avoiding situations which would bring these memories back often try to escape from the relationship and distance themselves from those involved in the decision to terminate the pregnancy, including their partner. Further symptoms include avoidance of children, suppression of thoughts and feelings associated with abortion, reduced ability to feel love and tenderness, inability to do future planning, such as career, marriage, maternity, and long life planning, lack of interest in past hobbies, activities, drug use, alcohol, suicidal thoughts and other self-damaging tendencies (Reardon, Rue 1997).

If the post-abortion syndrome is not treated, it may result in the following problems. A first example is sexual dysfunction. According to research, between 30 and 50 percent of women have sexual problems after abortion, short or long term, including pain, aversion to sexual intercourse or men in general, or tend to lead a promiscuous life. A second example is suicidal tendencies. 60 percent of women who have undergone abortion in the past admit suicidal thoughts, and 27 percent have tried it more than once. A third example is increased tendency to smoking. Post-abortion stress is associated with smoking, and women who choose to terminate pregnancy are twice as likely to

become strong smokers unable to stop even during pregnancy, which can lead to premature birth, risk the life of the child and congenital developmental errors. A fourth example is eating disorders. Post-abortion stress is also associated with the development of bulimia, anorexia nervosa and overeating. A fifth example is neglect and abuse of the child. Abortion is also associated with a reduced ability of maternal feelings towards children born after abortion and subsequent violent behaviour. A sixth example is repeated abortions. Women who have undergone abortion are four times more likely to experience it again in the future;. A seventh example is divorce and chronic problems in relationships due to depression, decreased self-esteem, aversion to sex and to her partner in general. Lastly, there is addiction to alcohol and drugs. Those women seek escape from the memories of abortion, or personal problems related to it, including by divorce or separation from the partner (Reardon, Rue 1997).

The above suggests that the post-abortion syndrome offers sufficiently convincing arguments to minimize abortion only to the most urgent cases. In cases where abortion cannot be avoided, women should be provided with appropriate assistance from both the state and social workers, in order to prevent unwanted pregnancies, especially through information on reproductive health and better alternatives on how to deal with unexpected pregnancies.

At the moment, Slovakia lacks specialized facilities for assisting women with an unwanted pregnancy or after-abortion clinics to provide critical assistance, such as social, legal and psychological counselling and therapy for women. Such help and advice are only provided by NGOs and volunteer associations. Here it would be appropriate to use the role of a social worker, whether by mediating socio-legal assistance, for example when considering adoption as an alternative to abortion, by acting as a sensitive counsellor or a group therapy leader, by social prevention or by setting up support groups for women, etc.

Social Services Act („Zákon o sociálních službách...” 2008) defines social counselling as a professional activity aimed at helping an individual in an unfavourable social situation, which is carried out on the level of basic social counselling and specialized social counselling. Basic social counselling involves assessing the nature of the problem of an individual, family or community, providing basic information on how to deal with the problem, and where appropriate, recommending and facilitating further professional assistance. Specialized social counselling, which may also include social assistance to women in unplanned pregnancy, is legally defined as identifying the causes, nature, and extent of the problems of an individual, family or community and providing them with specific professional assistance. Social counselling can be carried out on an outpatient basis through community counselling set up for this purpose and in the field through field programs.

The content of the consultations is confidential and the data with which the consultant comes into contact during his work are protected by confidentiality. Clients have the right to freely choose their counsellor and counselling establishment, while the place of residence is not decisive and the person may also act anonymously. In the case of relationship, marital and family problems, there is no need for active cooperation of the partner and other family members. Clients can come by themselves to discuss their issues. The counselling can be one-off or long-term. While counselling is mandatory in most Western European countries, it is not mandatory in Eastern Europe. Counselling involves supporting women by providing human and complete therapy, which includes not only post-abortion care but also individual sessions with a specialist, offering a more ethical way to abortion, as well as educating about contraceptive options and avoiding further unwanted pregnancies (Wurm 2008).

#### **4. The helping hand of the social worker**

Social workers and counsellors play an essential role in social assistance and counselling. They are expected to know about general counselling as well as special counselling aimed at this target group, such as women during unplanned pregnancy or after abortion. As representatives of helping professions, they should be familiar with this phenomenon and respect what the client is going through. The counsellor is someone who helps the client to move forward in life, helps her to draw up an action plan with the best chance of achieving her goal, in our case finding a suitable solution for the conceived child. In the case of a woman who had an abortion, the counsellor tries to help to gain an understanding of her worries. Together they try to understand what prevents her from achieving her full potential and what they need to do to change it. Counsellors look for hidden causes of current problems. The aim of counselling is to change the behaviour of clients to be more effective. This process helps them to become persons they want to be by achieving results they wish to achieve in personal or professional life (Dryden 2008, 67).

When a social worker addresses a specific, well-defined problem, such as abortion or unwanted pregnancy, he or she should distinguish the connection between the problem and the client's life. It is not always possible for a social worker to map the client's world, but without being able to look through the eyes of the client, we cannot tell if we are truly helping her (Matoušek 2005, 258).

In group therapies, in addition to heterogeneous groups, homogeneous groups should also be formed, which would address the same or similar problems, such as the emotional burden from undergoing an abortion. In a therapy such as this, women can share their feelings and experiences, hence they can build trust among each other. Every accomplishment in resolving the problem of one group member is a foundation of hope and encouragement for others. In a group, a woman can gradually overcome barriers of communication and gain the

ability to communicate openly even outside the group, thus in personal relationships.

We also distinguish the therapeutic community, which is a widespread variation of group therapy that is based on daily community meetings, not organized by experts. In fact, they are mainly self-help groups or civic initiatives that help their members to solve their problems as well as those of their families.

Self-help and support groups are created by clients themselves. The best example of such a group is Alcoholics Anonymous - the world's largest self-help group. Social workers are often asked to train volunteers and those who organize and lead these group sessions. Membership in the self-help group is not stigmatized, which unfortunately cannot be said about membership in other groups. It is based on democratic principles. The fact that a person not only receives but also provides help relieves the person of a sense of helplessness and dependence. Those who are able to help others also help themselves. People connected by experience, do not have to explain to each other what the problem carries and the consequences of it because they have experienced it themselves. From a financial point of view, running self-help groups is unpretentious and provides assistance to many for a minimum cost. Participants share their problems, provide advice and guidance, and help to obtain external resources. At the same time, they provide feedback in order to help an individual navigate his or her life situations (Matoušek 2005, 259).

Despite many difficulties and uncertainties, each person, both believer and non-believer, can come to the belief that every human being has an absolute right to life from conception till the end. The recognition of this right represents the basis of human coexistence and the existence of a political community (Ján Pavol II 1995 {Art. 90-91}).

The mission of helping professions, but also the entire global society, should be to prevent unwanted pregnancies and improve the living conditions of women in need so that they do not have to deal with abortion or anonymous births. Entrusting unwanted children in

institutional care is rather a negative solution, and therefore the birth of a child should fundamentally and exclusively be the desire of parents, who are able to provide the child with a certain quality of life (Drgonec, Holländer 1988, 214).

The issue of abortion is one of the most discussed topics within social and moral dilemmas. Abortion is understood from different perspectives and in today's world its perception varies, as presented in the theoretical part of this work. Women and men understand the issue of abortion differently; different opinions are shared by school-aged young people as well as post-reproductive women. When analysing the issue of abortion, it is necessary to draw attention to the fact that today's society is pushing the classical bioethical principles of the protection of human life into the background. This is an undesirable trend that helping professions such as social work should eliminate and, through appropriate education, convey basic Christian values into people's thinking.

#### 5. Survey among young people

During the holidays in 2019, we conducted a questionnaire survey on the issue of abortion and assistance to women who are in a difficult situation. The focus group of this survey represented high-school graduates and first-year university students.

The respondents were 'on the verge of adulthood', students leaving secondary and vocational schools, as well as high school graduates and first-year university students. We intended to address this particular group of people on different levels of education because young people tend to be most vulnerable to the effects of modern times.

Our survey sample consisted of respondents between 18 and 21 years from Eastern Slovakia, with the highest number of people aged 19, (142), which is 40 percent of the respondents. Most of the respondents were women, 239 out of all 356 participants. Table no. 1 shows age representation of men and women in the survey:

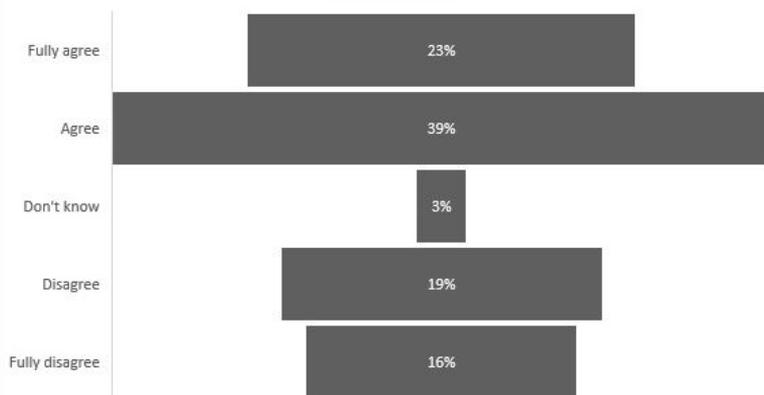
Age	Man	Woman	All	%
18	28	43	71	20
19	46	96	142	40
20	31	37	68	19
21	12	63	75	21
Total	117	239	356	
Percentage	32,86%	67,14%		100%

Table 1 Representation of male and female survey respondents

According to the results of the survey, we can conclude that students acted responsibly in completing the questionnaire.

The following analysis presents the survey results in graphs and tables with a specific number of responses to each of the items in our questionnaire:

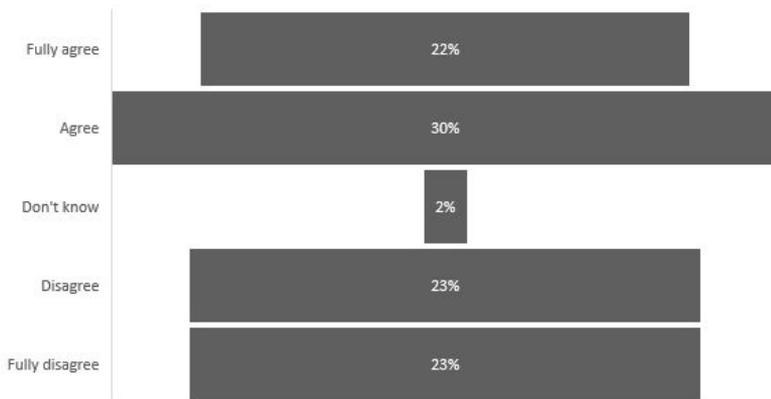
In response to statement no 1. "Abortion should be illegal", 82 respondents fully agreed, including 55 women and 27 men; a total of 139 people gave an "agree" answer, of which 93 were women and 46 were men; 10 respondents indicated no answer (3 men and 7 women); a total of 68 people (22 men and 46 women) disagreed with the statement and 57 respondents (38 women and 19 men) fully disagreed. The percentage of each response is presented in the following graph:



Graph no. 1 Percentage of respondents' views on the prohibition of abortion

From the graph we can see that for most of our respondents, abortion should be illegal, hence it should be prohibited by law. This opinion is shared by 62% of respondents, thus 39% agreed and 23% fully agreed, while 35% of respondents are against making it illegal (19% disagreed and 16% fully disagreed). 3% of people could not comment on the issue.

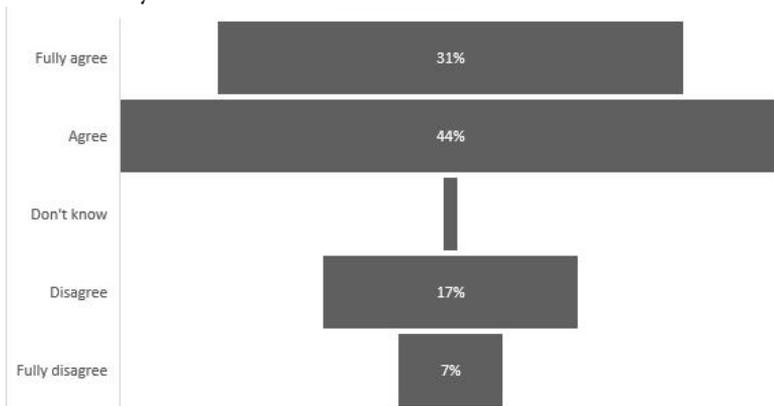
The controversy of the statement no. 2, which refers to “abortion is a murder of an innocent human”, revealed a very close ratio of both agreeing and disagreeing responses. Fully agree was selected by 78 respondents (26 men and 52 women); 107 people opted for “I agree”, 72 of whom were women and 35 men; 3 men and 4 women did not have an opinion on the question; 82 respondents disagreed (27 were men and 55 women) and 82 respondents fully disagreed (27 men and 55 women).



Graph no. 2 Percentage representation of abortion as a murder

Also, the graphical percentage clearly indicates the close proportion of people’s views on the issue of abortion as a death of a person. Nevertheless, 22% of people fully agreed and 30% agreed, which together is 52% of people who consider abortion murder. Altogether 46% of respondents rejected this view on abortion, which contradicts our assumption of a conservative attitude towards abortion. 2% answered “I don’t know”.

Statement no. 3: “Abortion cannot be the solution to unwanted pregnancy”, revealed the public’s consensus. The research showed that 155 respondents agreed and 111 fully agreed, while 62 respondents disagreed, 25 people fully disagreed, and only 3 women answered: “I don’t know”. The following graph displays the public attitude to this statement more clearly:

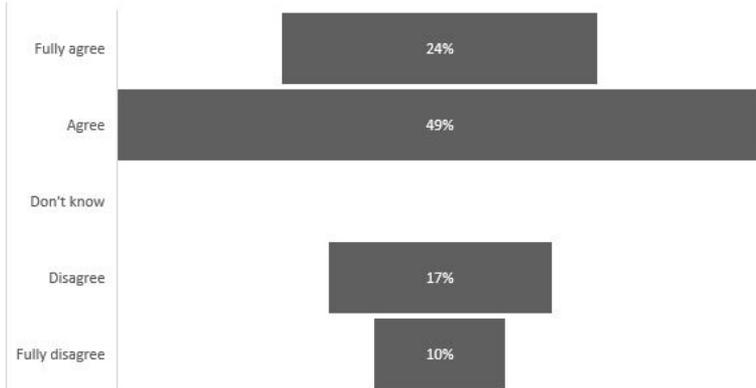


Graph no. 3: Abortion cannot be a solution to unwanted pregnancy

From the above graph, it can be seen that 75% (31% “fully agree” and 44% “agree”), almost three-quarters of respondents agree that abortion must not be a solution to unwanted pregnancy. Out of these 36 men and 75 women fully agreed and 50 men and 105 women agreed with the statement. In overall, taking into account the first two items of our questionnaire, it can be said that people do not consider abortion as a solution to a difficult situation and do not perceive it positively, because as already mentioned, 75% of respondents think that abortion should be the last resort in a given situation, as said in statement no. 3.

Statement no. 4: “The life of the human person begins at conception” also met with the agreement of the majority of respondents. 87 individuals marked “fully agree” and 173 out of 356 respondents answered: “agree”. 62 respondents (34 women and 28 men) disagreed with the view that human life begins at conception and 34 persons (12 men and

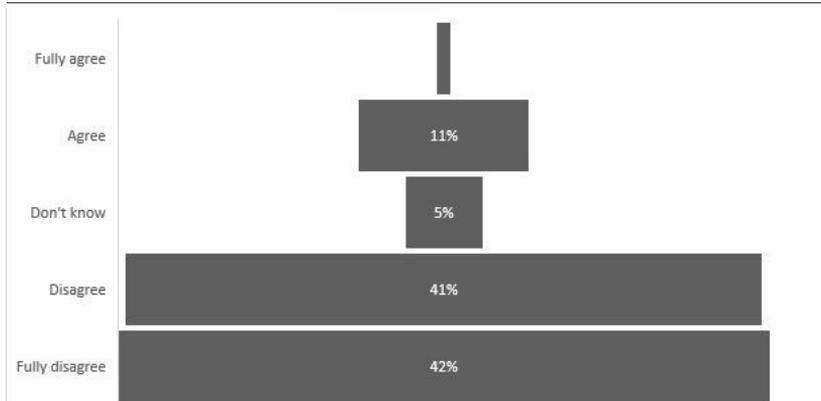
22 women) fully disagreed. A positive phenomenon is also the fact that no one has marked the “I don’t know” answer, which suggests that each respondent has an opinion on the life of the human person.



Graph no. 4 The life of the human person begins at conception

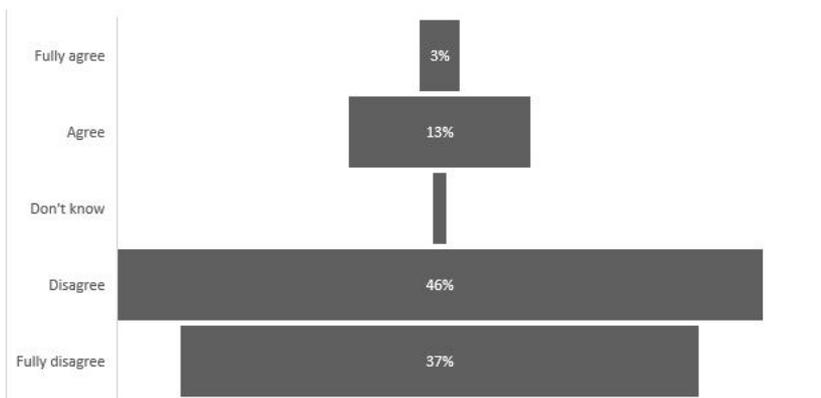
The graphical representation indicates that the respondent’s answers are again dominated by those who consider that a human obtains personhood at conception. This is portrayed by the blue and dark green color representing 73% of respondents, of whom 49% agreed and 24% fully agreed. Hence, it can be said that the rest of the respondents who marked the answers “disagree” (17%) and “fully disagree” (10%) do not consider the moment of conception as the beginning of human personhood. Additionally, the graph is missing “I don’t know” answer, which indicates that each of the respondents was able to comment on the statement, either positively or negatively.

For statement no. 5 “Rape is not a reason for abortion”, the graph clearly shows that 83% of respondents (41% “Disagree” and 42% “Fully disagree”) disagreed with the statement. The result is not surprising because in most countries that do prohibit abortion, rape-related abortion is tolerated. Only 12% agreed with the statement that rape is not a reason to end a pregnancy and 5% of men did not provide an opinion.



Graph no. 5 Rape is not a reason for abortion

The response to statement no. 6 whether “abortion is a better solution than subsequent adoption” was not surprising, as it was assumed at the beginning of our survey that the majority of public preferred alternative solutions to abortion. Only 4 men out of 356 respondents marked the answer number 3 – “I don’t know”. The rest of the respondents have a clear view on adoption and, as indicated by our findings, the attitude is positive. 295 respondents disagreed or fully disagreed with the statement, 46 respondents agreed and only 11 women fully agreed.



Graph no. 6 Abortion is a better solution than adoption

Percentually, 47% disagreed and 36% fully disagreed with the claim that abortion is a better solution than adoption, meaning that a total of 83% of 356 respondents prefer adoption as a better solution to unwanted pregnancy. 1% of respondents were unable to express their opinion, and 16% think that abortion is a better solution than adoption (13% agreed and 3% fully agreed).

Question no. 7 examined whether abortion can solve economic problems of low-income families with more children. The following table shows that the views of our respondents varied. Also, some of the views were difficult to classify, therefore were summarized in a column as “others.”

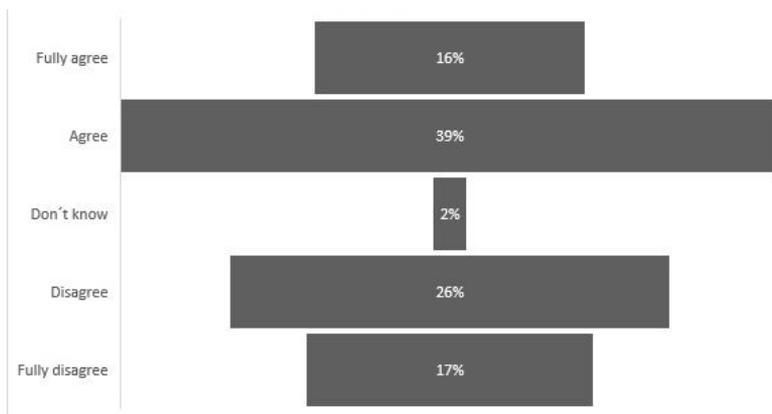
ANSWER	WOMEN	MEN	ALL ANSWERS
Yes	60	31	91
No	55	32	87
I can't tell	13	12	25
Yes, if it's a family decision	10	0	10
Depends on the situation	10	5	15
It is better to prevent pregnancy	32	15	47
There are many other options	15	7	22
Better to solve the financial situation	32	15	47
Abortion is not for free	3	0	3
Others	9	0	9
TOTAL	239	117	356

Table 2 Multi-child low-income families

This question provoked respondents to express their opinion more extensively than expected. While many expressed either positive or negative attitudes, they also made remarks to their direct answers. A considerable number of women answered the question with a “yes” (60 respondents), but many added their explanations. For example, one respondent acknowledges that abortion can solve a poor family situation, but it should not be understood as a contraceptive method. Another respondent who responded with a “no” added that the financial situation

should not be a reason for abortion. As a last example, a respondent, who also answered negatively said that people should be responsible enough to know how many children they can afford to raise. In overall, men answered more negatively than women, and mainly suggested to find a solution to family financial problems rather than abortion. The figures in the table show that the same number of respondents (47 people) prefer addressing the economic situation as well as preventing pregnancy instead of abortion.

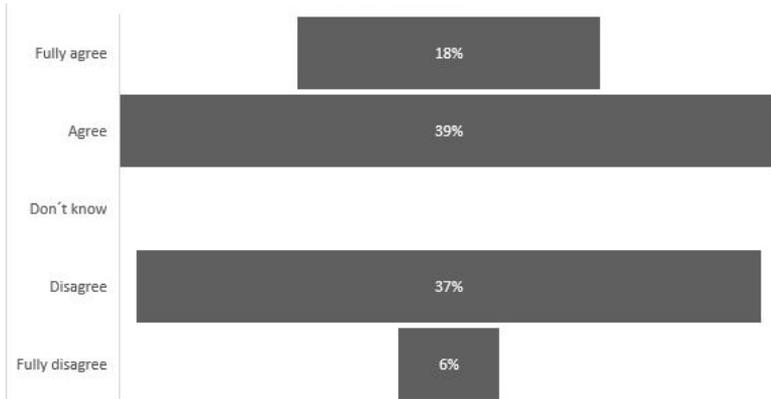
Statement no. 8 “Not only the fetus is a victim, but also the woman.” The values recorded in the graph show that there is little difference between positive and negative answers. Together, 56% of respondents agreed or fully agreed that the victim of abortion is not only the unborn child but also the woman who has chosen to have an abortion. However, 26% disagreed and 16% fully disagreed with the claim, meaning that 42% of respondents rejected the statement. 2% were unable to respond to the statement.



Graph no. 7 Not only the fetus is a victim, but also the woman

Statement no. 9 was “Every conceived child has the right to be born.” The reactions were as follows: 64 respondents, thus 43 women and 21 men fully agreed; 139 people agreed, including 93 women and 46 men. No one answered “I don’t know”, but 132 people (89 women) disagreed

with the statement that each child has a right to be born, and 21 respondents even fully disagreed, which is displayed in the following chart:



Graph no. 8 The right of every conceived child to be born

57% of respondents agreed or fully agreed, that is 203 respondents (67 men and 136 women), hence 43% disagreed (37% “Disagree”, that is 132 respondents of which 48 men and 84 women and 6% “Fully disagree”; 21 respondents, including 7 men and 14 women). The “I don’t know” answer represented by the yellow color does not appear in the graph.

Question no. 10 tried to find out whether respondents would condemn a woman who had an abortion.

ANSWER	WOMEN	MEN	ALL ANSWERS
Yes	0	0	0
No	170	95	265
No, she could have a serious reason	25	0	25
Don't know	9	11	20
Depends on the situation	9	2	11
I would feel sorry for her	19	0	19
It is her own business	7	0	7
Others	0	9	9
TOTAL	239	117	356

Table 3 Condemnation of the woman for having an abortion

None of the respondents would directly condemn a woman for having abortion, which is a positive finding if we believe that, in addition to the unborn child, the woman is also a victim of abortion. 265 out of 356 respondents chose a “no” in their response to the question. The answer, “depending on the circumstances” was selected by 11 people; 19 women would rather feel sorry for the woman; 7 female respondents said it is a woman’s own business; 20 people did not know how they would react and 25 women said they would not condemn a woman because she could have a serious reason having an abortion. These reactions indirectly confirmed the results of the first part of the questionnaire with a specified choice of answers that respondents acknowledged reasons that would justify abortion, namely in the case of rape (83% refused to acknowledge that rape cannot be a cause for abortion). The column “other” included the answers of 9 men aged 19 who replied to this question as follows: “A woman should always be able to talk about abortion with others.” Given the age of our respondents, this is a very sensible answer.

The majority of the survey participants responded to the questionnaire in accordance with Christian and bioethical traditions, rejecting liberal views on abortion and agreeing to matters against it, as it could be noticed in the statement no. 3 that “abortion must not be a solution to unwanted pregnancy“, where out of 266 respondents 356 agreed, which is 75%.

## **Conclusion**

As presumed, the results of this survey revealed the negative view of young people towards abortions in Slovakia. The survey showed that the majority of the sample of respondents do not consider abortion as a solution to unwanted pregnancy. Society should offer an alternative plan of social assistance to women, before resorting to abortion since this is not sufficiently tackled in Slovakia. Abortion can be successfully ‘fought’ by improving the conditions for pregnant women in difficult situations and by a pro-family policy of the state. Unless the issue of

helping families and mothers is adequately addressed, induced abortion will become a social phenomenon not only in the lives of women but throughout our society.

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## SPIS TREŚCI

### IN MEMORIAM

Mgr Irena Andrejew-Preiss..... 743

### ARTYKUŁY

JERZY OSTAPCZUK, JERZY TOFILUK, *Wyższe Prawosławne Szkolnictwo Teologiczne w Polsce – przeszłość i teraźniejszość*..... 744

BORYS PRZEDPELSKI, *Różne formy oficjalnego dialogu mariawicko-rzymsko-katolickiego w latach 1971-1996* ..... 767

MARCIN WALCZAK, *Nieuwarunkowane, ostateczne zatroskanie, being-itself. Wielowymiarowa idea Boga w myśli Paula Tillicha* ..... 815

ELŻBIETA BEDNARZ, *Specyfika udzielania pomocy psychologiczno-pedagogicznej przez nauczyciela religii uczniowi posiadającemu orzeczenie o potrzebie kształcenia specjalnego* ..... 851

ANDRZEJ OCHMAN, *Wiara i religijność współczesnych katolików polskich na przełomie XX i XXI wieku w świetle wyników badań społecznych*..... 881

FRANTIŠEK HANOBIK, *Youth on the verge of adulthood and their views on abortion* ..... 915

### MATERIAŁY

ABP ANASTAZY (GIANNOULATOS), *Życie w Chrystusie w wieloreligijnej społeczności globalnej*..... 945

### KRONIKA

*Przyznanie prof. Barbarze Städtler-Mach Medalu za Zasługi dla ChAT (BOGUSŁAW MILERSKI)*..... 959

*Inauguracja roku akademickiego 2022/2023 (6 października 2022) (JAROSŁAW ZABROCKI)*..... 961

*Uroczystość nadania tytułu doktora honoris causa Jego Eminencji, Wielce Błogosławionemu prof. Anastazemu (Giannoulatosowi), Arcybiskupowi Tirany, Durrës i Calej Albanii (6 października 2022) (JAROSŁAW ZABROCKI)*..... 965

<i>Uroczystość nadania tytułu doktora honoris causa prof. dr. hab. Zbyszko- wi Melosikowi Prorektorowi Uniwersytetu im. Adama Mickiewicza w Poznaniu (1 grudnia 2023) (RENATA NOWAKOWSKA-SIUTA).....</i>	969
<i>Publikacje zwarte (książki) Wydawnictwa Naukowego Chrześcijańskiej Akademii Teologicznej w Warszawie z lat 2019–2022 (TADEUSZ J. ZIELIŃSKI).....</i>	971
Wykaz autorów .....	975
Recenzenci <i>Rocznika Teologicznego</i> w roku 2022 .....	976

# Contents

## IN MEMORIAM

Mgr Irena Andrejew-Preiss.....	743
--------------------------------	-----

## ARTICLES

JERZY OSTAPCZUK, JERZY TOFILUK, <i>Orthodox Higher Theological Education in Poland – past and present</i> .....	744
BORYS PRZEDPELSKI, <i>Various forms of official dialogue between the Mariavite and the Roman Catholic Church in the years 1971-1996</i> .....	767
MARCIN WALCZAK, <i>The Unconditional, ultimate concern, Being-itself. Multidimensional idea of God in the thought of Paul Tillich</i> .....	815
ELŻBIETA BEDNARZ, <i>Specifics of the provision of psychological and pedagogical assistance by a religion teacher to a student with an evaluation of special educational needs</i> .....	851
ANDRZEJ OCHMAN, <i>Faith and religiosity of contemporary Polish Catholics at the turn of the 20th and 21st centuries in the light of the results of social research</i> .....	881
FRANTIŠEK HANOBIK, <i>Youth on the verge of adulthood and their views on abortion</i> .....	915

## MATERIALS

ABP ANASTAZY (GIANNOULATOS), <i>Living in Christ in a multi-religious global community</i> .....	945
--	-----

## CHRONICLE

<i>Awarding Prof. Barbara Städtler-Mach the Medal for Merits for the Christian Theological Academy (BOGUSŁAW MILERSKI)</i> .....	959
<i>Inauguration of the academic year 2022/2023 (6<sup>th</sup> October 2022) (JAROSŁAW ZABROCKI)</i> .....	961
<i>The Ceremony of Conferring the Title of Doctor Honoris Causa on His Eminence, the Most Blessed Prof. Anastasius (Giannoulatos), Archbishop of Tirana, Durrës and All Albania (6<sup>th</sup> October 2022) (JAROSŁAW ZABROCKI)</i> .....	965

<i>The Ceremony of Conferring the Title of Doctor Honoris Causa on Prof. Zbyszko Melosik PhD habil., Prorector of the Adam Mickiewicz University in Poznań (1<sup>st</sup> December 2022) (RENATA NOWAKOWSKA- -SIUTA).....</i>	969
<i>Compact publications (books) of the Scientific Publisher of the Christian Theological Academy in Warsaw 2019-2022 (TADEUSZ J. ZIELIŃSKI).....</i>	971
List of authors .....	975
List of reviewers of <i>Theological Yearbook</i> in 2022 .....	976

## **Wykaz autorów**

**Jerzy Ostapczuk**, j.ostapczuk@chat.edu.pl, Chrześcijańska Akademia Teologiczna w Warszawie, ul. Władysława Broniewskiego 48, 01-771 Warszawa

**Jerzy Tofiluk**, j.tofiluk@chat.edu.pl, Chrześcijańska Akademia Teologiczna w Warszawie, ul. Władysława Broniewskiego 48, 01-771 Warszawa

**Borys Przedpełski**, b.przedpelski@chat.edu.pl, Chrześcijańska Akademia Teologiczna w Warszawie, ul. Władysława Broniewskiego 48, 01-771 Warszawa

**Marcin Walczak**, marwal8@wp.pl, ul. Ćwiklińskiej 4/35, 20-067 Lublin

**Elżbieta Bednarz**, e.bednarz@chat.edu.pl, Chrześcijańska Akademia Teologiczna w Warszawie, ul. Władysława Broniewskiego 48, 01-771 Warszawa

**Andrzej Ochman**, andochman@uni.opole.pl, Wydział Teologiczny Uniwersytetu Opolskiego, ul. W. Drzymały 1C, 45-342 Opole

**František Hanobik**, hanobikf@gmail.com, Pravoslávna Bohoslovecká Fakulta Prešovskej univerzity v Prešove, Masarykova 2707/15, 080 01 Prešov, Slovakia